To receive the BH-QIP start-up funds, counties must submit to DHCS the Initial Funding Request and Certification form. The Initial Funding Request and Certification form must be signed by the County Behavioral Health Director certifying that all claiming information sent to DHCS is accurate and complete and in accordance with law. The form must also be signed by the County Auditor, Controller, or City Financial Officer certifying that claims are based on expenditures necessary for claiming BH-QIP funding pursuant to all applicable requirements of the program.

Board Resolution Required? (Please attach document to eForm)	Yes 🗌	No 🖾
<b>Deputy County Counsel Name:</b> (Please list the Deputy County Counsel that approved the Resolution)		
Recommended Action/Special Instructions (Please specify below)		
<ol> <li>Authorize HCA Director, or designee, to request start-up funds for the Behavioral Health Quality Improvement Program.</li> </ol>		
<ol> <li>Authorize HCA Director, or designee, to sign and execute the Behavioral Health Quality Improvement Program Start-Up Funding Claiming Form with the Department Health Care Services, and any amendments thereof.</li> </ol>		
<ol> <li>Authorize County Auditor, Controller, or City Financial Officer, or designee, to sign and execute the Behavioral Health Quality Improvement Program Start-Up Funding Claiming Form with the Department Health Care Services, and any amendments thereof.</li> </ol>		
Department Contact :	List the name an information.	d contact information (telephone, e-mail) of the staff person to be contacted for further
Phebe Bell, BH Director 530-470-2784 / Phebe.Bell@co.nevada.ca.us		
Name of the individual attending the E Meeting:	Board	List the name of the individual who will be attending the Board Meeting for this Grant Item:
Phebe Bell, BH Director 530-470-2784 / Phebe.Bell@co.nevada.ca.us		