

N.J. DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES  
PROVIDER AGENCY ATTESTATION  
FEMA Crisis Counseling Regular Services Program

In application for the Federal Emergency Management Agency (FEMA) Crisis Counseling Regular Services Program (Program) and if selected to participate in the Program, I, \_\_\_\_\_, authorized representative for \_\_\_\_\_, hereby affirm and attest that:

1. Provider Agency shall maintain appropriate documentation and records for services provided under the Program; and
2. Provider Agency shall submit and make available all records, financial statements, and documentation to the Division of Mental Health and Addiction Services (DMHAS), FEMA and/or the Substance Abuse and Mental Health Services Administration (SAMHSA) as required to monitor and/or conduct audits to determine compliance with the Program; and
3. Provider Agency shall maintain documentation supporting its expenditure of funds for the services provided under the Program and submit such documentation to the DMHAS as required for purposes of reimbursement under the Program; and
4. Provider Agency shall maintain and submit any data, documentation and/or reports as required to the DMHAS, FEMA and/or SAMHSA, as applicable; and
5. Provider Agency shall cooperate with any audits, monitoring, and/or other reviews, including on-site reviews, that may be conducted by DMHAS, FEMA and/or SAMHSA to determine compliance with the Program;
6. Payment for services
  - a. Provider Agency is interested in participating if reimbursement for services is only available on quarterly basis.  yes  no
  - b. Provider Agency is interested in participating if reimbursement for services is available on a monthly basis will accept reimbursement on a monthly basis.  yes  no

I affirm and attest that the foregoing statements made by me are true. I understand that if Provider Agency fails to comply with any of the above, DMHAS reserves all rights of remedy and enforcement, including but not limited to recoupment of funds.

Dated: \_\_\_\_\_, 2020

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Authorized Representative Signature

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Authorized Representative Printed Name