# KHA Logo (Primary) - Web

# Pay for Performance (PFP) Attestation Form

I acknowledge that I have received, reviewed, and understand the Kids Hope Alliance Pay for Performance (PFP) Reference Guide dated July 29, 2025.

1. I understand the requirements for the use of program funds as outlined in the PFP Reference Guide, stating services must align with the approved scope of work, governing laws/regulations, and the approved budget.
2. I understand the definitions and requirements related to my contractual method of payment i.e. Units of Service (UOS), Cost Reimbursement, or Deliverables.
3. I will comply with all reimbursement procedures, deadlines, and required documentation for proof of service as outlined in the guide.
4. I understand that failure to submit timely and accurate reimbursement requests or supporting documentation may result in corrective action, delayed payments, or disallowance of expenditures.

By signing below, I certify that I and my organization will comply with the policies, procedures, and requirements outlined in the PFP Reference Guide and in our contract with Kids Hope Alliance.

Agency/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_