



REQUEST FOR APPLICATION
Educational Stipend Program – Psychiatric Mental Health Nurse Practitioner
RFA # 15-6423
Notice to Prospective Applicants

December 31, 2015

You are invited to review and respond to this Request for Application (RFA), entitled Educational Stipend Program- Psychiatric Mental Health Nurse Practitioner. In submitting your application, you must comply with these instructions. Failure to comply with any of the requirements may result in rejection of your application. By submitting a bid, your firm agrees to the terms and conditions stated in this RFA and your proposed Grant Agreement.

This solicitation is published online in the California State Contracts Register at <http://www.eprocure.dgs.ca.gov/CSCRAAds.htm>. To ensure receipt of any addenda that may be issued, and answers to questions posed, interested parties must register online at <http://www.bidsync.com/>.

The Office of Statewide Health Planning and Development (OSHPD) deadline for receipt of application submission is **March 7, 2016 . no later than 3:30 p.m. All late, faxed, and/or emailed bids will be rejected** and returned to the bidder. Applications must be received on or before the date and time specified herein (See Section E. Application Requirements and Information for application submission details).

In the opinion of OSHPD, this RFA is complete and without need of explanation. However, if you have questions, notice any discrepancies or inconsistencies, or need any clarifying information, you must submit your questions via e-mail at OSHPD.MHSAWET@oshpd.ca.gov or can be submitted directly to the BidSync website, no later than the date stated in Section E, item 1 “Key Action Dates”. Please note that no verbal information given will be binding upon the State unless such information is issued in writing as an official addendum, or as answers to questions at the BidSync site.

This solicitation may result in multiple awards of agreements. See Section E, Item 4 “Evaluation Process”, for the evaluation criteria.

Agreements entered into with non-State of California entities will be completed as Grant Agreements.

Agreements entered into with State of California agencies will be completed as interagency agreements and shall be governed by Terms and Conditions, Appendix 1.

Negotiation of either version of the State of California Terms and Conditions will not be allowed.

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A. Background

In November 2004, California voters approved Proposition 63, the Mental Health Services Act (MHSA). Sections 2 and 3 of the MHSA provide increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. The Workforce, Education and Training (WET) Program is one of the components of MHSA and is administered by the Office of Statewide Health Planning and Development (OSHPD).

The WET Program is funded through appropriations in the State Budget and promotes educational stipend programs modeled after the federal Title IV-E Training Program which: 1) supports students who are committed to working in the public mental health system (PMHS); 2) prepares professionals to deliver public mental health services that promote wellness, recovery, and resiliency; 3) encourages the enrollment and support of individuals with consumer and family experience in the PMHS; 4) recruits individuals who are culturally competent and/or have life experience with the PMHS; and 5) promotes the distribution of stipend recipients throughout California.

B. Purpose and Description of Services

The WET Five-Year Plan appropriated up to \$1,500,000 pending budget allocations for the Educational Stipend Program- Psychiatric Mental Health Nurse Practitioner for Fiscal Year (FY) 2016-17 and FY 2017-18. OSHPD is issuing this RFA with total funding available of up to \$1,500,000 pending budget allocations to fund an organization or organizations that desire to enter into a Grant Agreement, or Grant Agreements to administer the Educational Stipend Program- Psychiatric Mental Health Nurse Practitioner. The goal of this RFA is to enter into a Grant Agreement that will engage the Grantee in activities that include:

1. Establish and manage a graduate-level educational stipend program to support students who are studying to become Psychiatric Mental Health Nurse Practitioners (PMHNP) and who commit to working in California's PMHS.
2. Ensure stipend recipients receive clinical supervision in the PMHS.
3. Develop and/or implement a curriculum that reflects the values and principles of the MHSA as defined in Title 9, California Code of Regulations, section 3320, which are the following:
 - a. Community collaboration;
 - b. Cultural competence;
 - c. Consumer and family-member driven; and
 - d. Wellness, recovery, and resiliency focused.
4. Track and report on program outcomes which includes evaluation of the stipend program.
5. Administratively monitor the employment of stipend recipients to ensure completion of the employment service obligation.
6. Collect stipend funds during the length of the contract in the event stipend recipients do not meet their obligation.

The Grantee(s) shall use the progress report template in Appendix 2 of this RFA when reporting their outcome data on a quarterly/bi-annual basis.

The Grantee shall administer a demographic survey to individuals receiving stipend awards by the Grantee. The demographic survey shall be administered using the form at Appendix 3 of this RFA, with responses to be voluntary. The results of this demographic survey shall be reported in the progress report.

Subject to the availability of funds, the period of this Grant Agreement will be from **July 1, 2016** through **June 30, 2021**.

Carefully review and consider the Scope of Work located in Attachment 7, Sample Grant Agreement of this RFA, in order to complete your application.

C. Minimum Qualifications for Applicants

Applications are requested from any California school or consortia of California schools that train graduate-level PMHNPs and demonstrate they have the capacity to address all elements described in Section B, "Purpose and Description of Services" and in the Scope of Work located in Attachment 7, Sample Grant Agreement. The capacity and all other required elements shall be demonstrated in the work plan and schedule for task completion. California-based educational institutions administering distance learning programs that can demonstrate the above are eligible to apply.

D. Developing an Application

In order to develop a successful application, applicants will be required to be responsive to this RFA in its entirety; however, emphasis should be placed on providing the following:

1. Executive Summary: Provide an overview of your ability to provide the services detailed above in Section B "Purpose and Description of Services". Additionally, provide a brief description of your PMHNP program's goals and objectives and how those align with the values and principles of the MHSA.
2. Detailed Work Plan: As a part of Attachment 4 of this RFA, the detailed work plan and schedule for task completion should include a description of how all the elements below will be addressed. In the work plan, the applicant shall in the following order:
 - a. Provide a description of their ability to establish and manage a graduate-level educational stipend program to support students across the state who are studying to become PMHNPs clinicians and who commit to working in California's PMHS.
 - b. Identify how recruitment and outreach will be conducted to individuals who reflect the diverse populations served by the PMHS, individuals who are consumers and their families, and individuals who will serve in communities with a demonstrated shortage of licensed staff.
 - c. Identify a curriculum that is currently used or will be implemented that reflects the values and principles of the MHSA as defined in Title 9, California Code of Regulations, and section 3320, which are the following.
 - i. Community collaboration
 - ii. Cultural competence
 - iii. Consumer and family-member driven
 - iv. Wellness, recovery, and resiliency focused
 - d. Identify how the educational stipend program will create and/or strengthen educational partnerships, community support, and workforce preparation between the applicant and the county(ies) throughout the state with special emphasis on counties with historical lack of representation in past educational stipend programs.
 - e. Demonstrate how the Applicant plans to collaborate with the local PMHS (such as counties, community based organizations, and Regional Partnerships) to ensure workforce and geographic needs are met and make a good faith effort to place and support stipend recipients employment in counties with historical lack of representation in past educational stipend programs. Counties with historical lack of representation in

past educational stipend programs are defined as the following: counties with two or less stipend recipients conducting their field placement/internship in FY 2014-15. For the purposes of this RFA, the following counties are: *Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter-Yuba, Tehama, Trinity, Tulare, Tuolumne, Ventura, and Yolo.*

- f. Using the table below, identify specific information about your current PMHNP program clinical hours.

# of clinical hours required for PMHNP students to complete program	Average # of clinical hours spent by PMHNP students in PMHS sites

- g. Using the table below, identify specific information on your PMHNP programs students' field placement from the last three years.

Field Placement Site	County	Number of Students Placed at Site	Counties with historical lack of representation in past educational stipend programs (yes or no)

- h. Using the table below, identify specific information about your PMHNP program's student's employment site from the last three years.

Employment Site	County	Number of Students Employed at Site	Counties with historical lack of representation in past educational stipend programs (yes or no)

3. **Project Personnel:** The prospective Grantee will submit the titles, job descriptions, and roles of all personnel proposed to work on this project with particular attention to providing outreach to potential stipend recipients, supervising stipend recipients, and helping ensure that stipend recipients are employed with qualifying employers upon graduation and:

Identify any sub-contractors that are planned to assist in accomplishing the services described in Section B "Purpose and Description of Services" of the RFA including their roles, abilities to provide services, and applicable qualifications. The Grantee will clearly state the projected number of hours the sub-contractors will spend on the project and the geographic location, if applicable.

4. **Cost Detail Format and Requirements:**

- a. The total cost of all tasks through the duration of the Grant Agreement for FY 2016-17, FY 2017-18, FY 2018-19, FY 2019-2020 and FY 2020-21, shall not exceed up to \$1,500,000. A prospective Grantee may, consistent with its work plan and Sample

- Rate Proposal Worksheet, request the distribution of grant funding under this RFA, but in no event shall total funding for a Grantee under this RFA exceed up to \$1,500,000.
- b. Applicants shall use Attachment 5 (Sample Rate Proposal Worksheet) to prepare the cost detail for submission. The Sample Rate Proposal Worksheet shall be consistent with the rate structure in Attachment 5.
 - c. The major budget categories under this RFA shall be: (i) Stipend Costs, (ii) Coordination Costs, and (iii) Administrative Costs.
 - d. Budget category details under this RFA are defined as follows:
 - i. "Stipend Costs" are defined as funds paid either directly to a student who signed a Service Agreement as specified Attachment 7, Sample Grant Agreement of this RFA or funds that are applied towards that student's tuition. Each educational stipend shall not exceed \$18,500 per student. The total stipend cost shall be no less than 72.5 percent of the total agreement amount. Proposals that are less than this stipend cost may be rejected. (Example: If the total agreement amount is up to \$1,500,000 then the stipend cost can be no less than \$1,087,500.00.)
 - ii. "Coordination Costs" are defined as costs that can be more directly attributed to the coordination of the PMHNP educational stipend program activities which can include but not be limited to, salaries for program staff, consultant costs, sub-agreements, travel and incentives for placing individuals in counties with historical lack of representation in past educational stipend programs. "Coordination Costs" shall not exceed 27.5 percent of the Agreement.
 - iii. "Administrative Costs" are defined as costs that are indirectly attributed to the completion of the program services which can include, but not be limited to, utilities, rent, equipment, administrative service/payroll staff etc. "Administrative Costs" shall not exceed 25 percent of the Agreement.
 - iv. The applicant has the option to allocate funding to both "Coordination Costs" and "Administrative Costs", however the total of the combined "Coordination Costs" and/or "Administrative Costs" shall not exceed 27.5 percent of the total Agreement amount and of that combination, Administrative Costs cannot exceed 25 percent (e.g., if the total agreement amount is up to \$1,500,000; then the Administrative Cost + Coordination Cost maximum is up to \$412,500.00). Proposals exceeding this total may be rejected. The Applicant may choose how to best allocate the anticipated costs between "Coordination Costs" and "Administrative Costs" as long as it does not exceed 27.5 percent of the total Agreement amount.
 - e. Budget categories shall not be co-mingled in any FY of this Agreement. If any funds are unexpended in a FY, the Grantee must request approval from OSHPD to roll over funds from one FY to another. If funds are requested for roll-over, the amount in each major budget category must be proportional in accordance with the Rate Proposal Worksheet.
 - f. Applicants shall use the Rate Proposal Worksheet (Attachment 5) to prepare their cost detail.

E. Application Requirements and Information1. Key Action Dates

Event	Date	Time
RFA available to prospective Applicants	December 31, 2015	4:00 PM PST
Written Question Submittal Deadline	January 11, 2016	4:00 PM PST
Written responses, if any, to be posted	January 19, 2016	5:00 PM PST
Mandatory Pre-Application Conference Date	January 22, 2016	3:00 PM PST
Questions & Answers from Mandatory Pre-Application Conference Posted	February 2, 2016	4:00 PM PST
Final Date for Application Submission	March 7, 2016	3:30 PM PST
Notice of Intent to Award	March 22, 2016	4:00 PM PST
Proposed Grant Agreement Award Date	July 1, 2016	NA

2. Mandatory Pre-Application Conference

- a. A mandatory pre-application conference is scheduled on **January 22, 2016 at 3:00 PM, PST** for the purpose of clarifying the content of this RFA. The mandatory pre-application conference will be available through conference call: (888) 278-0296, Code 233068 or in the OSHPD Sacramento, California office:

OSHPD Offices
400 R Street, Suite 330
Sacramento, California 95811

- b. Only one authorized representative from each potential Applicant is required to attend the mandatory pre-application conference. In the event a potential Applicant is unable to attend the mandatory pre-application conference, an authorized representative may attend on their behalf. Subcontractors may not represent a potential Applicant at a mandatory pre-application conference. No application will be accepted unless the Applicant or his/her authorized representative is in attendance. The representative may only sign in for one potential Applicant. It is recommended that a potential Applicant's legal and/or contract's office participate in the pre-application conference.
- c. Assistance for Applicants requiring reasonable accommodation due to a physical, mental or emotional impairment for the mandatory pre-application conference will be provided by OSHPD upon request. The Applicant(s) must call OSHPD at (916) 326-3702 no later than the fifth working day prior to the scheduled date and time of the mandatory pre-application conference to arrange for reasonable accommodation.

3. Submission of Application:

- a. Applications should provide straightforward and concise descriptions of the applicant's ability to satisfy the requirements of this RFA. The application must be complete and accurate. Omissions, inaccuracies or misstatements may be cause for rejection of an application.
- b. All applications must be submitted under sealed cover and received by OSHPD by the date and time shown in Section E. Application Requirements and Information, Item 1. Key Action Dates of this RFA. Applications received after this date and time will not be considered.
- c. A minimum of one (1) original copy of the application must be submitted. The original proposal must be marked "ORIGINAL COPY". All documents contained in the original application package must have original signatures and must be signed by a person who is authorized to bind the applying entity. In addition, applicant MUST submit an electronic copy of the application either by e-mail to OSHPD.MHSAWET@OSHPD.CA.GOV or include a CD of the application with the submission of the application package.
- d. Due to limited storage space, the application package should be prepared in the least expensive method (i.e., cover page with staple in upper left-hand corner, no fancy bindings: spiral binding, 3-hole punch, etc.).
- e. The application envelopes must be plainly marked with the RFA number and title, your firm name and address, and must be marked with "DO NOT OPEN", as shown in the following example:

Office of Statewide Health Planning and Development
Attn: Brent Houser, Healthcare Workforce Development Division
400 R Street, Suite 330
Sacramento, CA 95811
RFA #15-6423

Educational Stipend Program- Psychiatric Mental Health Nurse Practitioner

DO NOT OPEN

- f. You are advised that you are responsible for ensuring that your application is received by the above listed contact person by the time and date required. Any application reaching the contact person after the deadline date and time will be returned unopened.
- g. If the application is made under a fictitious name or business title, the actual legal name of applicant must be provided.
- h. Applications not submitted under sealed cover and marked as indicated may be rejected.
- i. All applications shall include the documents identified in Attachment 1, Required Attachment Checklist of this RFA. Applications not including the proper required attachments shall be deemed non-responsive. A non-responsive application is one that does not meet the basic application requirements.
- j. Applications must be submitted for the performance of all the services described herein. Any deviation from the work specifications will not be considered and may cause an application to be rejected.
- k. An application may be rejected if it is conditional or incomplete, or if it contains any alterations of form or other irregularities of any kind. The State may reject any or all applications and may waive an immaterial deviation in an application. The State's waiver of an immaterial deviation shall in no way modify the RFA document or excuse the applicant from full compliance with all requirements if awarded the Agreement.

- l. Costs incurred for developing applications and in anticipation of award of the Agreement are entirely the responsibility of the applicant and shall not be charged to the State of California.
- m. An individual who is authorized to bind the applying firm contractually shall sign the Application/Applicant Certification Sheet, Attachment 2 of this RFA. The signature must indicate the title or position that the individual holds in the firm. An unsigned application may be rejected.
- n. An applicant may modify an application after its submission by withdrawing its original application and resubmitting a new application prior to the final date for application submission as set forth in the Key Action Dates. Application modifications offered in any other manner, oral or written, will not be considered.
- o. An applicant may withdraw its application by submitting a written withdrawal request to the State, signed by the applicant or an authorized agent in accordance with (c) above. An applicant may thereafter submit a new application prior to the application submission deadline. Applications may not be withdrawn without cause subsequent to application submission deadline.
- p. OSHPD may modify the RFA prior to the date fixed for submission of application by the issuance of an addendum to all parties who received an application package.
- q. OSHPD reserves the right to reject all applications. OSHPD is not required to award an Agreement and will not award an Agreement if budget authority is not granted.
- r. Before submitting a response to this solicitation, bidders should review, correct all errors and comply with the RFA requirements.
- s. Where applicable, the applicant should carefully examine work sites and specifications. No additions or increases to the Agreement amount will be made due to a lack of careful examination of work sites and specifications.
- t. The State does not accept alternate Agreement language from a prospective Grantee. An application with such language will be considered a counter offer and will be rejected. The Terms and Conditions outlined in Attachment 7, Sample Grant Agreement of this RFA are not negotiable.
- u. No oral understanding or agreement shall be binding on either party.

4. Evaluation Process

Multiple grants may be awarded under this RFA. Final award by OSHPD will include consideration of the following elements:

- a. At the time of application opening, each application will be checked for the presence or absence of required information in conformance with the submission requirements of this RFA.
- b. Applications that contain false or misleading statements, or which provide references which do not support an attribute or condition claimed by the applicant may be rejected.
- c. The final award will be given to the highest scored application. OSHPD intends for this RFA to support students across California by providing a distribution of awards that will support students across the state. Applications seeking to support geographic regions, which are not addressed by other similarly scored applications, may receive preference.
- d. OSHPD, at its discretion, may select up to the top five proposers that have scored the highest overall in the RFA Technical Merit Scoring Criteria, for interviews. Final points will be assigned upon completion of any optional interviews. In conducting interviews, there shall be no disclosure of any information derived from proposals submitted by competing entities. Applicants shall be responsible for all costs associated with the interview.
- e. The evaluation tool on the following page will be used to score applications:

Evaluation Tool				
Technical Merit Scoring Criterion				Maximum Points
Work Plan and Schedule for Task Completion (Maximum 60 points)	Poor 0-3 points	Satisfactory 4-7 points	Excellent 8-10 points	60
Applicant identifies their ability to establish and manage a graduate-level educational stipend program to support students who are studying to become clinicians who are PMHNPs and who commit to working in California's PMHS.				
Applicant identifies how recruitment and outreach will be conducted to individuals who reflect the diverse populations served by the PMHS such as consumers and family members and individuals who will serve in communities with a demonstrated shortage of licensed staff.				
Demonstrates ability to develop and/or implement a curriculum that reflects the values and principles of the MHSA.				
Applicant identifies how they plan to collaborate with the PMHS (such as counties, community based organizations, and Regional Partnerships) to ensure workforce and geographic needs are met and make a good faith effort to place and support stipend recipients employment in counties with historical lack of representation in past educational stipend programs.				
Applicant identifies programs ability to provide sufficient clinical hours for PMHNP students in PMHS sites.				
Applicant identifies programs success in clinical placement and employment placement of students in PMHS across multiple counties.				
Project Personnel (Maximum 10 points)	Poor 0 points	Satisfactory 1-3 points	Excellent 4-5 points	10
Provides proposed project team and staffing plan including a list of all proposed team members/personnel, their titles, and a brief description of their current jobs. Staffing plan may include each person's proposed role on the team.				
Proposed Project Personnel demonstrates applicable experience in program administration and evaluation.				
References (Maximum 10 points)	Poor 0-3 points	Satisfactory 4-7 points	Excellent 8-10 points	10
References demonstrates applicant's capacity to engage in services as described in Section B " Purpose and Description of Services"				
Total Possible Technical Merit Points				80

Interview Points Scoring Criteria (If Requested by OSHPD)				Maximum Points
<p>Interview (If Requested by OSHPD) (Maximum 15 points)</p> <p>This oral interview will allow finalists to demonstrate their understanding of the project objectives, ability to integrate their ideas into the OSHPD’s overall objectives, and to articulate their capability to meet or exceed the requirements of this RFA. The following traits are considered especially important for the interview:</p> <ul style="list-style-type: none"> • Quality and completeness of answers to questions regarding the proposal. • Professionalism of personnel assigned to the Contract. • Ability to integrate its ideas into the OSHPD’s overall objectives. • Quality of proposed strategies and work samples. 	Poor 0-6 points	Satisfactory 7-13 points	Excellent 14-20 points	20
Total Possible Interview Points				20
Total Possible Overall Points (Technical Merit + Interview (if applicable))				100

5. Award and Protest

- a. A total of up to \$1,500,000 shall be available for the Educational Stipend Program- Psychiatric Mental Health Nurse Practitioner for FYs 2016-17, 2017-18, 2018-19, 2019-20 and 2020-21.
- b. The total cost of all tasks and milestones for the Educational Stipend Program- Psychiatric Mental Health Nurse Practitioner cannot exceed up to \$1,500,000 and not be longer than five years in length, ending June 30, 2021.
- c. OSHPD reserves the right to determine the number of Grant Agreement(s) to be awarded and to modify the amount awarded to each Grantee.
- d. In accordance with Government Code Section 11256, OSHPD reserves the right to enter into an Interagency Agreement with a Grantee if the Grantee is a State agency.
- e. Notice of the proposed award shall be posted in a public place in the offices of OSHPD, 400 R Street, Room 359, for five (5) working days prior to awarding the agreement.
- f. Protest Procedures:
 - i. A Letter of Protest must be received at the following address not later than five (5) working days (excluding the first day and including the last day) from the date of the posting of Notice of Intent to Award:

RFA #15-6423

Educational Stipend Program- Psychiatric Mental Health Nurse Practitioner
Office of Statewide Health Planning and Development
400 R Street, Suite 330
Sacramento, CA 95811
Attn: Brent Houser

- ii. The only acceptable delivery method for the Letter of Protest is by a postal service (United States Post Office, Federal Express, etc.). The Letter of Protest cannot be hand delivered by the Applicant, faxed, or sent by electronic mail. Any letter received without an original signature and/or by a delivery method other than a postal service will not be considered.
- iii. The Letter of Protest must describe the factors which caused the Applicant to conclude that the Evaluation Committee did not follow the prescribed rating standards, explain why the score is in conflict with the rating standards or the Grant Agreement award process described in the RFA, and identify specific information in the application that the Applicant believes was overlooked or misinterpreted. The Letter of Protest may not provide any additional information that should have been included in the original application.
- iv. If any Applicant files a Letter of Protest, the Grant Agreement shall not be awarded until OSHPD has reviewed the protest.
- v. OSHPD's decision will be rendered within five (5) working days of the receipt of the Letter of Protest and will be considered final.

6. Disposition of Applications

Upon application opening, all documents submitted in response to this RFA will become the property of the State of California, and will be regarded as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public.

7. Agreement Execution and Performance

- a. It is anticipated that the agreement will begin on July 1, 2016. No work shall begin until all approvals have been obtained.
- b. Should the Grantee fail to commence work at the agreed upon time, OSHPD, upon five (5) days written notice to the Grantee, reserves the right to terminate the agreement.
- c. All performance under the agreement shall be completed on or before the termination date of the agreement.
- d. By August 15 of each Fiscal Year, Grantee(s) will provide to OSHPD an evaluation summarizing the information required in Appendix 2, Progress Report Template.
- e. OSHPD will evaluate the Grantee(s)' performance to determine whether and to what extent they are meeting the deliverables.
- f. OSHPD reserves the right to cancel the Grant Agreement should the deliverables not meet OSHPD's expectations.

F. Required Attachments

The following pages contain additional Attachments that are a part of this RFA.

Attachment 1 Required Attachment Check List

Attachment 2 Application/Applicant Certification Sheet

Attachment 3 Applicant References

Attachment 4 Executive Summary, Work Plan and Schedule for Task Completion

Attachment 5 Sample Rate Proposal Worksheet

Attachment 6 Payee Data Record (STD 204)

Attachment 7 Sample Grant Agreement has been included for your reference only. Only the successful applicant(s) will submit these documents, after the award is made.

ATTACHMENT 1**REQUIRED ATTACHMENT CHECK LIST****Applicant Name:** _____

A complete application or application package will include the items identified below. Complete this checklist to confirm the items in your application. Place a check mark or "✓" next to each item that you are submitting to the State. For your application to be responsive, all required attachments must be returned. This checklist must be returned with your application package also.

<input checked="" type="checkbox"/>	Attachment	#	Attachment Name/Description
	Attachment	1	Required Attachment Check List
	Attachment	2	Application/Applicant Certification Sheet
	Attachment	3	Applicant References
	Attachment	4	Executive Summary, Work Plan and Schedule for Task Completion
	Attachment	5	Sample Rate Application Worksheet
	Attachment	6	Payee Data Record (STD 204)

ATTACHMENT 2

APPLICATION/APPLICANT CERTIFICATION SHEET

This Application/Applicant Certification Sheet must be signed and returned in duplicate with original signatures.

Do not return Section E “Application Requirements and Information” or the "Sample Grant Agreement" at the end of this RFA.

The signature affixed hereon and dated certifies compliance with all the requirements of this application document. The signature below authorizes the verification of this certification.

An Unsigned Application/Applicant Certification Sheet May Be Cause for Rejection

Organization Name	Telephone Number
Address	Email Address
Name	Title
Signature	Date

ATTACHMENT 3
APPLICANT REFERENCES

Submission of this Attachment is mandatory. Failure to complete and return this Attachment with your application will cause your application to be rejected and deemed nonresponsive.

List below two (2) references of similar types of services performed for other entities within the last four (4) years. If two references cannot be provided, please explain why on an attached sheet of paper.

REFERENCE 1			
Name of Firm			
Street Address	City	State	Zip Code
Contact Person		Telephone Number	
Email Address			
Dates of Service		Value or Cost of Service	
Narrative of Service Provided (include timeline and outcomes)			
What is the role of the reference/firm?			

REFERENCE 2			
Name of Firm			
Street Address	City	State	Zip Code
Contact Person		Telephone Number	
Email Address			
Dates of Service		Value or Cost of Service	
Narrative of Service Provided (include timeline and outcomes)			
What is the role of the reference/firm?			

ATTACHMENT 4

REQUIRED APPLICATION COMPONENTS AS DEFINED IN SECTION D
“DEVELOPING AN APPLICATION”

(Attachment 4 should include the Executive Summary, Detailed Work Plan and a Schedule for Task Completion)

ATTACHMENT 5

SAMPLE RATE PROPOSAL WORKSHEET

Applicant Name: _____

The Applicant hereby proposes to furnish all services and to perform all work required in accordance with the "Purpose and Description of Services" and the Scope of Work. If awarded, the rates and budget line items outlined in this proposal worksheet shall be contractually binding and used when invoicing OSHPD for services provided under the Agreement.

Total Proposal Budget: \$ _____
 (The total budget for all tasks through the duration of the Grant Agreement for FY 2016-17 through FY 2020-21 cannot exceed up to \$1,500,000.)

Total Number of Stipends Proposed: _____ Coordination Costs: \$ _____ Administrative Costs: \$ _____
 Total Cost of Stipends: \$ _____

Each stipend award shall not exceed \$18,500 and the total costs of stipends shall not be less than 72.5 percent of the total award amount. The combination of Coordination and Administrative Costs cannot exceed 27.5 percent of the total award amount.

	Year 1 FY 2016-17	Year 2 FY 2017-18	Year 3 FY 2018-19	Year 4 FY 2019-20	Year 5 FY 2020-2021	Subtotals
Number of Stipends Proposed	# _____	# _____	- 0 -	- 0 -	- 0 -	Total Number of Stipends Proposed _____
Cost of Stipends (# of stipends x \$18,500)	\$ _____	\$ _____	- 0 -	- 0 -	- 0 -	Total Stipend Costs _____
Yearly Coordination Costs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	Total Coordination Costs \$ _____
Yearly Administration Costs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	Total Administration Costs \$ _____
Yearly Totals	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	Grand Total \$ _____

ATTACHMENT 6

PAYEE DATA RECORD (STD 204)

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE		
PAYEE DATA RECORD		
(Required when receiving payment from the State of California in lieu of IRS W-9)		
STD. 204 (Rev. 6-2003)		
1	<p>INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement.</p> <p>NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.</p>	
2	PAYEE'S LEGAL BUSINESS NAME (Type or Print)	
	SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS
	MAILING ADDRESS	BUSINESS ADDRESS
	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
3	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <input type="text"/> - <input type="text"/>	
	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: <input type="text"/> - <input type="text"/>	CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS (SSN required by authority of California Revenue and Tax Code Section 18546)
4	<input type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.	
5	I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.	
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE
	SIGNATURE	DATE
6	Please return completed form to: Department/Office: _____ Unit/Section: _____ Mailing Address: _____ City/State/Zip: _____ Telephone: () _____ Fax: () _____ E-mail Address: _____	

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

PAYEE DATA RECORD

STD. 204 (Rev. 6-2003)(REVERSE)(CA ST PKG, EXCEL 9/22/2004)

1	<p><u>Requirement to Complete Payee Data Record, STD. 204</u></p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code</p>
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>
4	<p><u>Are you a California resident or nonresident?</u></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below: Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p>
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>
	<p><u>Privacy Statement</u></p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>

ATTACHMENT 7
SAMPLE GRANT AGREEMENT

GRANT AGREEMENT BETWEEN THE
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT AND
«Grantee Name»
For The
EDUCATIONAL STIPEND PROGRAM - PSYCHIATRIC MENTAL HEALTH NURSE
PRACTITIONER
GRANT AGREEMENT NUMBER «Grant Number»

THIS GRANT AGREEMENT (“Agreement”) is entered into on «Term Start Date» (“Effective Date”) by and between the State of California, Office of Statewide Health Planning and Development (hereinafter “OSHPD”) and «Grantee Name», (the “Grantee”).

WHEREAS, Welfare and Institutions Code Section 5822(c) statutorily authorizes OSHPD to engage in the creation of a stipend program modeled after the federal Title IV-E program for persons enrolled in educational institutions who want to be employed in the California Public Mental Health System (PMHS).

WHEREAS, the Healthcare Workforce Development Division (“HWDD”) supports healthcare accessibility through the promotion of a diverse and competent workforce while providing analysis of California’s healthcare infrastructure and coordinating healthcare workforce issues.

WHEREAS, counties and community stakeholders have identified the need to provide educational stipends to students who are committed to completing their field placements and gaining employment in the PMHS.

WHEREAS, encouraging, supporting and incentivizing individuals to work in the PMHS via providing stipends is included as a priority strategy under the Mental Health Services Act (MHSA) Workforce Education and Training (WET) Five-Year Plan 2014-2019 which was approved by the California Mental Health Planning Council.

WHEREAS, the Grantee applied to participate in the Educational Stipend Program - Psychiatric Mental Health Nurse Practitioner, by submitting an application in response to the Educational Stipend Program - Psychiatric Mental Health Nurse Practitioner Request for Application, dated December 31, 2015 (“RFA #15-6423”).

WHEREAS, the Educational Stipend Program - Psychiatric Mental Health Nurse Practitioner (PMHNP) will provide funding for educational stipends to graduate students and is intended to 1) support students who are committed to working in the PMHS; 2) prepare professionals to deliver public mental health services that promote wellness, recovery, and resiliency; 3) encourage the enrollment and support of individuals with consumer and family experience in the PMHS; 4) recruit individuals who are culturally competent and/or have life experience with the PMHS; and 5) promote the distribution of stipend recipients throughout the State.

WHEREAS, the Grantee was selected by OSHPD to receive grant funds through procedures duly adopted by OSHPD for the purpose of administering such grants.

NOW THEREFORE, OSHPD and the Grantee, for the consideration and under the conditions hereinafter set forth, agree as follows:

A. Definitions:

1. "Administrative Costs" are defined as costs that are indirectly attributed to the completion of the program services which can include, but not be limited to, utilities, rent, equipment, administrative service/payroll staff etc.
2. "Application" means the grant application/proposal submitted by Grantee in response to RFA #15-6423.
3. "Community Based Organization (CBO)" means a public or private nonprofit that is representative of a community or a significant segment of a community and is engaged in providing PMHS services.
4. "Coordination Costs" are defined as costs that can be more directly attributed to the coordination of the PMHNP educational stipend program activities which can include but not be limited to, salaries for program staff, consultant costs, sub-agreements, travel and incentives for placing individuals in counties with historical lack of representation in past educational stipend programs.
5. "Consumer" means as referred to as Client in *Title 9, CCR, Section 3200.040*, is an individual of any age who is receiving or has received mental health services. The term "client" includes those who refer to themselves as clients, consumers, survivors, patients or ex-patients.
6. "Counties with Historical Lack of Representation in Stipends" means counties with two or less stipend recipients conducting their field placement/internship in Fiscal Year (FY) 2014-15.
7. "Director" means the Director of the Office of Statewide Health Planning and Development or his designee.
8. "Family Member" means siblings, and their partners, kinship caregivers, friends, and others as defined by the family who is now or was in the past the primary caregiver for a child, youth, adolescent, or adult with a mental health challenge who accessed mental health services.
9. "Grant Agreement Number" means Grant Number «Grant Number» awarded to Grantee.
10. "Grantee" means the fiscally responsible entity in charge of administering the Grant Funds and includes the program identified on the grant application.
11. "Grant Funds" means the money provided by OSHPD for the project described by Grantee in its application and Scope of Work.
12. "Other Sources of Funds" means all cash, donations, or in-kind contributions that are required or used to complete the Project beyond in addition to the grant funds provided by this Agreement.
13. "Public Mental Health System (PMHS)" means publicly-funded mental health programs/services and entities that are administered, in whole or in part, by the State

departments or county. It does not include programs and/or services administered, in whole or in part by federal, state, county or private correctional entities. *Title 9, CCR, 3200.253*

14. "Public Mental Health System Workforce" means current and prospective department and/or county personnel, county contractors, volunteers, and staff in community-based organizations, who work or will work in the Public Mental Health System. *Title 9, CCR, 3200.254*
15. "Program" means the Grantee's training program(s) listed on the grant application.
16. "Program Representative" means the representative of the Grantee for which Agreement funds are being awarded
17. "Project" means the activity described in the Grantee's application and Scope of Work to be accomplished with the Grant Funds.
18. "State" means the State of California and includes all its departments, agencies, committees and commissions.
19. "Stipend Costs" are defined as funds paid either directly to a student who signed a Service Agreement as specified in Section C "Scope of Work" of this Agreement or funds that are applied towards that student's tuition. Each educational stipend shall not exceed \$18,500 per student.

B. Term of the Agreement:

This Agreement shall take effect on the «Effective Date» and shall terminate on «Term End».

C. Scope of Work:

1. The Grantee agrees to provide to the OSHPD an educational stipend program that shall fund at a minimum _____ graduate students at a maximum of \$18,500 per student as described herein. The PMHNP educational stipend program is intended to 1) support students who are committed to working in the PMHS; 2) prepare professionals to deliver public mental health services that promote wellness, recovery, and resiliency; 3) encourage the enrollment and support of individuals with consumer and family experience in the PMHS; 4) recruit individuals who are culturally competent and/or have life experience with the PMHS; and 5) promote the distribution of stipend recipients throughout the State.

The Grantee shall abide by the following requirements described below:

- a. The Grantee(s) shall dedicate Year 1 (FY 2016-17) and Year 2 (FY 2017-18) of the Grant Agreement to recruitment and outreach and developing/implementing MHSA related curriculum.
 - i. The Grantee shall ensure that individuals who reflect the diverse populations served by public mental health, applicants who are consumers and their families, and applicants who will serve in communities with a demonstrated shortage of licensed staff are encouraged to apply to the PMHNP Educational Stipend Program.

- ii. The Grantee(s) will ensure that each school will have an awards committee with equal representation from the school and from the public mental health agencies that hire PMHNPs. The Grantee(s) will make a good-faith effort to include representatives from counties with historical lack of representation in past educational stipend programs on its awards committee.
 - iii. The Grantee(s) will notify OSHPD of program outcomes and of the number of students receiving stipends and will provide reports and tables by school contained in the Appendix 2, Progress Report. The Grantee shall submit a Year-End Summary Report of which will be provided by OSHPD within forty-five (45) days of the end of each year.
- b. The Grantee(s) will implement and disseminate a curriculum for graduate-level PMHNPs to prepare them to work in public mental health. It will include the areas specified in Title 9, California Code of Regulations, Section 3320 which is summarized below.
- i. Community collaboration
 - ii. Cultural competence
 - iii. Consumer and family-member driven
 - iv. Wellness, recovery, and resiliency focused
- c. The Grantee shall dedicate Year 1 (FY 2016-17) and Year 2 (FY 2017-18) of the Grant Agreement to identifying/selecting stipend recipients; distributing stipend funds; implementing curriculum; providing student support and oversight; and ensuring student placement in qualifying PMHS sites.
- i. Grantee shall make a good faith effort to ensure student field placement/internship and employment includes counties with historical lack of participation in past educational stipend programs. Counties with historical lack of representation in past educational stipend programs are defined as the following: counties with two or less stipend recipients conducting their field placement/internship in FY 2014-15. For the purposes of this Agreement, the following counties are: Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter-Yuba, Tehama, Trinity, Tulare, Tuolumne, Ventura, and Yolo.
 - ii. Grantee shall provide a written justification if 15 percent of the stipend recipients do not conduct their field placement/internship and employment in counties with historical lack of participation in past educational stipend programs.
 - iii. Grantee shall ensure that stipend recipients complete their PMHNP degree by June 30, 2019 (Year 3).
- d. The Grantee(s) shall dedicate Year 3 (FY 2018-19), Year 4 (FY 2019-20) and Year 5 (FY 2020-21) of the Agreement to assisting students in securing qualifying employment and ensuring that each student that received a stipend secures employment. The Grantee(s) shall report to OSHPD on stipend recipients' completion of their degrees, qualifying field placement site(s) and the completion of each stipend employment commitment.
- i. The Grantee(s) shall ensure that students provide evidence of qualifying employment to the Grantee(s) within one hundred and eighty (180) days after conferral of their PMHNP degree.

- ii. The Grantee(s) will mentor graduate-level PMHNP students during their coursework as they seek employment in the PMHS, and will support stipend recipients in their job search by working with public mental health agencies.
- iii. The Grantee(s) is responsible for monitoring the employment status of graduates of the PMHNP stipend program subsequent to completion of the PMHNP degree, and for determining, and reporting to OSHPD, the completion of each stipend employment commitment.
- iv. The service-agreed employment shall be as follows: 12-months in a qualifying PMHS site for full-time students that received the full \$18,500 award; 12-months in a qualifying PMHS site for part-time students that received the full \$18,500 award over a 2 year period; and 6-months in a qualifying PMHS site for part-time students that received half of the award \$9,250 over a 1 year period. Employment can be paid or unpaid service equivalent to full-time employment (not less than 1,500 hours a year or 750 hours for six months) providing services for which a PMHNP is required.
- v. The Grantee(s) shall institute a mechanism to evaluate a student's effort to secure qualifying employment. If the student has not secured employment, and if it is determined that a good faith effort to secure employment has been made, the Grantee(s) may modify the time frame by which qualifying employment must be obtained. Such modified agreements must be specific, and shall require a showing of good faith effort by the student to find qualifying employment. Requests for agreement modification shall be reported to OSHPD along with progress reports. The service obligation for the students who receive stipends under this Grant Agreement shall be completed no later than June 30, 2021.
- vi. The Grantee(s) will demonstrate the ability to educate and place students in the State of California with special emphasis on counties with historical lack of representation in past educational stipend programs.
- e. The Grantee(s) will ensure that only eligible graduate students may participate in the stipend program. Students participating in the stipend program shall complete mental health coursework that is consistent with the principles and values of the MHS and a select field placement in the PMHS. The Grantee(s) shall ensure that students receiving awards meet general requirements for employment in a county mental health department, or with a Contractor of a public mental health agency.
- f. The Grantee(s) will identify and provide to OSHPD information pertaining to the successes and challenges regarding the recruitment, retention, training, and employment of culturally diverse students from unserved and underserved communities as well as students who are consumers and/or family members of consumers.
- g. The Grantee(s) is responsible for assuring that all students in the PMHNP stipend program sign a Service Agreement requiring them to work in the PMHS. The Service Agreement shall require the student to immediately repay stipend funds on a pro-rata basis to the extent that the student does not (or cannot) fulfill the employment commitment provisions within two years from receiving the PMHNP and prior to June 29, 2021. The Grantee(s) shall draft, obtain execution of, and manage the Service Agreements during the term of this Agreement. The Service Agreement must be signed in advance of the student receiving stipend funds, and the Grantee's rights under the Service Agreement shall be assignable to OSHPD.
- h. The Grantee may provide financial payback waivers for students that, after entering into the Service Agreement, develop a disability that prevents the student from completing their employment commitment, as determined by a licensed medical care provider. The Grantee shall be responsible for approving waivers and providing OSHPD data on waivers including student identifier, basis for waiver, date of waiver,

amount of funds waived and approval process for waiver. The percent of stipend funds waived shall be equal to the percent of the employment commitment that the student is unable to complete as a result of the disability.

- i. The Grantee shall manage and report collection efforts on the Service Agreements until June 30, 2021, at which time the Grantee shall assign all rights under the Service Agreement(s) to OSHPD. The Grantee shall return to OSHPD any repayments received from individuals who failed to complete their employment commitment.
 - j. The Grantee shall provide OSHPD with a written report, no later than July 31, 2021, which shall include amounts owed, amounts paid, pending balances, transaction/account history, and all known contact information for all students in default under the Service Agreement as of June 30, 2021.
 - k. The Grantee shall be responsible to OSHPD for 40 percent of all (un-waived) stipend repayments due under the Service Agreements. The Grantee's obligation shall be reduced by the amount of any repayments received by OSHPD on or before June 30, 2021. The Grantee's payment, if any, shall be due to OSHPD on or before July 31, 2021. The Grantee's obligation under this section shall be subject to audit by OSHPD.
 - l. Grantee(s) shall have full responsibility for coordination with those schools.
 - m. The Grantee(s) shall credit OSHPD and the MHSA in all publications resulting from this Grant Agreement.
 - n. The Grantee(s) shall not conduct lobbying activities as part of this Grant Agreement.
2. The Grantee shall ensure that the stipend recipient abides by the following requirements.
- a. Students who receive stipends must agree to comply with support and payback requirements specified by the Grantee and requirements below.
 - i. A student that receives the full \$18,500 award agrees to render 12 months of employment in a qualifying public mental health agency within 180 days after conferral of the PMHNP degree. Students that receive half of the award, \$9,250 agrees to render 6 months of employment in a qualifying public mental health agency within 180 days after conferral of the PMHNP degree.
 - ii. A student that receives the stipend, regardless of the amount, must agree that if she/he cannot fulfill the employment requirements as mentioned above, the student shall re-pay all financial support received on a pro-rated basis depending on work requirements completed.

D. Program Reports:

1. Grantee shall complete bi-annual or quarterly progress reports each FY using the progress report template found in Appendix 2, progress report, to demonstrate completion of Scope of Work activities and evaluate the program's effectiveness. The progress reports shall be submitted within 30 days of the end of the quarter or bi-annual deadline as defined in the following table:

	Quarterly	Bi-Annually
Progress Report #1	July-September, due by October 30	July-December, due by January 30
Progress Report #2	October-December, due by January 30	January-June, due by July 30
Progress Report #3	January -March, due by April 30	
Progress Report #4	April-June, due by July 30	

2. The Grantee shall administer a demographic survey that OSHPD has developed to give to individuals receiving/participating in the activities provided by the Grantee. The demographic survey template that shall be administered is found in Appendix 3. The

results of this demographic survey shall be reported in the quarterly or bi-monthly progress report.

3. Grantee shall submit a completed Year-End Summary Report on a form to be provided by OSHPD within forty-five (45) days of the end of each year during the Grant Agreement.
4. Email the electronic copy of the progress reports to OSHPD.MHSAWET@oshpd.ca.gov.
5. OSHPD reserves the right to cancel this Agreement in accordance with Section I. Terms and Conditions, if, in any fiscal year, the deliverables do not meet OSHPD's expectations.

E. Invoicing:

1. For services satisfactorily rendered in accordance with the Scope of Work and activities outlined in the application, and upon receipt and approval of the invoices, OSHPD agrees to compensate the Grantee in accordance with the rates specified in Section F. Budget Detail.
2. The Grantee shall not invoice OSHPD for work performed under this Agreement until the Grantee receives confirmation from OSHPD that the progress reports reflected in the invoice have been completed to OSHPD's satisfaction.
3. Invoices shall be submitted quarterly or bi-annually in arrears. Invoices shall be submitted no later than 30 days after each time period and fiscal year end specified in Section D "Program Reports".
4. Invoices will not be paid until the progress report is reviewed and approved.
5. The total amount payable to the Grantee under this Agreement shall not exceed «Amount» («Amt_Spelled»).
6. The following items are required on all invoices:
 - a. Invoice should be on Grantees printed letterhead with Grantee name and address;
 - b. Costs incurred shall be itemized in accordance with Section F. Budget Detail;
 - c. Date(s) of services or Progress reports provided;
 - d. OSHPD Agreement number 15-6423;
 - e. Invoice date;
 - f. Invoice total; and
 - g. Authorizing signature.
7. To expedite the processing of invoices submitted to OSHPD for payment, all invoices shall be submitted in triplicate to OSHPD Accounting at the following address:

Office of Statewide Health Planning and Development (OSHPD)
Attn: Accounting 400 R Street, Suite 359
Sacramento, CA 95811
8. OSHPD will withhold the final payment due to the Grantee under this Agreement until the Grantee submits a final report to OSHPD that provides a summary of major outcomes, successes, trends, and lessons learned from Agreement activities. OSHPD will notify the Grantee of approval of final report in writing.

9. Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

F. Budget Detail:

OSHPD shall reimburse the Grantee for the expenses incurred in performing the Scope of Work and activities specified in the Grantee's application. Grantee may, consistent with its work plan and rate proposal worksheet, request a modification to the distribution of grant funding across fiscal years but in no event shall total funding under this Agreement exceed the total Grant Amount. The reimbursement shall not exceed the following per budget line item cost.

Total Budget: \$ _____
(The total budget for all tasks through the duration of the Grant Agreement for FY 2016-17 through FY 2020-21 cannot exceed up to \$1,500,000.)

Total Number of Stipends: _____ Coordination Costs: \$ _____ Administrative Costs: \$ _____
\$ _____

Each stipend award shall not exceed \$18,500 and the total costs of stipends shall not be less than 72.5 percent of the total award amount. The combination of Coordination and Administrative Costs cannot exceed 27.5 percent of the total award amount.

	Year 1 FY 2016-17	Year 2 FY 2017-18	Year 3 FY 2018-19	Year 4 FY 2019-20	Year 5 FY 2020-2021	Subtotals
Number of Stipends Proposed	# _____	# _____	- 0 -	- 0 -	- 0 -	Total Number of Stipends Proposed _____
Cost of Stipends (# of stipends x \$18,500)	\$ _____	\$ _____	- 0 -	- 0 -	- 0 -	Total Stipend Costs _____
Yearly Coordination Costs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	Total Coordination Costs \$ _____
Yearly Administration Costs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	Total Administration Costs \$ _____
Yearly Totals	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	Grand Total \$ _____

G. Budget Contingency Clause:

1. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the OSHPD shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement.
2. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the OSHPD shall have the option to either cancel this Agreement with no liability occurring to the OSHPD, or offer an Agreement amendment to Grantee to reflect the reduced amount.

H. Budget Adjustments:

1. Budget adjustments consisting of a change within the approved budget, that does not amend the total amount of the Agreement or reduce the total value of stipends below 72.5 percent of the agreement, may be requested.
2. All requests to change the budget shall be submitted in writing for OSHPD approval and shall include an explanation for the reallocation of funds by the Grantee. An accounting of how the funds were expended will also be submitted with the final report.
3. All requests for extending the grant period shall be submitted in writing to OSHPD for approval. Requests for a time extension must be made to OSHPD no later than ninety (90) calendar days prior to the expiration of the Agreement. There shall be no activity on an Agreement after its expiration.

I. Terms and Conditions:

Except as provided in Appendix 1, Terms and Conditions for Interagency Agreements, the following terms and conditions shall apply to all Grantees. Agreements with the State, the Regents of the University of California and the California State University system shall be treated as Interagency Agreements and the language in Appendix 1 shall replace the language in this Section I. General Terms and Conditions. The Terms and Conditions in this Section I. shall apply to all Grantees except the State of California, University of California and California State University. In the event the State of California, University of California and California State University is awarded a grant the language in Appendix 1 shall replace the Terms and Conditions found in this Section.

1. Time: Time is of the essence in this Agreement. Grantee will submit the required deliverables as specified and adhere to the deadlines as specified in this Agreement. Anticipating potential overlaps, conflicts, and scheduling issues, to adhere to the terms of the Agreement, is the sole responsibility of the Grantee.
2. Final Agreement: This Agreement, along with the Grantee's Application, exhibits and forms constitutes the entire and final Agreement between the parties and supersedes any and all prior oral or written agreements or discussions.
3. Ownership and Public Records Act: All reports and the supporting documentation and data collected during the funding period which are embodied in those reports, shall become the property of the State and subject to disclosure under the Public Records Act.
4. Additional Audits: Grantee agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to

review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Grantee agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., Cal. Code Regs. tit. 2, §1896).

5. Provisions Relating to Data.

- a. "Data" as used in this Agreement means recorded information, regardless of form or characteristics, of a scientific or technical nature. It may, for example, document research, experimental, developmental or engineering work; or be usable or be used to define a design or process; or support a premise or conclusion asserted in any deliverable document called for by this Agreement. The data may be graphic or pictorial delineations in media, such as drawings or photographs, charts, tables, mathematical modes, collections or extrapolations of data or information, etc. It may be in machine form, as punched cards, magnetic tape, computer printouts, or may be retained in computer memory.
- b. "Generated data" is that data, which a Grantee has collected, collated, recorded, deduced, read out or postulated for utilization in the performance of this Agreement. Any electronic data processing program, model or software system developed or substantially modified by the Grantee in the performance of this Agreement at State expense, together with complete documentation thereof, shall be treated in the same manner as generated data. "Deliverable data" are that data which, under terms of this Agreement, are required to be delivered to the State. Such data shall be property of the State.
- c. Prior to the expiration of any legally required retention period and before destroying any data, Grantee shall notify the State of any such contemplated action; and State may within thirty (30) days of said notification determine whether or not the data shall be further preserved. The State shall pay the expense of further preserving the data. State shall have unrestricted reasonable access to the data that are preserved in accordance with this Agreement.
- d. Grantee shall use best efforts to furnish competent witnesses and to identify such competent witnesses to testify in any court of law regarding data used in or generated under the performance of this Agreement.

6. Independent Grantee: Grantee and the agents and employees of Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.
7. Non-Discrimination Clause: During the performance of this Agreement, Grantee and its subcontractors shall not unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (e.g., cancer), age (over 40), marital status, and denial of family care leave. Grantee and its subcontractors shall insure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Grantee and its subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12990 (a-f) et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Section 7285 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code Section 12990 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations, are incorporated into this Agreement by reference and made a part hereof as if set forth in full.

Grantee and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other Agreement.

8. Waiver: The waiver by OSHPD of a breach of any provision of this Agreement by will not operate or be construed as a waiver of any other subsequent breach by OSHPD expressly reserves the right to disqualify Grantee from any future grant awards for failure to comply with the terms of this Agreement.
9. Approval: This Agreement is of no force or effect until signed by both parties. Grantee may not commence performance until such approval has been obtained.
10. Amendment: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or agreement not incorporated in the Agreement is binding on any of the parties.
11. Assignment: This Agreement is not assignable by the Grantee, either in whole or in part, without the consent of the State in the form of a formal written amendment.
12. Indemnification: Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all Grantee's, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of this Agreement.
13. Disputes: Grantee shall continue with the responsibilities under this Agreement during any dispute. Any dispute arising under this Agreement, shall be resolved as follows:
 - a. The Grantee will discuss the problem informally with the Program Manager. If unresolved, the problem shall be presented, in writing, as a grievance to the Deputy Director, Healthcare Workforce Development Division stating the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought.
 - b. The Deputy Director shall make a determination within ten (10) working days after receipt of the written grievance from the Grantee and shall respond in writing to the Grantee indicating the decision and reasons for it.
 - c. Grantee may appeal the decision of the Deputy Director by submitting written notice to the Director of its intent to appeal, within ten (10) working days of receipt of the Deputy Director's decision. The Director or designee shall meet with the Grantee within twenty (20) working days of receipt of the Grantee's letter. The Director's decision will be final.
14. Termination For Cause: OSHPD may terminate this Agreement and be relieved of any payment obligations should the Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided.
15. Potential Subcontractors: Nothing contained in this Agreement shall create any contractual relation between the State and any subcontractor of the Grantee, and no subcontract shall relieve the Grantee of its responsibilities and obligations hereunder. The Grantee agrees to be as fully responsible to the State for any and all acts and omissions of its subcontractors and of persons either directly or indirectly employed by the Grantee. The Grantee's obligation to pay its subcontractors is an independent obligation from OSHPD's obligation to disburse funds to the Grantee. As a result, the State shall have no obligation to pay or to enforce the payment of any money to any subcontractor.

16. Governing Law: This Agreement is governed by and shall be interpreted in accordance with the laws of the State of California.
17. Unenforceable Provision: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.

J. Project Representatives: The project representatives during the term of this Agreement are listed below.

Direct all Agreement inquiries to:

State Agency: Office of Statewide Health Planning and Development	Grantee: «Grantee Name»
Section/Unit: Healthcare Workforce Development Division (HWDD)/Workforce Education and Training	
Name:	Name (Main Contact): «First Name» «Last Name» «Title»
Address: 400 R Street, Suite 330 Sacramento, CA 95811-6213	Address: «Grantee Street Address», «Grantee Ste» «Grantee City», «State» «Zip»
Phone: (916) 326-3702	Phone: «Grantee Phone»
Email:	Email: «Grantee Email»

The project representatives during the term of this Agreement will be:

State Agency: Office of Statewide Health Planning and Development	Program Representative: «Grantee Name»
Section/Unit: HWDD/Workforce Education and Training	
Name:	Name of Representative: «Program Representative»
Address: 400 R Street, Suite 330 Sacramento, CA 95811-6213	Address: «Address» «City», «State1» «Zip»
Phone: (916) 326-3702	Phone: «Phone»
Email:	Email: «Email»

IN WITNESS WHEREOF, the parties hereto have executed or have caused their duly authorized officers to execute this Agreement as of the date first written above.

OFFICE OF STATEWIDE HEALTH
PLANNING AND DEVELOPMENT

GRANTEE:

Signature: _____

Signature: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

APPENDIX 1
TERMS AND CONDITIONS FOR INTERAGENCY
AGREEMENTS

1. **Time**: Time is of the essence in this Agreement. Grantee will submit the required deliverables as specified and adhere to the deadlines as specified in this Agreement. Anticipating potential overlaps, conflicts, and scheduling issues, to adhere to the terms of the Agreement, is the sole responsibility of the Grantee.
2. **Final Agreement**: This Agreement, along with the Grantee's Application, exhibits and forms constitutes the entire and final Agreement between the parties and supersedes any and all prior oral or written agreements or discussions.
3. **Additional Audits**: Grantee agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Grantee agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., Cal. Code Regs. Tit. 2, §1896).
4. **Provisions Relating to Data**.
 - a. "Data" as used in this Agreement means recorded information, regardless of form or characteristics, of a scientific or technical nature. It may, for example, document research, experimental, developmental or engineering work; or be usable or be used to define a design or process; or support a premise or conclusion asserted in any deliverable document called for by this Agreement. The data may be graphic or pictorial delineations in media, such as drawings or photographs, charts, tables, mathematical modes, collections or extrapolations of data or information, etc. It may be in machine form, as punched cards, magnetic tape, computer printouts, or may be retained in computer memory.
 - b. "Generated data" is that data, which a Grantee has collected, collated, recorded, deduced, read out or postulated for utilization in the performance of this Agreement. Any electronic data processing program, model or software system developed or substantially modified by the Grantee in the performance of this Agreement at State expense, together with complete documentation thereof, shall be treated in the same manner as generated data.
 - c. "Deliverable data" are that data which, under terms of this Agreement, are required to be delivered to the State. Such data shall be property of the State.
 - d. Prior to the expiration of any legally required retention period and before destroying any data, Grantee shall notify the State of any such contemplated action; and State may within thirty (30) days of said notification determine whether or not the data shall be further preserved. The State shall pay the

- expense of further preserving the data. State shall have unrestricted reasonable access to the data that are preserved in accordance with this Agreement.
- e. Grantee shall use best efforts to furnish competent witnesses and to identify such competent witnesses to testify in any court of law regarding data used in or generated under the performance of this Agreement.
5. Waiver: The waiver by OSHPD of a breach of any provision of this Agreement by Grantee will not operate or be construed as a waiver of any subsequent breach by OSHPD expressly reserves the right to disqualify Grantee from any future grant awards for failure to comply with the terms of this Agreement.
6. Approval: This Agreement is of no force or effect until signed by both parties. Grantee may not commence performance until such approval has been obtained.
7. Amendment: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or agreement not incorporated in the Agreement is binding on any of the parties.
8. Disputes: Grantee shall continue with the responsibilities under this Agreement during any dispute. Any dispute arising under this Agreement, shall be resolved as follows:
- a. The Grantee will discuss the problem informally with the Program Manager. If unresolved, the problem shall be presented, in writing, as a grievance to the Deputy Director, Healthcare Workforce Development Division stating the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought.
 - b. The Deputy Director shall make a determination within ten (10) working days after receipt of the written grievance from the Grantee and shall respond in writing to the Grantee indicating the decision and the reasons for it.
 - c. Grantee may appeal the decision of the Deputy Director by submitting written notice to the Director of its intent to appeal, within ten (10) working days of receipt of the Deputy Director's decision. The Director or designee shall meet with the Grantee within twenty (20) working days of receipt of the Grantee's letter. The Director's decision will be final.
9. Termination For Cause: OSHPD may terminate this Agreement and be relieved of any payments should the Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided.

APPENDIX 2
EDUCATIONAL STIPEND PROGRAM - PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER
PROGRESS REPORT TEMPLATE

Purpose: This Progress Report describes the deliverables for which the institution is invoicing for (quarterly or bi-annually).

Date:
Program Name:
Grant Agreement # and executed date:
Progress Report # since Grant Agreement was executed:

Contact Information

Name	Position/Title	Phone	E-mail

Program Updates and Modifications if Applicable

Provide a brief description if there have been any major updates/modifications to your Psychiatric Mental Health Nurse Practitioner (PMHNP) program. Examples can include, but not be limited to curricula development, roll-over of funds, requests for extensions, etc.)

Section 1: Only fill out upon submission of first Progress Report in each Year

1. Program Goals and Objectives

- a. Provide a brief (no more than four (4) sentence) description of your new and/or revised program goals and objectives
- b. Briefly (in no more than four (4) sentences) describe how the program's goals and objectives continue to align with the values and principles of the Mental Health Services Act (MHSA)

2. Adherence to the MHSA

1. Describe the coursework and its relation to the MHSA using the table below. List at least one (1) MHSA value per course. MHSA values that can be listed are as follows:
 - Community collaboration
 - Cultural competence
 - Consumer and/or family member drive
 - Wellness, recovery, and resiliency focused

Courses Available to PMHNP Students	Course Description (no more than two sentences)	Hours/ Units	Required (X)	Elective (X)	MHSA Value Addressed in Course

2. Briefly describe (no more than five sentences) how consumers and/or family members are involved (ex. presentations to class) in the PMHNP educational stipend program.

3. Student Selection Process

Describe the method your program/consortium uses to select student stipend recipients by providing the following:

- a. A brief description of the process used to evaluate applications (scoring criteria, evaluators, organizations represented)

4. Summary of PMHNP Stipend Program Application Cycle

- a. Provide the total number of applications received, applications awarded, dollars requested, and dollars awarded in the table below:

Applications Received	Applications Awarded	Dollars Requested	Dollars Awarded

- b. In no more than five sentences, highlight one PMHNP stipend recipient who exemplifies the values and principles of the MHSA.

Section 2: Information shall be updated upon submission of each Progress Report (as applicable)

1. Program Recruitment

- a. Describe your program’s/consortium’s outreach to consumers/family members, unserved and underserved populations, and to under-represented communities in order to recruit members of those communities into the stipend program using the table below.

Date Range	Type of Outreach Provided	Population/Community Targeted	County Where Outreach Occurred	Estimated Number of Individuals Reached

2. Collaboration with Public Mental Health System (PMHS)

- a. List how your educational stipend program engaged and/or strengthen partnerships with the PMHS specifically with County Departments of Mental and/or Behavioral Health and Community Based Organizations. Be sure to indicate if these were counties with historical lack of representation in past educational stipend programs.
- b. List the Public Mental Health System sites field placements/internships where your PMHNP stipend recipients conducted their field placement/internship during this progress report period using the table below:

Name of PMHS Site	County Where Site is Located	Number of PMHNP Stipend Recipients Placed During This

- c. Describe the training provided to students and its relation to the MHSA using the table below. List at least one (1) MHSA value per training title/type (see Section 1, item 2 for MHSA values). Examples of trainings to satisfy the MHSA may include, but should not be limited to:
- lunch-time presentations by consumers and/or family members
 - supervision in a recovery-based organization
 - trainings on the issues confronting adults and older adults
 - trainings on the issues faced by children and transition aged youth

Training Title/Type	Training Method	Number of times Provided this Reporting Period	MHSA Value Addressed by Training (List at least one (1) per training)	Total Number of Participants

- d. Briefly describe in no more than five sentences at least one benefit that the community experienced in this reporting period as a result of your PMHNP educational stipend program. Identify the community/communities that benefited.

3. PMHNP Educational Stipend Program Students' Outcomes

a. Provide the following table for the students that were selected as stipend recipients. Unique identifiers should be consistent across all tables, as the stipend recipient progresses through graduation and their employment obligation.

Unique Identifier	Cohort Year	Full Time or Part Time Student	School	Expected Graduation Date (if graduated, indicate that)	Name of Agency/PMHS site where internship/field placement was completed	Number Hours Spent in PMHS site	County where Agency is Located	Status of internship/field placement (searching, in progress, complete)

b. Provide the following demographic information using the table below for each stipend recipient (information collected should be in alignment with appendix 3 participant demographic survey. Data can be sent in an Excel Spreadsheet as an attachment, if applicable).

Unique Identifier	Cohort Year	Race/Ethnicity	Speaks a Language in Addition to English	Consumer and/or Family Member	Gender	Sexual Orientation	Disability (Yes/No)	Age Group	Veteran (Yes/No)

4. PMHNP Educational Stipend Program Graduates' Outcomes

a. Provide the following table for the stipend recipients who have graduated. Unique identifiers should be consistent across all tables, as the stipend recipient progresses through graduation and their employment obligation.

Unique Identifier	Cohort Year	Full Time or Part Time Employment*	Name of Agency/PMHS site where employed	County where Agency/PMHS Site is Located	Status of employment (searching, in progress, complete)

* Full-Time employment means employed at least 32 hours per week; part-time employment means employed at least 20 hours per week.

5. Successes

a. In no more than five sentences, describe what is working regarding the successful recruitment, retention, training, and employment of unserved and/or underserved and culturally diverse PMHNP students in the PMHS.

6. Challenges

a. In no more than five sentences, describe the challenges regarding the successful recruitment, retention, training, and employment of unserved and/or underserved and culturally diverse PMHNP students in the PMHS.

7. Stipend Repayment Information

a. The Grantee shall also provide OSHPD with a written report which shall include amounts owed, amounts paid, pending balances, transaction/account history, and all known contact information for all students repaying their stipend funds.

Unique Identifier	Cohort Year	School	Amount Owed	Amount Paid	Remaining Balance

8. Budget Information

a. Provide the following information for this period.

Year	Beginning Balance	Stipend Costs Amount Invoicing For	Coordination Costs Amount Invoicing For	Administration Costs Amount Invoicing For	Total Invoiced This Reporting Period	Balance Remaining
Year 1						
Year 2						
Year 3						
Year 4						
Year 5						
Total						

APPENDIX 3
PARTICIPANT DEMOGRAPHIC INFORMATION SURVEY

This demographic survey is being administered by the Office of Statewide Health Planning and Development (OSHPD) who funds your participation in this program. In efforts to collect data that enables the evaluation of the program's effectiveness towards serving diverse populations, this survey aims to collect data on the wide range of demographics of our program participants. While this survey is optional, OSHPD kindly requests your completion of this anonymous survey.

Please identify your County of residence: Name of County

Please identify your Race/Ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> African American/Black/African | <input type="checkbox"/> Latino/Hispanic |
| <input type="checkbox"/> American Indian/Native
American/Alaskan Native | <input type="checkbox"/> Central American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> South American |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Other Hispanic |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Laotian/Hmong | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Fijian |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Thai | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Caucasian/White/European | <input type="checkbox"/> Other Pacific Islander |
| | <input type="checkbox"/> Decline to State |

Please select any languages you speak in addition to English:

- | | |
|---|---|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Other Chinese |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> French | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> German | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Urhobo |
| <input type="checkbox"/> Khmer | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Kiswahili | <input type="checkbox"/> Other (specify): _____ |

Not everybody uses the same labels, however, which BEST describes your current gender:

- | | |
|--|--|
| <input type="checkbox"/> Androgynous | <input type="checkbox"/> Male/Transman/FTM |
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Female/Transwoman/MTF | <input type="checkbox"/> Questioning my Gender |
| <input type="checkbox"/> Transgender | <input type="checkbox"/> Decline to State |
| <input type="checkbox"/> Male | |

Not everybody uses the same labels to describe their sexual orientation, however, which BEST describes your sexual orientation:

- | | |
|--|---|
| <input type="checkbox"/> Bisexual/Pansexual | <input type="checkbox"/> I'm questioning whether I'm straight or not straight |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Queer |
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Decline to State |
| <input type="checkbox"/> Lesbian | |

Please identify if you are a consumer and/or a family member:

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Both |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> None |
| <input type="checkbox"/> Decline to State | |

Do you identify as having a disability*?

- | | |
|---|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Decline to State | |

*A disability is defined as an individual who: 1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; 2) has a record or history of such impairment or medical condition; or 3) is regarded as having such an impairment or medical condition.

Please select your age group:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 40-64 |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 65 years and over |
| <input type="checkbox"/> 25-39 | <input type="checkbox"/> Decline to State |

Are you a Military Veteran?

- | |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |