Attachment B

Attestation of Use of CAPTA/CARA Funds

This is to certify that \(\lambda \) \(\la		
Such funds will not be used to supplant any other state or local funds. Claims for reimbursement under this appropriation will not be submitted for the same type and level of funding covered by any other state or locally authorized appropriation.		
Plan for use of funds:		
☐ Hiring or contracting for a part-time behavioral health consultant		
Hiring or contracting for a full-time behavioral health consultant		
□ Hiring or contracting for a part-time public health nurse		
□ Hiring or contracting for a full-time public health nurse		
□ Sharing a behavioral health consultant/public health nurse with another county:		
(county's name)		
		,
Name of person completing the form:	Date:	11/30/21
Maisa Manning		t ,
Name of commissioner:		
Moisa Manneig	,	
Commissioner's signature	Date:	11/30/21
1 - Cara 1		