



**REQUEST FOR APPLICATION (RFA) – Single Award  
Statewide Support and Development of Public Mental  
Health System Workforce with Lived Experience  
RFA # 14-7229  
Notice to Prospective Applicants**

June 19, 2015

You are invited to review and respond to this Request for Application (RFA), entitled Statewide Support and Development of 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/CSCRAAds.htm>. To ensure receipt of any addenda that may be issued, and answers to questions posed, interested parties must register online at <http://www.bidsync.com/>.

The Office of Statewide Health Planning and Development (OSHPD) deadline for receipt of application submission is **July 29, 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 questions 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 a single award. 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 an Agreement with a public, private, or non-profit organization, including faith-based and community organizations, 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 in the PMHS across counties and Community Based Organizations (CBOs) throughout California.

## 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 PMHS. OSHPD is issuing this RFA with total funding available of \$1,200,000.00 to fund an organization that will provide statewide services to increase, retain and/or support the employment of individuals with lived experience as consumers, family members, and parents/caregivers (CFP/C) in the PMHS across counties and CBOs throughout California. The goal of this RFA is to enter into a Grant Agreement that will engage the Grantee in activities that include:

1. Co-learning Collaboratives: The Grantee shall develop co-learning collaboratives that brings together diverse groups of individuals that can include but not be limited to: consumers, family members, providers, and/or County/CBO staff via regular meetings, calls, webinars or conferences.
2. Professional Development Opportunities: The Grantee shall engage individuals with lived experience as CFP/C who are currently employed or are volunteering in the PMHS in professional development opportunities that can include but not be limited to: training, education or conferences.
3. Support and Retention: The Grantee shall engage individuals with lived experience as CFP/C who are currently employed or are volunteering in the PMHS in support and retention activities that can include self-help/support groups, mentorship, and training on wellness tools.
4. Training and Technical Assistance for PMHS Employer: The Grantee shall provide training and technical assistance to PMHS employers including but not limited to executive leadership, human resources, administrative, direct service management, supervisors, and other staff on issues that aim to support the increase and retention of individuals with lived experience as CFP/C in the PMHS.
5. Financial Assistance: The Grantee shall provide individuals who are in or seeking to be in a CFP/C position in the PMHS with financial assistance to attend trainings, conferences, professional development, and/or internship opportunities with the aim to gain or retain employment in the PMHS. Financial Assistance cannot be used to pay for any fees associated with attendance/participation at activities provided under this RFA.

6. Develop and Disseminate Tools and Best Practices and Promotion of Resources: The Grantee shall engage in activities that result in the development and dissemination of organizational tools and best practices on employing, supporting, and training of individuals with lived experience as CFP/C in the PMHS. The Grantee shall also promote internal and external resources that aim to support, train and increase the employment of individuals with lived experience as CFP/C in the PMHS.
7. Other Evidenced-Based or Community Identified Strategies: The Grantee may engage in activities that have been identified as evidenced-based or community identified strategies to increase, retain and/or support the employment of individuals with lived experience as CFP/C in the PMHS.

While providing services to increase, retain and/or support the employment of individuals with lived experience as CFP/C in the PMHS, the Grantee shall:

- a. Provide activities 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. Make services accessible throughout the state across Counties and CBOs. Services must be made available in all five mental health WET geographic regions in California as outlined on page 6 of this RFA.
- 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. Collaborate with County(s) and/or CBO(s) to develop a mechanism to identify, provide outreach, information and promotion of services to their PMHS workforce with lived experience as CFP/C.
- e. To the extent possible, collaborate with grantees of OSHPD's local organizational support and development network and networks to support PMHS workforce with lived experience programs.
- 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. 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 MHSA 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 of this RFA when reporting their outcome data on a bi-monthly (every two months) basis.

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 of this RFA, with responses to be voluntary and anonymous. The results of this demographic survey shall be reported in the bi-monthly progress report.

Subject to the availability of funds, the period of this Grant Agreement will be from **September 14, 2015** through **September 14, 2017**.

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

### C. Minimum Qualifications for Applicants

Applications are requested from any public (including County), private, and/or non-profit organization including faith-based and community based organizations that are: (i) able to work in partnership with California's Public Mental Health System (PMHS) employers including counties, community-based organizations, others, and (ii) able to complete the activities as described in Section B. Purpose and Description of Services.

Additionally, applicants and/or their sub-contractor(s) must have demonstrated experience in providing services that engage, support, and training individuals with lived experience as CFP/C who are currently employed or are volunteering in the PMHS. 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 of this RFA, 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:
  - a. The applicant shall identify the major challenges/issues to increasing, retaining and/or supporting public mental health workforce with lived experience within the PMHS through California across counties and CBOs. A brief summary of how the activities you propose aim to address these challenges/issues must also be provided.
  - b. The applicant shall identify how it plans to provide outreach to promote and provide services throughout the state across Counties and CBOs in all five (5) mental health WET geographic regions. Please use the table below to identify specific outreach mechanisms to each of the five (5) mental health WET geographic regions.

Mental Health WET Region	Type of outreach activities that will be implemented to promote and provide services within the region.
Greater Bay Area Region (Includes Counties of: Alameda, City of Berkeley, Contra Costa, Marin, Napa, San Francisco, Santa Clara, San Mateo, Solano, Sonoma, Santa Cruz, San Benito, and Monterey)	
Central Region (Includes Counties of: Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, Tulare, Tuolumne, Yolo, and Yuba)	
Los Angeles Region (Includes: Los Angeles County)	
Southern Region (Includes Counties of: Imperial, Kern, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Tri-City, and Ventura)	
Superior Region (Includes Counties of: Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehema, and Trinity )	

- c. The Grantee shall develop co-learning collaboratives that brings together diverse groups of individual that can include but not be limited to: consumer, family members, parents/caregivers, providers, and County/CBO staff via regular meetings, calls, webinars or conferences. The applicant shall identify the activities they propose to implement in relation to co-learning collaboratives. Using the table below, the applicant shall provide a detailed description of each activity type, proposed quantity of each type of activity, and how they will evaluate the effectiveness of each activity.

Co-learning Collaboratives Activity	Detailed Description of Activity Type (Shall include: goals of activity, how organization will develop and implement activity details including timeline, and outreach and promotion strategies)	Proposed quantity of activity	Method that will be used to evaluate effectiveness of activity

- d. The Grantee shall engage individuals with lived experience as CFP/C in the PMHS in professional development opportunities that can include but not be limited to: training, education or conferences. The applicant shall identify the activities they propose to implement in relation to professional development opportunities. The applicant shall provide a detailed description of each activity type, proposed quantity of each type of activity, and how they will evaluate the effectiveness of each activity using the following table.

Professional Development Opportunities Activities	Detailed Description of Activity Type (Shall include: goals of activity, how organization will develop and implement activity details including timeline, summary of activity curricula if appropriate, and outreach and promotion strategies)	Proposed quantity of activity	Method that will be used to evaluate effectiveness of a activity

- e. The Grantee shall engage individuals with lived experience as CFP/C who are currently employed or are volunteering in the PMHS in support and retention activities that can include self-help/support groups, mentorship, and training on wellness tools. The applicant shall identify the activities they propose to implement in relation to supporting and retaining consumers and family members. The applicant shall provide a detailed description of each activity type, proposed quantity of each type of activity, and how they will evaluate the effectiveness of each activity using the following table.

Support and Retention Activities	Detailed Description of Activity Type (shall include: goal of activity, how organization will develop and implement activity details including timeline, summary of activity curricula if appropriate, and partnership with County/CBO to implement)	Proposed quantity of activity	Method that will be used to evaluate effectiveness of a activity

- f. The Grantee shall provide training and technical assistance to PMHS employers including but not limited to executive leadership, human resources, administrative, and direct service management, supervisors, and other staff on issues that aim to support the increase and retention of individuals with lived experience as CFP/C in the PMHS. The applicant shall identify the activities they propose to implement in relation to providing training and technical assistance for PMHS employers. The applicant shall provide a detailed description of each activity type, proposed quantity of each type of activity, and how they will evaluate the effectiveness of each activity using the following table.

Training and Technical Assistance for PMHS Employer Activities	Detailed Description of Activity Type (Shall include: goals of activity, how organization will develop and implement activity details including timeline, summary of activity curricula if appropriate, and outreach and promotion strategies)	Proposed quantity of activity	Method that will be used to evaluate effectiveness of a activity

- g. The Grantee shall provide individuals who are in or seeking to be in a consumer, family member, parent/caregiver position in the PMHS with financial assistance to attend trainings, conferences, professional development, and/or internship opportunities with the aim to gain or retain employment in the PMHS. The applicant shall provide a detailed description of how they propose to administer a program that provides financial assistance to individuals who are in or seeking to be in a consumer, family member, parent/caregiver position in the PMHS. Description should include: outreach and promotion strategies, potential criteria for receiving financial assistance, and measures to evaluate effectiveness of financial assistance to obtaining and/or retaining employment in the PMHS.
- h. The Grantee shall engage in activities that result in the development and dissemination of organizational tools and best practices on employing, supporting, and training of individuals with lived experience as CFP/C in the PMHS. The Grantee shall also promote internal and external resources that aim to support and increase employment of individuals with lived experience as CFP/C in the PMHS. The applicant shall identify the activities they propose to implement in relation to developing and disseminating organizational tools and best practices and promoting resources. The applicant shall provide a detailed description of each activity type, proposed quantity of each type of activity, and how they will evaluate the effectiveness of each activity using the following table.

Develop and Disseminate Tools and Best Practices and Promotion of Resources	Detailed Description of Activity Type (shall include: goal of activity, how organization will develop and implement activity details including timeline, and partnership with County/CBO to implement)	Proposed quantity of activity	Method that will be used to evaluate effectiveness of a activity

- i. The Grantee may engage in activities that have been identified as evidenced based or community identified strategies to increase, retain and/or support the employment of individuals with lived experience as CFP/C within the PMHS. The applicant shall identify the activities they propose to implement in relation to other evidenced-based or community identified strategies. The applicant shall provide a detailed description of each activity type, proposed quantity of each type of activity, and how they will evaluate the effectiveness of each activity using the following table.

Other Evidenced-Based or Community Identified Strategies	Detailed Description of Activity Type (shall include: goal of activity, how organization will develop and implement activity details including timeline, and partnership with County/CBO to implement)	Proposed quantity of activity	Method that will be used to evaluate effectiveness of a activity

- j. The applicant shall identify how they propose to collaborate with the County/CBO to support and implement services for individuals with lived experience that are consistent with the values and needs of the County(s) and CBO(s).
  - k. The applicant shall identify how the services, where applicable, will be provided locally and will be made accessible throughout the state across Counties and CBOs.
  - l. The applicant shall identify how their services will address the specific needs of PMHS workforce with lived experience as CFP/C across culturally diverse communities and are consistent with MHS values and priorities including wellness, recovery and resiliency principles.
  - m. The applicant shall identify how they plan to include individuals with lived experience as CFP/C in the development and 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 services described in Section B. Purpose and Description of Services of the RFA including their roles, abilities to provide services, and applicable qualifications. The Grantee will clearly state the projected number of hours the sub-contractors will spend on the project and the geographic location, if applicable.
  - b. Identify project personnel including sub-contractors with lived experience and/or that have a proven recording of working with individuals of lived experience.

- c. Professional References: Any application must be accompanied by two (2) professional references as provided in Attachment 3 (Proposer References) of the RFA that describe the applicant's ability to engage in activities outlined in Section B. Purpose and Description of Services and Scope of Work in Attachment 7, Sample Grant Agreement of this RFA.
4. Cost Detail Format and Requirements:
- a. The total cost of all tasks through the duration of the Grant Agreement for FY 2015-16, and FY 2016-17, cannot be less than \$1,000,000 and cannot exceed \$1,200,000. FY 2015-16 cannot be less than \$500,000 and cannot exceed \$600,000 and FY 2016-17 cannot be less than \$500,000 and cannot exceed \$600,000. 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, but in no event shall total funding for a Grantee under this RFA exceed \$1,200,000.
  - b. Applicants shall use Attachment 5 (Sample Rate Proposal Worksheet) of this RFA to prepare the cost detail for submission.
  - c. The major budget categories under this RFA shall be: (i) Co-Learning Collaboratives (ii) Professional Development Opportunities, (iii) Support and Retention, (iv) Training and Technical Assistance for PMHS Employers, (v) Financial Assistance, (vi) Develop and Disseminate Tools and Best Practices and Promotion of Resources, (vii) other Evidenced-Based or Community Identified Strategies, and (viii) Indirect Program costs. The major budget category definitions and limitations are described below:
    - a) "Co-Learning Collaborative Costs" is defined as costs that can be more directly attributed to the completion of co-learning collaborative activities which can include but not be limited to: salary for program staff to implement/evaluate activity, materials/supplies required for a program activities, program consultants/contractor, and travel. Co-learning collaborative costs shall be no more than 15 percent (15%) of the total budget. If awarded, payments will be made on a prorated rate based on the number of co-learning collaborative activities completed that were outlined in the application prepared by applicant. Proration rate can be calculated using the table in the Rate Proposal Sheet in Attachment 5 of this RFA.
    - b) "Professional Development Opportunities Costs" is defined as costs that can be more directly attributed to the completion of professional development opportunity activities which can include but not be limited to: salary for program staff to implement/evaluate activity, materials/supplies required for a program activities, program consultants/contractor, and travel. Professional development opportunity costs shall be no more than 25 percent (25%) of the total budget. If awarded, payments will be made on a prorated rate based on the number of professional development opportunities activities completed that were outlined in the application provided by applicant. Proration rate can be calculated using the table in the Rate Proposal Sheet in Attachment 5 of this RFA.
    - c) "Support and Retention Costs" is defined as costs that can be more directly attributed to the completion of support and retention activities which can include but not be limited to: salary for program staff to implement/evaluate activity, materials/supplies required for a program activities, program consultants/contractor, and travel. Support and retention costs shall be no more than 25 percent (25%) of the total budget. If awarded, payments will be made on a prorated rate based on the number of support and retention activities completed that were outlined in the application provided by applicant. Proration rate can be calculated using the table in the Rate Proposal Sheet in Attachment 5 of this RFA.

- d) "Training and Technical Assistance for PMHS Employer Costs" is defined as costs that can be more directly attributed to the completion of training and technical assistance for PMHS employer activities which can include but not be limited to: salary for program staff to implement/evaluate activity, materials/supplies required for a program activities, program consultants/contractor, and travel. Training and technical assistance for PMHS employer costs shall be no more than 20 percent (20%) of the total budget. If awarded, payments will be made on a prorated rate based on the number of training and technical assistance for PMHS employer activities completed that were outlined in the application. Proration rate can be calculated using the table in the Rate Proposal Sheet in Attachment 5 of this RFA.
- e) "Financial Assistance Cost" is defined as financial assistance which shall only be provided to individuals who are in or seeking to be in a consumer, family member, parent/caregiver position in the PMHS to attend trainings, conferences, professional development, and/or internship opportunities. Financial Assistance is not applicable to any fees associated with attendance/participation at activities provided under this RFA. Financial Assistance costs shall be no more than 15 percent (15%) of the total budget. If awarded, payments will be made based on the actual amount of financial assistance provided.
- f) "Develop and Disseminate Tools and Best Practices and Promotion of Resources Costs" is defined as costs that can be more directly attributed to the completion of activities in relation to the development and dissemination of tools and best practices and promotion of resources. Costs can include but not be limited to: salary for program staff to implement/evaluate activity, materials/supplies required for a program activities, program consultants/contractor, and travel. Development and dissemination of tools and best practices and promotion of resources activity costs shall be no more than 15 percent (15%) of the total budget. If awarded, payments will be made on a prorated rate based on the number of development and dissemination of tools and best practices and promotion of resources activities completed that were outlined in the application. Proration rate can be calculated using the table in the Rate Proposal Sheet in Attachment 5 of this RFA.
- g) "Other Evidenced-Based or Community Identified Strategies Costs" is defined as costs that can be more directly attributed to the completion of other evidenced-based or community identified strategy activities which can include but not be limited to: salary for program staff to implement/evaluate activity, materials/supplies required for a program activities, program consultants/contractor, and travel. Other evidenced-based or community identified strategy activities costs shall be no more than 15 percent (15%) of the total budget. If awarded, payments will be made on a prorated rate based on the number of other evidenced-based or community identified strategy activities completed that were outlined in the application. Proration rate can be calculated using the table in the Rate Proposal Sheet in Attachment 5 of this RFA.
- h) "Indirect Program Costs" is defined as costs that are indirectly attributed to the completion of all other program services identified above which can include, but not be limited to: utilities, rent, and administrative service/payroll staff. Indirect program costs shall not exceed 15 percent (15%) of the budget. If awarded payments will be made by calculating the percentage of total indirect costs incurred that time period based on the percentage of the direct program cost invoiced that time period. An example of the calculation can be found in the Rate Proposal Sheet in Attachment 5 of this RFA.

**E. Application Requirements and Information**

1. Key Action Dates:

Event	Date	Time
RFA available to prospective Applicants	June 19, 2015	5:00 PM
Written Question Submittal Deadline	June 25, 2015	4:00 PM
Written responses, if any, to be posted	July 1, 2015	5:00 PM
Mandatory Pre-Application Conference Date	July 2, 2015	3:00 PM
Questions & Answers from Mandatory Pre-Application Conference Posted	July 10, 2015	4:00 PM
Final Date for Application Submission	July 29, 2015	3:30 PM
Notice of Intent to Award	August 20, 2015	4:00 PM
Proposed Grant Agreement Start Date	September 14, 2015	NA

2. Mandatory Pre-Application Conference:

- a. A mandatory pre-application conference is scheduled on **July 2, 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 of this RFA. Applications received after this date and time will not be considered.

- c. A minimum of one (1) original copy of the application must be submitted. The original proposal must be marked "ORIGINAL COPY". All documents contained in the original application package must have original signatures and must be signed by a person who is authorized to bind the applying entity. In addition, applicant **MUST** submit an electronic copy of the application either by e-mail to [Sergio.Aguilar@oshpd.ca.gov](mailto:Sergio.Aguilar@oshpd.ca.gov) or include a CD of the application with the submission of the application package.
- d. Due to limited storage space, the application package should be prepared in the least expensive method (i.e., cover page with staple in upper left-hand corner, no fancy bindings: spiral binding, 3-hole punch, etc.).
- e. The application envelopes **must** be plainly marked with the RFA number and title, your firm name and address, and must be marked with "DO NOT OPEN", as shown in the following example:

Office of Statewide Health Planning and Development  
Attn: Sergio Aguilar, Healthcare Workforce Development  
Division 400 R Street, Suite 330  
Sacramento, CA 95811  
RFA #14-7229  
Statewide Support and Development of Public Mental Health  
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 of this RFA. Applications not including the proper required attachments shall be deemed non-responsive. A non-responsive application is one that does not meet the basic application requirements.
- j. Applications must be submitted for the performance of all the services described herein. Any deviation from the work specifications will not be considered and may cause an application to be rejected.
- k. An application may be rejected if it is conditional or incomplete, or if it contains any alterations of form or other irregularities of any kind. The State may reject any or all applications and may waive an immaterial deviation in an application. The State's waiver of an immaterial deviation shall in no way modify the RFA document or excuse the applicant from full compliance with all requirements if awarded the Agreement.
- l. Costs incurred for developing applications and in anticipation of award of the Agreement are entirely the responsibility of the applicant and shall not be charged to the State of California.
- m. An individual who is authorized to bind the applying firm contractually shall sign the Application/Applicant Certification Sheet, Attachment 2 of this RFA. The signature must indicate the title or position that the individual holds in the firm. An unsigned application may be rejected.
- n. An applicant may modify an application after its submission by withdrawing its

original application and resubmitting a new application prior to the final date for application submission as set forth in the Key Action Dates. Application modifications offered in any other manner, oral or written, will not be considered.

- o. An applicant may withdraw its application by submitting a written withdrawal request to the State, signed by the applicant or an authorized agent in accordance with (c) above. An applicant may thereafter submit a new application prior to the application submission deadline. Applications may not be withdrawn without cause subsequent to application submission deadline.
- p. OSHPD may modify the RFA prior to the date fixed for submission of application by the issuance of an addendum to all parties who received an application package.
- q. OSHPD reserves the right to reject all applications. OSHPD is not required to award an Agreement and will not award an Agreement if budget authority is not granted.
- r. Before submitting a response to this solicitation, bidders should review, correct all errors and comply with the RFA requirements.
- s. Where applicable, the applicant should carefully examine work sites and specifications. No additions or increases to the Agreement amount will be made due to a lack of careful examination of work sites and specifications.
- t. The State does not accept alternate Agreement language from a prospective Grantee. An application with such language will be considered a counter offer and will be rejected. The Terms and Conditions outlined in Attachment 7, Sample Grant Agreement of this RFA are not negotiable.
- u. No oral understanding or agreement shall be binding on either party.

#### 4. Evaluation Process:

One Agreement will be awarded under this RFA. Final award by OSHPD will include consideration of the following elements:

- a. At the time of application opening, each application will be checked for the presence or absence of required information in conformance with the submission requirements of this RFA.
- b. Applications that contain false or misleading statements, or which provide references which do not support an attribute or condition claimed by the applicant may be rejected.
- c. The final award will be given to the highest scored application. 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>Strength of the Applicant’s Program</b>  Explain and/or demonstrate how the program will be/has been created and/or strengthened to expand the services to increase, retain and/or support the employment of individuals with lived experience as consumer, family member, parent/caregiver (CFP/C) employment within the Public Mental Health System throughout the state.  Priority areas include:</p> <ul style="list-style-type: none"> <li>• How services are consistent with the needs of individuals with lived experience as CFP/C across culturally diverse communities.</li> <li>• How services are consistent with the values and needs of the County(s) and CBO(s), and MHPA values and priorities including wellness, recover and resiliency principles.</li> <li>• How the applicant will collaborate with County(s) and/or CBO(s) to promote, outreach, and implement services offered.</li> </ul>	<b>30</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 Section B. Purpose and Description of Services of this RFA and the schedule (time frame) for task completion is sufficient to effectively accomplish the tasks.</p>	<b>25</b>
<p><b>Outreach and Ability to Provide Statewide Services</b>  Identify and demonstrate how the applicant will, where applicable, provide services locally and make services accessible throughout the state across Counties and CBOs. Priority areas include how the applicant plans to provide outreach to promote and provide services throughout the state across Counties and CBOs in all five mental health WET geographic regions.</p>	<b>20</b>
<p><b>Project Personnel</b></p> <ul style="list-style-type: none"> <li>• Identify the titles, job descriptions, and roles, of each of the 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 as CFP/C and/or a proven record of effectively working with individuals that have lived experience.</li> </ul>	<b>10</b>
<p><b>Program Evaluation</b>  Identify how the applicant plans to collect, evaluate, and report data on the effectiveness of program activities.</p>	<b>10</b>
<p><b>References</b>  References will verify the applicant’s capacity to provide the services that the applicant describes in Section D. Detailed Work Plan of this RFA.</p>	<b>5</b>
<b>Total Possible Points</b>	<b>100</b>

5. Award and Protest:

- a. A total of \$1,200,000 shall be available for the Statewide Support and Development of Public Mental Health System Workforce with Lived Experience for FYs 2015-16, and 2016-17.
- b. The total costs of all tasks and milestones shall be no less than \$1,000,000 and shall not exceed \$1,200,000.
- 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 # 14-7229**

Statewide Support and Development of Public Mental Health 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 **September 14, 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
- 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>	<b><u>Attachment</u></b>	<b><u>Attachment Name/Description</u></b>
_____	Attachment 1	Required Attachment Check List
_____	Attachment 2	Application/Applicant Certification Sheet
_____	Attachment 3	Applicant References
_____	Attachment 4	Executive Summary, Work Plan and Schedule for Task Completion
_____	Attachment 5	Sample Rate Proposal Worksheet
_____	Attachment 6	Payee Data Record (STD 204)

**ATTACHMENT 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**

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?			

**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: \$ \_\_\_\_\_

(The total budget for all tasks through the duration of the Grant Agreement for FY 2015-16, and FY 2016-17, cannot be less than \$1,000,000 and cannot exceed \$1,200,000. FY 2015-16 cannot be less than \$500,000 and cannot exceed \$600,000 and FY 2016-17 cannot be less than \$500,000 and cannot exceed \$600,000.)

1. Summary of Costs by Budget Line Item:

The Major budget categories under this RFA shall be: (a) Co-Learning Collaborative (b) Professional Development Opportunities, (c) Support and Retention, (d) Training and Technical Assistance for PMHS Employers, (e) Financial Assistance, (f) Develop and Disseminate Tools and Best Practices and Promotion of Resources, (g) other Evidenced-Based or Community Identified Strategies, and (h) Indirect Program costs. Please use the following table to provide a budget for reach line item within the limitations provided below:

- a) "Co-Learning Collaborative Costs" is defined as costs that can be more directly attributed to the completion of co-learning collaborative activities which can include but not be limited to: salary for program staff to implement/evaluate activity, materials/supplies required for a program activities, program consultants/contractor, and travel. Co-learning collaborative costs shall be no more than 15 percent (15%) of the total budget.
- b) "Professional Development Opportunities Costs" is defined as costs that can be more directly attributed to the completion of professional development opportunity activities which can include but not be limited to: salary for program staff to implement/evaluate activity, materials/supplies required for a program activities, program consultants/contractor, and travel. Professional development opportunity costs shall be no more than 25 percent (25%) of the total budget.
- c) "Support and Retention Costs" is defined as costs that can be more directly attributed to the completion of support and retention activities which can include but not be limited to: salary for program staff to implement/evaluate activity, materials/supplies required for a program activities, program consultants/contractor, and travel. Support and retention costs shall be no more than 25 percent (25%) of the total budget.
- d) "Training and Technical Assistance for PMHS Employer Costs" is defined as costs that can be more directly attributed to the completion of training and technical assistance for PMHS employer activities which can include but not be limited to: salary for program staff, materials/supplies required for a program activities, program consultants/contractor, and travel. Training and technical assistance for PMHS employer costs shall be no more than 20 percent (20%) of the total budget.
- e) "Financial Assistance Cost" is defined as financial assistance which shall only be provided to individuals who are in or seeking to be in a consumer, family member, parent/caregiver position in the PMHS to attend trainings, conferences, professional development, and/or internship opportunities. Financial Assistance is not applicable to any fees associated with attendance/participation at activities provided under this RFA. Financial Assistance costs shall be no more than 15 percent (15%) of the total budget.

- f) “Develop and Disseminate Tools and Best Practices and Promotion of Resources Costs” is defined as costs that can be more directly attributed to the completion of activities in relation to the development and dissemination of tools and best practices and promotion of resources. Costs can include but not be limited to: salary for program staff to implement/evaluate activity, materials/supplies required for a program activities, program consultants/contractor, and travel. Development and dissemination of tools and best practices and promotion of resources activity costs shall be no more than 15 percent (15%) of the total budget.
- g) “Other Evidenced-Based or Community Identified Strategies Costs” is defined as costs that can be more directly attributed to the completion of other evidenced-based or community identified strategy activities which can include but not be limited to: salary for program staff to implement/evaluate activity, materials/supplies required for a program activities, program consultants/contractor, and travel. Other evidenced-based or community identified strategy activities costs shall be no more than 15 percent (15%) of the total budget.
- h) “Indirect Program Costs” is defined as costs that are indirectly attributed to the completion of all other program services identified above which can include, but not be limited to: utilities, rent, and administrative service/payroll staff. Indirect program costs shall not exceed 15 percent (15%) of the budget.

<b>Table 1- Budget Line Item Costs per Budget Line Item Activity Type</b>		
	Costs per Fiscal Year (FY)	
	FY 2015-16	FY 2016-17
<b>Co-Learning Collaboratives</b>		
Activity Type:	\$	\$
Brief Description of Activity Type: (no more than three (3)sentences)		
Activity Type:	\$	\$
Brief Description of Activity Type: (no more than three (3) sentences)		
<b>Professional Development Opportunities</b>		
Activity Type:	\$	\$
Brief Description of Activity Type: (no more than three (3)sentences)		
Activity Type:	\$	\$
Brief Description of Activity Type: (no more than three (3) sentences)		

<b>Support and Retention</b>		
Activity Type:  Brief Description of Activity Type: (no more than three (3) sentences)	\$	\$
Activity Type:  Brief Description of Activity Type: (no more than three (3) sentences)	\$	\$
<b>Training and Technical Assistance for PMHS Employer</b>		
Activity Type:  Brief Description of Activity Type: (no more than three (3) sentences)	\$	\$
Activity Type:  Brief Description of Activity Type: (no more than three (3) sentences)	\$	\$
<b>Financial Assistance</b>		
Activity Type:  Brief Description of Activity Type: (no more than three (3) sentences)	\$	\$
Activity Type:  Brief Description of Activity Type: (no more than three (3) sentences)	\$	\$

<b>Development and Dissemination of Tools and Best Practices and Promotion of Resources</b>		
Activity Type:  Brief Description of Activity Type: (no more than three (3)sentences)	\$	\$
Activity Type:  Brief Description of Activity Type: (no more than three (3)sentences)	\$	\$
<b>Other Evidenced-Based or Community Identified Strategies</b>		
Activity Type:  Brief Description of Activity Type: (no more than three (3)sentences)	\$	\$
Activity Type:  Brief Description of Activity Type: (no more than three (3) sentences)	\$	\$
<b>Total Indirect Program Costs</b>		
[ Insert Indirect Cost Line item 1]	\$	\$
[ Insert Indirect Cost Line item 2]	\$	\$
[ Insert Indirect Cost Line item 3]	\$	\$
Total Indirect Cost	\$	
Total Cost per Fiscal Year:	\$	\$

2. Summary of Proration Rate for Costs by Budget Line Item Activities:

In the event the applicant is awarded, payments will be made based on the following prorated rates for each budget category activity type.

- a. Payments will be made on a prorated rate based on the number of each type of activity are reported as completed per progress report time period. The prorated rate will be calculated by dividing the number of activities outlined in the application for each activity type by the costs identified to complete those activities for each activity type. The proration rate can be calculated using the following table:

<b>Table 2- Budget Line Item Costs per Budget Line Item Activity Type</b>						
	Costs per Fiscal Year (FY)					
	FY 2015-16			FY 2016-17		
Should be same as identified in Table 1	Proposed quantity for each activity type (as identified in attachment 4)	Total Program Cost per Activity Type (same as table 1)	Prorated Rate for each Activity per Activity Type (Divide column 3 by column 2)	Proposed quantity for each activity type (as identified in attachment 4)	Total Program Cost per Activity Type (same as table 1)	Prorated Rate for each Activity per Activity Type (Divide column 6 by column 5)
<b>Co Learning Collaboratives</b>						
Activity Type:	#	\$	\$	#	\$	\$
Activity Type:	#	\$	\$	#	\$	\$
<b>Professional Development Opportunities</b>						
Activity Type:	#	\$	\$	#	\$	\$
Activity Type:	#	\$	\$	#	\$	\$
<b>Support and Retention</b>						
Activity Type:	#	\$	\$	#	\$	\$
Activity Type:	#	\$	\$	#	\$	\$

<b>Training and Technical Assistance for PMHS Employer</b>						
Activity Type:	#	\$	\$	#	\$	\$
Activity Type:	#	\$	\$	#	\$	\$
<b>Financial Assistance</b>						
Activity Type:	#	\$	\$	#	\$	\$
Activity Type:	#	\$	\$	#	\$	\$
<b>Development and Dissemination of Tools and Best Practices and Promotion of Resources</b>						
Activity Type:	#	\$	\$	#	\$	\$
Activity Type:	#	\$	\$	#	\$	\$
<b>Other Evidenced Based or Community Identified Strategies</b>						
Activity Type:	#	\$	\$	#	\$	\$
Activity Type:	#	\$	\$	#	\$	\$

b. Indirect Cost payments will be made by calculating the percentage of total indirect costs incurred that time period based on the percentage of the program cost invoiced that time period. 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 Program Cost outlined in the Application	<i>Column 3:</i> Total Program 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 PKGS, EXCEL 9/22/2004)

<b>1</b>	<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>
<b>2</b>	<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>
<b>3</b>	<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>
<b>4</b>	<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>
<b>5</b>	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>
<b>6</b>	<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

STATEWIDE SUPPORT AND DEVELOPMENT OF 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 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 organization and to 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 Statewide Support and Development of Public Mental Health System Workforce with Lived Experience program, by submitting an application in response to the Statewide Support and Development of Public Mental Health System Workforce with Lived Experience Request for Application, dated June 19, 2015 (“RFA #14-7229”).

WHEREAS, the Statewide Support and Development of Public Mental Health System Workforce with Lived Experience program will provide services to increase, retain and/or support the employment of individuals with lived experience as consumers, family members, and parents/caregivers in the public mental health system throughout California across counties and CBOs

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 in response to RFA #14-7229.

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, Family Member, Parent/Caregiver" is each defined herein and referred to as CFP/C.
4. "Community Based Organization (CBO)" means a public or private nonprofit that is representative of a community or a significant segment of a community and is engaged in providing public mental health system services.
5. "Consumer" means as referred to as Client in *Title 9, CCR, Section 3200.040*, is an individual of any age who is receiving or has received mental health services. The term "client" includes those who refer to themselves as clients, consumers, survivors, patients or ex-patients.
6. "Director" means the Director of the Office of Statewide Health Planning and Development or his designee.
7. "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.
8. "Grant Agreement Number" means Grant Number «Grant\_Number» awarded to Grantee.
9. "Grantee" means the fiscally responsible entity in charge of administering the Grant Funds and includes the program identified on the grant application.
10. "Grant Funds" means the money provided by OSHPD for the project described by Grantee in its application and Scope of Work.
11. "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.
12. "Other Sources of Funds" means all cash, donations, or in-kind contributions that are required or used to complete the Project beyond in addition to the grant funds provided by this Agreement.
13. "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 #14-7229. RFA #14-7229 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. Provide activities that are consistent with the elements identified in the purpose and description of services and the needs of CFP/C across culturally diverse communities.
- b. Make services accessible throughout the State across Counties and CBOs. Services must be made available in all five mental health WET geographic regions in California.
- 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. Collaborate with County(s) and/or CBO(s) to develop a mechanism to identify, provide outreach, information and promotion of services to their PMHS workforce with lived experience as CFP/C.
- e. To the extent possible, collaborate with grantees of OSHPDs local organizational support and development network and networks to support PMHS workforce with Lived Experience programs.
- 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. Use multiple outreach tools which shall include, but not be limited to, online social media. Examples may include online social media services 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 CFP/C in the delivery of Program services.
- j. Not conduct lobbying activities as part of this Agreement.
- k. Credit OSHPD and the MHS in all publications resulting from this Agreement.

D. Program Reports:

1. Grantee shall complete no more than bi-monthly (every two months) 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. The progress reports shall be submitted based on the following calendar:

	<b>FY 2015-16</b>	<b>FY2016-17</b>
Progress Report #1	September-October, due by November 30	September-October, due by November 30
Progress Report #2	November-December, due by January 30	November-December, due by January 30
Progress Report #3	January-February, due by March 30	January-February, due by March 30
Progress Report #4	March-April, due by May 30	March-April, due by May 30
Progress Report #5	May-June, due by July 30	May-June, due by July 30
Progress Report #6	July-August, due by September 30	July-August, due by September 30

2. The Grantee shall administer a demographic survey that OSHPD has developed to give to individuals receiving/participating in the activities provided by the Grantee. The demographic survey template that shall be administered is found in Appendix 3. The results of this demographic survey shall be reported in the bi-monthly 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 have been completed to OSHPD's satisfaction.
3. Invoices shall be submitted not more frequently than bi-monthly (every two months) in arrears. Invoices shall be submitted no later than 30 days after each bi-monthly time period and fiscal year end.
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 14-7229;
  - e. Invoice date;
  - f. Invoice total; and
  - g. Authorizing signature.
7. To expedite the processing of invoices submitted to OSHPD for payment, all invoices shall be submitted in triplicate to OSHPD Accounting at the following address:

Office of Statewide Health Planning and Development (OSHPD)  
Attn: Accounting 400 R Street, Suite 359  
Sacramento, CA 95811

8. OSHPD will withhold the final payment due to the Grantee under this Agreement until the Grantee submits a final report to OSHPD that provides a summary of major outcomes, successes, trends, and lessons learned from Agreement activities. OSHPD will notify the Grantee of approval of final report in writing.

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

F. Budget Detail:

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

<b>Table 1- Budget Line Item Costs per budget Line Item Activity Type</b>		
	Costs per Fiscal Year (FY)	
	FY 2015-16	FY 2016-17
<b>Co Learning Collaboratives</b>		
Activity Type:	\$	\$
Activity Type:	\$	\$
<b>Professional Development Opportunities</b>		
Activity Type:	\$	\$
Activity Type:	\$	\$
<b>Support and Retention</b>		
Activity Type:	\$	\$
Activity Type:	\$	\$
<b>Training and Technical Assistance for PMHS Employer</b>		
Activity Type:	\$	\$
Activity Type:	\$	\$
<b>Financial Assistance</b>		
Activity Type:	\$	\$
Activity Type:	\$	\$

<b>Development and Dissemination of Tools and Best Practices and Promotion of Resources</b>		
Activity Type:	\$	\$
Activity Type	\$	\$
<b>Other Evidenced-Based or Community Identified Strategies</b>		
Activity Type:	\$	\$
Activity Type:	\$	\$
<b>Total Indirect Program Costs</b>		
[Indirect Cost Line item 1]	\$	\$
[Indirect Cost Line item 2]	\$	\$
[Indirect Cost Line item 3]	\$	\$
Total Indirect Cost	\$	
Total Cost per Fiscal Year:	\$	\$

3. This performance driven contract is paid by the completion of activities. In the event the applicant is awarded, payments will be made based on the following prorated rates.

<b>Table 2- Budget Line Item Costs per budget Line Item Activity Type</b>						
	Costs per Fiscal Year (FY)					
	FY 2015-16			FY 2016-17		
Should be same as identified in Table 1	Proposed quantity for each activity type	Total Program Cost per Activity Type (same as table 1)	Prorated Rate for each Activity per Activity Type (Divide column 3 by column 2)	Proposed quantity for each activity type	Total Program Cost per Activity Type (same as table 1)	Prorated Rate for each Activity per Activity Type (Divide column 6 by column 5)
<b>Co Learning Collaboratives</b>						
Activity Type:	#	\$	\$	#	\$	\$
Activity Type:	#	\$	\$	#	\$	\$

<b>Professional Development Opportunities</b>						
Activity Type:	#	\$	\$	#	\$	\$
Activity Type:	#	\$	\$	#	\$	\$
<b>Support and Retention</b>						
Activity Type:	#	\$	\$	#	\$	\$
Activity Type:	#	\$	\$	#	\$	\$
<b>Training and Technical Assistance for PMHS Employer</b>						
Activity Type:	#	\$	\$	#	\$	\$
Activity Type:	#	\$	\$	#	\$	\$
<b>Financial Assistance</b>						
Activity Type:	#	\$	\$	#	\$	\$
Activity Type:	#	\$	\$	#	\$	\$
<b>Development and Dissemination of Tools and Best Practices and Promotion of Resources</b>						
Activity Type:	#	\$	\$	#	\$	\$
Activity Type:	#	\$	\$	#	\$	\$
<b>Other Evidenced Based or Community Identified Strategies</b>						
Activity Type:	#	\$	\$	#	\$	\$
Activity Type:	#	\$	\$	#	\$	\$

4. Indirect Cost payments will be made by calculating the percentage of total indirect costs incurred that time period based on the percentage of the program cost invoiced that time period. 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 Program Cost outlined in the Application	<i>Column 3:</i> Total Program 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, may be requested.
2. All requests to change the budget shall be submitted in writing for OSHPD approval and shall include an explanation for the reallocation of funds by the Grantee. An accounting of how the funds were expended will also be submitted with the final report.
3. All requests for extending the grant period shall be submitted in writing to OSHPD for approval. Requests for a time extension must be made to OSHPD no later than ninety (90) calendar days prior to the expiration of the Agreement. There shall be no activity on an Agreement after its expiration.

I. Terms and Conditions:

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

1. Time: Time is of the essence in this Agreement. Grantee will submit the required deliverables as specified and adhere to the deadlines as specified in this Agreement. Anticipating potential overlaps, conflicts, and scheduling issues, to adhere to the terms of the Agreement, is the sole responsibility of the Grantee.

2. Final Agreement: This Agreement, along with the Grantee's Application, exhibits and forms constitutes the entire and final Agreement between the parties and supersedes any and all prior oral or written agreements or discussions.
3. Ownership and Public Records Act: All reports and the supporting documentation and data collected during the funding period which are embodied in those reports, shall become the property of the State and subject to disclosure under the Public Records Act.
4. Additional Audits: Grantee agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Grantee agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., Cal. Code Regs. tit. 2, §1896).
5. Provisions Relating to Data.
  - a. "Data" as used in this Agreement means recorded information, regardless of form or characteristics, of a scientific or technical nature. It may, for example, document research, experimental, developmental or engineering work; or be usable or be used to define a design or process; or support a premise or conclusion asserted in any deliverable document called for by this Agreement. The data may be graphic or pictorial delineations in media, such as drawings or photographs, charts, tables, mathematical modes, collections or extrapolations of data or information, etc. It may be in machine form, as punched cards, magnetic tape, computer printouts, or may be retained in computer memory.
  - b. "Generated data" is that data, which a Grantee has collected, collated, recorded, deduced, read out or postulated for utilization in the performance of this Agreement. Any electronic data processing program, model or software system developed or substantially modified by the Grantee in the performance of this Agreement at State expense, together with complete documentation thereof, shall be treated in the same manner as generated data. "Deliverable data" are that data which, under terms of this Agreement, are required to be delivered to the State. Such data shall be property of the State.
  - c. Prior to the expiration of any legally required retention period and before destroying any data, Grantee shall notify the State of any such contemplated action; and State may within thirty (30) days of said notification determine whether or not the data shall be further preserved. The State shall pay the expense of further preserving the data. State shall have unrestricted reasonable access to the data that are preserved in accordance with this Agreement.
  - d. Grantee shall use best efforts to furnish competent witnesses and to identify such competent witnesses to testify in any court of law regarding data used in or generated under the performance of this Agreement.
6. Independent Grantee: Grantee and the agents and employees of Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.
7. Non-Discrimination Clause: During the performance of this Agreement, Grantee and its subcontractors shall not unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (e.g., cancer), age (over 40), marital status, and denial of family care leave. Grantee and its

- subcontractors shall insure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Grantee and its subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12990 (a-f) et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Section 7285 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code Section 12990 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations, are incorporated into this Agreement by reference and made a part hereof as if set forth in full. Grantee and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other Agreement.
8. Waiver: The waiver by OSHPD of a breach of any provision of this Agreement by will not operate or be construed as a waiver of any other subsequent breach by OSHPD expressly reserves the right to disqualify Grantee from any future grant awards for failure to comply with the terms of this Agreement.
  9. Approval: This Agreement is of no force or effect until signed by both parties. Grantee may not commence performance until such approval has been obtained.
  10. Amendment: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or agreement not incorporated in the Agreement is binding on any of the parties.
  11. Assignment: This Agreement is not assignable by the Grantee, either in whole or in part, without the consent of the State in the form of a formal written amendment.
  12. Indemnification: Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all Grantee's, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of this Agreement.
  13. Disputes: Grantee shall continue with the responsibilities under this Agreement during any dispute. Any dispute arising under this Agreement, shall be resolved as follows:
    - a. The Grantee will discuss the problem informally with the Program Manager. If unresolved, the problem shall be presented, in writing, as a grievance to the Deputy Director, Healthcare Workforce Development Division stating the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought.
    - b. The Deputy Director shall make a determination within ten (10) working days after receipt of the written grievance from the Grantee and shall respond in writing to the Grantee indicating the decision and reasons for it.
    - c. Grantee may appeal the decision of the Deputy Director by submitting written notice to the Director of its intent to appeal, within ten (10) working days of receipt of the Deputy Director's decision. The Director or designee shall meet with the Grantee within twenty (20) working days of receipt of the Grantee's letter. The Director's decision will be final.
  14. Termination For Cause: OSHPD may terminate this Agreement and be relieved of any payment obligations should the Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided.

15. Potential Subcontractors: Nothing contained in this Agreement shall create any contractual relation between the State and any subcontractor of the Grantee, and no subcontract shall relieve the Grantee of its responsibilities and obligations hereunder. The Grantee agrees to be as fully responsible to the State for any and all acts and omissions of its subcontractors and of persons either directly or indirectly employed by the Grantee. The Grantee's obligation to pay its subcontractors is an independent obligation from OSHPD's obligation to disburse funds to the Grantee. As a result, the State shall have no obligation to pay or to enforce the payment of any money to any subcontractor.
16. Governing Law: This Agreement is governed by and shall be interpreted in accordance with the laws of the State of California.
17. Unenforceable Provision: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.

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

Direct all Agreement inquiries to:

State Agency: Office of Statewide Health Planning and Development	Grantee: «Grantee_Name»
Section/Unit: Healthcare Workforce Development Division/ Workforce Education and Training	
Name: Sergio Aguilar, Senior Policy and 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:Sergio.Aguilar@oshpd.ca.gov">Sergio.Aguilar@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: Sergio Aguilar, Senior Policy and 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:Sergio.Aguilar@oshpd.ca.gov">Sergio.Aguilar@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 bi-monthly progress report describes the deliverables for which the Grantee is invoicing for this time period.

**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 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) throughout California across counties and CBOs.**

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

Identify the Category and Type of Activity Completed <i>(Should be consistent with the activity types and titles listed in the work plan/application)</i>	Describe the Type of Activity Provided <i>(no more than six sentences)</i>	Number of times Activity was Completed this time period	Approximate Number of Hours Providing Activity this time period <i>(if applicable)</i>	Number of Individuals that Participated in Activity this time period	Number of Counties and CBOs Supported* by Activity this time period	
					Counties	CBOs
1. (Activity Category and Type One)						
2. (Activity Category and Type Two)						
3. (Activity Category and Type Three)						
Total						

\*Supported includes services provided to individuals within the County Departments or CBO or services provided to the County or CBO directly.

Provide a summary of the number of individuals supported in each County by activity.

	(Activity 1)	(Activity 2)	(Activity 3)	(Activity 4)	(Activity 5)
<b>Greater Bay Area</b>					
Alameda					
City of Berkeley					
Contra Costa					
Marin					
Monterey					
Napa					
San Benito					
San Francisco's					
San Mateo					
Santa Clara					
Santa Cruz					
Solano					
Sonoma					
Total:					
<b>Central Region</b>					
Alpine					
Amador					
Calaveras					
El Dorado					
Fresno					
Inyo					
Kings					
Madera					
Mariposa					
Merced					
Mono					
Placer					
Sacramento					
San Joaquin					
Stanislaus					
Sutter					
Tulare					
Tuolomne					
Yolo					
Yuba					
Total:					

<b>Southern Region</b>					
Imperial					
Kern					
Orange					
Riverside					
San Bernardino					
San Diego					
San Luis Obispo					
Santa Barbara					
Tri-City					
Ventura					
Total:					
<b>Superior Region</b>					
Butte					
Colusa					
Del Norte					
Glenn					
Humboldt					
Lake					
Lassen					
Mendocino					
Modoc					
Nevada					
Plumas					
Shasta					
Sierra					
Siskiyou					
Tehema					
Trinity					
Total:					
<b>Los Angeles Region/County</b>					

- If applicable, describe why some counties are not being supported via program activities (no more than six (6) sentences)

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

<b>Category and Type of Activity Completed</b> (Should have the same titles and be in the same order as activities listed in section II above.)	<b>Outcome(s)/Successes/Trends</b> <i>(no more than 12 sentences per activity type)</i> <i>(Should include outcomes using the evaluation metrics proposed in the application for each activity and a summary of demographics of participants per activity which should be consistent with the demographic information survey in Appendix 3 )</i>	<b>Challenge(s)</b> <i>(no more than 5 sentences per activity type)</i>
1. (Activity Category and Type one)		
2. (Activity Category and Type Two)		
3. (Activity Category and Type Three)		

- Please provide a brief description (no more than five (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.
  
- Provide a brief description (no more than six (6) sentences) of steps you are taking to make services provided accessible throughout the state across Counties and CBOs and include any challenges to making services accessible through the state.
  
- Please provide a brief description (no more than four (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 four (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, etc...

- Please describe (no more than four (4) sentences), how you are collaborating with grantees of OSHPD local organizational support and development networks and networks to support PMHS workforce with lived experience.
- Please describe (no more than four (4) sentences) how the activities provided are consistent with MHSa values and priorities including wellness, recovery and resiliency principles.
- Please describe (no more than four (4) sentences) how you are including individuals with lived experience as CFP/C in the delivery of program services.

**IV. Budget Information**

Provide the following budget and activity information for the time period of this progress

report. Direct Program Costs:

Activity Type: (should have same title and be in same order as tables above)	Total Amount Remaining in Budget per Activity Type (prior to invoice)	Amount Invoiced in this time period per Activity Type	Total Amount Remaining for this Activity Type after invoice	Total Number of Activities remaining to be Completed (prior to this progress report)	Number of Times engaged in Activity Type for this time period (as identified in this progress report)	Number of Remaining Times Activity Must be Engaged In (After this progress report)
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/MFT 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 |
|------------------------------|-----------------------------|