

Noncompetitive Allocation Threshold Certification

I certify that the Proposed project(s) submitted by the County or to the County proposing use of NPLH Noncompetitive Allocation funds will comply with all the requirements of NPLH Guidelines under Article II, III, or IV, as applicable.

Signature: _____ Date: _____
Name: Alan Yamamoto Title: Behavioral Health Director
County: San Benito

Contact Information

Name: San Benito County Behavioral Health
Address: 1131 San Felipe Road
City: Hollister State: CA Zip: 95023
County: San Benito County
Federal Tax ID Number (FEIN): 94-6000530
Data Universal Numbering System (DUNS): 69115202

Authorized Representative (Per Board Resolution)

Salutation: Mr. Other: _____
Full Name: Alan Yamamoto
Title: Behavioral Health Director
Address: 1131 San Felipe Road
City: Hollister State: CA Zip: 95023
Phone: (831) 636-4020 Ext: Fax: (831) 636-4025
Email: alan@sbcmh.org

Administrative Fiscal Representative (i.e., CFO, Accountant/Bookkeeper)

Salutation: Mr. Other: _____
Full Name: Gabriel Orozco
Title: Accountant III
Address: 1131 San Felipe Road
City: Hollister State: CA Zip: 95023
Phone: (831) 636-4020 Ext: Fax: (831) 636-4025
Email: GOrozco@sbcmh.org