



DBHDD

Georgia Department of Behavioral Health & Developmental Disabilities

Kevin Tanner, Commissioner

ATTESTATION OF REGIONAL ADVISORY COUNCIL MEMBER

The purpose of this document is to certify that I am eligible for appointment to the Region 4 Regional Advisory Council.

I Juliana Powell, do solemnly affirm the following:
Print Name

- Please list all of your employers and boards that you have been a member of in the past two years (to present)
Cheney Brothers, Inc, CHSA of Lowndes & Echols, Good Good
Hospitality Group, Beautiful Creations by Chanel, Leadership
Lowndes
- I am not the spouse, parent, child, or sibling of a council member of the Advisory Council or of any of the members or employees mentioned above on this list
- I have no motivations of private or personal interest that would make my appointment improper or appear improper
- To my knowledge neither my spouse, parents, children, or siblings are members of the DBHDD Regional Advisory Council for which I am applying, nor are they employees or board members of any entity that contracts with or receives funds from the DBHDD, DHS, OR DPH. To address any concern on this matter, I can call DBHDD Office of Statewide Community Relations at 404-463-7161.

The Advisory Council(s) is created by a law passed by the General Assembly, O.C.G.A. 37-2-5 and operates under the authority of the Department of Behavioral Health and Developmental Disabilities with membership appointed by the County Governing Authorities.

SIGNATURE

I authorize the verification of the information provided and agree to the request of any additional information. I have received a copy of this application.

Signature of Applicant: Juliana Powell Date: 4/17/25

IMPORTANT: Please return completed form to local Field Office.