

**Enclosure A.1
JPA CERTIFICATION
PEI STATEWIDE PROGRAM FUNDING REQUEST**

JPA Name: _____

Contact Person

Name:

Telephone Number:

E-mail:

Mailing Address:

I hereby certify that I am the official responsible for the administration of the above-named JPA and that the JPA has complied with all pertinent regulations, laws and statutes for this update to the Three-Year Program and Expenditure Plan for use of the PEI Statewide Fund. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300 and 3315(b). The draft update was circulated for 30 days to stakeholders for review and comment. All input has been considered with adjustments made, as appropriate.

All documents in the attached update to the Three-Year Program and Expenditure Plan for use of the PEI Statewide Fund are true and correct.

Signature
Title

Print name

Date