REQUEST FOR APPLICATION–Multiple Awards
Local Organizational Support and Development Networks for Public Mental Health System Workforce with Lived Experience
RFA # 17-8145
Notice to Prospective Applicants

October 6, 2017

You are invited to review and respond to this Request for Application (RFA), entitled Local Organizational Support and Development Networks for Public Mental Health Systems Workforce with Lived Experience. In submitting your application, you must comply with the instructions delineated in this document. 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 Sample Grant Agreement in Section G.

This solicitation is published online in the California State Contracts Register (CSCR) at https://www.caleprocure.ca.gov/event/4140/0000007178. You must register at https://caleprocure.ca.gov/pages to ensure you receive any addenda and answers to questions.

The application submission deadline is December 1, 2017, no later than 3:30 PM, PST. All late, faxed, and/or emailed applications will be rejected and returned to the applicant.

The Office of Statewide Health Planning and Development (OSHPD) considers this RFA to be complete and without need of explanation. If you have questions, notice any discrepancies or inconsistencies, or need any clarifying information, submit your questions to OSHPD.MHSAWET@oshpd.ca.gov, no later than the date stated in Section E. Item 1. Key Action Dates. Please note that verbal information provided by OSHPD will not be binding unless OSHPD issues such information in writing as an official addendum, or as answers to questions at the CSCR website.

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

Agreements with State of California agencies will be completed as Interagency Agreements (IAAs) and shall be governed by the Terms and Conditions delineated in Appendix 1: Terms and Conditions for Interagency Agreements of Section G. Sample Grant Agreement.

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

This solicitation may result in multiple grant agreements and/or IAAs.
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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 public mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families.

OSHPD administers the Workforce Education and Training (WET) Program, a component of the MHSA. State Budget appropriations fund the WET program, which promotes the expansion of postsecondary education capacity to meet mental health occupational shortage needs.

This RFA will result in Agreement(s) and/or IAA(s) with a public, private, or non-profit organizations, including non-profit faith-based and community-based organizations (CBOs), to fund statewide activities that aim to increase, retain, and/or support the employment of individuals with lived experience as consumers, family members, and parents/caregivers (CFP/C) in the public mental health system (PMHS) across counties and CBOs throughout California.

B. Purpose and Description of Services

OSHPD is issuing this RFA with total funding available of $2,000,000 to fund organizations up to $500,000 per agreement, for a total of two years. The grantees will provide services to PMHS employers to support their ability to employ and support CFP/C in the workforce and support activities that focus on peer personnel placement in the PMHS. The WET 2014-2019 Five-Year Plan appropriated $8,000,000 for activities that aim to increase, retain, and/or support the employment of individuals with lived experience in the PMHS across counties and CBOs throughout California. The goal of this RFA is to enter into grant agreements that will engage the Grantee in activities that include, but are not limited to:

Deliverables

1. Training and Technical Assistance for PMHS Employers: The Grantee shall train and collaborate with PMHS employers on strategies to support increasing and retaining CFP/C. Strategies may be related to:

   a. Human resources
   b. Administration
   c. Direct service management
   d. Supervisors
   e. Staff

   The training and collaboration with PMHS employers must address:

   a. The value of employing consumers and family members.
   b. How to work with consumers and family members, and/or what to anticipate when employing consumers and/or family members.
   c. How to develop a wellness culture.
   d. Types of support and reasonable accommodations that could be provided to consumers and family members.
   e. Billing for CFP/C services.
   f. Stigma reduction.
g. Cultural humility.
h. The importance of consumers and family members supervising other consumers and family members.
i. Creating consumer and family member job descriptions.
j. Developing individual learning plans for consumers and family members.
k. Challenges with background checks.
l. The importance of benefits packages.
m. The use of Centers for Medicare and Medicaid Services approved language in documentation.
n. Development of career pathway/ladders for consumers and family members in administrative and direct service positions.

Technical Assistance: The Grantee shall provide PMHS employers technical assistance that enables the employers to employ, train, and/or support CFP/Cs.

Surveys: The Grantee shall also administer a pre- and post-training and/or technical assistance survey to organizations/individuals receiving the training and/or technical assistance to assess its effectiveness. The post-training survey must be administered 2-4 weeks after each training or technical assistance.

2. Development and Dissemination of Organizational Tools and Best Practices: The Grantee shall engage in activities that result in the development and dissemination of organizational tools and best practices on employing, supporting, and training CFP/Cs, which may include, but are not limited to:

a. Co-learning collaboratives that include PMHS employer management, supervisors, staff, and CFP/C.
b. Calls, webinars, and/or conferences to discuss and disseminate organizational tools and best practices.

3. Evaluation: Evaluate the program at the completion of program activities. The evaluation should include:

a. A summary of all program activities and outcomes.
b. A comprehensive survey of program consumers and family member participants, and employers where participants were placed.
c. Highlights of major successes and challenges in completing all program activities.
d. A description of how the program incorporates innovative, evidence-based, and community-identified strategies to achieve the goal of training and placing CFP/Cs in the PMHS.
e. A description of how all program activities are consistent with MHSA values and priorities including wellness, recovery, and resiliency principles.

The Grantee(s) shall use the progress report template in Appendix: 2 of Section G. Sample Grant Agreement when reporting their outcome data on a quarterly basis.

The Grantee shall administer a demographic survey to individuals receiving/participating in the activities provided by the Grantee. The demographic survey shall be voluntary and anonymous, and administered using the form in Appendix 3 of Section G. Sample Grant Agreement. The Grantee shall report the results of the demographic survey in the quarterly progress report.
Subject to the availability of funds, the period of this grant agreement will be from February 2, 2018 through June 30, 2019.

Carefully review and consider the Scope of Work located in Item C. of Section G. Sample Grant Agreement when completing your application.

C. Minimum Qualifications for Applicants

Applications are requested from any public (including county), private, and/or non-profit organization including non-profit faith-based and CBOs, that are (i) able to work in partnership with California’s PMHS employers, including counties, CBOs, and others, and (ii) able to complete the activities as described in Section B. Purpose and Description of Services.

Applicants and/or their sub-contractor(s) must have demonstrated experience providing counseling, training, support, and other services to organizations that employ CFP/Cs. Applicants and/or their contractors must also demonstrate they have staff with lived experience and/or have a proven record of working with individuals with lived experience.

D. Developing an Application

To develop a successful application, applicants must respond to this RFA in its entirety. Applications that do not meet the basic application requirement, as detailed in the Required Attachment Check List, will be considered non-responsive and will be rejected.

1. Attachment 1: Required Attachment Check List

   Include all items listed on the Required Attachment Check List. Complete and include the check list to confirm inclusion of required items in the application package.

2. Attachment 2: Application/Applicant Certification Sheet

   Sign and return the Application/Applicant Certification Sheet with an original signature. An unsigned Application/Applicant Certification Sheet may be cause for application rejection.

3. Attachment 3: Applicant References and County/CBO Participant Verification

   Include two professional references that describe the applicant’s ability to engage in activities outlined in the “Detailed Work Plan and Schedule” referenced in Section B. Purpose and Description of Services. OSHPD reserves the right to contact any reference provided for verification purposes.

4. Attachment 4: Required Application Components:
   a. Executive Summary: Provide an overview of the services your organization will provide as delineated in Section B. Purpose and Description of Services of this RFA and your ability to provide such services.
   b. Assessment of PMHS Employer Needs: Complete and submit an assessment that evaluates the needs of the PMHS employers that the applicant proposes to support through this application. The assessment should engage individuals (director, manager, supervisor,
and/or staff) within the PMHS employers who will be supported by this application. Assessments can be completed through focus groups and/or key-informant interviews, or a combination of both. The assessment must answer the following questions:

i. What challenges do the PMHS employers face in employing and supporting CFP/C in the workforce?

ii. What subjects and/or issues do the PMHS employers believe they need the most in training and/or technical assistance to further their ability to employ and support CFP/C in the workforce?

iii. What organizational tools, best practices, and dissemination activities will the PMHS employers benefit from the most to further their ability to employ and support CFP/C in the workforce?

iv. What types of individuals (director, manager, supervisor, and/or staff) do the PMHS employers believe would be most appropriate to engage in the different trainings, technical assistance, and dissemination of organizational tools and best practices to further their ability to employ and support CFP/Cs in the workforce?

c. Detailed Work Plan: Provide a detailed work plan and schedule for task completion, including a description of how all the required elements will be addressed.

i. List all the organizations within the PMHS (which includes, but are not limited to, counties, CBOs and others) that the applicant will support using Table A. Include the number of participants that each organization is to train and provide technical assistance and support. The applicant must submit a County/CBO Participation Verification Form found in Attachment 3, described above, for every organization listed in Table A. If Participation Verification Forms are not included, the organization listed will not be counted in the application.

Table A. Participating PMHS Organizations

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Type of Organization (CBO/County/Other)</th>
<th>Organization’s Geographic Location (County)</th>
<th>Number of Individuals to Receive Training, Technical Assistance, and Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ii. Identify how these organizations will complete Deliverable 1, which is to provide training and technical assistance to PMHS employers listed above that is consistent with Section B. Purpose and Description of Services. Specifically identify how the proposed training and technical assistance meets the needs identified in the Assessment of PMHS Employer Needs, and include:

(a) The types of training and technical assistance activities that will be provided.

(b) The number of trainings and technical assistance activities that will be provided each Fiscal Year (FY).

(c) Describe the type(s) and number of individuals within the PMHS employer organizations who will receive trainings and technical assistance.

(d) Describe the process and information to be gathered through the pre- and post-training and technical assistance surveys.
iii. Identify how the applicant will complete Deliverable 2, which is to develop and disseminate organizational tools and best practices on employing, training, and supporting of CFP/Cs to organizations listed above, consistent with this Section D. This section should specifically identify how the applicant will develop and disseminate organizational tools and best practices that meet the needs identified in the Assessment of PMHS Employer Needs. Specifically, this shall include:
   (a) Type of activities for engaging in development and dissemination of organizational tools and best practices.
   (b) The frequency of activities for engaging in development and dissemination of organizational tools and best practices per FY.
   (c) A description of the type(s) and number of individuals within PMHS employer organizations who will benefit from the development and dissemination of organizational tools and best practices.

iv. Identify how the applicant will complete Deliverable 3, which is to identify how data will be collected, analyzed, and reported to evaluate program outcomes, and report challenges, successes, and lessons learned from the activities completed. Explain and/or demonstrate throughout the application how the program will be/has been created and/or strengthened to expand PMHS employer’s ability to employ and support CFP/Cs.

d. Project Personnel: The prospective Grantee will submit the titles, job descriptions, and roles of all personnel proposed to work on this project and:
   i. Identify any subcontractors, including their roles, abilities to provide services, and applicable qualifications. The Grantee must clearly state the projected number of hours the subcontractors will spend on the project.
   ii. Identify project personnel, including subcontractors with lived experience and/or that have a proven recording of working with individuals with lived experience.

e. Professional References and County/CBO Participation Verification: Applications must be accompanied by two professional references as provided in Attachment 3: Applicant References that describe the applicant’s ability to engage in activities outlined in Section D. Item 4. c. Detailed Work Plan.

f. A County/CBO Participation Verification form signed by each PMHS employer (including counties, community-based organization, and others) which specifies that they will engage with the Grantee. All PMHS employers listed in Table A must sign a County/CBO Participation Verification form.

Cost Detail Format and Requirements:
   i. The total costs of all tasks over two FYs. Total costs for FY 2017-18 and FY 2018-19 cannot exceed $500,000. Expenditures cannot exceed $250,000 in each of these fiscal years. A prospective Grantee may, consistent with its work plan and rate proposal, request the distribution of grant funding under this RFA consistent with the FY limitations identified above. In no event shall total funding for a grantee under this RFA exceed $500,000.

   ii. Applicants shall use the Attachment 5. Sample Rate Proposal Worksheet to provide cost details.

   iii. The major budget categories under this RFA shall be:
       (a) Direct Program Costs: costs that can be directly attributed to the completion of program services, which may include, but are not limited to, salaries for program staff, materials and supplies required for program activities, program consultant(s) and/or subcontractor(s), and travel.
(b) Indirect Program Costs: costs that are indirectly attributed to the completion of the program services, which may include, but are not limited to, utilities, rent, and administrative service and payroll staff.

iv. The total Indirect Program Cost rate shall not exceed 15 percent of the budget.

g. 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 activities 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. Calculate the Direct Program Cost rate using Table C in Attachment 5: Sample Rate Proposal Worksheet.

ii. Indirect Cost payments will be made based on the percentage of the Direct Program Costs invoiced in the same quarter. Calculate the Indirect Cost using Table D in Attachment 5: Sample Rate Proposal Worksheet of Section G. Sample Grant Agreement.

E. Application Requirements and Information

1. Key Action Dates:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFA available to prospective Applicants</td>
<td>October 6, 2017</td>
<td>4:00 PM PDT</td>
</tr>
<tr>
<td>Written Question Submittal Deadline</td>
<td>October 20, 2017</td>
<td>4:00 PM PDT</td>
</tr>
<tr>
<td>Written Questions and OSHPD Answers</td>
<td>November 3, 2017</td>
<td>5:00 PM PDT</td>
</tr>
<tr>
<td>Final date for Application Submission</td>
<td>December 1, 2017</td>
<td>3:30 PM PST</td>
</tr>
<tr>
<td>Notice of Intent to Award</td>
<td>December 29, 2017</td>
<td>4:00 PM PST</td>
</tr>
<tr>
<td>Proposed Grant Agreement Start Date</td>
<td>February 2, 2018</td>
<td>NA</td>
</tr>
</tbody>
</table>

2. Applicant Questions and OSHPD Answers:

Prospective applicants may email questions for clarification of this RFA to OSHPD.MHSAWET@oshpd.ca.gov no later than October 20, 4:00 PM, PDT. All questions and OSHPD responses will be posted at https://www.caleprocure.ca.gov/pages/ and at https://www.oshpd.ca.gov/HWDD/WET.html by no later than November 3, 2017, 5:00 PM, PDT.

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 sealed and received by OSHPD no later than December 1, 2017, 3:30 PM, PST. Applications received after this date and time will not be considered.

c. Submit one original and mark it "ORIGINAL COPY". The original application documents
must have an original signature from a person authorized to bind the applying firm. Additional applications may contain photocopies of the original documents. In addition, the applicant must submit an electronic copy of the application either by e-mail to OSHPD.MHSAWET@oshpd.ca.gov or by including a CD of the application with the submission materials.

d. Due to limited storage space, prepare the application package 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. Plainly mark the application with the RFA number and title, your applicant’s name and address, mark "DO NOT OPEN", as shown in the following example:

   Office of Statewide Health Planning and Development  
   Attn: Rebecca Mark  
   Procurement and Contracting Services  
   2020 West El Camino Avenue, Suite 1000  
   Sacramento, California 95833  
   Re: RFA #17-8145  
   Local Organizational Support and Development Networks for  
   Public Mental Health Systems Workforce with Lived Experience  
   DO NOT OPEN

f. Applicants are responsible for ensuring OSHPD receives applications by the required date and time. OSHPD will return unopened any application reaching the above location after the deadline.

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 Check List. Applications not including the proper required attachments shall be deemed non-responsive and may be rejected.

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. OSHPD may reject any or all applications and may waive an immaterial deviation in an application. OSHPD'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 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 contractually bind the proposing firm shall sign the Attachment 2: Application/Applicant Certification Sheet of Section G. Sample Grant Agreement. 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 submission deadline as set forth in Section E. Application Requirements and Information, Item 1. Key Action Dates. OSHPD will not consider application modifications offered in any other manner, oral or written.

o. An Applicant may withdraw its application by submitting a written withdrawal request to
OSHPD, 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 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 an 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, applicants 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. OSHPD 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 Section G. Sample Grant Agreement, are not negotiable.

u. No oral understanding or agreement shall be binding on either party.

4. Evaluation Process:

OSHPD may award multiple agreements under this RFA and final awards 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. Incomplete applications will be rejected.

b. Applications that contain false or misleading statements, or that provide references which do not support an attribute or condition claimed by the applicant, may be rejected.

c. The final awards will be granted 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 not addressed by other similarly scored applications may receive preference. The following evaluation tool will be used to score applications:
### Table B: Evaluation Tool

<table>
<thead>
<tr>
<th>Technical Merit Scoring Criterion</th>
<th>Maximum Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strength of the Program</strong></td>
<td>40</td>
</tr>
<tr>
<td>Explain and/or demonstrate how the program will be/has been created and/or strengthened to expand PMHS employers ability to employ consumers and family members. Priority areas include identifying:</td>
<td></td>
</tr>
<tr>
<td>• PMHS employer needs and challenges, and how the application will meet these needs.</td>
<td></td>
</tr>
<tr>
<td>• How the types, quantity of, and target audience for training and technical assistance will address the identified needs.</td>
<td></td>
</tr>
<tr>
<td>• How the types, quantity of, and target audience of organizational tools and best practices developed and disseminated will address the identified needs.</td>
<td></td>
</tr>
<tr>
<td><strong>Detailed Work Plan and Schedules</strong></td>
<td>25</td>
</tr>
<tr>
<td>Identify how the Work Plan (tasks the applicant will be implementing) is consistent with services as described in the Scope of Work in Item C. of Section G. Sample Grant Agreement and how the schedule (timeframe) for task completion is sufficient to effectively accomplish the tasks.</td>
<td></td>
</tr>
<tr>
<td><strong>Project Personnel</strong></td>
<td>10</td>
</tr>
<tr>
<td>• Identify the titles, job descriptions, and roles, of each individual/contractor/sub-contractor proposed to be working on the project.</td>
<td></td>
</tr>
<tr>
<td>• Identify the extent to which the listed personnel proposed to work on the project have lived experience and/or a proven record of effectively working with individuals that have lived experience.</td>
<td></td>
</tr>
<tr>
<td><strong>Budget Rates</strong></td>
<td>10</td>
</tr>
<tr>
<td>OSHPD will score the cost effectiveness of implementing and administering the Local Organizational Support and Development Networks for Public Mental Health System Workforce with Lived Experience program.</td>
<td></td>
</tr>
<tr>
<td><strong>Program Evaluation</strong></td>
<td>10</td>
</tr>
<tr>
<td>Identify how the applicant plans to collect and report data that evaluates program outcomes, and reports challenges, successes, and lessons learned from the activities completed.</td>
<td></td>
</tr>
</tbody>
</table>
References

References will verify the applicant’s capacity to provide the services described in Section B. Purpose and Description of Services and the applicant’s ability to work in partnership with a set of counties, CBOs, and other PMHS employers, and training organizations.

<table>
<thead>
<tr>
<th>Technical Merit Scoring Criterion</th>
<th>Maximum Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>References</td>
<td>5</td>
</tr>
</tbody>
</table>

OSHPD will make final selections based on which applications best fit the criteria described above and provide a geographic representation of awardees across California.

5. Award and Protest:

a. A total of $2,000,000 shall be available for the Local Organizational Support and Development Networks for Public Mental Health System Workforce with Lived Experience for FY 2017-18 and FY 2018-19 for support activities that focus on peer personnel placement in the PMHS.

b. At least four applicants may be awarded a Grant Agreement under this Local Organizational Support and Development Networks for Public Mental Health Systems Workforce with Lived Experience RFA. The total costs of all tasks and milestones cannot exceed $500,000 per Agreement.

c. OSHPD reserves the right to determine the number of Agreement(s) to be awarded.

d. In accordance with Government Code Section 11256, OSHPD reserves the right to enter into an IAA with a Grantee if the Grantee is a state agency.

e. OSHPD shall post notice of the proposed award in a public place in the office of OSHPD, 2020 West El Camino Avenue, Suite 1000, for five working days prior to awarding the Grant Agreement and/or Interagency Agreement.

f. Protest Procedures:

i. A letter of protest must be received at the following address no later than five days (excluding the first day and including the last day) from the date of the Notice of Intent to Award.

ii. The only acceptable delivery method for the letter of protest is by a postal service (United States Postal Service, Federal Express, etc.). The letter of protest cannot be hand delivered by the applicant, faxed, or sent by electronic mail. OSHPD shall not consider any letter received without an original signature and/or by a delivery method other than a postal service.
iii. The letter of protest must include the following:
   (a) A description of the factors which caused the Applicant to conclude that the Evaluation Committee did not follow the prescribed rating standards.
   (b) An explanation as to why the score is in conflict with the rating standards or the grant agreement award process described in this RFA.
   (c) Identification of specific information in the application that the Applicant believes was overlooked or misinterpreted.
   (d) 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, OSHPD shall not award the grant agreement(s) until OSHPD has reviewed the protest.

v. OSHPD will rendered a decision within five working days of the receipt of the letter of protest, which will be considered final.

6. Disposition of Application:

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

7. Agreement Execution and Performance:

   a. It is anticipated that the grant agreements will begin on February 2, 2018. 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 Agreement.
   c. All performance under the agreement shall be completed on or before the grant agreement termination date.
   d. OSHPD will evaluate Grantee performance to determine whether and to what extent deliverables are being met.
   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: Required Application Components
   Attachment 5: Sample Rate Proposal Worksheet
   Attachment 6: Payee Data Record (STD 204)
   Section G. Sample Grant Agreement

   Section G. Sample Grant Agreement is included for reference purposes only. Grant agreements, if any, will be entered into only with successful applicants after the award determination has been made. OSHPD shall have the sole discretion to enter into, and determine the terms of, grant agreement(s).
## Attachment 1: Required Attachment Check List

### Applicant Name:
_____________________________________________________________

Complete this checklist to confirm these items are included in your application. Place a check mark or “√” next to each item that is submitted to OSHPD. For an application to be considered responsive, the applicant must return all required attachments identified below, along with this checklist. A complete application package must include the items identified below:

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Attachment Name/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>√</td>
<td>Attachment 1: Required Attachment Check List</td>
</tr>
<tr>
<td></td>
<td>Attachment 2: Application/Applicant Certification Sheet</td>
</tr>
<tr>
<td></td>
<td>Attachment 3: Applicant References and County/CBO Participation Verification</td>
</tr>
<tr>
<td></td>
<td>Attachment 4: Required Application Components</td>
</tr>
<tr>
<td></td>
<td>Attachment 5: Sample Rate Proposal Worksheet</td>
</tr>
<tr>
<td></td>
<td>Attachment 6: Payee Data Record (STD 204)</td>
</tr>
</tbody>
</table>
Attachment 2: Application/Applicant Certification Sheet

This Application/Applicant Certification Sheet must be signed and returned with an original signature. An unsigned Application/Applicant Certification Sheet may be cause for rejection.

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.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Fax Number and Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment 3: Applicant References and County/CBO Participant Verification

Attachment 3 is mandatory. OSHPD will reject your application if Attachment 3 is not completed and submitted.

List below two references of similar types of 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.

<table>
<thead>
<tr>
<th>REFERENCE 1</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Firm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Contact Person</td>
<td></td>
<td>Telephone Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dates of Service</td>
<td></td>
<td>Value or Cost of Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Narrative of Service Provided (include timeline and outcomes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What is the role of the reference/firm?
<table>
<thead>
<tr>
<th>Name of Firm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>Contact Person</td>
</tr>
<tr>
<td>Email Address</td>
</tr>
<tr>
<td>Dates of Service</td>
</tr>
</tbody>
</table>

Narrative of Service Provided (include timeline and outcomes)

What is the role of the reference/firm?
County Mental Health/Community-Based Organization Participation Verification

Date:
County/Community-Based Organization:

This application will support services/activities/programs for the Public Mental Health System (PMHS) that enhance our ability to employ, support, and train consumers and family members into the workforce. I therefore attest that my organization is part of the PMHS and, where applicable, my organization will engage with ___________________________ (Applicant Organization) as they provide the following services/activities/programs:

- Training and technical assistance to management, supervisors, and staff; and
- Development and dissemination of organizational tools and best practices on hiring, training, and supporting consumers and family members.

______________________________________________
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) Executive Summary, (2) Program Description, and (3) 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 Scope of Work in Item C. of Section G. Sample Grant Agreement, and in the applicant’s application. 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 Rate Allocated Per Deliverable

<table>
<thead>
<tr>
<th>Deliverable 1: Training and Technical Assistance to PMHS Employers</th>
<th>Year 1 FY 2017-18</th>
<th>Year 2 FY 2018-19</th>
<th>Subtotals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Type</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Brief Description of Activity Type: (no more than three sentences)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity Type</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Brief Description of Activity Type: (no more than three sentences)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity Type</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Brief Description of Activity Type: (no more than three sentences)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yearly Totals and Grant Total: $_________ $_________ $_________

<table>
<thead>
<tr>
<th>Deliverable 2: Development and Dissemination of Organizational Tools and Best Practices</th>
<th>Year 1 FY 2017-18</th>
<th>Year 2 FY 2018-19</th>
<th>Subtotals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Type</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Brief Description of Activity Type: (no more than three sentences)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity Type</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Brief Description of Activity Type: (no more than three sentences)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity Type</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Brief Description of Activity Type: (no more than three sentences)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Deliverable 2: Development and Year 1 Year 2 Subtotals: $_________ $_________ $_________
### Dissemination of Organizational Tools and Best Practices, continued

<table>
<thead>
<tr>
<th></th>
<th>FY 2017-18</th>
<th>FY 2018-19</th>
<th>FY 2018-19 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Yearly Totals and Grant Total</strong></td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Deliverable 3: Evaluation</strong></th>
<th>Year 1</th>
<th>Year 2</th>
<th>Subtotals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity Type</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brief Description of Activity Type: (no more than three sentences)</td>
<td>N/A</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td><strong>Activity Type</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brief Description of Activity Type: (no more than three sentences)</td>
<td>N/A</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td><strong>Activity Type</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brief Description of Activity Type: (no more than three sentences)</td>
<td>N/A</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td><strong>FY 2018-19 Yearly Total and Grant Total</strong></td>
<td>N/A</td>
<td>$_________</td>
<td>$_________</td>
</tr>
</tbody>
</table>

### 2. Detailed Costs Breakout per Deliverable

In the section below, provide a detailed breakdown of the budget per fiscal year. For each deliverable, you are required to provide a detailed budget per FY that identifies 1) Personnel Service Costs and 2) Indirect Program Costs to perform the activities outlined in the scope of work and application. For the purposes of completing the detailed budget below, the following definitions apply:

- **Direct Program Cost payments** will be prorated based on the number of activities 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 each activity type.
Table C: The Direct Program Cost proration rate

<table>
<thead>
<tr>
<th>Direct Cost Proration Rate Calculation per Activity Type</th>
<th>Year 1 FY 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deliverables 1 and 2 Column 1:</strong> Activity Type</td>
<td><strong>Column 2:</strong> Number of Activities</td>
</tr>
<tr>
<td>Activity Type</td>
<td>#</td>
</tr>
<tr>
<td>Activity Type</td>
<td>#</td>
</tr>
<tr>
<td>Activity Type</td>
<td>#</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Cost Proration Rate Calculation per Activity Type</th>
<th>Year 1 FY 2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deliverables 1, 2, and 3 Column 1:</strong> Activity Type</td>
<td><strong>Column 2:</strong> Number of Activities</td>
</tr>
<tr>
<td>Activity Type</td>
<td>#</td>
</tr>
<tr>
<td>Activity Type</td>
<td>#</td>
</tr>
<tr>
<td>Activity Type</td>
<td>#</td>
</tr>
</tbody>
</table>

b. Indirect Program Costs: activities/charges associated with administering the activities outlined in the application for each deliverable, including, but not limited to, utilities, rent, and administrative services and/or payroll staff. Indirect program costs shall not exceed 15 percent of the budget.

Table D. Indirect Costs Budget

<table>
<thead>
<tr>
<th>Total Indirect Program Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Indirect Cost Line item 1]</td>
</tr>
<tr>
<td>[Indirect Cost Line item 2]</td>
</tr>
<tr>
<td>[Indirect Cost Line item 3]</td>
</tr>
<tr>
<td><strong>Total Indirect Cost</strong></td>
</tr>
</tbody>
</table>
Table E. Total Budget

<table>
<thead>
<tr>
<th>Column 1: Total Costs in Application</th>
<th>Column 2: Total Direct Costs in Application</th>
<th>Column 3: Total Indirect Costs in Application</th>
<th>Column 4: Percent of Indirect Costs in Application (Column 3 divided by Column 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>%</td>
</tr>
</tbody>
</table>
## 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 IR-9 or W-7)  
STD 204 (Rev. 4/2017)

### INSTRUCTIONS
Type or print the information. Complete all information on this form. Sign, date, and return to the state agency (department/office) address shown in Box 6. Prompt return of this fully completed form will prevent delays when processing payments.

Information provided in this form will be used by California state agencies to prepare information returns (Form 1099). See next page for more information and Privacy Statement.

**NOTE:** Governmental entities, i.e. federal, state, and local (including school districts), are not required to submit this form.

### 1. PAYEE'S LEGAL BUSINESS NAME
(As shown on your income tax return)

SOLE PROPRIETOR OR INDIVIDUAL—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)

E-MAIL ADDRESS

MAILING ADDRESS  
CITY  
STATE  
ZIP CODE  
BUSINESS ADDRESS  
CITY  
STATE  
ZIP CODE

### 2. ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

- [ ] PARTNERSHIP
- [ ] CORPORATION
  - [ ] MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)
  - [ ] LEGAL (e.g., attorney services)
  - [ ] EXEMPT (nonprofit)
  - [ ] ALL OTHERS

### 3. PAYEE ENTITY TYPE

CHECK ONE BOX ONLY

- [ ] SOLE PROPRIETOR OR INDIVIDUAL
  - Enter social security number (SSN) or Individual taxpayer identification number (ITIN)

### 4. CALIFORNIA RESIDENT
- [ ] CALIFORNIA RESIDENT - Qualified to do business in California or maintains a permanent place of business in California.
- [ ] CALIFORNIA NON RESIDENT (see next page for more information) - Payments to nonresidents for services may be subject to state income tax withholding.
  - [ ] No services performed in California.
  - [ ] 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  
TELEPHONE (include area code)

SIGNATURE  
DATE  
E-MAIL ADDRESS

### 6. Please return completed form to:

DEPARTMENT/OFFICE  
UNIT/SECTION  
MAILING ADDRESS  
TELEPHONE (include area code)  
FAX

CITY  
STATE  
ZIP CODE  
E-MAIL ADDRESS
Requirement to Complete the Payee Data Record, STD 204

A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.

Payees who do not wish to complete the STD 204 may elect 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 and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TCC).

Enter the payee’s legal business name. The name must match the name on the payee’s tax return as filed with the federal Internal Revenue Service. Sole proprietorships must also include the owner’s full name. An individual must list his/her full name as shown on the SSN or as entered on the W-7 form for ITIN.

The mailing address should be the address at which the payee chooses to receive correspondence (i.e. 1099 form) and payments. The business address is the address of the business’ physical location; do not enter the payment address or lock box information here.

Check only one box that corresponds to the payee business type. 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 R&TCC sections 18646 and 18661 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other Information returns as required by the IRC section 6109(a) and R&TCC section 18662 and its regulations.

Payees must provide one of the following TINs on this form: social security number (SSN), individual taxpayer identification number (ITIN), or federal employer identification number (FEIN). The TIN for sole proprietorships and individuals is the SSN or ITIN. Only partnerships, estates, trusts, and corporations will enter their FEIN.

Are you a California resident or nonresident?

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.

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.

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.

Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalties 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.

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: wcsa.gen@ftb.ca.gov
For hearing impaired with TDD, call: 1-800-622-6268 Website: www.ftb.ca.gov

Provide the name, title, email address, signature, and telephone number of the individual completing this form. Provide the date the form was completed.

This section must be completed by the state agency requesting the STD 204.

Privacy Statement

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.

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.

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.
G. Sample Grant Agreement

GRANT AGREEMENT BETWEEN THE
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT AND
«Grantee_Name»
For The
LOCAL ORGANIZATIONAL SUPPORT AND DEVELOPMENT NETWORKS FOR
PUBLIC MENTAL HEALTH SYSTEMS WORKFORCE WITH LIVED EXPERIENCE
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, Welfare and Institutions Code Section 5822(g) statutorily authorizes OSHPD to engage in activities that promote the employment of mental health consumers and family members in the public mental health system.

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 support and development to organizations that enable them to employ, support, and train consumer and family members in the workforce.

WHEREAS, supporting consumer and family member employment 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 Local Organizational Support and Development Networks for Public Mental Health Systems Workforce with Lived Experience program, by submitting an application in response to the Local Organizational Support And Development Networks for Public Mental Health Systems Workforce with Lived Experience Request for Application, dated <<DATE>> ("RFA #17-8145").

WHEREAS, the Local Organizational Support And Development Networks for Public Mental Health Systems Workforce with Lived Experience program will provide services to Public Mental Health System (PMHS) employers to support their ability to employ and support consumers and family members in the workforce via training and technical assistance, and the development and dissemination of organizational tools and best practices.

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 Grantee.

2. “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.

3. “Direct Program Costs” means costs that can be directly attributed to the completion of program services, which may include, but are not limited to, salaries for program staff, materials and supplies required for program activities, program consultant(s) and/or subcontractor(s), and travel.

4. “Director” means the Director of the Office of Statewide Health Planning and Development or his designee.

5. “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.

6. “Grant Agreement/Grant Number” means Grant Number «Grant_Number» awarded to Grantee.

7. “Grantee” means the fiscally responsible entity in charge of administering the Grant Funds and includes the program identified on the grant application.

8. “Grant Funds” means the money provided by OSHPD for the project described by Grantee in its application and Scope of Work.

9. “Indirect Costs” means any and all activities/charges associated with administering the Local Organizational Support and Development Networks for Public Mental Health Systems Workforce with Lived Experience, including equipment, supplies, travel, operation and maintenance of facilities, including building operation, space, utilities, payroll, and accounting.

10. 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 Grant Agreement.

11. “Personnel Services Costs” means the total costs of personnel to complete all activities outlined in the application for each deliverable.

12. “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.
13. “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, Section 3200.254.*

14. “Program” means the Grantee’s training program(s) listed on the grant application.

15. “Program Representative” means the representative of the Grantee for which Agreement funds are being awarded.

16. “Project” means the activity described in the Grantee’s application and Scope of Work to be accomplished with the Grant funds.

17. “State” means the State of California and includes all its Departments, Agencies, Committees and Commissions.


B. Term of the Agreement: This Agreement shall take effect on the «Effective Date» and shall terminate on «TermEnd».

C. Scope of Work:

1. Consistent with the RFA, Grantee agrees to perform all activities specifically identified in Grantee’s application, including the assessment and work plan prepared and submitted by Grantee in response to the RFA. RFA #17-8145 and Grantee’s application, including the assessment and work plan prepared and submitted by Grantee, are incorporated herein by reference.

2. While performing the Scope of Work activities outlined in Section C-1, the Grantee shall:

   a. Ensure that the employers supported are in the PMHS and are consistent with the PMHS employers identified in the application. The Grantee shall notify OSHPD in the progress reports if PMHS employers, in addition to those identified within the application are providing services.

   b. Ensure that, where applicable, the personnel providing the training and technical assistance to PMHS employers have lived experience or have a proven track record of working with individuals with lived experience.

   c. Ensure that all services are consistent with the work plan and schedule outlined in the application.

   d. Not conduct lobbying activities as part of this Agreement.

   e. Credit OSHPD and the MHSA in all publications resulting from this Agreement.
D. Program Reports:

1. Grantee shall complete no more than 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. Grantee shall submit a quarterly progress report only in quarters where they have engaged in the activities outlined in the Grantee's application. Grantee shall submit progress reports within 30 days of the end of each quarter when Grant Agreement activities are engaged as provided below:

<table>
<thead>
<tr>
<th>Progress Reports</th>
<th>FY 2017-18</th>
<th>FY 2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress Report #1</td>
<td>—</td>
<td>July-September, due by <strong>October 30</strong></td>
</tr>
<tr>
<td>Progress Report #2</td>
<td>—</td>
<td>October-December, due by <strong>January 30</strong></td>
</tr>
<tr>
<td>Progress Report #3</td>
<td>January-March, due by <strong>April 30</strong></td>
<td>January-March, due by <strong>April 30</strong></td>
</tr>
<tr>
<td>Progress Report #4</td>
<td>April-June, due by <strong>July 30</strong></td>
<td>April-June, due by <strong>July 30</strong></td>
</tr>
</tbody>
</table>

2. Grantee shall submit a complete final report on a form to be provided by OSHPD within forty-five (45) days of the end of the Agreement Term.

3. Email the electronic copy of the progress reports to OSHPD.MHSAWET@oshp.ca.gov.

4. 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 has been completed to OSHPD’s satisfaction.

3. Invoices shall be submitted not more frequently than quarterly in arrears.

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»). The total yearly amount payable to the Grantee under this Agreement shall not exceed the following for each specified year: FY 2017-18 «Amount» («Amt_Spelled») and FY 2018-19 «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 17-XXXX
   e. Invoice date
f. Invoice total

7. To expedite the processing of invoices submitted to OSHPD for payment, all invoices shall be submitted by email to OSHPD.MHSAWET@oshpd.ca.gov.

8. OSHPD will withhold the final quarterly payments due to the Grantee each FY under this Agreement until the Grantee completes all activities outlined in the application for that FY and the final fiscal year quarterly progress report is submitted to OSHPD and approved. OSHPD will notify the Grantee of approval in writing.

9. 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.

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. Grantee may, consistent with its work plan and rate proposal, request the distribution of grant funding consistent with the fiscal year limitations identified below, but in no event shall total funding under this Agreement exceed the grant amount.

2. The reimbursement shall not exceed the following deliverables and budget line rates per year, per deliverable, including the following:

<table>
<thead>
<tr>
<th>Direct Cost Proration Rate Calculation per Activity Type</th>
<th>Year 1 FY 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliverables 1 and 2 Column 1: Activity Type</td>
<td>Column 2: Number of Activities</td>
</tr>
<tr>
<td>Activity Type</td>
<td>#</td>
</tr>
<tr>
<td>Activity Type</td>
<td>#</td>
</tr>
<tr>
<td>Activity Type</td>
<td>#</td>
</tr>
</tbody>
</table>
Direct Cost Proration Rate Calculation per Activity Type

<table>
<thead>
<tr>
<th>Deliverables 1, 2, and 3</th>
<th>Column 2: Number of Activities</th>
<th>Column 3: Total Direct Program Cost</th>
<th>Column 4: Prorated Rate per Activity (Divide column 3 by column 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Type</td>
<td>#</td>
<td>$</td>
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<td>Activity Type</td>
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<tr>
<td>Activity Type</td>
<td>#</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

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 consist of a change within the approved budget that does not amend the total amount of the grant.

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. 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 I.

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
Regulations Title 2, §1896).


   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” are 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 the 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 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 ensure 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. 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 the decision.

   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 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:

<table>
<thead>
<tr>
<th>State Agency:</th>
<th>Grantee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Statewide Health Planning and Development</td>
<td>«Grantee_Name»</td>
</tr>
</tbody>
</table>

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<tr>
<th>Section/Unit: Healthca...</th>
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<tbody>
<tr>
<td>Workforce Development Division/Workforce Education and Training</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name (Main Contact):</th>
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<tbody>
<tr>
<td>«CO_First_Name» «CO_Last_Name» «Grantee_Officer_Title»</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 West El Camino Avenue, Suite 1222 Sacramento, CA 95833</td>
<td>«Grantee_S ...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone:</th>
<th>Phone:</th>
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<tbody>
<tr>
<td>«Grantee_Phone»</td>
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<table>
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<tr>
<th>Email:</th>
<th>Email:</th>
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<tr>
<td>«Grantee_Email»</td>
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</table>

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

<table>
<thead>
<tr>
<th>State Agency:</th>
<th>Program Representative:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Statewide Health Planning and Development</td>
<td>«lblProgramDirector»,</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section/Unit: Healthca...</th>
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</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name of Representative:</th>
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<tbody>
<tr>
<td>«lblProgramDirector»,</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 West El Camino Avenue, Suite 1222 Sacramento, CA 95833</td>
<td>«Address» «City», «State1» «Zip»</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Phone:</th>
<th>Phone:</th>
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<tbody>
<tr>
<td>«PR_Phone»</td>
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<th>Email:</th>
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<td>«PR_Email»</td>
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</table>
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

Signature: ____________________________  Signature: ____________________________

Name: ________________________________  Name: ________________________________

Title: _________________________________  Title: _________________________________

GRANTEE: «Grantee»
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).

   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” are 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. The 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 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. 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: Local Organizational Support and Development Networks for Public Mental Health Systems Workforce with Lived Experience Progress Report

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

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

I. Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Title</th>
<th>Phone</th>
<th>E-mail</th>
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</table>

II. Revision to Work Plan Activities

NOTE: Please describe only if this has changed since you submitted your last progress report.

- Provide a brief description of any changes in your work plan activities.

- Briefly describe how these changes align with the intent of the Local Organizational Support and Development Networks for Public Mental Health Systems Workforce with Lived Experience. *(no more than four sentences per change)*
III. Training and Technical Assistance (TA) to Public Mental Health Services (PMHS) Employers

- List the Training and Technical Assistance provided to the PMHS employers. The list must be in the following format.

<table>
<thead>
<tr>
<th>Identify the Type of Activity Completed (Place an X to identify if training or technical assistance was provided)</th>
<th>Describe the Type of Training and/or Technical Assistance (no more than five sentences)</th>
<th>Number of Hours Providing Training/Technical Assistance (TA) (only include hours of actual training or TA provided)</th>
<th>Name of PMHS Employers Supported</th>
<th>Number of Individuals Receiving Training and/or Technical Assistance</th>
<th>The Individuals’ Roles In their Organizations (i.e., directors, managers, direct supervisors, and/or staff)</th>
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</thead>
<tbody>
<tr>
<td>Training</td>
<td>Technical Assistance</td>
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- Specify any major outcomes, successes, and/or trends from the training and technical assistance provided. Outcomes and successes should include results from the pre and/or post surveys provided to individuals receiving training and technical assistance. (no more than ten sentences)
• Briefly describe, if any, challenges encountered to providing training and technical assistance to the PMHS employers identified.

(no more than five sentences)

IV. Development and Dissemination of Organizational Tools and Best Practices

Please list and describe any activities the organization engaged in to develop and disseminate organizational tools and best practices on employing, supporting, and training consumers and family members. The list must be in the following format.

<table>
<thead>
<tr>
<th>Describe the Activity Engaged in to Develop and Disseminate Organizational Tools and Best Practices (no more than four sentences) (If any tools or best practice reports were developed please describe them below and attach them to the progress report.)</th>
<th>Number of Individuals Participating in Activity</th>
<th>Type of Individuals Participating in Activity (i.e., directors, managers, direct supervisors, and/or staff)</th>
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• Specify any major outcomes, successes, and/or trends from the activities engaged in to develop and disseminate organizational tools and best practices. (no more than ten sentences)
- Briefly describe challenges encountered, if any, to developing and disseminating organizational tools and best practices for the PMHS employers identified. *(no more than five sentences)*

### V. Summary of PMHS Employers Supported

List every organization identified in the application that will be supported via the Agreement. Identify if the organization received training and technical assistance or engaged in activities for the development and dissemination of organizational tools and best practices during the period of this progress report. If no support was provided to an organization during the period of this progress report, do not place an X in the box. The list *must* be in the following format.

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Type of Organization (CBO/County/Other)</th>
<th>Organization’s Location (County)</th>
<th>Training and Technical Assistance <em>(Place an X if the organization was engaged in the above)</em></th>
<th>Development and Dissemination of Organizational tools and Best Practices <em>(Place an X if the organization was engaged in the above)</em></th>
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</tr>
</tbody>
</table>
VI. Budget Information

Specify the following budget information for the quarter of the FY of this progress report.

<table>
<thead>
<tr>
<th>Budget Line Item</th>
<th>Beginning Balance for FY</th>
<th>Total Invoiced in this Progress Report</th>
<th>Total Invoiced for FY</th>
<th>Balance Remaining for FY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training and Technical Assistance to PMHS Employers</td>
<td>Direct Costs $</td>
<td>Direct Costs $</td>
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<td>Indirect Costs $</td>
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<tr>
<td>Development and Dissemination of Organizational Tools and Best Practices</td>
<td>Direct Costs $</td>
<td>Direct Costs $</td>
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<td>Indirect Costs $</td>
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<td>Indirect Costs $</td>
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</tbody>
</table>

Provide the following Activities information for the quarter of the FY of this progress report.

<table>
<thead>
<tr>
<th>FY Activities</th>
<th>Total # of Activities outlined in Application in this FY</th>
<th>Total # of Activities Completed in this Progress Report</th>
<th>Total # of Activities Completed in this FY</th>
<th>Total # of Activities Remaining in this FY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training and Technical Assistance to PMHS Employers</td>
<td>Number of Activities:</td>
<td>Number of Activities:</td>
<td>Number of Activities:</td>
<td>Number of Activities:</td>
</tr>
<tr>
<td>Development and Dissemination of Organizational Tools and Best Practices</td>
<td>Number of Activities:</td>
<td>Number of Activities:</td>
<td>Number of Activities:</td>
<td>Number of Activities:</td>
</tr>
</tbody>
</table>

VII. Additional Documents

Submit electronically the following additional documents as part of the progress report:

- Organizational tools and/or best practices developed
- Analysis of pre- and post training and technical assistance survey
Appendix 3: Demographic Information Survey

This demographic survey is being administered by the Office of Statewide Health Planning and Development (OSHPD), which 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:
- ☐ African American/Black/African
- ☐ American Indian/Native American/Alaskan Native
- ☐ Asian
  - ☐ Cambodian
  - ☐ Chinese
  - ☐ Filipino
  - ☐ Indian
  - ☐ Japanese
  - ☐ Korean
  - ☐ Laotian/Hmong
  - ☐ Pakistani
  - ☐ Thai
  - ☐ Vietnamese
  - ☐ Other
- ☐ Caucasian/White/European
- ☐ Latino/Hispanic
- ☐ Central American
- ☐ Cuban
- ☐ Mexican
- ☐ Puerto Rican
- ☐ South American
- ☐ Other Hispanic
- ☐ Middle Eastern
- ☐ Pacific Islander
- ☐ Fijian
- ☐ Guamanian
- ☐ Hawaiian
- ☐ Samoan
- ☐ Tongan
- ☐ Other Pacific Islander
- ☐ Decline to State

Please select any languages you speak in addition to English:
- ☐ American Sign Language
- ☐ Arabic
- ☐ Armenian
- ☐ Cambodian
- ☐ Cantonese
- ☐ Chinese
- ☐ Farsi
- ☐ French
- ☐ German
- ☐ Haitian Creole
- ☐ Hebrew
- ☐ Hindi
- ☐ Hmong
- ☐ Italian
- ☐ Japanese
- ☐ Khmer
- ☐ Kiswahili
- ☐ Korean
- ☐ Laotian
- ☐ Mandarin
- ☐ Polish
- ☐ Portuguese
- ☐ Punjabi
- ☐ Russian
- ☐ Samoan
- ☐ Spanish
- ☐ Tagalog
- ☐ Thai
- ☐ Turkish
- ☐ Urhobo
- ☐ Vietnamese
- ☐ Other

Not everybody uses the same labels, however, which BEST describes your current gender:
- ☐ Androgynous
- ☐ Female
- ☐ Female/Transwoman/MTF Transgender
- ☐ Male
- ☐ Male/Transman/FTM Transgender
- ☐ Decline to State
Not everybody uses the same labels to describe their sexual orientation, however, which BEST describes your sexual orientation:

- Bisexual/Pansexual
- Gay
- Heterosexual/Straight
- I’m questioning whether I’m straight or not straight
- Lesbian
- Queer
- Decline to State

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

- Consumer
- Family Member
- Both
- None
- 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, and/or 3) is regarded as having such an impairment or medical condition.

Please select your age group:

- Under 18
- 18-24
- 25-39
- 40-64
- 65 years and over
- Decline to State

Are you a Military Veteran?

- Yes
- No
Appendix 4: Contractor Certification Clauses Form

CCC 04/2017

CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

<table>
<thead>
<tr>
<th>Contractor/Bidder Firm Name (Printed)</th>
<th>Federal ID Number</th>
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<tbody>
<tr>
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</table>

By (Authorized Signature)

<table>
<thead>
<tr>
<th>Printed Name and Title of Person Signing</th>
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</table>

Date Executed

<table>
<thead>
<tr>
<th>Executed in the County of</th>
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</table>

CONTRACTOR CERTIFICATION CLAUSES

1. STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)

2. DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

   a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

   b. Establish a Drug-Free Awareness Program to inform employees about:

      1) the dangers of drug abuse in the workplace;

      2) the person's or organization's policy of maintaining a drug-free workplace;

      3) any available counseling, rehabilitation and employee assistance programs; and,

      4) penalties that may be imposed upon employees for drug abuse violations.
c. Every employee who works on the proposed Agreement will:

1) receive a copy of the company's drug-free workplace policy statement; and,

2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES $50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm’s offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.
b. The contractor agrees to cooperate fully in providing reasonable access to the contractor’s records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor’s compliance with the requirements under paragraph (a).

7. **DOMESTIC PARTNERS**: For contracts of $100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

8. **GENDER IDENTITY**: For contracts of $100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

**DOING BUSINESS WITH THE STATE OF CALIFORNIA**

The following laws apply to persons or entities doing business with the State of California.

1. **CONFLICT OF INTEREST**: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

   **Current State Employees (Pub. Contract Code §10410):**

   1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.

   2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

   **Former State Employees (Pub. Contract Code §10411):**

   1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.

   2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

   If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)
Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. **LABOR CODE/WORKERS' COMPENSATION**: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. **AMERICANS WITH DISABILITIES ACT**: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. **CONTRACTOR NAME CHANGE**: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. **CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA**:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. **RESOLUTION**: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. **AIR OR WATER POLLUTION VIOLATION**: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. **PAYEE DATA RECORD FORM STD. 204**: This form must be completed by all contractors that are not another state agency or other governmental entity.