

2019-20 MENTAL HEALTH ASSISTANCE ALLOCATION PLAN
CERTIFICATION FORM

ATTENTION: Andrew Weatherill
Andrew.Weatherill@fldoe.org

Due: August 1, 2019

Richard Corcoran, Commissioner
Florida Department of Education

Dear Commissioner Corcoran:

This letter certifies that the _____ School Board approved the district's Mental Health Assistance Allocation Plan on _____, which outlines the local program and planned expenditures to establish or expand school-based mental health care consistent with the statutory requirements for the mental health assistance allocation in accordance with section 1011.62(16), Florida Statutes (see attached Mental Health Assistance Allocation Plan Checklist). This letter further certifies that legislative funding allocated to implement the district's plan does not supplant funds already allocated for school-based mental health services and the funds will not be used to increase salaries or provide bonuses. The district's approved plan with expenditures is attached.

School (MSID) Number	Charter School Name

Note: Charter schools not listed above will be included in the school district Mental Health Assistance Allocation Plan.

Signature of District Superintendent

Printed Name of District Superintendent

Attachments: Mental Health Assistance Allocation Plan Checklist
District Mental Health Assistance Allocation Plan
Charter School Mental Health Assistance Allocation Plans