



Accounting and Reporting Systems Section  
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## ANNUAL CONSOLIDATED FINANCIAL REPORT CERTIFICATION

Legal Name of Organization:		Fiscal Year Ended (mm/dd/yyyy):	
D. B. A. (Doing Business As):		Organization Business Phone:	
Mailing Address - Organization:	City:	State:	Zip Code:
Name of Person Certifying:	Phone Number:		Ext:
Mailing Address - Certifier:	City:	State:	Zip Code:

### CERTIFICATION

I, \_\_\_\_\_, certify under penalty of perjury as follows: That I am an  
*(Name of Person Certifying)*

official of \_\_\_\_\_ and am duly authorized to certify this report; and  
*(Name of Organization - D.B.A.)*

that to the best of my knowledge and information I believe each statement and amount in the accompanying report to be true and correct, and in compliance with Section 128734.1 of the Health and Safety Code and Article 3.5 of Chapter 10 of Division 7 of Title 22 of the California Code of Regulations.

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
*(Signature)*

Title: \_\_\_\_\_