

# Implementation Handbook

## Acknowledgement

As an authorized signatory on behalf of my organization, I acknowledge that we have read, understand, and agree to operate in accordance with the Fiscal Year 2026–2027 Implementation Handbook for ICMS Providers (Permanent Housing Edition).

On behalf of my organization, I further acknowledge that activities performed under our ICMS Work Order are subject to ongoing contract monitoring by the Los Angeles County Department of Homeless Services and Housing (HSH), as described in this Handbook, throughout the fiscal year.

**Additionally, I attest that this Handbook Acknowledgement form shall be promptly uploaded to the “Contractual Documents” folder in our organization’s HSH-administered Microsoft Teams Channel.**

Any questions regarding this Handbook will be directed to our assigned HSH Program Manager.

Organization \_\_\_\_\_

Master Agreement # \_\_\_\_\_

Work Order # \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_