

Attestation of Effort and Expenditures Form Women's and Men's Health Programs

Earliest Period of Performance Start Date	End Date
I certify that all activities and hours reported under the FY23 WMHP Prevention Subaward are true and accurate.	Yes No
I certify that all expenditures reported and requested under the FY23 WMHP Prevention Subaward were true and accurate.	Yes No
Signature of authorized signer for the Subaward Agency Date	

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Every Woman Matters



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DEPT. OF HEALTH AND HUMAN SERVICES

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