MHSA HOUSING PROGRAM COUNTY FUNDING RELEASE FORM

County/City: San Luis Obispo *(NOTE: Funds may be requested once per year).*

Local Mental Health Director ("LMHD")	**MHSA Funds Requested:**
Name: Anne Robin, L.M.F.T., Behavioral Health Director E-mail: arobin@co.slo.ca.us Telephone No:: 805-781-4719 Mailing Address: San Luis Obispo County Behavioral Health 2180 Johnson Avenue San Luis Obispo, CA 93401	☒All Available Unencumbered MHSA Funds; ☐Unencumbered funds less withhold amount of $_____ (attach explanation) **Check should be made payable to:** San Luis Obispo County

CalHFA considers funds to be encumbered once a Project has received CalHFA Senior Loan Committee approval.

Pursuant to Welfare and Institutions (W&I) Code section 5892.5, I hereby request that the California Housing Finance Agency (CalHFA), with concurrence of the Department of Health Care Services, release unencumbered Mental Health Services Fund moneys dedicated to the Mental Health Services Act Housing Program ("MHSA Funds") to this requesting County.

I hereby certify the following: (1) the requesting County will use the funds released to the County from CalHFA to provide housing assistance to the target populations identified in Welfare and Institutions Code (W&I Code) section 5600.3. Housing assistance means rental assistance or capitalized operating subsidies; security deposits, utility deposits, or other move-in cost assistance; utility payments; moving cost assistance; and capital funding to build or rehabilitate housing for homeless, mentally ill persons or mentally ill persons who are at risk of being homeless; and (2) the requesting County will administer the funds released to the County from CalHFA in compliance with the requirements of the Mental Health Services Act including, but not limited to, the following:

- the County will follow the stakeholder process identified in W&I Code section 5848, when determining the use of those funds;
- the County will include the use of those funds in the County's Three-Year Program and Expenditure Plan or Annual Update, per W&I Code section 5847; and
- the County will account for the expenditure of those funds in the County's Annual Revenue and Expenditure Report (W&I Code section 5899). Reporting will begin in the fiscal year when the MHSA Housing Program funds were released to the County by CalHFA.

_____

Signature of LMHD Date

Attachment: Evidence of Board of Supervisors Approval of this MHSA Funding Release Request (post January 1, 2015).

State of California Use Only:

APPROVED BY:

Department of Health Care Services

California Housing Finance Agency

Signature Date

Signature Date

Unencumbered Mental Health Services Funds authorized for Release to the County: $_____

☐ plus any accrued interest earnings through the most recent quarter ending prior to the date of this Approval.