

**ANNUAL MHSA REVENUE AND EXPENDITURE REPORT and
ADJUSTMENT WORKSHEET COUNTY CERTIFICATION**

County/City: _____

Local Behavioral Health Director

Name: _____

Telephone: _____

Email: _____

Document for Certification:

FY: _____

I hereby certify¹ under penalty of perjury under the laws of the State of California that the attached Annual MHSA Revenue and Expenditure Report or Adjustments to Revenue or Expenditure Summary Worksheet is complete and accurate to the best of my knowledge.

Local Behavioral Health Director
(PRINT NAME)_____
Signature_____
Date

¹ Welfare and Institutions Code section 5899 (a)