FY 2026 Local Government Public Health Investment Data Collection

Local Public Health Authority _____

Link for submitting FY 2026 data and this attestation:
https://app.smartsheet.com/b/form/8411f3dd026445899e3eae9476433729

Certification

We certify to the best of our knowledge and belief that the data submitted for the FY 2026 LPHA Local Investment Data Collection is true, complete, and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject the LPHA to loss of any Public Health Modernization matching funds awarded to the LPHA based on the data submitted.

_____ _____

Local Public Health Administrator Signature Date

LPHA Fiscal Officer/Administrator Signature Date