

## REPORTING ATTESTATION

1. Attesting Official

 Edit

2. Locations

These  
privile

### Add a Site

✕

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