

REPORTING ATTESTATION

1. Attesting Official

Edit

2. Locations

These
privile

Add a Site

✕

Select

Only add sites that are in the approved scope of project for your health center.

Site Name

Address

Point of Contact

Line 2

Phone

Ext.

City

Email

State

BPHC Site ID

ID is assigned by BPHC grant

ZIP

Cancel

Save

A new clinic

Site Name:

A new clinic

Site Address:

BPS Site Id:

Point of Contact:

Edit

Delete

Exit

Save and Finish Later

Continue to Next Step

3. Attestation Statement

4. Submit Attestation