



**ACKNOWLEDGEMENT of HANDBOOK RECEIPT
FOR COALITION FACILITATORS AND COALITION COORDINATORS**

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.

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

Coalition Coordinator Signature: _____

Date: _____

Coalition Facilitator Signature: _____

Date: _____

SUBMIT COMPLETED FORM TO (coalitionsupport@gha.org)

GHA Use Only | Received: _____