



Statement of No Supplanting

Not all applicants must fill out this form. However, Health & Safety Code section 30131.4 provides, in part, that Proposition 10 funds shall be used only to supplement existing levels of service and not to fund existing levels of service. It further provides that no money in the Commission's trust fund shall be used to supplant state or local General Fund money for any purpose.

You Must Complete This Form If: your organization received monies from state or county governments in the last 12 months and these funds were used to support the services (or very similar services) for which you are seeking funds in this application. If this is true, complete the questions below.

1. Description of services that were funded by state or county in the last 12 months.

The exact services that are described in this application.

Similar services to those described in this application. If so, please describe similarities/differences:

2. Check all that apply: These services were funded with:

State of California funds (Name of funding: _____)

County of Butte funds (Name of funding _____)

3. Total amount of funding that was used to support these services: _____

4. Check One: This funding was:

Reduced (List amount of reduction : _____)

Discontinued

Used to start or support a new or different program in our agency

Other. Explain here: _____

5. Check True Statements: The services that were funded by these monies:
 Are no longer available in Butte County
 Are still provided by our agency, but are reduced in scope
 Are now provided by another entity, wholly or in part (List entity: _____)

Other. Explain here: _____

6. Do you have evidence to support that the state or county monies, which were available in the last 12 months to support the activities described in the proposal, have not been redirected to provide other services or programs by your agency?

Yes No

If yes please submit this evidence with your application. If no, this proposal cannot be considered for funding.

Certification: *The above statements are true and correct, to the best of my knowledge.*

Authorized Signatory

Typed Name and Title

Date _____

If the proposal is funded this signed form will become part of the contract.

