

DMH OUTCOME REPORTING REQUIREMENTS

LATE DISTRIBUTION
Date 4:47 pm, Dec 10, 2010

To the development sponsor: Provide the development information indicated below. This form must be completed by the county mental health department, verifying the County's commitment to comply with outcome reporting requirements for the MHSA Shared Housing tenants.

Development Sponsor: Mercy Housing California
Primary Service Provider: TBD
Development Name: Sunset Lane Apts.
Development City: Shingle Springs
Development County: El Dorado

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To the county mental health department: Please complete this form. The county mental health director must sign the form certifying that the County will comply with the outcomes reporting requirements for all MHSA Housing Program tenants.

Commitment to Comply:

We commit to providing the timely submission of all required outcomes reporting to the California Department of Mental Health specific to this application for the duration of the State loan for tenants of the supportive housing development described above.

I hereby certify under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for this County, that this development does not result in the supplantation of funds as set forth in Welfare and Institutions Code Section 5891, and that to the best of my knowledge and belief all statements on this form are true and correct.

Signature: County Mental Health Director

Dated:

Agency or Department: Health Services Dept

Agency or Department Address: 670 Placerville Dr, Placerville, CA

Agency or Department Phone: 530-621-6290

**County Mental Health Sponsorship and Services  
Verification Form**

To the development sponsor: Provide the development information indicated below. This form must be completed by the county mental health department, verifying its commitment to provide supportive services to this development.

Development Sponsor: Mercy Housing California

Primary Service Provider: TBD

Development Name: Sunset Lane Apts

Development City: Shingle Springs

Development County: El Dorado

Name of verifying county mental health department:

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To the county mental health department: Please complete the remainder of this form. The county mental health director must sign the form certifying that services will be provided as stated:

**Commitment to Provide Supportive Services**

We commit to provide supportive services as described in the final approved service plan specific to this application for the duration of the State loan for tenants of the supportive housing development described above. The approved supportive services plan is an update to our Three-Year Program and Expenditure Plan for the Community Services and Supports component. We further commit that providing supportive services for this development will be a priority use for county mental health services funds.

I hereby certify under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for this county, that this development does not result in the supplantation of funds as set forth in Welfare and Institutions Code Section 5891, and that to the best of my knowledge and belief all statements on this form are true and correct.

Signature: \_\_\_\_\_  
County Mental Health Director

Dated: \_\_\_\_\_

Agency or Department: Health Services

Agency or Department Address: 670 Placerville Dr. Placerville, CA

Agency or Department Phone: 530-621-6290

**County Fair Housing Certification**

**Directions:** This form is to be completed and signed by the County Mental Health Director.

I hereby certify that I am the official responsible for the administration of Community Mental Health services for my County and a co-applicant for MHSA Housing Program funds for \_\_\_\_\_ project and that I am aware of the following:

- That CalHFA is not reviewing this application for compliance with federal fair housing laws including without limitation the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973 which may apply to the Developments.
- That federal and state fair housing law, including without limitation the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973, apply to the Developments and may affect occupancy restrictions imposed by the MHSA Housing Program.
- That changes in or interpretations of federal or state law or regulations, including fair housing, may result in CalHFA making necessary changes to the MHSA loan documents to ensure compliance.
- Unless required by State DMH, such changes made to the MHSA loan documents by CalHFA will not trigger an early loan payoff of either principal or accrued interest request from CalHFA.

I hereby certify under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for this county, and that to the best of my knowledge and belief all statements on this form are true and correct.

Signature:

\_\_\_\_\_  
County Mental Health Director

Dated:

Agency or Department:

\_\_\_\_\_  
Health Services Department

Address:

\_\_\_\_\_  
670 Placerville Dr, Placerville, CA

Phone:

\_\_\_\_\_  
530-621-6290