



Office of Statewide Health
Planning and Development

**REQUEST FOR APPLICATION - Multiple Awards
Public Mental/Behavioral Health Workforce Retention
RFA # 16-7420
Notice to Prospective Applicants**

July 29, 2016

You are invited to review and respond to this Request for Application (RFA), entitled Public Mental/Behavioral Health Workforce Retention. 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 an application, your organization agrees to the terms and conditions stated in this RFA and the proposed grant agreement.

This solicitation is published online in the California State Contracts Register at <https://caleprocure.com/pages/Events-BS3/event-search.aspx>. To ensure receipt of any addenda that may be issued, and answers to questions posed, interested parties must register online at <https://www.caleprocure.ca.gov/pages/>.

The Office of Statewide Health Planning and Development (OSHPD) deadline for receipt of application submission is **October 7, 2016, 3:30 PM, PDT**. **All late, faxed, and/or emailed applications will be rejected** and returned to the applicant. Applications must be received on or before the date and time specified herein (see Section E. Application Requirements and Information).

OSHPD considers this RFA to be 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 to OSHPD.MHSAWET@oshpd.ca.gov or Ravi.Ayer@oshpd.ca.gov or directly to the Cal eProcure 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 Cal eProcure website.

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 the Terms and Conditions, delineated in Appendix 1, Terms and Conditions for Interagency Agreements, of Attachment 7, Sample Grant Agreement.

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

This solicitation may result in multiple awards of grant agreements. See Section E. Application Requirements and Information for the evaluation criteria.

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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 for personnel and other resources to support public 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 the 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, among other things, the following:

1. Increased retention of persons holding positions within the Public Mental Health System (PMHS) identified as high priority by the PMHS; and
2. The development and enhancement of PMHS workforce retention programs in rural and underserved areas that incorporate evidence-based and community-identified practices.

This RFA will result in grant agreement(s) with public, private, and/or non-profit organizations to fund services that increase the retention of persons who are currently employed by and/or volunteer in the PMHS within positions identified as high priority by the PMHS.

B. Purpose and Description of Services

OSHPD is issuing this RFA with total funding available of \$1,000,000 to fund organizations that will provide services to increase the retention of persons who are currently employed by and/or volunteer in the PMHS within positions identified as high priority by the PMHS (or the Mental/Behavioral Health Workforce). The goal of this RFA is to enter into grant agreement(s), pursuant to which the Grantee shall perform activities that increase retention of the Mental/Behavioral Health Workforce that may include, but shall not be limited to, the following:

1. **Advancement/Upward Mobility Opportunities:** The Grantee may engage the Mental/Behavioral Health Workforce via advancement/upward mobility opportunities, such as offering continuing education/on-the-job-training, assisting with career planning and the development of individualized ends-based educational plans, and implementing career ladder/lattice programs with the aim to increase workforce retention.
2. **Mentoring:** The Grantee may engage the Mental/Behavioral Health Workforce via mentorship opportunities with the aim to increase workforce retention.
3. **Self-Care Training:** The Grantee may engage in providing self-care training to the Mental/Behavioral Health Workforce with the aim to reduce fatigue and burnout to increase workforce retention.
4. **Locum Tenens:** The Grantee may implement a locum tenens program to provide coverage for person in the Mental/Behavioral Health Workforce to have time off for activities that include, but are not limited to, continuing education, professional development, professional conference opportunities, and personal time.
5. **Evidenced-Based or Community-Identified Retention Strategies:** The Grantee may engage the Mental/Behavioral Health Workforce in activities based on other strategies that are evidenced-based or community-identified workforce retention strategies.

While providing services to increase the retention of the Mental/Behavioral Health Workforce, the Grantee shall:

1. Provide services that are consistent with the elements as identified in the purpose and description of services.
2. Collaborate with county(s) and/or Community-Based Organizations (CBOs) to support and implement services that are consistent with the values and needs of the county(s) and/or CBO(s).
3. Work with the county(s) and/or CBO(s) to make initial contact with the Mental/Behavioral Health Workforce to provide information about and promote services to achieve participation.
4. Provide services to the Mental/Behavioral Health Workforce locally within the county(s) and/or CBO(s) employers.
5. Ensure all program activities are consistent with the MHSA values and priorities including wellness, recovery and resiliency principles.

The Grantee(s) shall use the progress report template in Attachment 7, Sample Grant Agreement, Appendix 3, Public Mental/Behavioral Health Workforce Progress Report, when reporting outcome data on a quarterly basis. Further details regarding this requirement are outlined in Attachment 7, Sample Grant Agreement.

Subject to the availability of funds, the period of this grant agreement will be from **November 28, 2016**, through **June 30, 2019**.

Carefully review and consider all the elements outlined in Attachment 7, Sample Grant Agreement, in order to complete your application.

C. Minimum Qualifications for Applicants

Applications are requested from any public, private, and/or non-profit organizations, faith-based, community-based and county organizations that are: (1) able to identify and work in partnership with one or more PMHS employers, including counties, CBOs, and others; and (2) able to successfully implement proposed retention activities as described in Section B. Purpose and Description of Services.

D. Developing an Application

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

1. Executive Summary: Provide an overview of the applicant's ability to provide retention services such as those delineated in Section B. Purpose and Description of Services.
2. Detailed Work Plan and Schedules: Provide a detailed work plan and a schedule for task completion, including a description of how all the following elements will be addressed:
 - a. The population within the Mental/Behavioral Health Workforce (may include profession(s) types, location, demographic, etc.) that shall be targeted via the proposed retention program activities.
 - b. The retention challenges specific to the target population.

- c. The proposed approach to address the retention challenges specific to the target population identified in the application.
- d. List all the organizations within the PMHS, which include, but are not limited to: counties, CBOs, others, that are proposed to be supported via retention activities using the table below. The participation verification forms found in Attachment 3, Applicant References and County/Community-Based Organization Participation Verification, must be submitted for every organization listed below. If participation verification forms are not included, the organization(s) may not be listed on the application and those that are listed without the inclusion of a verification form will not be considered during the evaluation process.

Type of Organization (CBO/County/Other)	Name of Organization	Organization's Geographic Location (County)	Estimated Number of Workforce Participants Targeted via Retention Activities

- e. Using the following table, identify the specific type(s) of proposed activities that will be implemented to increase retention of the targeted Mental/Behavioral Health Workforce identified above.

Activity Type*	Detailed Description of Activity Type**	Number of Times Activity Will Occur	Method(s) Used to Evaluate Retention Activity Effectiveness

* This category may include activities such as those outlined in Section B. Purpose and Description of Services.

** This category shall include the following: reasons the activity was selected; goals of the activity; and how the organization will develop and implement activity details, including timeline, activity curricula, if appropriate, and outreach/promotion strategies.

- f. Identify the proposed mechanisms that will be used to collaborate with the identified county(s)/CBO(s) to support and implement retention activities and ensure they are consistent with the values and needs of the identified county(s) and CBO(s).
- g. Identify how activities will address the specific needs of the target population across culturally diverse communities and how activities will be consistent with the MHSA values and priorities including wellness, recovery and resiliency principles.
- h. Identify the measurable outcomes and performance metrics that will be used to evaluate the effectiveness of program activities at increasing retention of the targeted Mental/Behavioral Health Workforce.

3. Project Personnel:
 - a. Submit the titles, job descriptions, and roles of all personnel proposed to work on this project; and
 - b. Identify any sub-contractors that are planned to assist in accomplishing the Scope of Work, including their roles, abilities to provide services, and applicable qualifications. The applicant must clearly state the projected number of hours the sub-contractors will spend on the project.
4. Professional References and county/CBO Participation Verification Forms: Any application must be accompanied by the following:
 - a. Two professional references as provided in Attachment 3, Applicant References and County/Community-Based Organization Participation Verification, that describe the applicant's ability to engage in activities outlined in Section D. Developing an Application, item 2, Detailed Work Plan and the Scope of Work delineated in Attachment 7, Sample Grant Agreement.
 - b. A verification form signed by the PMHS employers, including counties, CBOs, and others, which identifies that they will engage with the applicant (see Attachment 3). If this verification form is not submitted, the PMHS employer(s) may not be listed on the application and those that are listed without the inclusion of a verification form will not be considered during the evaluation process.
5. Cost Detail Format and Requirements:
 - a. The total cost of all tasks performed through the duration of the grant agreement for Fiscal Year (FY) 2016-17, FY 2017-18 and FY 2018-19 shall not exceed \$100,000 per organization. An applicant may, consistent with its work plan and rate proposal, request the distribution of grant funding under this RFA, but in no event shall total funding for a Grantee exceed \$100,000.
 - b. Applicants **shall use** Attachment 5, Sample Rate Proposal Worksheet, to prepare the cost detail for submission. The submitted Rate Proposal Worksheet shall be consistent with the rate structure in Attachment 5.
 - c. The major budget categories under this RFA shall be: (1) Direct Program Costs, and (2) Indirect Program Costs.
 - d. Budget category details under this RFA are defined as follows:
 - i. "Direct Program Costs" are defined as costs that can be more directly attributed to the completion of program activities, which can include, but not be limited to, salaries for program staff, materials/supplies required for program activities, program consultants/contractors, and travel.
 - ii. "Indirect Program 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, and administrative service/payroll staff.
 - e. The total Indirect Program Costs shall not exceed ten percent of the budget.
 - f. In the event that a Grantee is awarded, OSHPD shall make payments based on a prorated rate as follows:
 - i. Direct Program Cost payments will be prorated based on the number of each type of activity completed per quarter. The prorated rate will be calculated by dividing the number of activities outlined in the application for each activity type by the direct program costs identified, to complete those activities for each activity type. The Direct Program Cost proration rate can be calculated using the table in the Sample Rate Proposal Worksheet in Attachment 5.
 - ii. Indirect Cost payments will be made by calculating the percentage of total indirect costs incurred that quarter based on the percentage of the direct program cost invoiced

that quarter. The indirect cost calculation can be completed using the table in the Sample Rate Proposal Worksheet in Attachment 5.

E. Application Requirements and Information

1. Key Action Dates:

Event	Date	Time
RFA available to prospective Applicants	July 29, 2016	4:00 PM PDT
Mandatory Pre-Application Conference	August 19, 2016	3:00 PM PDT
Written Question Submittal Deadline	August 26, 2016	4:00 PM PDT
Written responses, if any, to be posted by	September 9, 2016	5:00 PM PDT
Final date for Application Submission	October 7, 2016	3:30 PM PDT
Notice of Intent to Award	October 28, 2016	4:00 PM PDT
Proposed Grant Agreement Start Date	November 28, 2016	NA

2. Mandatory Pre-Application Conference:

- a. A mandatory pre-application conference is scheduled on **August 19, 2016, 3:00 PM, PDT** to clarify the content of this RFA. Attendance for the mandatory pre-application conference will be available through conference call at (888) 278-0296, Code 233068. Applicants may also attend in person at 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 the mandatory pre-application conference. No application will be accepted unless the applicant or an authorized representative attends the mandatory conference. Each representative may only sign in for one potential applicant.
- 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) 326-3700 no later than **August 12, 2016, 4:00 PM, PDT** 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. As indicated in Section E. Application Requirements and Information, all applications must be submitted under **sealed** cover and received by OSHPD no later than **October 7, 2016, 3:30 PM, PDT**. Applications received after this date and time will not be considered.
- c. A minimum of one original application must be submitted. The original application 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. All additional application sets may contain photocopies of the original package. In addition, applicants **must** submit an electronic copy of the application by e-mail to OSHPD.MHSAWET@oshpd.ca.gov, or include a CD of the application with the submission materials.
- d. Due to limited storage space, the application package should be prepared in the least expensive method (e.g., cover page with staple in upper left-hand corner, no fancy bindings: spiral binding, three-hole punch, etc.).
- e. The application envelopes **must** be plainly marked with the RFA number and title, the applicant's 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: Ravi Ayer

Procurement and Contracting Services

400 R Street, Suite 340

Sacramento, CA 95811

Re: RFA #16-7420 Public Mental/Behavioral Health Workforce Retention

DO NOT OPEN

- f. Applicants are responsible for ensuring that applications are received by the required date and time. Any application that reaches the above listed location after the defined deadline 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 above may be rejected.
- i. All applications shall include the documents identified in Attachment 1, Required Attachment Check List. 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 grant agreement.
- l. Costs incurred for developing applications in anticipation of award of the grant 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 organization contractually shall sign the Application/Applicant Certification Sheet in Attachment 2. The signature must indicate the

title or position that the individual holds in the organization. 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 submission deadline as set forth in the Section E. Application Requirements and Information, item 1. 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 the application submission deadline.
 - p. OSHPD may modify the RFA prior to the final application submission deadline 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 a grant agreement and will not award a grant agreement if budget authority is not granted.
 - r. Before submitting a response to this solicitation, applicants 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 grant agreement amount will be made due to a lack of careful examination of work sites and specifications.
 - t. The State does not accept alternate grant 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, are not negotiable.
 - u. No oral understanding or agreement shall be binding on either party.
4. Evaluation Process:
- Multiple grant agreements 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 that provide references that do not support an attribute or condition claimed by the applicant may be rejected.
 - c. The final awards will be to the highest scored applications. OSHPD intends for this RFA to support multiple counties in California by providing a distribution of awards throughout the state. Applications seeking to support geographic regions, which are not addressed by other similarly scored applications, may receive preference. The following evaluation tool will be used to score applications:

Evaluation Tool	
Technical Merit Scoring Criteria	Maximum Points
<p>Strength of the Program</p> <p>Explain and/or demonstrate how the program will be/has been created and/or strengthened to retain Mental/Behavioral Health Workforce currently employed by and/or volunteer in the PMHS and identified as high priority by the PMHS. Priority areas include:</p> <ul style="list-style-type: none"> • Successful identification of target population retention challenges and appropriate activities to address identified retention challenges. • Successful identification of measurable outcomes, performance metrics, and evaluation methods to measure effectiveness of retention activities. • Successful identification of how the applicant will collaborate with county(s)/CBO(s). 	40
<p>Detailed Work Plan and Schedules</p> <p>Identify how the work plan (tasks the applicant would implement) is consistent with services as described in the Scope of Work of this RFA and the schedule (time-frame) for task completion is sufficient to effectively accomplish the tasks.</p>	30
<p>Project Personnel</p> <p>Identify the titles, job descriptions, and roles, of each individual/contractor/sub-contractor proposed to be working on the project.</p>	15
<p>Budget Rates</p> <p>OSHPD will score the cost effectiveness to successfully implement and administer the Public Mental/Behavioral Health Workforce Retention Program in relation to how many individuals are proposed to be trained and supported, as well as proposed engagement activities for each.</p>	10
<p>References</p> <p>References verify the applicant's capacity to provide the services described in Section B. Purpose and Description of Services and the applicant's ability to:</p> <ul style="list-style-type: none"> • Work in partnership with a set of counties, CBOs, and/or other PMHS employers, and training organizations. 	5
Total Possible Points	100

Final selections will be made by OSHPD based on which applications best fit the criteria above and provide a geographic representation of awardees across California.

5. Award and Protest:
 - a. A total of \$1,000,000 shall be available for the Public Mental/Behavioral Health Workforce Retention Program for FY 2016-17, FY 2017-18 and FY 2018-19.
 - b. Multiple applicants may be awarded a grant agreement under this Public Mental/Behavioral Health Workforce Retention RFA. The total costs of all tasks and milestones cannot exceed \$100,000 per grant agreement.
 - c. OSHPD reserves the right to determine the number of grant agreement(s) to be awarded.

- 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. The Notice of the Intent to Award shall be posted in a public place in the OSHPD Sacramento, California offices, 400 R Street, Room 359, for five working days prior to awarding the grant agreement.
- f. Protest Procedures:
 - i. Letters of Protest must be received at the following address not later than five working days, excluding the first day and including the last day, from the date that the Notice of Intent to Award is posted:

Office of Statewide Health Planning and Development
400 R Street, Suite 340
Sacramento, CA 95811
Attn: Ravi Ayer
Procurement and Contracting Services
Re: Letter of Protest RFA # 16-7420

- ii. The only acceptable delivery method for the Letter of Protest is by a postal service (e.g., United States Postal Service, 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 include the following: (1) a description of the factors which caused the applicant to conclude that the Evaluation Committee did not follow the prescribed rating standards; (2) an explanation as to why the score is in conflict with the rating standards or the grant agreement award process described in the RFA; and (3) identification of 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 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 (Gov. Code, § 6250, et seq.) and subject to review by the public.
- 7. Agreement Execution and Performance:
 - a. It is anticipated that the performance of the grant agreement will begin on **November 28, 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 days written notice to the Grantee, reserves the right to terminate the grant agreement.
 - c. All performance under the grant agreement shall be completed on or before the termination date of the grant agreement.
 - d. OSHPD will evaluate the Grantee(s)' performance to determine whether and to what extent they are meeting the deliverables.

- e. 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 and County/CBO Participation Verification
- Attachment 4 Executive Summary and Detailed Work Plan
- Attachment 5 Sample Rate Proposal Worksheet
- Attachment 6 Payee Data Record (STD 204)
- Attachment 7 Sample Grant Agreement

Attachment 7, Sample Grant Agreement, has been included for reference purposes only. Grant agreements, if any, may be entered into only with successful applicant(s), after the award determination has been made. Entry into, and the terms of any grant agreement(s) shall be at the sole discretion of OSHPD.

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 inclusion of required items in the application package. Place a check mark or “✓” next to each item that is submitted to the Office of Statewide Health Planning and Development. For an application to be considered responsive, all required attachments identified below must be returned. Additionally, this checklist **must** be returned with the application package.

<u>✓</u>	<u>Attachment</u>	<u>Attachment Name/Description</u>
_____	Attachment 1	Required Attachment Check List
_____	Attachment 2	Application/Applicant Certification Sheet
_____	Attachment 3	Applicant References and County/CBO Participation Verification
_____	Attachment 4	Executive Summary and Detailed Work Plan
_____	Attachment 5	Sample Rate Proposal 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 Attachment 7, Sample Grant Agreement, at the end of this Request for Application.

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.

Company Name	Telephone Number
Address	Fax Number
Name	Title
Signature	Date

Attachment 3: Applicant References and County/Community-Based Organization Participation Verification

Submission of this Attachment is mandatory. Failure to complete and return this Attachment with the application package will cause the application to be rejected and be deemed non-responsive.

List two references of similar types for services performed for other entities within the last four 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?			

**County Mental Health/Community-Based Organization Director or
Authorized Designee Participation Verification Form**

Date:

County/Community-Based Organization:

The Applicant Organization (see below) intends to apply for a grant from the Office of Statewide Health Planning and Development (OSHPD) to engage in activities that aim to increase retention of the Mental/Behavioral Health Workforce in the Public Mental Health System (PMHS).

The purpose of this participation verification form is to ensure OSHPD that the applicant organizations contacted a county and/or Community Based-Organization (CBO) prior to submission of an application and plan to engage and collaborate with counties and/or CBOs in their program area. Additionally, this allows the applicant to develop a program that meets county/CBO specific needs. By signing the letter, the county and/or CBO is agreeing that where applicable, the county and/or CBO will collaborate and engage with the applicant organization if they are awarded a grant. OSHPD encourages the county and/or CBO Director to sign only if they do plan to collaborate and engage with this organization in a manner consistent with what is described below.

- To better assess the retention needs of the Mental/Behavioral Health Workforce in your county Mental/Behavioral Health Program/CBO, to the extent possible please provide a brief description of your mental/behavioral health workforce retention challenges.

- Provide a brief description of how your organization plans to collaborate and engage with the applicant organization.

By signing below, I confirm that _____ (Applicant Organization) has contacted my organization, my organization is part of the PMHS and, where applicable, my organization will engage with _____ (Applicant Organization) as they engage in activities to increase retention of the Public Mental/Behavioral Health Workforce within the PMHS.

Director (or authorized designee), County Mental Health Program/Community-Based Organization (Print)

Director (or authorized designee), County Mental Health Program/ Community-Based Organization (Signature)

Date

Attachment 4: Required Application Components

Attachment 4 must include the components delineated in Section D. Developing an Application, including, but not limited to: (1) an Executive Summary, and (2) a Detailed Work Plan and Schedule.

Attachment 5: Sample Rate Proposal Worksheet

Applicant Name: _____

Applicant hereby proposes to furnish all services and to perform all work required in accordance with the conditions and scope of services as set forth in the Scope of Work and in the application package. 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 grant agreement.

Total Proposal Budget \$ _____

1. Summary of Direct Program Costs per Activity:

The applicant shall identify the total Direct Program Costs for each activity type outlined in the application. Do not provide any line items or sub activities within each activity type. For the purposes of completing the detailed budget below, the following definition shall apply:

- a. "Direct Program Costs" are defined as costs that can be more directly attributed to the completion of a program activity, which can include, but not be limited to: salaries for program staff, materials/supplies required for program activities, program consultants/contractors, and travel.

Direct Program Costs per Activity Type	
Activity Type	Direct Program Cost per Activity Type
Activity Type:	
Brief Description of Activity Type: (no more than three sentences)	\$
Activity Type:	
Brief Description of Activity Type: (no more than three sentences)	\$
Activity Type:	
Brief Description of Activity Type: (no more than three sentences)	\$
Total	\$

2. Summary of Total Indirect Program Costs:

The applicant shall identify the total Indirect Program Costs for the implementation of the entire program. The applicant shall provide line items that delineate the details of the indirect costs using the table below. For the purposes of completing the detailed budget below, the following definition shall apply:

- a. "Indirect Program 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, and administrative services/staff payroll.

Total Indirect Program Costs	
[Indirect Cost Line Item 1]	\$
[Indirect Cost Line Item 2]	\$
[Indirect Cost Line Item 3]	\$
Total Indirect Cost	\$

3. Summary of Direct Program Costs Per Activity and Indirect Program Cost Proration Rate:

In the event the applicant is awarded, payments will be made based on the following prorated rates for Direct Program Cost and Indirect Program Costs.

- a. Direct program costs payments will be made on a prorated rate based on the number of each type of activity completed per quarter. The prorated rate will be calculated by dividing the number of activities delineated in the application for each activity type by the direct program costs identified to complete those activities for each activity type. The Direct Program Cost proration rate can be calculated using the following table:

Direct Cost Proration Rate Calculation per Activity Type			
Activity Type Summary	Frequency of Activity Type	Total Direct Program Cost per Activity Type	Prorated Rate for Each Activity per Activity Type*
<i>Example Activity Type Summary:</i> Provide one hour mentoring sessions to discuss advancement within the PMHS.	<i>Example:</i> # 10	<i>Example:</i> \$ 1,000	<i>Example:</i> \$ 100
Activity Type:	#	\$	\$
Activity Type:	#	\$	\$

* "Prorated Rate for Each Activity per Activity Type" derived by dividing the "Total Direct Program Cost per Activity Type" by the "Frequency of Activity Type."

- b. Indirect Cost payments will be made by calculating the percentage of total indirect costs incurred that quarter based on the percentage of the direct program cost invoiced that quarter. The indirect cost calculation can be made using the following table.

Total Direct and Indirect Costs				
Total Indirect Costs Outlined in Application	Total Direct Costs Outlined in Application	Total Direct Costs Invoiced	Percentage of Indirect Costs Paid in Invoice*	Actual Indirect Costs Paid in Invoice**
\$	\$	\$	%	\$

* "Percentage of Indirect Costs Paid in Invoice" derived by dividing the "Total Direct Costs Invoiced" by the "Total Direct Costs Outlined in Application."

** "Actual Indirect Costs Paid in Invoice" derived by multiplying the "Total Indirect Cost Outlined in Application" by the "Percentage of Indirect Costs Paid in Invoice."

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	<p>PAYEE'S LEGAL BUSINESS NAME (Type or Print)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</td> <td style="width: 30%;">E-MAIL ADDRESS</td> </tr> <tr> <td>MAILING ADDRESS</td> <td>BUSINESS ADDRESS</td> </tr> <tr> <td>CITY, STATE, ZIP CODE</td> <td>CITY, STATE, ZIP CODE</td> </tr> </table>			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
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	<p>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <input style="width: 100%;" type="text"/></p> <p><input type="checkbox"/> PARTNERSHIP</p> <p><input type="checkbox"/> ESTATE OR TRUST</p> <p><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: <input style="width: 100%;" type="text"/></p> <p style="text-align: center; font-size: small;">(SSN required by authority of California Revenue and Tax Code Section 18646)</p>		<p>NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.</p>						
4	<p>PAYEE RESIDENCY STATUS</p> <p><input type="checkbox"/> California resident – Qualified to do business in California or maintains a permanent place of business in California.</p> <p><input type="checkbox"/> California nonresident (see reverse side) – Payments to nonresidents for services may be subject to State income tax withholding.</p> <p style="margin-left: 20px;"><input type="checkbox"/> No services performed in California.</p> <p style="margin-left: 20px;"><input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.</p>								
5	<p style="text-align: center;">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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</td> <td colspan="2">TITLE</td> </tr> <tr> <td>SIGNATURE</td> <td>DATE</td> <td>TELEPHONE</td> </tr> </table>			AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE		SIGNATURE	DATE	TELEPHONE
AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE								
SIGNATURE	DATE	TELEPHONE							
6	<p>Please return completed form to:</p> <p>Department/Office: Office of Statewide Health Planning & Development</p> <p>Unit/Section: Procurement & Contracts Services Unit</p> <p>Mailing Address: 400 R Street, Room 359</p> <p>City/State/Zip: Sacramento California 95811</p> <p>Telephone: (916) 326-3200 Fax: (916) 322-2530</p> <p>E-mail Address: pcs@oshpd.ca.gov</p>								

STATE OF CALIFORNIA – DEPARTMENT OF FINANCE
PAYEE DATA RECORD
STD. 204 (Rev.6-2003) (REVERSE)

1	<p><i>Requirement to Complete Payee Data Record, STD. 204</i></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 to 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, trust, 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>PRIVACY STATEMENT</p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) 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 payments 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. 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
PUBLIC MENTAL/BEHAVIORAL HEALTH WORKFORCE RETENTION PROGRAM
GRANT AGREEMENT NUMBER «Grant_Number»

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

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, Welfare and Institutions Code section 5820(c) statutorily authorizes OSHPD to identify statewide needs and develop a five-year education and training development plan.

WHEREAS, counties and community stakeholders have identified the need to retain the Mental/Behavioral Health Workforce in the Public Mental Health System (PMHS).

WHEREAS, retention of Mental/Behavioral Health Workforce in the PMHS 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 Public Mental/Behavioral Health Workforce Retention Program by submitting an application in response to the Public Mental/Behavioral Health Workforce Retention Request for Application (“RFA #16-7420”).

WHEREAS, the Public Mental/Behavioral Health Workforce Retention Program shall provide services to increase retention of the Mental/Behavioral Health Workforce, who are currently employed by and/or volunteer in the PMHS.

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. "Application" means the grant application/proposal submitted by the Grantee in response to RFA #16-7420.
2. "Direct Program Costs" are defined as costs that can be more directly attributed to the completion of program activities, which can include, but not be limited to, salaries for program staff, materials/supplies required for program activities, program consultants/contractors, and travel.
3. "Director" means the Director of OSHPD or his designee.
4. "Grant Agreement/Grant Number" means Grant Number «Grant Number» awarded to the Grantee.
5. "Grantee" means the fiscally responsible entity in charge of administering the Grant Funds and includes the program identified on the grant application.
6. "Grant Funds" means the money provided by OSHPD for the project described by the Grantee in its application and Scope of Work.
7. "Indirect Program 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, and administrative service/payroll staff.
8. "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. (Cal. Code Regs., tit. 9, §3200.253.)
9. "Public Mental Health System Workforce" means current and prospective department and/or county personnel, county contractors, volunteers, and staff in community-based organizations (CBOs), who work or will work in the PMHS. (Cal. Code Regs., tit. 9, §3200.254)
10. "Program" means the Grantee's retention program(s) listed on the grant application.
11. "Program Representative" means the representative of the Grantee for which Agreement funds are being awarded.
12. "Project" means the activity described in the Grantee's application and Scope of Work to be accomplished with the grant Funds.
13. "State" means the State of California and includes all its departments, agencies, committees and commissions.
14. "Underserved" means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of-home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental

health programs due to barriers, such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American Rancherias and/or reservations who are not receiving sufficient services. (Cal. Code Regs., tit. 9 §3200.300.)

B. Term of the Agreement

This Agreement shall take effect on «TermStart», and shall terminate on «TermEnd».

C. Scope of Work

1. Consistent with the RFA, the Grantee agrees to perform all activities specifically identified in the Grantee's application, including the work plan prepared and submitted by the Grantee in response to RFA#16-7420. RFA #16-7420 and the Grantee's application, including the work plan prepared and submitted by the Grantee, are incorporated herein by reference.
2. While performing the activities defined in Section C. Scope of Work, item (1), the Grantee shall:
 - a. Provide services that are consistent with the elements identified in the purpose and description of services and the needs of Public Mental/Behavioral Health Workforce targeted;
 - b. Collaborate with county(s) and/or CBO(s) to support and implement services that are consistent with the values and needs of the county(s) and CBO(s);
 - c. Work with the county(s) and/or CBO(s) to make initial contact with PMHS workforce to provide information about and promote services provided;
 - d. Provide services to the PMHS workforce employers locally within the county(s) and/or CBO(s);
 - e. Ensure all program activities are consistent with the MHSA values and priorities including wellness, recovery and resiliency principles;
 - f. Ensure that all services are consistent with the work plan and schedule outlined in the application;
 - g. Not conduct lobbying activities as part of this Agreement; and
 - h. Ensure that individuals/entities receiving services are not charged for participating in the services if the services are funded by this Grant Agreement.

D. Program Reports

1. The Grantee shall complete quarterly progress reports each fiscal year using the progress report template found in Appendix 3, Public Mental/Behavioral Health Workforce Retention Progress Report, to demonstrate completion of Scope of Work activities and evaluate the program's effectiveness. The Grantee shall submit a quarterly progress report only in quarters where they have engaged in activities outlined in the Grantee's application for which the Grantee will be submitting an invoice. When Agreement activities are engaged, the Grantee shall submit progress reports within 30 days of the end of the quarter deadline as defined in the following table:

Report Number	Quarterly
Progress Report #1	July - September, due by October 30
Progress Report #2	October - December, due by January 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 is in Appendix 2, Participant Demographic Information Survey. The results of this demographic survey shall be reported in the quarterly progress reports.

3. The Grantee shall submit an annual and semi-annual Summary Report. OSHPD will provide report templates separately within 45 days of the applicable due date.
4. The Grantee shall submit a Final Comprehensive Report to OSHPD, that provides a summary of major outcomes, successes, trends, and lessons learned/best practices from Agreement activities 60 days prior to the contract termination date. OSHPD will notify the Grantee of approval of the final report in writing.
5. Email an electronic copy of all program reports to OSHPD.MHSAWET@oshpd.ca.gov.
6. 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 by the invoice have been completed to OSHPD's satisfaction.
3. Invoices shall be submitted no more frequently than quarterly 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 associated 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 the Grantee's printed letterhead with Grantee name and address;
 - b. Costs incurred shall be itemized in accordance with Section F. Budget Detail;
 - c. Date(s) of service for associated progress reports;
 - d. Associated fiscal year and quarter;
 - e. OSHPD Agreement number 16-XXXX;
 - f. Invoice date;
 - g. Invoice total; and
 - h. 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
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 Comprehensive Report to OSHPD, due 60 days prior to the contract termination date, that provides a summary of major outcomes, successes, trends, and lessons

learned from Agreement activities, and said report is approved by OSHPD. OSHPD will notify the Grantee of approval of the final report in writing.

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

F. Budget Detail

1. OSHPD shall reimburse the Grantee for the expenses incurred in performing the Scope of Work and activities specified in the Grantee's application. In no event shall total funding under this Agreement exceed the total Grant Amount.

2. The reimbursement shall not exceed the following per budget line item costs:

Direct Program Costs per Activity	
Activity Type:	Direct Program Cost per Activity Type
Activity Type:	\$
Activity Type:	\$
Total Direct Program Cost	\$

Total Indirect Program Costs	
[Indirect Cost line item 1]	\$
[Indirect Cost line item 2]	\$
[Indirect Cost line item 3]	\$
Total Indirect Cost	\$

3. This performance driven agreement is paid by the completion of activities. The prorated payment will be calculated by dividing the number of activities outlined in the table below for each activity type by the direct program costs identified to complete those activity types. Payments will be made to the Grantee based on the following prorated rates:

Direct Cost Proration Rate Calculation per Activity Type			
Activity Type	Frequency of Activity Type	Total Direct Program Costs per Activity Type	Prorated Rate for Each Activity per Activity Type*
Activity Type:	#	\$	\$
Activity Type:	#	\$	\$
Activity Type:	#	\$	\$

* "Prorated Rate for Each Activity per Activity Type" derived by dividing the "Total Direct Program Costs per Activity Type" by the "Frequency of Activity Type."

4. Indirect program costs will be made by calculating the percentage of total indirect costs incurred in that quarter based on the percentage of the direct program cost invoiced that quarter. The indirect cost calculation can be made using the following table:

Total Direct and Indirect Costs				
Total Indirect Costs Outlined in Application	Total Direct Costs Outlined in Application	Total Direct Costs Invoiced	Percentage of Indirect Costs Paid in Invoice*	Actual Indirect Costs Paid in Invoice**
\$	\$	\$	%	\$

* "Percentage of Indirect Costs Paid in Invoice" derived by dividing the "Total Direct Costs Invoiced" by the "Total Direct Costs Outlined in Application."

** "Actual Indirect Costs Paid in Invoice" derived by multiplying the "Total Indirect Costs Outlined in Application" by the "Percentage of Indirect Costs Paid in Invoice."

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, OSHPD shall have no liability to pay any funds whatsoever to the Grantee or to furnish any other considerations under this Agreement and the 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, OSHPD shall have the option to either cancel this Agreement with no liability occurring to OSHPD, or offer an Agreement amendment to the Grantee to reflect the reduced amount.

H. Budget Adjustments

1. All requests to change the budget shall be submitted in writing to OSHPD for approval and shall include an explanation for the reallocation of funds by the Grantee. OSHPD reserves the right to approve or deny any such request; OSHPD shall provide approval or denial of said requests to the Grantee in writing. An accounting of how the funds were expended will also be submitted with the Final Comprehensive Report.
2. 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 90 calendar days prior to the expiration of the Agreement. OSHPD reserves the right to approve or deny any such request; OSHPD shall provide approval or denial of said requests to the Grantee in writing. There shall be no activity on an Agreement after its expiration.

I. General 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, Terms and Conditions for Interagency Agreements, 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/or California State University is awarded a grant, the language in Appendix 1, Terms and Conditions for Interagency Agreements, shall replace the Terms and Conditions found in this Section I.

1. Time: Time is of the essence in this Agreement. The Grantee shall submit the required deliverables as specified and adhere to the deadlines as specified in this Agreement. Anticipating potential overlaps, conflicts, and/or 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, attachments, and forms constitute 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: The Grantee agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representatives shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. The Grantee agrees to maintain such records for possible audit

for a minimum of three years after the final payment, unless a longer period of records retention is stipulated by the State. The 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, the 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.
 - c. "Deliverable data" are that data which, under the 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, the Grantee shall notify the State of any such contemplated action; and the State may within 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. The State shall have unrestricted, reasonable access to the data that are preserved in accordance with this Agreement.
 - e. The Grantee shall use its 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: The Grantee and the agents and employees of the Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers, employees or agents of the State.
7. Non-Discrimination Clause: During the performance of this Agreement, the 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. The 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. The 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 (Cal. Code of Regs., tit. 2, §11000 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. The 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 the Grantee will not operate or be construed as a waiver of any other subsequent breach. OSHPD expressly reserves the right to disqualify the 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. The 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 arrangement 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 OSHPD in the form of a formal written amendment.
12. Indemnification: The 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 the 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: The 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 HWDD Deputy Director 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 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. The Grantee may appeal the decision of the Deputy Director by submitting written notice to the Director of its intent to appeal, within ten working days of receipt of the Deputy Director's decision. The Director or designee shall meet with the Grantee within twenty 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 payments 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 grant agreement inquiries to:

State Agency: Office of Statewide Health Planning and Development	Grantee: «Grantee_Name»
Section/Unit: Healthcare Workforce Development Division/ Workforce Education and Training	
Name: [OSHPD Program Manager Name], Program Manager	Name: «CO_First_Name» «CO_Last_Name», «Grantee_Officer_Title»
Address: 400 R Street, Suite 330 Sacramento, CA 95811-6213	Address: «Grantee_Street_Address», «Grantee_Ste» «Grantee_City», «State» «Zip»
Phone: [OSHPD Program Manager Phone Number]	Phone: «Grantee_Phone»
Email: [OSHPD Program Manager 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: Healthcare Workforce Development Division/ Workforce Education and Training	
Name: [OSHPD Program Manager Name], Program Manager	Name: «CO_First_Name» «CO_Last_Name», «Grantee_Officer_Title»
Address: 400 R Street, Suite 330 Sacramento, CA 95811-6213	Address: «Grantee_Street_Address», «Grantee_Ste» «Grantee_City», «State» «Zip»
Phone: [OSHPD Program Manager Phone Number]	Phone: «Grantee_Phone»
Email: [OSHPD Program Manager Email]	Email: «Grantee_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 NAME»

Signature: _____
Printed Name: _____
Title: _____
Date: _____

Signature: _____
Printed Name: _____
Title: _____
Date: _____

Appendix 1: Terms and Conditions for Interagency Agreements

1. Time: Time is of the essence in this Agreement. The Grantee will submit the required deliverables as specified and adhere to the deadlines as specified in this Agreement. Anticipating potential overlaps, conflicts, and/or 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, appendices, and forms constitute the entire and final Agreement between the parties and supersedes any and all prior oral or written agreements or discussions.
3. Additional Audits: The Grantee agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representatives shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. The Grantee agrees to maintain such records for possible audit for a minimum of three years after final payment, unless a longer period of records retention is stipulated by the State. The 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, the 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, the Grantee shall notify the State of any such contemplated action; and the State may within 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. The State shall have unrestricted, reasonable access to the data that are preserved in accordance with this Agreement.
 - e. The Grantee shall use its 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 the Grantee will not operate or be construed as a waiver of any subsequent breach by OSHPD. OSHPD expressly reserves the right to disqualify the 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. The 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 arrangement not incorporated in the Agreement is binding on any of the parties.
8. Disputes: The 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 HWDD Deputy Director 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 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. The Grantee may appeal the decision of the Deputy Director by submitting written notice to the Director of its intent to appeal, within ten working days of receipt of the Deputy Director's decision. The Director or designee shall meet with the Grantee within twenty 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: Participant Demographic Information Survey

The Office of Statewide Health Planning and Development (OSHPD), who funds your participation in this program, is administering this demographic survey. In efforts to evaluate the program's effectiveness towards serving diverse populations, this survey aims to collect data on a wide range of demographics of our program participants. This survey is anonymous, and while it is also optional, OSHPD kindly requests your completion.

Please identify your county of residence: County Name

Please identify your Race/Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> African American/Black/African | <input type="checkbox"/> Latino/Hispanic |
| <input type="checkbox"/> American Indian/Native | <input type="checkbox"/> Central American |
| <input type="checkbox"/> American/Alaskan | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Native Asian | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> South American |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Hispanic |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Laotian/Hmong | <input type="checkbox"/> Fijian |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Thai | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Caucasian/White/European | <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"/> Arabic | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Other Chinese | <input type="checkbox"/> Other Chinese |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Polish | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> French | <input type="checkbox"/> Russian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> German | <input type="checkbox"/> Samoan | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Haitian | <input type="checkbox"/> Spanish | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Creole | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Thai | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Turkish | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Urhobo | <input type="checkbox"/> Urhobo |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other (specify): _____ | |
| <input type="checkbox"/> Khmer | | |
| <input type="checkbox"/> Kiswahili | | |
| <input type="checkbox"/> Korean | | |
| <input type="checkbox"/> Laotian | | |

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 am questioning whether I am 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*?

- Yes
 No
 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"/> 65 Years and Over |
| <input type="checkbox"/> 18 – 24 | <input type="checkbox"/> Decline to State |
| <input type="checkbox"/> 25 – 39 | |
| <input type="checkbox"/> 40 – 64 | |

Are you a Military Veteran?

- Yes
 No
 Decline to State

Appendix 3: Public Mental/Behavioral Health Workforce Retention Progress Report

Purpose: This quarterly progress report describes the deliverables for which the Grantee is invoicing for this contract period.

Date:
Program Name:
Agreement Number:
Execution Date:
Associated Fiscal Year and Quarter:
Date(s) of Service:

I. Contact Information

Name	Position/Title	Phone	E-mail

II. Revision to Work Plan Activities

If there have been any major activity modifications since the last progress report submission, please provide the following information:

- In no more than four sentences, briefly describe any changes in your work plan activities.
- In no more than four sentences per modification, briefly describe how these changes align with the intent of the Public Mental/Behavioral Health Workforce Retention Program.

III. Activities Implemented to Retain Mental/Behavioral Health Workforce

List the activities applied to retain Mental/Behavioral Health Workforce in the Public Mental Health System (PMHS). The list *must* be in the following format.

Identify Activity Type Completed ¹	Description of Type of Activity Provided ²	Activity Completion Frequency	Name of PMHS Employers Supported	Number of Individuals That Participated in Activity
1. (Activity Type One)				
2. (Activity Type Two)				
3. (Activity Type Three)				
4. (Activity Type Four)				

¹ This information should be consistent with the activity types listed in the work plan/application.

² This description shall be completed in no more than five sentences.

IV. Outcomes, Successes, Trends, and/or Challenges

List the any major outcomes, successes, trends and/or challenges observed from activities applied to retain Mental/Behavioral Health Workforce in the PMHS. The list *must* be in the following format.

Type of Activity Completed	Outcome(s)/Successes/Trends ¹	Challenge(s) ²
1.		
2.		
3.		
4.		

¹ In no more than twelve sentences per activity, and where appropriate, report on measurable outcomes and performance metrics identified in the application.

² In no more than five sentences per activity, describe observed challenges.

- In no more than five sentences, briefly describe how the activities implemented by your organization were consistent with the needs of the target population across culturally diverse communities.
- In no more than four sentences, briefly describe how your organization collaborated with county(s) and/or CBO(s) to support and implement services that are consistent with the values and needs of the county(s) and CBO(s).
- In no more than four sentences, briefly describe how your organization worked with the county(s) and/or CBO(s) to develop a mechanism to identify and engage the Mental/Behavioral Health Workforce in the PMHS.

V. Summary of PMHS Employers and Workforce Supported

List every organization identified in the application that would be supported via the Agreement. Identify if the organization received and/or participated in the activities provided during the period of this progress report. The list *must* be in the following format.

Name of Organization	Type of Organization (CBO/County/Other)	Organizational Geographic Location (County)	Estimated Number of Individuals That Participated

As self-identified using Appendix 2, Participant Demographic Information Survey, outline demographic information of recruited participants using the table below:

Unique Participant Identifier	County of Residence	Profession	Race/Ethnicity	Language(s) Spoken in Addition to English	Consumer and/or Family Member	Gender	Disability (Yes/No)	Age	Veteran (Yes/No)	Activities ¹

¹ List the activities that program participant(s) engaged in.

VI. Budget Information

Provide the following budget and activity information for the quarter of this progress report, using one table per Fiscal Year.

Direct Program Costs FY 20XX-XX						
Activity Type	Total Amount Allocated per Activity Type	Amount Invoiced in this Quarter per Activity Type	Total Amount Remaining for this Activity Type	Total Number of Activities remaining to be Completed	Number of Times engaged in Activity Type for this Quarter	Number of Remaining Times Activity Must be Engaged In
Activity Type:	\$	\$	\$	#	#	#
Activity Type:	\$	\$	\$	#	#	#
Activity Type:	\$	\$	\$	#	#	#
Total	\$	\$	\$	#	#	#

Indirect Program Costs FY 20XX-XX		
Total Indirect Cost Outlined in Contract	Total Indirect Cost being invoiced	Total Indirect Cost Remaining
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$