

Mental Health Services Act Community Services and Supports Administration Budget Worksheet

County(ies): _____

Fiscal Year: 2005-06

Date: _____

	Client, Family Member and Caregiver FTEs	Total FTEs	Budgeted Expenditures
A. Expenditures			
1. Personnel Expenditures			
a. MHSAs Coordinator(s)			
b. MHSAs Support Staff			
c. Other Personnel (list below)			
i. _____			
ii. _____			
iii. _____			
iv. _____			
v. _____			
vi. _____			
vii. _____			
d. Total FTEs/Salaries	0.00	0.00	\$0
e. Employee Benefits			
f. Total Personnel Expenditures			\$0
2. Operating Expenditures			
a. Professional Services			
b. Travel and Transportation			
c. General Office Expenditures			
d. Rent, Utilities and Equipment			
e. Other Operating Expenses (provide description in budget narrative)			
f. Total Operating Expenditures			\$0
3. County Allocated Administration			
a. Countywide Administration (A-87)			
b. Other Administration (provide description in budget narrative)			
c. Total County Allocated Administration			\$0
4. Total Proposed County Administration Budget			\$0
B. Revenues			
1. New Revenues			
a. Medi-Cal (FFP only)			
b. Other Revenue			
2. Total Revenues			\$0
C. Start-up and One-Time Implementation Expenditures			
D. Total County Administration Funding Requirements			
			\$0

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____

Signature _____

Local Mental Health Director

Executed at _____, California