MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION1

County/City:	Three-Year Program and Expend	iture Plan	
	Annual Update	nnual Update	
	Annual Revenue and Expenditure	Report	
Local Mental Health Director	County Auditor-Controller /	City Financial Officer	
Name:	Name:		
Telephone Number:	Telephone Number:	Telephone Number:	
E-mail:	E-mail:		
Local Mental Health Mailing Address:			
I hereby certify that the Three-Year Program and Expenditur Report is true and correct and that the County has complied or as directed by the State Department of Health Care Servi Accountability Commission, and that all expenditures are co Act (MHSA), including Welfare and Institutions Code (WIC): 9 of the California Code of Regulations sections 3400 and 3 an approved plan or update and that MHSA funds will only bact. Other than funds placed in a reserve in accordance with not spent for their authorized purpose within the time period be deposited into the fund and available for counties in futural I declare under penalty of perjury under the laws of this state expenditure report is true and correct to the best of my know	d with all fiscal accountability requires and the Mental Health Services nsistent with the requirements of the sections 5813.5, 5830, 5840, 5847, 410. I further certify that all expendice used for programs specified in the han approved plan, any funds allow specified in WIC section 5892(h), see years.	ements as required by law s Oversight and he Mental Health Services, 5891, and 5892; and Title itures are consistent with he Mental Health Services cated to a county which are shall revert to the state to ed update/revenue and	
Local Mental Health Director (PRINT)	Signature	Date	
I hereby certify that for the fiscal year ended June 30,local Mental Health Services (MHS) Fund (WIC 5892(f)); and annually by an independent auditor and the most recent aud 30, I further certify that for the fiscal year enderecorded as revenues in the local MHS Fund; that County/C by the Board of Supervisors and recorded in compliance with with WIC section 5891(a), in that local MHS funds may not be I declare under penalty of perjury under the laws of this state report attached, is true and correct to the best of my knowledge.	d that the County's/City's financial salit report is dated for the d June 30,, the State MH sity MHSA expenditures and transfer has such appropriations; and that the period to a county general fund see that the foregoing, and if there is a second to a county general fund the second that the foregoing, and if there is a second to a county general fund the second that the foregoing is a second to a county general fund the second that the foregoing is a second to a county general fund the second that the foregoing is a second to a county general fund the second that the seco	statements are audited the fiscal year ended June SA distributions were ers out were appropriated County/City has complied or any other county fund.	
County Auditor Controller / City Financial Officer (PRINT)	Signature	Date	

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a) Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)