

ANNUAL MHSA REVENUE AND EXPENDITURE REPORT and ADJUSTMENT WORKSHEET COUNTY CERTIFICATION

County/City: Mono

Local Mental Health Director

Name: Robin K. Roberts

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Document for Certification:

MHSA Annual Revenue and Expenditure Report FY: 2018-2019

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.

Robin K. Roberts

Local Mental Health Director (PRINT)

Robin Roberts

Robin Roberts (Dec 27, 2019)

Signature

Dec 27, 2019

Date

¹ Welfare and Institutions Code section 5899(a)

DHCS_1820-Certification_Form

Final Audit Report

2019-12-27

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