

**Mental Health Services Act  
Prevention and Early Intervention  
Request for Funding for Community Program Planning**

Date:

County:

Total Amount Requested:

**Funding Purposes**

Please briefly describe the purpose and amount for which the requested funding will be used.

**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 listed above represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that the proposed activities are consistent with the Mental Health Services Act, the Department's regulations governing the MHSA, and draft proposed guidelines for the Prevention and Early Intervention component of the Three-Year Program and Expenditure Plan; and that to the best of my knowledge and belief this budget in all respects is true, correct, and in accordance with the law.

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Director, County Mental Health Department (signature)