

Mental Health Services Act Cash Balance Quarterly Report

County _____
 MHSA Component Comm. Services and Supports

Date _____
 Fiscal Year 2005-06
 Quarter 1st (July - Sept)

A. Cash Flow Activity	
1. Cash on hand at beginning of quarter (line 6 from prior Quarterly Report)	
2. Quarterly advance from State DMH (insert as positive number)	
3. Total cash available (sum of lines 1 and 2)	\$0
4. Actual expenditures (insert as a negative number)	
5. Adjustments of prior quarters (insert as negative or positive number, as appropriate)	
6. Cash on hand at end of quarter (report on line 1 for next Quarterly Report)	\$0
B. Reserved Cash on Hand at End of Quarter (enter as negative numbers)	
1. Anticipated one-time expenditures to be incurred during quarter	
C. Cash on Hand for On-Going Operations	\$0

COUNTY CERTIFICATION

I HEREBY CERTIFY, to the best of my knowledge and belief, under penalty of perjury, that this report is correct and complete and that all expenditures have been made in accordance with the Mental Health Services Act requirements.

Signature _____
 Name and Title _____
 E-Mail Address _____
 Telephone Number _____