

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

County/City: County of Imperial

Local Behavioral Health Director

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Document for Certification:

Mental Health Annual Revenue and Expenditures Report

FY: 2024-25

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


Leticia Plancarte-Garcia

01/14/2026 PST

Local Behavioral Health Director
(PRINT NAME)

Signature

Date

¹ Welfare and Institutions Code section 5899 (a)

Signature Certificate



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Leticia Plancarte-Garcia

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