

**Community Mental Health Affiliation of Mid-Michigan
And
Manistee Benzie Community Mental Health
Compliance Attestation**

I, _____, as a Contractor of Manistee Benzie Community Mental Health recognize and acknowledge my obligation to report any incidence of fraud, abuse, or waste of public funding to the organization.

I understand that this obligation is explained in the Manistee Benzie Community Mental Health Compliance Plan. This plan give guidance on what is reportable, where to direct questions, and how to report.

As of this date, I am not aware of any reportable incident, or I have reported any incidence of non-compliance of which I am aware. Should I become aware that a situation is potentially a violation of the False Claims Act, or an otherwise reprotable occurrence, I will report immediately, as specified in the Compliance Plan.

Signature

Date