State of California Health and Human Services Agency

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

County/City:	Santa Cruz
Local Mental	Health Director
Name:	Erik Riera
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## **Document for Certification:**

MHSA Revenue and Expenditure Report	FY:	2020-21
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I hereby certify<sup>1</sup> 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.

	DocuSigned by:	
Erik Riera	Erman 5554D78ECC4749E	3/24/2022
Local Mental Health Director (PRINT)	Signature	Date

<sup>&</sup>lt;sup>1</sup>Welfare and Institutions Code section 5899(a)