

**ACKNOWLEDGEMENT OF STATEMENT OF ETHICS**

I, the undersigned, hereby acknowledge that:

- A. I have received, read, and understand the Georgia Department of Community Health's *Statement of Ethics*;
- B. I agree to comply with each provision of the Georgia Department of Community Health's *Statement of Ethics*;
- C. I am a (please check which applies):
  - GRANTEE
  - Subcontractor
  - Vendor

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
AFFIX CORPORATE SEAL HERE  
(Corporations without a seal, attach a  
Certificate of Corporate Resolution)

ATTEST: \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
TITLE

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\* Must be President, Vice President, CEO or Other Authorized Officer  
\*\*Must be Corporate Secretary