

New York State Office of Mental Health
Certification Pursuant to Part Y of the Laws of 2019

(Organization)_____ hereby certifies and attests to the following pursuant to Part Y of Chapter 57 of the Laws of 2019 ("Part Y of Chapter 57"):

- (Name)_____ is the
(Title)_____ of (Org.)_____ and is
duly authorized by (Org.)_____ to provide this attestation
and certification on its behalf.
- The funding provided to _____ pursuant to Part Y of Chapter 57
for the period beginning January 1, 2020 will be or was used solely to provide salary increases and
salary-related fringe benefit increases for direct care staff and direct support professionals as defined by
the Commissioner and in accordance with standards prescribed by the Commissioner.
- The funding provided to _____ pursuant to Part Y of Chapter 57 for
the period beginning April 1, 2020 will be or was used solely to provide salary increases and salary-
related fringe benefit increases for direct care staff, direct support professional and clinical staff as
defined by the Commissioner and in accordance with standards prescribed by the Commissioner.
- Such funding will not be and was not used for any other purpose or expense. Each provider or local
government unit is required to develop an implementation plan to ensure that the funding increases are
utilized only for providing salary increases to eligible staff.
- The Board of Directors of _____ have approved a resolution attesting
that the funding received will be used solely to support salary and salary-related fringe benefit increases
for the staff described above. **Resolution must be attached for attestation to be complete.**

Name of Organization: _____

Organization's Business Address: _____

Officer's Signature: _____ Date: _____

I understand that my signature represents that I am signing and responding to all certifications and attestations listed above.

Print Name: _____

Title of Person signing this form: _____

Contact Phone Number/Email Address: _____

Agency Code: _____

Return this completed form by October 15, 2020 to: **ATTN: Workforce Salary Enhancements**

Office of Mental Health
Community Budget and Fiscal Management
44 Holland Avenue
Albany, NY 12229

Or email to: workforcecola@omh.ny.gov