



**ACKNOWLEDGEMENT of COALITION HANDBOOK RECEIPT
FOR HEALTHCARE COALITION EXECUTIVE BOARD**

Date: _____ **Coalition:** _____

Georgia Healthcare Coalition Handbook

Effective July 1, 2025

By signing below, we acknowledge and agree that:

- We have received a copy of the 2025-2026 Coalition Handbook that describes how Coalition Support Funds may be used pursuant to Georgia's Healthcare Preparedness Program.
- We have reviewed the Coalition Handbook, understand its contents, and agree to comply with its requirements for the use of Coalition Support Funds as Executive Committee Members of the Region _____ Coalition.
- Any services or products purchased or provided using Coalition Support Funds will comply with the terms of the Coalition Handbook.
- If we have questions regarding the Handbook, we will reach out to the Department of Public Health or the Georgia Hospital Association Research and Education Foundation (GHAREF) via email at coalitionsupport@gha.org.

Please read the Handbook carefully to ensure that you understand the policies and procedures before signing this document.

Signature: _____ Date: _____

Printed Name: _____ Facility/Agency: _____

Signature: _____ Date: _____

Printed Name: _____ Facility/Agency: _____

Signature: _____ Date: _____

Printed Name: _____ Facility/Agency: _____

Signature: _____ Date: _____

Printed Name: _____ Facility/Agency: _____

Signature: _____ Date: _____

Printed Name: _____ Facility/Agency: _____

SUBMIT COMPLETED FORM VIA SMARTSUITE

GHA Use Only | Received: _____