## Training, Technical Assistance and Capacity Building Funds Request Form (Prevention and Early Intervention Statewide Program) Previously approved with no changes New

Date:	County Name:
Amount Requested for FY 2011/12: \$	
A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) and/or contractor(s).	
B. The County and its contractor(s) for these	services agree to comply with the following criteria:
activities consistent with the intent of the Intervention component of the County's	Mental Health Services Act (MHSA) shall be utilized for Act and proposed guidelines for the Prevention and Early Three-Year Program and Expenditure Plan. ting state or county funds utilized to provide mental health
services.	ang state of sounty funds utilized to provide montal noutili
<ol><li>These funds shall only be used to pay fo (WIC) section 5892.</li></ol>	or the programs authorized in Welfare and Institutions Code
4) These funds may not be used to pay for	
	ate General Fund or any other fund of the state, or a fund for any purpose other than those authorized by WIC
	project(s) that demonstrates the capacity to develop and
partnership with local and community pa	stance and capacity building services and programs in rtners via subcontracts or other arrangements to assure the ed prevention and early intervention activities.
	project(s) that utilizes training methods that have
	kills and promote positive outcomes consistent with the
Certification	
I HEREBY CERTIFY to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.	
Director, County Mental Health Program (original signature)	