



Legislative Priorities Vendor Self Certification

Vendor Name: County of Humboldt

Funding Amount: \$750,000

County of Humboldt is receiving the amount appropriated from the General Fund. The funding authority is identified in Senate Bill 105 (Budget Act of 2025). Your signature at the bottom certifies that the funds will be used for the support of the Sorrel Leaf Healing Center in 2025-26.

Vendor Signature

Date

Name/Title

Please provide warrant remittance address:

DHCS Use Only			
FI\$Cal Accounting Information			
Amount for this line: \$ 750,000			
Fiscal Year:	2025-26	Account/Alt Account:	5432000/5432000000
Fund:	0912	Service Location:	95915
Appropriation Reference:	601	Project:	N/A
Reporting Structure:	4260YA0F	Activity:	N/A
_____ DHCS Approving Signature	_____ Date	_____ Name/Title	

Please email this self-certification letter to: LocalAssistanceAP@dhcs.ca.gov