



**Community Health Care**  
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**HEALTH AND HUMAN SERVICES DIVISION**

I, \_\_\_\_\_, hereby certify, on behalf of Polk County Board of County Commissioners, the approval of the Final Program Status Report and Final Financial Report for the Criminal Justice, Mental Health and Substance Abuse (CJMHS) Reinvestment Grant (contract #LH833) with the State of Florida, Department of Children and Families for the Helping Achieve Targeted Comprehensive Healthcare (HATCH) Program.

**Polk County**, a political subdivision of the State of Florida

By: \_\_\_\_\_

\_\_\_\_\_, Chair (or Chair's designee)

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

Attest: Stacy M. Butterfield, Clerk

By: \_\_\_\_\_

Deputy Clerk