

Massachusetts Department of Public Health
Office of Local and Regional Health
Public Health Excellence Grant Program for Shared Services
RFR #214333
Municipality Statement of Commitment

Working Name of Shared Services Arrangement or Name of Lead Municipality or Agency:

Barnstable County Dept. of Health & Environment

Municipality submitting this form:

Bourne

Each municipality should complete a Municipality Statement of Commitment form and return to the lead municipality or agency.

Check each box below to affirm that your municipality understands and intends to

- Cooperate with the lead municipality/agency to ensure compliance with the scope of services for the Public Health Excellence Grant Program for Shared Services.
- Use funds provided under this program only to augment rather than replace current municipal funding for public health staff or services.

Form must be signed by a municipal chief executive and board of health chair (see note below).

Name [Signature] Title Town Administrator Date 1.26.23
Name T. Guarino Title HEALTH AGENT Date 1.26.23

