



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

**Date:** \_\_\_\_\_ **Coalition:** \_\_\_\_\_

**Georgia Healthcare Coalition Handbook**

**Effective July 1, 2024**

By signing below, we acknowledge and agree that:

- We have received a copy of the 2024-2025 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](mailto: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 TO COALITION SUPPORT ([coalitionsupport@gha.org](mailto:coalitionsupport@gha.org))**

**GHA Use Only | Received:** \_\_\_\_\_