

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
FINANCIAL SERVICES BUREAU
REIMBURSEMENT AND AUDIT SUPPORT DIVISION

FY 2022-23 COST REPORT LETTER OF CERTIFICATION

The annual cost report serves as the year-end reimbursement claim for services and activities rendered under the terms and conditions of the Mental Health Services contract. It must be based on the most complete and accurate financial and service statistical data available and is subject to audit at the Federal, State, and County levels to validate compliance with all relevant laws, regulations, procedures, contract authorizations, and policies. Acknowledging the above concepts and issues, the following statement certifies the accuracy and completeness of the data provided:

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services and the Mental Health Services Act (MHSA) in and for said claimant; that I have not violated any of the provisions of Section 1090 et. Seq. of the Government Code and that all information submitted to the Department of Mental Health (DMH) is accurate and complete. With respect to MHSA funding, I certify that this agency is in compliance with California Code of Regulations, Title 9, Division 1, Chapter 14, Article 4, Section 3410, Non-Supplant and Article 5, Section 3500, Non-Supplant Certification and Reports; that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5, Section 5891 of the Welfare and Institutions Code (W&I Code). This agency understands that any payment to this agency resulting from this report will be paid with county, state and federal funds and that any falsification or concealment of material fact may be prosecuted under the government laws. I further certify that, to the best of my knowledge and belief, the information in this report is in all respects true, correct, and in accordance with the laws.

_____	_____
Legal Entity Name	Date

_____	_____	_____
Responsible Official Signature	Title	Printed Name
(_____) _____	(_____) _____	
Phone Number of Responsible Official	Fax Number	

_____	_____	_____
Key Contact Signature	Title	Printed Name
(_____) _____	(_____) _____	_____ @ _____
Phone Number	Fax Number	email address