



BL 20-11 Certification for Home Visiting Coordination Funding

Fiscal Lead Agency:

Street Address:

City, State, Zip Code:

By signing below, I am certifying as Fiscal Lead Agency for the Home Visiting Coordination (HVC) Local Assistance Agreement, my agency will comply with the requirements of the California Department of Finance's Budget Letter ([BL 20-11](http://www.dof.ca.gov/budget/Budget_Letters/), available at http://www.dof.ca.gov/budget/Budget_Letters/), and agree to use HVC funding for the purpose of facilitating activities that improve cross-program service coordination and integration into a system of supports that enable families to be served during their greatest need with the most appropriate program and services to recover from the effects of the COVID-19 pandemic.

Authorized Signer:

Signature:

Date signed:

Print name:

Phone number:

Email address: