

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

County/City: Amador

**Local Mental Health Director**

Name: Melissa Cranfill, LCSW

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**Document for Certification:**

Annual MHSA RER REVISED 12/30/19    FY: 18/19

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.

Melissa Cranfill, LCSW

Local Mental Health Director (PRINT)

  
Signature

1/2/2020

Date

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