



Office of Statewide Health  
Planning and Development

**REQUEST FOR APPLICATION (RFA) - Multiple Awards  
Networks to Support Public Mental Health System Workforce  
with Lived Experience  
RFA # 14-5440  
Notice to Prospective Applicants**

December 17, 2014

You are invited to review and respond to this Request for Application (RFA), entitled Networks to Support Public Mental Health System Workforce with Lived Experience. In submitting your application, you must comply with these instructions. Failure to comply with any of the requirements may result in rejection of your application. By submitting a bid, your firm agrees to the terms and conditions stated in this RFA and your proposed Grant Agreement.

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

The Office of Statewide Health Planning and Development (OSHPD) deadline for receipt of application submission is **February 18, 2015, no later than 3:30 p.m. All late, faxed, and/or emailed bids will be rejected** and returned to the bidder. Applications must be received on or before the date and time specified herein (See Section E. for application submission details).

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

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

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

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

This solicitation will result in multiple awards of Agreements. See Section E., item 4. Evaluation Process for the evaluation criteria.

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## A. Background

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

The WET Program is funded through appropriations in the State Budget and promotes among other things: (i) the employment of mental health consumers and family members in the Public Mental Health System (PMHS), and (ii) the inclusion of mental health consumers and incorporation of their viewpoints and experiences in training and education programs. This RFA will result in Agreement(s) with public, private, and/or non-profit organizations, including faith-based and community organizations, to fund activities that engage and support individuals with lived experience as consumers, family members, and parents/caregivers who are currently employed or are volunteering in the PMHS to develop the skills and knowledge needed for retention within the PMHS.

## B. Purpose and Description of Services

The WET Five-Year Plan 2014-2019 appropriated \$10,000,000.00 for activities that aim to increase consumer and family member employment in the Public Mental Health System. OSHPD is issuing this RFA with total funding available of \$1,000,000.00 to fund organizations that will provide services to engage and support individuals with lived experience as consumers, family members, and parents/caregivers who are currently employed or are volunteering in the Public Mental Health System. 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:

1. Self-Help/Support Groups: The Grantee may engage individuals with lived experience as consumers, family members, and parents/caregivers who are currently employed or are volunteering in the PMHS via self-help and or support groups.
2. Mentoring: The Grantee may engage individuals with lived experience as consumers, family members, and parents/caregivers who are currently employed or are volunteering in the PMHS via a mentorship program.
3. Training for Development and Retention: The Grantee may engage individuals with lived experience as consumers, family members, and parents/caregivers who are currently employed or are volunteering in the PMHS via training that can include but not be limited to:
  - a. Wellness tools
  - b. How to transition from an advocate to employee role
  - c. Benefits planning, ticket to work
  - d. How to supervise
  - e. Career paths/ladders/stackable credentials
  - f. Continuing education/professional development topics
4. Financial Assistance: The Grantee may provide individuals who are in a consumer and/or family member, parent, or caregiver position with financial assistance to attend trainings/conferences/professional development opportunities. Financial assistance shall only be provided for costs, other than tuition or admission fees, incurred by individuals to enable their participation in the activities sponsored by the proposing organization and may include, but not be limited to: transportation costs, uncompensated time-off, and child care.

While providing services to engage and support individuals with lived experience as consumers, family members, and parents/caregivers who are currently employed or are volunteering in the Public Mental Health System, the Grantee shall:

- a. Provide services that are consistent with the elements identified in the purpose and description of services and the needs of individuals with lived experience across culturally diverse communities
- b. Collaborate with County(s) and/or CBO(s) to support and implement services that are consistent with the values and needs of the County(s) and CBO(s)
- c. Work with the County(s) and/or CBO(s) to develop a mechanism to identify and provide outreach to their PMHS workforce with lived experience
- d. Work with the County(s) and/or CBO(s) to make initial contact with PMHS workforce with lived experience to provide information about and promote services provided
- e. Provide the County(s) and/or CBO(s) information on the services offered to be provided to the PMHS workforce with lived experience
- f. Provide services to PMHS workforce with lived experience locally within the County(s) and CBO(s) employers
- g. Use multiple outreach tools which shall include but not be limited to social media such as Facebook and Twitter.
- h. Ensure all program activities are consistent with MHS values and priorities including wellness, recovery and resiliency principles
- i. Include individuals with lived experience including consumers, family members, and parents/caregivers in the delivery of program services

The Grantee(s) shall use the progress report template in Appendix 2 when reporting their outcome data on a quarterly basis.

- a. The Grantee shall administer a demographic survey to individuals receiving/participating in the activities provided by the Grantee. The demographic survey shall be administered using the form at Appendix 3 on page 39 of this RFA, with responses to be voluntary and anonymous. The results of this demographic survey shall be reported in the quarterly progress report.

Subject to the availability of funds, the period of this Grant Agreement will be from **April 1, 2015** through **June 30, 2016**.

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

### **C. Minimum Qualifications for Applicants**

Applications are requested from any public (including County), private, and/or non-profit organizations including faith-based and community based organizations that are: (i) able to identify and work in partnership with one or more Public Mental Health System (PMHS) employers including counties, community-based organizations, others, and (ii) able to complete the activities as described in the purpose and description of services.

Additionally, applicants and/or their sub-contractor(s) must have demonstrated experience in providing services that engage and support individuals with lived experience as consumers, family members, and parents/caregivers who are currently employed or are volunteering in the Public Mental Health System. Applicants and/or their contractors must also demonstrate they have staff with lived experience and/or have a proven record of working with individuals of lived experience.

## D. Developing an Application

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

1. **Executive Summary:** Provide an overview of your ability to provide the services detailed in Section B. Purpose and Description of Services above.
2. **Detailed Work Plan:** As a part of Attachment 4, the detailed work plan and a schedule for task completion should include a description of how all the elements below will be addressed. In the work plan, the applicant should:
  - a. List all the organizations within the PMHS (which include but are not limited to: counties, community based organizations, others) that the applicant proposes to support using the table below. The applicant should also work with the County and CBO to gather an estimate of the workforce with lived experience within each individual County and CBO they intend on supporting. The applicant shall not expect the County to provide estimated number of workforce with lived experience within their CBOs. Participation verification forms found in Attachment 3 must be submitted for every organization listed below. If participation verification forms are not included, the organization listed will not be counted in the application.

Name of Organization	Type of Organization (CBO/County/Other)	Organization's Geographic Location (County)	Estimated Number of Workforce with Lived Experience

- b. The applicant shall identify the type of activities they propose to implement to engage and support individuals with lived experience as consumers, family members, and parents/caregivers who are currently employed or are volunteering in the Public Mental Health System, a detailed description of each type of activity, proposed number of times they will engage in each type of activity, and how they will evaluate the effectiveness of each activity using the following table.

Activity Type (which can include but not be limited to those outlined in Purpose and Description of Services)	Detailed Description of Activity Type (shall include: goal of activity, how organization will develop activity details, activity curricula if appropriate, outreach and promotion, and partnership with County/CBO to develop/implement)	Proposed quantity of activity	Method that will be used to evaluate effectiveness of Activity

- c. The applicant shall identify how they propose to collaborate with the County/CBO to support and implement services for their PMHS workforce with lived experience that are consistent with the values and needs of the County(s) and CBO(s).
    - d. The applicant shall identify how the services provided locally will be made accessible within the County and CBO employers.

- e. The applicant shall identify how their services will address the specific needs of PMHS workforce with lived experience across culturally diverse communities and are consistent with MHS values and priorities including wellness, recovery and resiliency principles.
  - f. The applicant shall identify how they propose to outreach to the PMHS workforce with lived experience within the identified County and CBO to encourage participation in their program activities.
  - g. The applicant shall identify how they plan to include individuals with lived experience including consumers, family members, and parents/caregivers in the delivery of program services
3. Project Personnel: The prospective Grantee will submit the titles, job descriptions, and roles of all personnel proposed to work on this project and:
- a. Identify any sub-contractors that are planned to assist in accomplishing the Scope of Work, including their roles, abilities to provide services, and applicable qualifications. The Grantee will clearly state the projected number of hours the sub-contractors will spend on the project.
  - b. Identify project personnel including sub-contractors with lived experience and/or that have a proven recording of working with individuals of lived experience.
4. Professional References and County/CBO Participation Verification Forms: Any application must be accompanied by:
- a. Two professional references as provided in Attachment 3 (Proposer References) that describe the applicant's ability to engage in activities outlined in Section D., item 2. Detailed Work Plan and Scope of Work in Attachment 7, Sample Grant Agreement.
  - b. A verification form signed by the Public Mental Health System (PMHS) employers (including counties, community-based organization, others) which identifies that they will engage with the Grantee (Attachment 3). If verification form is not submitted, the PMHS employer may not be listed in the application.
5. Cost Detail Format and Requirements:
- a. The total cost of all tasks through the duration of the Grant Agreement for FY 2014-15 and FY 2015-16 shall be no less than \$50,000 and cannot exceed \$150,000. A prospective Grantee may, consistent with its work plan and rate proposal, request the distribution of grant funding under this RFA, but in no event shall total funding for a Grantee under this RFA exceed \$150,000.
  - b. Applicants **shall use** Attachment 5 (Sample Rate Proposal Worksheet) to prepare the cost detail for submission. The Rate Proposal Worksheet shall be consistent with the rate structure in Attachment 5.
  - c. The major budget categories under this RFA shall be: (i) Direct Program Costs (ii) Indirect Program costs.
  - d. Budget category details under this RFA are defined as follows:
    - I. "Direct Program Costs" is defined as costs that can be more directly attributed to the completion of program services which can include but not be limited to salaries for program staff, materials/supplies required for a program activities, program consultants/contractor, and travel.
    - II. "Indirect Program Costs" is defined as costs that are indirectly attributed to the completion of the program services which can include but not be limited to Utilities, Rent, and Administrative service/payroll staff.
  - e. Financial assistance, if provided, shall only be provided for costs, other than tuition or admission fees, incurred by individuals to enable their participation in the activities sponsored by the proposing organization and may include, but not be limited to:

- transportation costs, uncompensated time-off, and child care. Grantee shall not allocate more than 15 percent of grantee funds for financial assistance.
- f. The total Indirect Program Costs 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 costs payments will be made on a prorated rate based on the number of each type of activity completed per quarter. The prorated rate will be calculated by dividing the number of activities outlined in the application for each activity type by the direct program costs identified to complete those activities for each activity type. The Direct Program Cost proration rate can be calculated using the table in the Rate Proposal Sheet in Attachment 5.
    - II. Indirect Cost payments will be made by calculating the percentage of total indirect costs incurred that quarter based on the percentage of the direct program cost invoiced that quarter. The indirect cost calculation can be made using the table in the Rate Proposal Sheet in Attachment 5.

## E. Application Requirements and Information

### 1. Key Action Dates:

Event	Date	Time
RFA available to prospective Applicants	December 17, 2014	5:00 PM
Written Question Submittal Deadline	December 29, 2014	4:00 PM
Written responses, if any, to be posted	January 2, 2015	5:00 PM
Mandatory Pre-Application Conference Date	January 7, 2015	3:00 PM
Questions & Answers from Mandatory Pre-Application Conference Posted	January 14, 2015	4:00 PM
Final Date for Application Submission	February 18, 2015	3:30 PM
Notice of Intent to Award	March 4, 2015	4:00 PM
Proposed Grant Agreement Start Date	April 1, 2015	NA

### 2. Mandatory Pre-Application Conference:

- a. A mandatory pre-application conference is scheduled on **January 7, 2015** 3:00 PM, PDT for the purpose of clarifying the content of this RFA. The mandatory pre-application conference will be available through conference call: (888) 278-0296, Code 233068 or in the OSHPD Sacramento, California office:

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

- b. Only one authorized representative from each potential applicant is required to attend the mandatory pre-application conference. In the event a potential applicant is unable to attend the mandatory pre-application conference, an authorized representative may attend on their behalf. Subcontractors may not represent a potential applicant at a mandatory pre-application conference. No application will be accepted unless the applicant or his/her authorized representative is in attendance. The representative may only sign in for one potential applicant.
- c. Assistance for applicants requiring reasonable accommodation due to a physical, mental or emotional impairment for the mandatory pre-application conference will be provided by OSHPD upon request. The applicant(s) must call OSHPD at (916) 326-3635 no later than the fifth working day prior to the scheduled date and time of the mandatory pre-application conference to arrange for reasonable accommodation.

### 3. Submission of Application:

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

Office of Statewide Health Planning and Development  
Attn: Brent Houser, Healthcare Workforce Development Division  
400 R Street, Suite 330  
Sacramento, CA 95811  
RFA #14-5440  
Networks to Support Public Mental Health System Workforce  
with Lived Experience  
DO NOT OPEN

- f. You are advised that you are responsible for ensuring that your application is received by the above listed contact person by the time and date required. Any application reaching the contact person after the deadline date and time will be returned unopened.
- g. If the application is made under a fictitious name or business title, the actual legal name of applicant must be provided.
- h. Applications not submitted under sealed cover and marked as indicated may be rejected.

- i. All applications shall include the documents identified in Attachment 1, Required Attachment Checklist. Applications not including the proper required attachments shall be deemed non-responsive. A non-responsive application is one that does not meet the basic application requirements.
- j. Applications must be submitted for the performance of all the services described herein. Any deviation from the work specifications will not be considered and may cause an application to be rejected.
- k. An application may be rejected if it is conditional or incomplete, or if it contains any alterations of form or other irregularities of any kind. The State may reject any or all applications and may waive an immaterial deviation in an application. The State's waiver of an immaterial deviation shall in no way modify the RFA document or excuse the applicant from full compliance with all requirements if awarded the Agreement.
- l. Costs incurred for developing applications and in anticipation of award of the Agreement are entirely the responsibility of the applicant and shall not be charged to the State of California.
- m. An individual who is authorized to bind the applying firm contractually shall sign the Application/Applicant Certification Sheet, Attachment 2. The signature must indicate the title or position that the individual holds in the firm. An unsigned application may be rejected.
- n. An applicant may modify an application after its submission by withdrawing its original application and resubmitting a new application prior to the final date for application submission as set forth in the Key Action Dates. Application modifications offered in any other manner, oral or written, will not be considered.
- o. An applicant may withdraw its application by submitting a written withdrawal request to the State, signed by the applicant or an authorized agent in accordance with (c) above. An applicant may thereafter submit a new application prior to the application submission deadline. Applications may not be withdrawn without cause subsequent to application submission deadline.
- p. OSHPD may modify the RFA prior to the date fixed for submission of application by the issuance of an addendum to all parties who received an application package.
- q. OSHPD reserves the right to reject all applications. OSHPD is not required to award an Agreement and will not award an Agreement if budget authority is not granted.
- r. Before submitting a response to this solicitation, bidders should review, correct all errors and comply with the RFA requirements.
- s. Where applicable, the applicant should carefully examine work sites and specifications. No additions or increases to the Agreement amount will be made due to a lack of careful examination of work sites and specifications.
- t. The State does not accept alternate Agreement language from a prospective Grantee. An application with such language will be considered a counter offer and will be rejected. The Terms and Conditions outlined in Attachment 7, Sample Grant Agreement are not negotiable.
- u. No oral understanding or agreement shall be binding on either party.

#### 4. Evaluation Process:

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

- a. At the time of application opening, each application will be checked for the presence or absence of required information in conformance with the submission requirements of this RFA.

- b. Applications that contain false or misleading statements, or which provide references which do not support an attribute or condition claimed by the applicant may be rejected.
- c. The final awards will be to the highest scored applications and where possible, OSHPD would like the RFA to support the different geographic needs in California by a distribution of awards throughout the State. The following evaluation tool will be used to score applications:

<b>Evaluation Tool</b>	
<b>Technical Merit Scoring Criterion</b>	<b>Maximum Points</b>
<p><b>Detailed Work Plan and Schedules</b> Identify how the Work Plan (tasks the applicant would be implementing) is consistent with services as described in the Scope of Work of this RFA and the schedule (time frame) for task completion is sufficient to effectively accomplish the tasks.</p>	<b>30</b>
<p><b>Strength of the Applicant's Program</b> Explain and/or demonstrate how the program will be/has been created and/or strengthened to expand services that engage and support individuals with lived experience as consumers, family members, and parent/caregivers who are currently employed or are volunteering in the public mental health system. Priority areas include:</p> <ul style="list-style-type: none"> <li>• How services are consistent with the needs of individuals with lived experience across culturally diverse communities, values and needs of the County(s) and CBO(s), and MHSA values and priorities including wellness, recover and resiliency principles.</li> <li>• How the applicant will work with the County(s) and/or CBO(s) to promote, outreach, and implement services offered.</li> <li>• How the applicant will provide services locally within the County and CBO employers</li> </ul>	<b>30</b>
<p><b>Project Personnel</b></p> <ul style="list-style-type: none"> <li>• Identify the titles, job descriptions, and roles, of each of individual/contractor/sub-contractor proposed to be working on the project</li> <li>• 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.</li> </ul>	<b>10</b>
<p><b>Number of PMHS Employers and Potential Workforce to be Supported</b> Identify and demonstrate the number of and extent to which the different PMHS employers will be supported including the estimated of number of individuals with lived experience working and/or volunteering in the PMHS which have the potential to be supported via programs and services.</p>	<b>10</b>
<p><b>Program Evaluation</b> 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.</p>	<b>15</b>
<p><b>References</b> References will verify the applicant's capacity to provide the services described in Section D., item 3. Detailed Work Plan.</p>	<b>5</b>
<b>Total Possible Points</b>	<b>100</b>

Final selections will be made by OSHPD on the basis of which applications best fit the criteria above and where possible, OSHPD would like the RFA to support the different geographic needs in California by a distribution of awards throughout the State.

5. Award and Protest:

- a. A total of \$1,000,000.00 shall be available for the Networks to Support Public Mental Health System Workforce with Lived Experience for FYs 2014-15 and 2015-16.
- b. The total costs of all tasks and milestones shall be no less than \$50,000 and cannot exceed \$150,000.00 per Grant Agreement.
- c. OSHPD reserves the right to determine the number of Agreement(s) to be awarded.
- e. In accordance with Government Code section 11256, OSHPD reserves the right to enter into an Interagency Agreement with a Grantee if the Grantee is a State agency.
- f. Notice of the proposed award shall be posted in a public place in the offices of OSHPD, 400 R Street, Room 359, for five (5) working days prior to awarding the Agreement.
- g. Protest Procedures
  - I. A Letter of Protest must be received at the following address not later than five (5) working days (excluding the first day and including the last day) from the date of the posting of Notice of Intent to Award:

**RFA # 14-5440**

Networks to Support Public Mental Health System Workforce  
with Lived Experience  
Letter of Protest  
Office of Statewide Health Planning and Development  
400 R Street, Suite 330  
Sacramento, CA 95811  
Attn: Brent Houser

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

6. Disposition of Applications:

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

7. Agreement Execution and Performance:

- a. It is anticipated that the Agreement will begin on **April 1, 2015**. No work shall begin until all approvals have been obtained.
- b. Should the Grantee fail to commence work at the agreed upon time, OSHPD, upon five (5) days written notice to the Grantee, reserves the right to terminate the Agreement.
- c. All performance under the Agreement shall be completed on or before the termination date of the Agreement.
- d. OSHPD will evaluate the Grantee(s)' performance to determine whether and to what extent they are meeting the deliverables.
- e. OSHPD reserves the right to cancel the Agreement should the deliverables not meet OSHPD's expectations.

**F. REQUIRED ATTACHMENTS**

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

- |              |  |
|--------------|--|
| Attachment 1 | Required Attachment Check List   |
| Attachment 2 | Application/Applicant Certification Sheet  |
| Attachment 3 | Applicant References and County/CBO Participation Verification   |
| Attachment 4 | Executive Summary, Work Plan and Schedule for Task Completion  |
| Attachment 5 | Sample Rate Proposal Worksheet   |
| Attachment 6 | Payee Data Record (STD 204)  |
| Attachment 7 | Sample Grant Agreement has been included for your reference only. Only the successful applicant(s) will submit these documents, after the award is made. |

**ATTACHMENT 1**

**REQUIRED ATTACHMENT CHECK LIST**

**Applicant Name:** \_\_\_\_\_

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

<u>✓</u>	<u>Attachment</u>	<u>Attachment Name/Description</u>
_____	Attachment 1	Required Attachment Check List
_____	Attachment 2	Application/Applicant Certification Sheet
_____	Attachment 3	Applicant References and County/CBO Participation Verification
_____	Attachment 4	Executive Summary, Work Plan and Schedule for Task Completion
_____	Attachment 5	Sample Rate Proposal Worksheet
_____	Attachment 6	Payee Data Record (STD 204)

**ATTACHMENT 2**

**APPLICATION/APPLICANT CERTIFICATION SHEET**

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

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

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

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

Company Name	Telephone Number
Address	Fax Number
Name	Title
Signature	Date

**ATTACHMENT 3**

**APPLICANT REFERENCES AND COUNTY/CBO PARTICIPATION VERIFICATION**

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

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

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

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

**COUNTY MENTAL HEALTH/COMMUNITY-BASED ORGANIZATION DIRECTOR or  
AUTHORIZED DESIGNEE PARTICIPATION VERIFICATION FORM**

Date:

County/Community-Based Organization (CBO):

This application will support services/activities/programs for individuals with lived experience as consumers, family members, and parent/caregivers who are currently employed or are volunteering in the Public Mental Health System. I confirm that \_\_\_\_\_ (Applicant Organization) has contacted my organization, that my organization is part of the PMHS and, where applicable, my organization will engage with \_\_\_\_\_ (Applicant Organization) as they provide services that engage and support workforce with lived experience as consumer, family member, parents, and caregivers that are employed and/or volunteering in my organization. For the purposes of this Request for Application (RFA), the County or CBO should be expected to permit and/or facilitate the applicant's communication with their consumer, family member, and/or parent/caregiver workforce.

The purpose of this participation verification form is to ensure the Office of Statewide Health Planning and Development (OSHPD) that applicant organizations are contacting the County or CBO prior to submission of application and plans to engage and collaborate with Counties or CBOs in their program area. Additionally, this allows the applicant to develop a program that meets County/CBO specific needs.

By signing the letter, the County or CBO is only agreeing that where applicable, the County will collaborate and engage with the applicant organization if they are awarded. OSHPD encourages the County and/or CBO Director to only sign if they do plan to collaborate and engage with this organization. While applicants are not prohibited from providing services to a County or CBO that chooses not to sign the participation verification form, it is likely that the County or CBO will not receive services offered by the applicant, if awarded, as OSHPD will only reimburse the applicant for the amount of activities/services outlined in the application.

\_\_\_\_\_  
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 as defined in Section D. Developing an Application**

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

**ATTACHMENT 5**  
**SAMPLE RATE PROPOSAL WORKSHEET**

Applicant Name: \_\_\_\_\_

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

Total Proposal Budget: \$\_\_\_\_\_

1. Summary of Direct Program Costs per Activity:

For each activity type you outlined in the proposal you are required to provide a direct program cost. For the purposes of completing the detailed budget below, the following definition shall apply:

- a. "Direct Program Costs" is defined as costs that can be more directly attributed to the completion of program services which can include but not be limited to salaries for program staff, materials/supplies required for a program activities, program consultants/contractor, and travel.
- b. Financial assistance, if provided, shall only be provided for costs, other than tuition or admission fees, incurred by individuals to enable their participation in the activities sponsored by the proposing organization and may include, but not be limited to: transportation costs, uncompensated time-off, and child care. Grantee shall not allocate more than 15 percent of grantee funds for this activity type.

<b>Direct Program Costs per Activity Type</b>	
Activity Type	Direct Program Cost per Activity Type
Activity Type:  Brief Description of Activity Type: (no more than 3 sentences)	\$
Activity Type:  Brief Description of Activity Type: (no more than 3 sentences)	\$
Activity Type:  Brief Description of Activity Type: (no more than 3 sentences)	\$

2. Summary of Total Indirect Program Costs:

The Applicant shall identify the total program costs for the implementation of the entire program. The applicant shall provide line items which outline the details of the indirect costs using the table below. For the purposes of completing the detailed budget below, the following definition shall apply:

- a. "Indirect Program Costs" is defined as costs that are indirectly attributed to the completion of the program services which can include but not be limited to Utilities, Rent, and Administrative service/payroll staff.

<b>Total Indirect Program Costs</b>	
[Indirect Cost Line item 1]	\$
[Indirect Cost Line item 2]	\$
[Indirect Cost Line item 3]	\$
<b>Total Indirect Cost</b>	<b>\$</b>

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

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

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

<b>Direct Cost Proration Rate Calculation per Activity Type</b>			
<i>Column 1:</i> Activity Type	<i>Column 2:</i> Proposed Number of Times will engage in activity type	<i>Column 3:</i> Total Direct Program Cost per Activity Type	<i>Column 4:</i> Prorated Rate for each Activity per Activity Type (Divide column 3 by column 2)
Activity Type:	#	\$	\$
Activity Type:	#	\$	\$
Activity Type:	#	\$	\$

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

<i>Column 1:</i> Total Indirect Cost outlined in the Application	<i>Column 2:</i> Total Direct Cost outlined in the Application	<i>Column 3:</i> Total Direct Cost being invoiced	<i>Column 4:</i> Percentage of Indirect Cost paid in invoice (Divide Column 3 by Column 2)	<i>Column 5:</i> Actual Indirect Cost paid in invoice (Column 1 multiplied by Column 4)
\$	\$	\$	%	\$



STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

**PAYEE DATA RECORD**

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

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

**ATTACHMENT 7**  
**SAMPLE GRANT AGREEMENT**

GRANT AGREEMENT BETWEEN THE  
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT AND  
«Grantee\_Name»  
For The

NETWORKS TO SUPPORT PUBLIC MENTAL HEALTH SYSTEM 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 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 the development of individuals with lived experience as consumer, family members, and parents/caregivers who are currently employed or are volunteering in the public mental health system.

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 Networks to Support Public Mental Health Workforce with Lived Experience program, by submitting an application in response to the Networks to Support Public Mental Health Workforce with Lived Experience Request for Application.

WHEREAS, the Networks to Support Public Mental Health Workforce with Lived Experience program will provide services that support individuals with lived experience as consumers, family members, and parent/caregivers who are currently employed or are volunteering in the public mental health system.

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. “Caregiver” means adoptive parents and their partners, foster parents and their partners, grandparents and their partners who are now or have in the past been the primary caregiver for a child, youth, or adolescent with a mental health challenge who accessed mental health services.
3. “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.
4. “Direct Program Costs” is defined as costs that can be more directly attributed to the completion of program services which can include but not be limited to salaries for program staff, materials/supplies required for a program activities, program consultants/contractor, and travel.
5. “Director” means the Director of the Office of Statewide Health Planning and Development or his designee.
6. “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.
7. “Grant Agreement/Grant Number” means Grant Number «Grant\_Number» awarded to Grantee.
8. “Grantee” means the fiscally responsible entity in charge of administering the Grant Funds and includes the program identified on the grant application.
9. “Grant Funds” means the money provided by OSHPD for the project described by Grantee in its application and Scope of Work.
10. “Indirect Program Costs” is defined as costs that are indirectly attributed to the completion of the program services which can include but not be limited to Utilities, Rent, and Administrative service/payroll staff.
11. “Lived Experience” can be defined as being either a consumer, family member, parent or caregiver each defined herein.
12. “Other Sources of Funds” means all cash, donations, or in-kind contributions that are required or used to complete the Project beyond in addition to the grant funds provided by this Grant Agreement.
13. “Parents” means biological parents and their partners, who are now or have in the past been the primary caregiver for a child, youth, or adolescent with a mental health challenge who accessed mental health services.
14. “Public Mental Health System (PMHS)” means publicly-funded mental health programs/services and entities that are administered, in whole or in part, by the State Departments or county. It does not include programs and/or services administered, in whole or in part by federal, state, county or private correctional entities. *Title 9, CCR, 3200.253*
15. “Public Mental Health System Workforce” means current and prospective department and/or county personnel, county contractors, volunteers, and staff in community-based organizations, who work or will work in the Public Mental Health System. *Title 9, CCR, 3200.254*

16. "Program" means the Grantee's training program(s) listed on the grant application.
17. "Program Representative" means the representative of the Grantee for which Agreement funds are being awarded
18. "Project" means the activity described in the Grantee's application and Scope of Work to be accomplished with the grant Funds.
19. "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 work plan prepared and submitted by Grantee in response to RFA #14-5440. RFA #14-5440 and Grantee's application, including the 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. Provide services that are consistent with the elements identified in the needs of individuals with lived experience across culturally diverse communities
  - c. Collaborate with County(s) and/or CBO(s) to support and implement services that are consistent with the values and needs of the County(s) and CBO(s)
  - d. Work with the County(s) and/or CBO(s) to develop a mechanism to identify and provide outreach to their PMHS workforce with lived experience.
  - e. Work with the County(s) and/or CBO(s) to make initial contact with PMHS workforce with lived experience to provide information about and promote services provided
  - f. Provide the County(s) and/or CBO(s) information on the services offered to be provided to the PMHS workforce with lived experience
  - g. Provide services to PMHS workforce with lived experience locally within close proximity of County and CBO employers
  - h. Use multiple outreach tools which shall include but not be limited to social media such as Facebook, Twitter.
  - i. Ensure all program activities are consistent with MHSA values and priorities including wellness, recovery and resiliency principles
  - j. Include individuals with lived experience including consumers, family members, and parents/caregivers in the delivery of program services
  - k. Not conduct lobbying activities as part of this Agreement.
  - l. 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 Fiscal Year 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.
2. The Grantee shall administer a demographic survey that OSHPD has developed to give to individuals receiving/participating in the activities provided by the Grantee. The demographic survey template that shall be administered is found in Appendix 3. The results of this demographic survey shall be reported in the quarterly progress report
3. 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.
4. Email the electronic copy of the progress reports to [OSHPD.MHSAWET@oshpd.ca.gov](mailto:OSHPD.MHSAWET@oshpd.ca.gov)
5. OSHPD reserves the right to cancel this Agreement in accordance with Section I, Terms and Conditions, if, in any fiscal year, the deliverables do not meet OSHPD's expectations.

E. Invoicing:

1. For services satisfactorily rendered in accordance with the Scope of Work and activities outlined in the application, and upon receipt and approval of the invoices, OSHPD agrees to compensate the Grantee in accordance with the rates specified in Section F. Budget Detail.
2. The Grantee shall not invoice OSHPD for work performed under this Agreement until the Grantee receives confirmation from OSHPD that the progress reports reflected in the invoice 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»).
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 14-5440;
  - e. Invoice date;
  - f. Invoice total; and
  - g. Authorizing signature.
7. To expedite the processing of invoices submitted to OSHPD for payment, all invoices shall be submitted in triplicate to OSHPD Accounting at the following address:

Office of Statewide Health Planning and Development (OSHPD)

Attn: Accounting  
400 R Street, Suite 359  
Sacramento, CA 95811

8. OSHPD will withhold the final payment due to the Grantee under this Agreement until the Grantee submits a final report to OSHPD that provides a summary of major outcomes, successes, trends, and lessons learned from Agreement activities. OSHPD will notify the Grantee of approval of final report in writing.
9. Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

F. Budget Detail:

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 but in no event shall total funding under this Agreement exceed total Grant Amount.
  - a. Financial assistance, if provided, shall only be provided for costs, other than tuition or admission fees, incurred by individuals to enable their participation in the activities sponsored by the proposing organization and may include, but not be limited to: transportation costs, uncompensated time-off, and child care. Grantee shall not allocate more than 15 percent of grantee funds for this activity type.
2. The reimbursement shall not exceed the following Direct Program Cost per activity type or total indirect costs as shown below.

<b>Direct Program Costs per Activity</b>	
Activity Type	Direct Program Cost per Activity Type
Activity Type:	\$
Activity Type:	\$
<b>Total Direct Program Cost</b>	<b>\$</b>
<b>Total Indirect Program Costs</b>	
[Indirect Cost line item 1]	\$
[Indirect Cost line item 2]	\$
[Indirect Cost line item 3]	\$
<b>Total Indirect Cost</b>	<b>\$</b>

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

<b>Direct Cost Proration Rate Calculation per Activity Type</b>			
<i>Column 1:</i> Activity Type	<i>Column 2:</i> Proposed Number of Times will Engage in Activity Type	<i>Column 3:</i> Total Direct Program Cost per Activity Type	<i>Column 4:</i> Prorated Rate for each Activity per Activity Type (Divide column 3 by column 2)
Activity Type:	#	\$	\$
Activity Type:	#	\$	\$
Activity Type:	#	\$	\$

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

<i>Column 1:</i> Total Indirect Cost outlined in the Application	<i>Column 2:</i> Total Direct Cost outlined in the Application	<i>Column 3:</i> Total Direct Cost being invoiced	<i>Column 4:</i> Percentage of Indirect Cost paid in invoice (Divide Column 3 by Column 2)	<i>Column 5:</i> Actual Indirect Cost paid in invoice (Column 1 multiplied by Column 4)
\$	\$	\$	%	\$

**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. General Terms and Conditions. The Terms and Conditions in this Section I. shall apply to all Grantees except the State of California, University of California and California State University. In the event the State of California, University of California and California State University is awarded a grant the language in Appendix 1 shall replace the Terms and Conditions found in this Section.

1. **Time:** Time is of the essence in this Agreement. Grantee will submit the required deliverables as specified and adhere to the deadlines as specified in this Agreement. Anticipating potential overlaps, conflicts, and scheduling issues, to adhere to the terms of the Agreement, is the sole responsibility of the Grantee.
2. **Final Agreement:** This Agreement, along with the Grantee's Application, exhibits and forms constitutes the entire and final Agreement between the parties and supersedes any and all prior oral or written agreements or discussions.
3. **Ownership and Public Records Act:** All reports and the supporting documentation and data collected during the funding period which are embodied in those reports, shall become the property of the State and subject to disclosure under the Public Records Act.
4. **Additional Audits:** Grantee agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Grantee agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., Cal. Code Regs. tit. 2, §1896).
5. **Provisions Relating to Data.**
  - a. "Data" as used in this Agreement means recorded information, regardless of form or characteristics, of a scientific or technical nature. It may, for example, document research, experimental, developmental or engineering work; or be usable or be used to define a design or process; or support a premise or conclusion asserted in any deliverable document called for by this Agreement. The data may be graphic or pictorial delineations in media, such as drawings or photographs, charts, tables, mathematical modes, collections or extrapolations of data or information, etc. It may be in machine form, as punched cards, magnetic tape, computer printouts, or may be retained in computer memory.
  - b. "Generated data" is that data, which a Grantee has collected, collated, recorded, deduced, read out or postulated for utilization in the performance of this Agreement. Any electronic data processing program, model or software system developed or substantially modified by the Grantee in the performance of this Agreement at State expense, together with complete documentation thereof, shall be treated in the same manner as generated data.

- c. "Deliverable data" are that data which, under terms of this Agreement, are required to be delivered to the State. Such data shall be property of the State.
  - d. Prior to the expiration of any legally required retention period and before destroying any data, Grantee shall notify the State of any such contemplated action; and State may within thirty (30) days of said notification determine whether or not the data shall be further preserved. The State shall pay the expense of further preserving the data. State shall have unrestricted reasonable access to the data that are preserved in accordance with this Agreement.
  - e. Grantee shall use best efforts to furnish competent witnesses and to identify such competent witnesses to testify in any court of law regarding data used in or generated under the performance of this Agreement.
6. Independent Grantee: Grantee and the agents and employees of Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.
  7. Non-Discrimination Clause: During the performance of this Agreement, Grantee and its subcontractors shall not unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (e.g., cancer), age (over 40), marital status, and denial of family care leave. Grantee and its subcontractors shall insure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Grantee and its subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12990 (a-f) et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Section 7285 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code Section 12990 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations, are incorporated into this Agreement by reference and made a part hereof as if set forth in full. Grantee and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other Agreement.
  8. Waiver: The waiver by OSHPD of a breach of any provision of this Agreement by will not operate or be construed as a waiver of any other subsequent breach by OSHPD expressly reserves the right to disqualify Grantee from any future grant awards for failure to comply with the terms of this Agreement.
  9. Approval: This Agreement is of no force or effect until signed by both parties. Grantee may not commence performance until such approval has been obtained.
  10. Amendment: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or agreement not incorporated in the Agreement is binding on any of the parties.
  11. Assignment: This Agreement is not assignable by the Grantee, either in whole or in part, without the consent of the State in the form of a formal written amendment.
  12. Indemnification: Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all Grantee's, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of this Agreement.

13. Disputes: Grantee shall continue with the responsibilities under this Agreement during any dispute. Any dispute arising under this Agreement, shall be resolved as follows:
- a. The Grantee will discuss the problem informally with the Program Manager. If unresolved, the problem shall be presented, in writing, as a grievance to the Deputy Director, Healthcare Workforce Development Division stating the issues in dispute, the legal authority or other basis for the Grantee’s position and the remedy sought.
  - b. The Deputy Director shall make a determination within ten (10) working days after receipt of the written grievance from the Grantee and shall respond in writing to the Grantee indicating the decision and reasons for it.
  - c. Grantee may appeal the decision of the Deputy Director by submitting written notice to the Director of its intent to appeal, within ten (10) working days of receipt of the Deputy Director’s decision. The Director or designee shall meet with the Grantee within twenty (20) working days of receipt of the Grantee’s letter. The Director’s decision will be final.
14. Termination For Cause: OSHPD may terminate this Agreement and be relieved of any payments should the Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided.
15. Potential Subcontractors: Nothing contained in this Agreement shall create any contractual relation between the State and any subcontractor of the Grantee, and no subcontract shall relieve the Grantee of its responsibilities and obligations hereunder. The Grantee agrees to be as fully responsible to the State for any and all acts and omissions of its subcontractors and of persons either directly or indirectly employed by the Grantee. The Grantee’s obligation to pay its subcontractors is an independent obligation from OSHPD’s obligation to disburse funds to the Grantee. As a result, the State shall have no obligation to pay or to enforce the payment of any money to any subcontractor.
16. Governing Law: This Agreement is governed by and shall be interpreted in accordance with the laws of the State of California.
17. Unenforceable Provision: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.

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

Direct all Grant Agreement inquiries to:

State Agency: Office of Statewide Health Planning and Development	Grantee: «Grantee_Name»
Section/Unit: Healthcare Workforce Development Division/ Workforce Education and Training	
Name: Brent Houser, Program Manager	Name (Main Contact): «CO_First_Name» «CO_Last_Name» «Grantee_Officer_Title»

Address: 400 R Street, Suite 330 Sacramento, CA 95811-6213	Address: «Grantee_Street_Address», «Grantee_Ste» «Grantee_City», «State» «Zip»
Phone: (916) 326-3702	Phone: «Grantee_Phone»
Email: <a href="mailto:brent.houser@oshpd.ca.gov">brent.houser@oshpd.ca.gov</a>	Email: «Grantee_Email_»

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

State Agency: Office of Statewide Health Planning and Development	Program Representative:
Section/Unit: Healthcare Workforce Development Division/ Workforce Education and Training	
Name: Brent Houser, Program Manager	Name of Representative: «IblProgramDirector»,
Address: 400 R Street, Suite 330 Sacramento, CA 95811-6213	Address: «Address» «City», «State1» «Zip»
Phone: (916) 326-3702	Phone: «PR_Phone»
Email: <a href="mailto:brent.houser@oshpd.ca.gov">brent.houser@oshpd.ca.gov</a>	Email: «PR_Email»

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

OFFICE OF STATEWIDE HEALTH  
PLANNING AND DEVELOPMENT

GRANTEE: «Grantee\_Name»

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

**Appendix 1**  
**TERMS AND CONDITIONS FOR INTERAGENCY AGREEMENTS**

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

to disqualify Grantee from any future grant awards for failure to comply with the terms of this Agreement.

6. Approval: This Agreement is of no force or effect until signed by both parties. Grantee may not commence performance until such approval has been obtained.
7. Amendment: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or agreement not incorporated in the Agreement is binding on any of the parties.
8. Disputes: Grantee shall continue with the responsibilities under this Agreement during any dispute. Any dispute arising under this Agreement, shall be resolved as follows:
  - a. The Grantee will discuss the problem informally with the Program Manager. If unresolved, the problem shall be presented, in writing, as a grievance to the Deputy Director, Healthcare Workforce Development Division stating the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought.
  - b. The Deputy Director shall make a determination within ten (10) working days after receipt of the written grievance from the Grantee and shall respond in writing to the Grantee indicating the decision and the reasons for it.
  - c. Grantee may appeal the decision of the Deputy Director by submitting written notice to the Director of its intent to appeal, within ten (10) working days of receipt of the Deputy Director's decision. The Director or designee shall meet with the Grantee within twenty (20) working days of receipt of the Grantee's letter. The Director's decision will be final.
9. Termination For Cause: OSHPD may terminate this Agreement and be relieved of any payments should the Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided.

**Appendix 2**  
**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**

Name	Position/Title	Phone	E-mail

**II. Activities implemented to engage and support individuals with lived experience as consumers, family members, and parents/caregivers who are currently employed or are volunteering in the Public Mental Health System (PMHS)**

List the activities provided to the PMHS workforce with lived experience. The list *must be* in the following format.

Identify the Type of Activity Completed <i>(Should be consistent with the activity types listed in the work plan/application)</i>	Describe the Type of Activity Provided <i>(no more than five sentences)</i>	Number of times Activity was Completed	Approximate Number of Hours Providing Activity <i>(if applicable)</i>	Name of PMHS Employers Supported	Number of Individuals that Participated in Activity
1. (Activity Type One)					
2. (Activity Type Two)					
3. (Activity Type Three)					
4. (Activity Type Four)					

**III. Provide any major outcomes, successes, trends, and/or challenges from the activities provided.**

<b>Type of Activity Completed</b>	<b>Outcome(s)/Successes/Trends</b> <i>(no more than 10 sentences per activity type)</i>	<b>Challenge(s)</b> <i>(no more than 5 sentences per activity type)</i>
1. (Activity Type One)		
2. (Activity Type Two)		
3. (Activity Type Three)		
4. (Activity Type Four)		

- Please provide a brief description (no more than 5 sentences) of how the activities implemented were consistent with the needs of the individuals with lived experience across culturally diverse communities and how individuals with lived experience were included in the implementation of activities.
- Please provide a brief description (no more than 4 sentences) of how you collaborated with County(s) and/or CBO(s) to support and implement services that are consistent with the values and needs of the County(s) and CBO(s)
- Please provide a brief description (no more than 4 sentences) of how you worked with the County(s) and/or CBO(s) to develop a mechanism to identify and provide outreach to their PMHS workforce with lived experience and if you used multiple outreach tools which included social media such as Facebook, Twitter.
- Please describe (no more than 4 sentences) how the activities provided are consistent with MHSA values and priorities including wellness, recovery and resiliency principles.

**IV. Summary of PMHS Employers and Workforce Supported**

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

<b>Name of Organization</b>	<b>Type of Organization</b>	<b>Organization's Geographic</b>	<b>Estimated Number of Individuals</b>
-----------------------------	-----------------------------	----------------------------------	--

	(CBO/County/Other)	Location (County)	that Participated

**V. Budget Information**

Provide the following budget and activity information for the quarter of this progress report.

Direct Program Costs:

Activity Type	Total Amount Allocated per Activity Type	Amount Invoiced in this Quarter per Activity Type	Total Amount Remaining for this Activity Type	Total Number of Activities remaining to be Completed	Number of Times engaged in Activity Type for this Quarter	Number of Remaining Times Activity Must be Engaged In
Activity Type:	\$	\$	\$	#	#	#
Activity Type:	\$	\$	\$	#	#	#
Activity Type:	\$	\$	\$	#	#	#
Activity Type:	\$	\$	\$	#	#	#
<b>Total</b>	\$	\$	\$	#	#	#

Indirect Program Costs:

Total Indirect Cost Outlined in Contract	Total Indirect Cost being invoiced	Total Indirect Cost Remaining
\$	\$	\$

### Appendix 3 Demographic Information Survey

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

**Please identify your County of residence:** Name of County

**Please identify your Race/Ethnicity:**

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

**Please select any languages you speak in addition to English:**

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

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

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

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

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

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

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

**Do you identify as having a disability\*?**

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

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

**Please select your age group:**

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

**Are you a military veteran?**

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