

**Component Exhibit 1**

**Capital Facilities and Technological Needs Face Sheet**

**MENTAL HEALTH SERVICES ACT (MHSA)  
 THREE-YEAR PROGRAM and EXPENDITURE PLAN  
 CAPITAL FACILITIES and TECHNOLOGICAL NEEDS COMPONENT  
 PROPOSAL**

County:

Date: \_\_\_\_\_

**County Mental Health Director:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Component Exhibit 1 (continued)**

**COUNTY CERTIFICATION**

**I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for \_\_\_\_\_ County and that the following are true and correct:**

This Component Proposal is consistent with the Mental Health Services Act.

This Capital Facilities and Technological Needs Component Proposal is consistent with and supportive of the standards set forth in Title 9, California Code of Regulations (CCR) Section 3320.

The County certifies that if proposing technological needs project(s), the Technological Needs Assessment, including the Roadmap for moving toward an Integrated Information Systems Infrastructure, will be submitted with the first Technological Needs Project Proposal.

This Component Proposal has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310, and 3315, and with the participation of the public and our contract service providers. The draft local Capital Facilities and Technological Needs Component Proposal was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board. All input has been considered, with adjustments made, as appropriate.

Mental Health Services Act funds are and will be used in compliance with Title 9, CCR Section 3410, Non-Supplant.

All documents in the attached Component Proposal for Capital Facilities and Technological Needs are true and correct.

Date: \_\_\_\_\_

Local Mental Health Director's Signature: \_\_\_\_\_

Executed at: \_\_\_\_\_