

ANNUAL MHSA REVENUE AND EXPENDITURE REPORT and ADJUSTMENT WORKSHEET COUNTY CERTIFICATION

County/City: IMPERIAL

Local Mental Health Director

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Document for Certification:

Annual Revenue and Expenditure Report (ARER)

FY: 2023-24

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.

Leticia Plancarte Garcia

Local Mental Health Director (PRINT)


Signature

Date

¹ Welfare and Institutions Code section 5899(a)