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

Date:	County Name:
Amount Requested for FY 2010/11: \$	
A. Briefly describe your plan for using the Tra and indicate (if known) potential partner(s) or	aining, Technical Assistance and Capacity Building funding 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 2) Funds shall not be used to supplant exist services. 3) These funds shall only be used to pay for 4) These funds may not be used to pay for 5) These funds may not be loaned to the structure county general fund or any other county Section 5892. 6) These funds shall be used to support a provide statewide training, technical ass partnership with local and community parappropriate provision of community-base 7) These funds shall be used to support a provision of community-base 	e Mental Health Services Act (MHSA) shall be utilized for a Act and proposed guidelines for the Prevention and Early Three-Year Program and Expenditure Plan. Sting state or county funds utilized to provide mental health or the programs authorized in WIC Section 5892. The any other program. The 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 distance and capacity building services and programs in artners via subcontracts or other arrangements to assure the ed prevention and early intervention activities. Project(s) that utilizes training methods that have skills 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)	