

**FORM D**  
**LOCAL AUTHORITY APPROVAL OF AREA PLAN**

**IN WITNESS WHEREOF:**

The Local Authority approves and submits the attached Area Plan for State FY2024-FY2026 in accordance with Utah Code Title 17 Chapter 43.

The Local Authority represents that it has been authorized to approve the attached Area Plan, as evidenced by the attached Resolution or other written verification of the Local Authority's action in this matter.

The Local Authority acknowledges that if this Area Plan is approved by the Utah Department of Human Services Division of Substance Abuse and Mental Health (DHS/DSAMH) pursuant to the terms of Contract(s) #A03082/ #AL20504C the terms and conditions of the Area Plan as approved shall be incorporated into the above-identified contract by reference.

**LOCAL AUTHORITY: Salt Lake County**

**By:** \_\_\_\_\_  
*(Signature of authorized Local Authority Official, as provided in Utah Code Annotated)*

***PLEASE PRINT:***

**Name:** Dea Theodore

**Title:** Chair

**Date:** \_\_\_\_\_