



Office of Statewide Health  
Planning and Development

**REQUEST FOR APPLICATION - Multiple Awards  
Public Mental/Behavioral Health Pipeline Program  
RFA # 16-7565  
Notice to Prospective Applicants**

January 5, 2017

You are invited to review and respond to this Request for Application (RFA), entitled Public Mental/Behavioral Health Pipeline Program. In submitting your application, you must comply with these instructions. Failure to comply with any of the requirements may result in rejection of your application. By submitting an application, your organization agrees to the terms and conditions stated in this RFA and the proposed grant agreement.

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

The Office of Statewide Health Planning and Development (OSHPD) deadline for receipt of application submission is **March 14, 2017, 3:30 PM, PDT**. **All late, faxed, and emailed applications will be rejected** and returned to the applicant. Applications must be received on or before the date and time specified herein (see Section E. Application Requirements and Information).

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

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

Agreements entered into with State of California agencies will be completed as Interagency Agreements (IAAs) and shall be governed by the Terms and Conditions delineated in Appendix 1, Terms and Conditions for Interagency Agreements, of Attachment 7, Sample Grant Agreement.

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

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

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## A. Background

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

Appropriations in the state budget fund the WET Program, which promotes programs and coursework in high schools, adult education, regional occupational programs, colleges and universities that introduce individuals to and prepare them for employment in the Public Mental Health System (PMHS).

This RFA will result in grant agreement(s) or IAAs with public, private, and non-profit organizations to construct region or community specific programs that either implement new or supplement existing mental health pipeline programs or coursework targeted at individuals in high schools, adult education, regional occupational programs, colleges and universities.

## B. Purpose and Description of Services

OSHPD is issuing this RFA with total funding available of \$1,000,000 to fund organizations that will construct region or community specific programs, such as “Grow-Your-Own Models,” that either implement new or supplement existing pipeline programs or coursework for a proposed target population, which may include the following: high schools, adult education, regional occupational programs, colleges and universities. The goal of this RFA is to enter into grant agreement(s) or IAAs, pursuant to which the grantee shall perform activities that increase the capacity of the Public Mental/Behavioral Health Workforce by recruiting individuals before they select a career path, which may include, but shall not be limited to, the following:

1. **Academic Support:** Develop curriculum strategies to convey behavioral healthcare topics to the identified target population with the aim to introduce program participants to and prepare them for careers in the PMHS. Engage other pipeline programs to provide vertical alignment and partnership between various education pipeline levels for program participants.
2. **Career Development:** Engage the proposed target population by providing opportunities to gain experience in the Public Mental/Behavioral Health Workforce through activities such as career shadowing, with the aim to introduce program participants to and prepare them for careers in the PMHS. Engage mental/behavioral health management and leaders in the county PMHS or in Community-Based Organizations (CBOs) to assist with the provision of paid jobs and volunteer experience for the identified target population.
3. **Mentorship and Career Counseling:** Engage the proposed target population via mentorship or career counseling opportunities with the aim to introduce program participants to and prepare them for careers in the PMHS.
4. **Grow-Your-Own Model:** Implement a “Grow-Your-Own-Model” program to engage the proposed target population through career awareness and outreach with the aim to introduce program participants to and prepare them for careers in the PMHS. The “Grow-Your-Own-Model” program is a process of ongoing career development that includes strategies that link

behavioral health knowledge and career readiness throughout a program participant's academic career, which shall be reflected accordingly in the grantee's application.

5. Financial Assistance Strategies: Implement financial assistance strategies, such as stipends, scholarships and housing support opportunities, to provide program participants with support while they explore or prepare for careers in the PMHS.
6. While administering a Public Mental/Behavioral Health Pipeline Program, the grantee shall:
  - a. Engage in recruitment and outreach activities to obtain program participants for the proposed Public Mental/Behavioral Health Pipeline Program, which may include the following target populations: high schools, adult education, regional occupational programs, colleges and universities to participate in the grantees' pipeline program. Outreach tools may include, but shall not be limited to: presentations, personal outreach, information sharing sessions, and social media, such as Facebook and Twitter. Engage in recruitment and outreach activities to behavioral health management and leaders in the county PMHS or in CBOs to assist with the provision program activities as applicable.
  - b. Provide services that are consistent with the elements as identified in Section B. Purpose and Description of Services.
  - c. Provide services that are consistent with the needs of the targeted individuals as identified by the grantee.
  - d. Ensure all program activities are consistent with the MHSA values and priorities, including wellness, recovery and resiliency principles, and the delivery of culturally and linguistically relevant services/training.
  - e. The grantee(s) shall use the progress report template in Attachment 7, Sample Grant Agreement, Appendix 3, Public Mental/Behavioral Health Pipeline Progress Report, when reporting outcome data on a quarterly basis. Further details regarding this requirement are outlined in Attachment 7, Sample Grant Agreement.
  - f. The grantee shall submit annual and semi-annual data summary reports. Further details regarding this requirement are outlined in Attachment 7, Sample Grant Agreement.
  - g. The grantee shall complete a Final Comprehensive Evaluation Report for the Public Mental/Behavioral Health Pipeline Program at the completion of agreement activities. The Final Comprehensive Evaluation Report must include a summary of all program activities and outcomes using the progress report found in Attachment 7, Sample Grant Agreement, a comprehensive survey of program participants, highlights of any major successes and challenges in completing all program activities, measurable outcomes and performance metrics data and best practices for the development and implementation of pipeline programs. In terms of best practices, the Final Comprehensive Evaluation Report shall also include the following information: (1) cost effectiveness, (2) appropriateness, (3) ability to be shared or improved, and (4) program effectiveness and sustainability.

Subject to the availability of funds, the period of the grant agreement or IAA will be from **May 1, 2017**, through **June 30, 2018**.

### C. Minimum Qualifications for Applicants

Applications are requested from any public, private, or non-profit organization, faith-based, community-based, educational and county organizations that are able to successfully implement a proposed pipeline program as described in Section B. Purpose and Description of Services.

Additionally, applicants and their sub-contractors must have demonstrated experience in developing and implementing an effective pipeline program.

### D. Developing an Application

In order to develop a successful application, applicants must be responsive to this RFA in its entirety. Applications that do not contain this information are considered non-responsive and will not be evaluated. A non-responsive application is one that does not meet the basic application requirements.

1. Attachment 1: Required Attachment Check List
  - a. A complete application package must include all the items identified on the Required Attachment Check List. Complete the checklist to confirm inclusion of required items in the application package as all required attachments must be returned.
2. Attachment 2: Application/Applicant Certification Sheet
  - a. The Application/Applicant Certification Sheet must be signed and returned in duplicate with original signatures. An unsigned Application/Applicant Certification Sheet may be cause for application rejection.
3. Attachment 3: Applicant References
  - a. The application must be accompanied by two professional references as provided in Attachment 3, Applicant References, that describe the applicant's ability to engage in activities outlined in Section B. Purpose and Description of Services, Section D. Developing an Application, item 2, Detailed Work Plan and the Scope of Work delineated in Attachment 7, Sample Grant Agreement. OSHPD reserves the right to contact any references provided for verification purposes.
4. Attachment 4: Required Application Components
  - a. Executive Summary: Provide an overview of the applicant's ability to administer a pipeline program as delineated in Section B. Purpose and Description of Services.
  - b. Program Description: Provide a detailed description of the proposed Public Mental/Behavioral Health Pipeline Program, including but not limited to:
    - i. Target Population: Define the target population for the proposed Public Mental/Behavioral Health Pipeline Program.
    - ii. Project Personnel: Submit the titles, job descriptions, and roles of all personnel proposed to work on this project. Identify any sub-contractors that are planned to assist in accomplishing the Scope of Work, including their roles, abilities to provide services, and applicable qualifications. Clearly state the projected number of hours the sub-contractors will spend on the project.
    - iii. County PMHS Programs and CBOs: Define the county PMHS programs and CBOs that will assist with the provision pipeline activities as applicable.

- iv. Program Evaluation: Define how data will be collected and evaluated to report effectiveness of program activities. Identify the measurable outcomes and performance metrics that will be used to evaluate the effectiveness of program activities.
- c. Detailed Work Plan and Schedules: Provide a detailed work plan and a schedule for task completion, including a description of how all the following elements will be addressed:
  - i. Define recruitment and outreach activities that will be used to obtain program participants from the identified target population. Define recruitment and outreach activities that will be used to obtain behavioral health management and leaders in the county PMHS or in CBOs. The behavioral health management and leaders in the county PMHS or in CBOs would assist with the provision pipeline activities as applicable.
  - ii. Identify the specific type(s) of proposed activities and training that will be implemented in the proposed Public Mental/Behavioral Health Pipeline Program using the following table.

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

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

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

- iii. Identify how activities and training will address the specific needs of the target population across culturally and linguistically diverse communities and how activities will be consistent with the MHSA values and priorities including wellness, recovery and resiliency principles.
  - iv. Identify the mechanism that will be used to determine successful program completion.
5. Attachment 5: Sample Rate Proposal Worksheet
- a. Use Attachment 5, Sample Rate Proposal Worksheet, to prepare the cost detail for submission. The submitted Rate Proposal Worksheet shall be consistent with the rate structure in Attachment 5.
  - b. The total cost of all tasks performed through the duration of the grant agreement or IAA for Fiscal Year (FY) 2016-17 and FY 2017-18 shall not be less than \$100,000 or exceed \$150,000 annually per organization. An applicant may, consistent with its work plan and rate proposal, request the distribution of grant funding under this RFA, but in no event shall total funding for a grantee be less than \$100,000 or exceed \$150,000.
  - c. The major budget categories under this RFA shall be: (1) Direct Program Costs, and (2) Indirect Program Costs.
  - d. Budget category details under this RFA are defined as follows:
    - i. "Direct Program Costs" are defined as costs that can be directly attributed to the completion of program activities, which may include, but shall not be limited to: salaries for program staff, materials and supplies required for program activities, program consultants and contractors, and travel.

- ii. "Indirect Program Costs" are defined as costs that are indirectly attributed to the completion of the program services, which may include, but shall not be limited to: utilities, rent, and administrative service and payroll staff.
  - e. The total Indirect Program Costs shall not exceed ten percent of the total grant funding.
  - f. In the event that a grantee is awarded, OSHPD shall make payments based on a prorated rate as follows:
    - i. Direct Program Cost payments will be prorated based on the number of each type of activity completed per quarter. The prorated rate will be calculated by dividing the number of activities outlined in the application for each activity type by the direct program costs identified to complete those activities for each activity type. The Direct Program Cost proration rate can be calculated using the table in the Sample Rate Proposal Worksheet in Attachment 5.
    - ii. Indirect Cost payments will be made by calculating the percentage of total indirect costs incurred that quarter based on the percentage of the direct program cost invoiced that quarter. The indirect cost calculation can be completed using the table in the Sample Rate Proposal Worksheet in Attachment 5.
6. Attachment 6: Payee Data Record
- a. A complete application package must include a completed Payee Data Record (STD. 204).
7. Attachment 7: Sample Grant Agreement
- a. Attachment 7, Sample Grant Agreement, has been included for reference purposes only. Grant agreements and IAAs may be entered into only with successful applicant(s), after the award determination has been made. Entry into and the terms of any grant agreement(s) or IAAs shall be at the sole discretion of OSHPD.
  - b. Carefully review and consider all the elements outlined in Attachment 7, Sample Grant Agreement, in order to complete your application.

## E. Application Requirements and Information

### 1. Key Action Dates:

Event	Date	Time
RFA available to prospective Applicants	January 5, 2017	4:00 PM PDT
Mandatory Pre-Application Conference	January 31, 2017	3:00 PM PDT
Written Question Submittal Deadline	February 3, 2017	4:00 PM PDT
Written responses, if any, to be posted by	February 17, 2017	5:00 PM PDT
Final date for Application Submission	March 14, 2017	3:30 PM PDT
Notice of Intent to Award	April 6, 2017	4:00 PM PDT
Proposed Grant Agreement Start Date	May 1, 2017	NA

2. Mandatory Pre-Application Conference:

- a. A mandatory pre-application conference is scheduled on **January 31, 2017, 3:00 PM, PDT** to clarify the content of this RFA. Attendance for the mandatory pre-application conference will be available through conference call at (888) 278-0296, Code 233068. Applicants may also attend in person at the OSHPD Sacramento, California office:

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

- b. No application will be accepted unless the applicant or an authorized representative attends the mandatory conference. Only one authorized representative from each potential applicant is required to attend the mandatory pre-application conference. Subcontractors may not represent a potential applicant at the mandatory pre-application conference. Each authorized representative may only sign in for one potential applicant.
- c. Assistance for applicants or authorized representatives requiring reasonable accommodation for the mandatory pre-application conference will be provided by OSHPD upon request. The applicant or authorized representatives must call OSHPD at (916) 326-3700 no later than **January 24, 2017, 4:00 PM, PDT** to arrange for reasonable accommodation.

3. Application Submission:

- a. Applications should provide straightforward and concise descriptions of the applicant's ability to satisfy the requirements of this RFA. The application must be complete and accurate. Omissions, inaccuracies or misstatements may be cause for rejection of an application.
- b. As indicated in Section E, Application Requirements and Information, all applications must be submitted under **sealed** cover and received by OSHPD no later than **March 14, 2017, 3:30 PM, PDT**. Applications received after this date and time will not be considered.
- c. A minimum of one original application must be submitted. The original application must be marked "ORIGINAL COPY." All documents contained in the original application package must have original signatures and must be signed by a person who is authorized to bind the applying entity. All additional application sets may contain photocopies of the original package. In addition, applicants **must** submit an electronic copy of the application by e-mail to [OSHPD.MHSAWET@oshpd.ca.gov](mailto:OSHPD.MHSAWET@oshpd.ca.gov), or include a CD of the application with the submission materials.
- d. Due to limited storage space, prepare the application package in the least expensive method (e.g., cover page with staple in upper left-hand corner). Do not utilize fancy bindings (e.g. spiral binding, three-hole punch).
- e. Plainly mark the application with the RFA number and title, the applicant's name and address, and "DO NOT OPEN," as shown in the following example:

Office of Statewide Health Planning and Development

Attn: Ravi Ayer

Procurement and Contracting Services

400 R Street, Suite 340

Sacramento, CA 95811

Re: RFA #16-7565 Public Mental/Behavioral Health Pipeline Program

DO NOT OPEN

- f. Applicants are responsible for ensuring that applications are received by the required date and time. Any application that reaches the above listed location after the defined deadline will be returned unopened.
- g. If the application is made under a fictitious name or business title, the actual legal name of applicant must be provided.
- h. Applications not submitted under sealed cover and marked as indicated above may be rejected.
- i. All applications shall include the documents identified in Attachment 1, Required Attachment Check List. Applications that do not include the required attachments shall be deemed non-responsive.
- 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 applications and may waive an immaterial deviation in an application. The State's waiver of an immaterial deviation shall in no way modify the RFA document or excuse the applicant from full compliance with all requirements if awarded the grant agreement or IAA.
- l. Costs incurred for developing applications in anticipation of award of the grant agreement or IAA are entirely the responsibility of the applicant and shall not be charged to the State of California.
- m. An individual who is authorized to bind the applying organization contractually shall sign the Application/Applicant Certification Sheet in Attachment 2. The signature must indicate the title or position that the individual holds in the organization. An unsigned application may be rejected.
- n. An applicant may modify an application after its submission by withdrawing its original application and resubmitting a new application prior to the final submission deadline as set forth in the Section E. Application Requirements and Information, item 1. Key Action Dates. Application modifications offered in any other manner, oral or written, will not be considered.
- o. An applicant may withdraw its application by submitting a written withdrawal request to the State, signed by the applicant or an authorized agent in accordance with (c) above. An applicant may thereafter submit a new application prior to the application submission deadline. Applications may not be withdrawn without cause subsequent to the application submission deadline.
- p. OSHPD may modify the RFA prior to the final application submission deadline by the issuance of an addendum to all parties who received an application package.
- q. OSHPD reserves the right to reject all applications. OSHPD is not required to award a grant agreement or IAA and will not award a grant agreement or IAA if budget authority is not granted.
- r. Before submitting a response to this solicitation, applicants should review and comply with the RFA requirements, including any addendums.
- s. Where applicable, the applicant should carefully examine work sites and specifications. No additions or increases to the grant agreement or IAA amount will be made due to a lack of careful examination of work sites and specifications.
- t. The State does not accept alternate grant agreement or IAA language from a prospective grantee. An application with such language will be considered a counter offer and will be rejected. The Terms and Conditions outlined in Attachment 7, Sample Grant Agreement, are not negotiable.
- u. No oral understanding or agreement shall be binding on either party.

4. Evaluation Process:

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

- a. At the time of application opening, each application will be checked for the presence or absence of required information in conformance with the submission requirements of this RFA.
- b. Applications that contain false or misleading statements, or that provide references that do not support an attribute or condition claimed by the applicant may be rejected.
- c. The final awards will be to the highest scored applications. OSHPD intends for this RFA to support multiple counties in California by providing a distribution of awards throughout the state. Applications seeking to support geographic regions that are not addressed by other similarly scored applications, may receive preference. The following evaluation tool will be used to score applications:

<b>Evaluation Tool</b>	
<b>Technical Merit Scoring Criteria</b>	<b>Maximum Points</b>
<p><b>Strength of the Program</b></p> <p>Explain or demonstrate how the Public Mental/Behavioral Health Pipeline Program will be/has been created and strengthened. Priority areas include:</p> <ul style="list-style-type: none"> <li>• Successful identification of the target population.</li> <li>• Successful identification of participating county PMHS programs and CBOs.</li> <li>• Successful identification of measurable outcomes, performance metrics, and evaluation methods to measure effectiveness of program activities.</li> <li>• Detailed description of the Public Mental/Behavioral Health Pipeline Program.</li> <li>• Successful identification of proposed program activities/trainings.</li> </ul>	<b>40</b>
<p><b>Detailed Work Plan and Schedules</b></p> <p>Identify how the work plan (tasks the applicant would implement) is consistent with services as described in the Scope of Work of this RFA and the schedule (time-frame) for task completion is sufficient to effectively accomplish the tasks.</p>	<b>30</b>
<p><b>Professional References</b></p> <p>References verify the applicant's capacity to provide the services described in Section B. Purpose and Description of Services, Section D. Developing an Application, item 2, Detailed Work Plan and the Scope of Work delineated in Attachment 7, Sample Grant Agreement.</p>	<b>15</b>
<p><b>Budget Rates</b></p> <p>OSHPD will score the cost effectiveness to successfully implement and administer the Public Mental/Behavioral Health Pipeline Program in relation to how many individuals are proposed to be supported by program activities, as well as proposed engagement activities for each.</p>	<b>10</b>
<p><b>Project Personnel</b></p> <p>Identify the titles, job descriptions, and roles, of each individual/contractor/sub-contractor proposed to be working on the project.</p>	<b>5</b>

<b>Evaluation Tool</b>	
<b>Technical Merit Scoring Criteria</b>	<b>Maximum Points</b>
<b>Total Possible Points</b>	<b>100</b>

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

5. Award and Protest:

- a. A total of \$1,000,000 shall be available for the Public Mental/Behavioral Health Pipeline Program for FY 2016-17 and FY 2017-18.
- b. Multiple applicants may be awarded a grant agreement or IAA under this Public Mental/Behavioral Health Pipeline Program RFA. The total costs of all tasks and milestones cannot be less than \$100,000 or exceed \$150,000 per grant agreement or IAA.
- c. OSHPD reserves the right to determine the number of grant agreements and IAAs to be awarded.
- d. In accordance with Government Code section 11256, OSHPD reserves the right to enter into an Interagency Agreement with a grantee if the grantee is a State agency.
- e. The Notice of the Intent to Award shall be posted in a public place in the OSHPD Sacramento, California offices located at 400 R Street, Room 359, for five working days prior to awarding the grant agreement or IAA. To view a copy of the Notice of the Intent to Award on the OSHPD WET website, please click on the following link: <http://www.oshpd.ca.gov/HWDD/WET.html>
- f. Protest Procedures:
  - i. Letters of Protest must be received at the following address no later than five working days, excluding the first day and including the last day, from the date that the Notice of Intent to Award is posted:

Office of Statewide Health Planning and Development

400 R Street, Suite 340

Sacramento, CA 95811

Attn: Ravi Ayer

Procurement and Contracting Services

Re: Letter of Protest RFA # 16-7565

- ii. The only acceptable delivery method for the Letter of Protest is by a postal service (e.g., United States Postal Service, Federal Express, etc.). The Letter of Protest cannot be hand delivered by the applicant, faxed, or sent by electronic mail. Any letter received without an original signature or by a delivery method other than a postal service will not be considered.
- iii. The Letter of Protest must include the following: (1) a description of the factors which caused the applicant to conclude that the Evaluation Committee did not follow the prescribed rating standards; (2) an explanation as to why the score is in conflict with the rating standards or the award process described in the RFA; and (3) identification of specific information in the application that the applicant believes was overlooked or misinterpreted. The Letter of Protest may not provide any additional information that should have been included in the original application.
- iv. If any applicant files a Letter of Protest, the grant agreements and IAAs shall not be awarded until OSHPD has reviewed the protest.

- v. OSHPD's decision will be rendered within five working days of the receipt of the Letter of Protest and will be considered final.

6. Disposition of Applications:

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

7. Agreement Execution and Performance:

- a. It is anticipated that the performance of the grant agreement or IAA will begin on **May 1, 2017**. No work shall begin until all approvals have been obtained.
- b. Should the grantee fail to commence work at the agreed upon time, OSHPD, upon five days written notice to the grantee, reserves the right to terminate the grant agreement or IAA.
- c. All performance under the grant agreement or IAA shall be completed on or before the termination date of the grant agreement or IAA.
- d. OSHPD will evaluate the grantee's performance to determine whether and to what extent they are meeting the deliverables.
- e. OSHPD reserves the right to cancel the grant agreement or IAA should the deliverables not meet OSHPD's expectations.

**F. Required Attachments**

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

- Attachment 1 Required Attachment Check List
- Attachment 2 Application/Applicant Certification Sheet
- Attachment 3 Applicant References and County/CBO Participation Verification
- Attachment 4 Executive Summary and Detailed Work Plan
- Attachment 5 Sample Rate Proposal Worksheet
- Attachment 6 Payee Data Record (STD 204)
- Attachment 7 Sample Grant Agreement

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

**Attachment 1: Required Attachment Check List**

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

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

<u>✓</u>	<u>Attachment</u>	<u>Attachment Name/Description</u>
_____	Attachment 1	Required Attachment Check List
_____	Attachment 2	Application/Applicant Certification Sheet
_____	Attachment 3	Applicant References
_____	Attachment 4	Required Application Components
_____	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 by an authorized representative and returned in duplicate with **original signatures**.

**Do not return Section E. Application Requirements and Information, or Attachment 7, Sample Grant Agreement, at the end of this Request for Application.**

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

**An unsigned Application/Applicant Certification Sheet may be cause for rejection.**

<b>Company Name</b>	<b>Telephone Number</b>
<b>Address</b>	<b>Fax Number</b>
<b>Name</b>	<b>Title and E-mail Address</b>
<b>Signature</b>	<b>Date</b>

**Attachment 3: Applicant References**

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

**List two references for services performed for other entities within the last four years that are similar to those requested in this Request for Application. 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**

Attachment 4 must include the components delineated in Section D. Developing an Application, including, but not limited to: (1) an Executive Summary, (2) Program Description, (3) a Detailed Work Plan and Schedule, and (4) Program Evaluation.

**Attachment 5: Sample Rate Proposal Worksheet**

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

The applicant hereby proposes to furnish all services and to perform all work required in accordance with the conditions and scope of services as set forth in the Scope of Work and in the application package. If awarded, the rates and budget line items outlined on this proposal worksheet shall be contractually binding and used when invoicing OSHPD for services provided under the grant agreement or IAA.

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

**1. Summary of Direct Program Costs per Activity:**

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

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

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

**2. Summary of Total Indirect Program Costs:**

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

- a. "Indirect Program Costs" are defined as costs that are indirectly attributed to the completion of the program services, which may include, but shall not be limited to: utilities, rent, and administrative services/staff payroll.

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

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

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

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

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

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

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

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

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

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

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### Attachment 6: Payee Data Record (STD 204)

STATE OF CALIFORNIA – DEPARTMENT OF FINANCE  
**PAYEE DATA RECORD**  
(Required when receiving payment from the State of California in lieu of IRS W-9)  
STD. 204 (Rev.6-2003)

1	<p><b>INSTRUCTIONS:</b> Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this <b>fully completed</b> form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement.</p> <p><b>NOTE:</b> Governmental entities, federal, State, and local (including school districts), are not required to submit this form.</p>								
2	<p><b>PAYEE'S LEGAL BUSINESS NAME</b> (Type or Print)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN</b> (Last, First, M.I.)</td> <td><b>E-MAIL ADDRESS</b></td> </tr> <tr> <td><b>MAILING ADDRESS</b></td> <td><b>BUSINESS ADDRESS</b></td> </tr> <tr> <td><b>CITY, STATE, ZIP CODE</b></td> <td><b>CITY, STATE, ZIP CODE</b></td> </tr> </table>			<b>SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN</b> (Last, First, M.I.)	<b>E-MAIL ADDRESS</b>	<b>MAILING ADDRESS</b>	<b>BUSINESS ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>	<b>CITY, STATE, ZIP CODE</b>
<b>SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN</b> (Last, First, M.I.)	<b>E-MAIL ADDRESS</b>								
<b>MAILING ADDRESS</b>	<b>BUSINESS ADDRESS</b>								
<b>CITY, STATE, ZIP CODE</b>	<b>CITY, STATE, ZIP CODE</b>								
3	<p><b>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):</b> <input style="width: 100px;" type="text"/></p> <p><input type="checkbox"/> <b>PARTNERSHIP</b></p> <p><input type="checkbox"/> <b>ESTATE OR TRUST</b></p> <p><input type="checkbox"/> <b>INDIVIDUAL OR SOLE PROPRIETOR</b> <b>ENTER SOCIAL SECURITY NUMBER:</b> <input style="width: 100px;" type="text"/></p> <p style="text-align: center; font-size: small;">(SSN required by authority of California Revenue and Tax Code Section 18646)</p>		<p><b>NOTE:</b> Payment will not be processed without an accompanying taxpayer I.D. number.</p>						
4	<p><b>PAYEE RESIDENCY STATUS</b></p> <p><input type="checkbox"/> California resident – Qualified to do business in California or maintains a permanent place of business in California.</p> <p><input type="checkbox"/> California nonresident (see reverse side) – Payments to nonresidents for services may be subject to State income tax withholding.</p> <p style="margin-left: 20px;"><input type="checkbox"/> No services performed in California.</p> <p style="margin-left: 20px;"><input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.</p>								
5	<p style="text-align: center;"><b>I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME</b> (Type or Print)</td> <td colspan="2"><b>TITLE</b></td> </tr> <tr> <td><b>SIGNATURE</b></td> <td><b>DATE</b></td> <td><b>TELEPHONE</b></td> </tr> </table>			<b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME</b> (Type or Print)	<b>TITLE</b>		<b>SIGNATURE</b>	<b>DATE</b>	<b>TELEPHONE</b>
<b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME</b> (Type or Print)	<b>TITLE</b>								
<b>SIGNATURE</b>	<b>DATE</b>	<b>TELEPHONE</b>							
6	<p><b>Please return completed form to:</b></p> <p><b>Department/Office:</b> <u>Office of Statewide Health Planning &amp; Development</u></p> <p><b>Unit/Section:</b> <u>Procurement &amp; Contracts Services Unit</u></p> <p><b>Mailing Address:</b> <u>400 R Street, Room 359</u></p> <p><b>City/State/Zip</b> <u>Sacramento California 95811</u></p> <p><b>Telephone:</b> <u>(916) 326-3200</u> <b>Fax:</b> <u>(916) 322-2530</u></p> <p><b>E-mail Address:</b> <u>pcs@oshpd.ca.gov</u></p>								

STD. 204 (Rev.6-2003) (REVERSE)

1	<p><b>Requirement to Complete Payee Data Record, STD. 204</b> A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not to do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trust, and corporations will enter their Federal Employer Identification Number (FEIN).</p>
4	<p><b>Are you a California resident or nonresident?</b> 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: <a href="mailto:wscs.gen@ftb.ca.gov">wscs.gen@ftb.ca.gov</a>          For hearing impaired with TDD call: 1-800-822-6268 Website: <a href="http://www.ftb.ca.gov">www.ftb.ca.gov</a></p>
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>
	<p><b>PRIVACY STATEMENT</b> Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business. All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>

**Attachment 7: Sample Grant Agreement**

GRANT AGREEMENT BETWEEN THE  
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT AND  
«Grantee\_Name»  
For The  
PUBLIC MENTAL/BEHAVIORAL HEALTH PIPELINE PROGRAM  
GRANT AGREEMENT NUMBER «Grant\_Number»

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

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

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

WHEREAS, counties and community stakeholders have identified the need to implement a Public Mental/Behavioral Health Pipeline Program in the Public Mental Health System (PMHS).

WHEREAS, introducing specific populations to careers in the Public Mental/Behavioral Health System Workforce is included as a priority strategy under the Mental Health Services Act (MHSA) Workforce, Education and Training (WET) Five-Year Plan 2014-2019, which was approved by the California Mental Health Planning Council.

WHEREAS, the Grantee applied to participate in the Public Mental/Behavioral Health Pipeline Program by submitting an application in response to the Public Mental/Behavioral Health Pipeline Program Request for Application (“RFA #16-7565”).

WHEREAS, the Public Mental/Behavioral Health Pipeline Program shall deliver programs and coursework that introduce individuals to and prepare them for employment in the PMHS in the following target populations: high schools, adult education, regional occupational programs, colleges and universities.

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 submitted by the Grantee in response to RFA #16-7565.
2. "Consumer" means as referred to as Client in Title 9, CCR, Section 3200.040, is an individual of any age who is receiving or has received mental health services. The term "client" includes those who refer to themselves as clients, consumers, survivors, patients or ex-patients.
3. "Direct Program Costs" are defined as costs that can be more directly attributed to the completion of program activities, which can include, but not be limited to: salaries for program staff, materials/supplies required for program activities, program consultants/contractors, and travel.
4. "Director" means the Director of OSHPD or his designee.
5. "Family Member" means siblings, and their partners, kinship caregivers, friends, and others as defined by the family who is now or was in the past the primary caregiver for a child, youth, adolescent, or adult with a mental health challenge who accessed mental health services.
6. "Grant Agreement/Grant Number" means Grant Number «Grant Number» awarded to the Grantee.
7. "Grantee" means the fiscally responsible entity in charge of administering the Grant Funds and includes the program identified on the grant application.
8. "Grant Funds" means the money provided by OSHPD for the project described by the Grantee in its application and Scope of Work.
9. "Indirect Program Costs" are defined as costs that are indirectly attributed to the completion of the program services, which can include, but not be limited to: utilities, rent, and administrative service/payroll staff.
10. "Public Mental Health System (PMHS)" means publicly-funded mental health programs/services and entities that are administered, in whole or in part, by the State departments or county. It does not include programs and/or services administered, in whole or in part by federal, state, county or private correctional entities. (Cal. Code Regs., tit. 9, §3200.253.)
11. "Public Mental Health System Workforce" means current and prospective department and/or county personnel, county contractors, volunteers, and staff in Community-Based Organizations (CBOs), who work or will work in the PMHS. (Cal. Code Regs., tit. 9, §3200.254.)
12. "Program" means the Grantee's Public Mental/Behavioral Health Pipeline Program(s) listed on the grant application.
13. "Program Representative" means the representative of the Grantee for which Agreement funds are being awarded.
14. "Project" means the activity described in the Grantee's application and Scope of Work to be accomplished with the grant Funds.

15. "State" means the State of California and includes all its departments, agencies, committees and commissions.
16. "Underrepresented" means populations that are underrepresented in the mental health professions relative to their numbers in the total population.
17. "Underserved" means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to: those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of-home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers, such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American Rancherias and/or reservations who are not receiving sufficient services. (Cal. Code Regs., tit. 9 §3200.300.)
18. "Unserviced" means those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the county may be considered unserved.

#### B. Term of the Agreement

1. This Agreement shall take effect on the «TermStart», and shall terminate on «TermEnd».
2. The Grantee will submit any requests to extend the Grant Agreement period in writing to OSHPD. Requests for a time extension must be made to OSHPD no later than ninety (90) calendar days prior to the expiration of the Agreement, and may be granted at OSHPD's sole discretion. There shall be no activity pursuant to this Agreement after its expiration. In no event shall an extension of time approved by OSHPD constitute an increase in funding under this Agreement

#### C. Scope of Work

1. Consistent with the RFA, the Grantee agrees to perform all activities specifically identified in the Grantee's application, including the work plan prepared and submitted by the Grantee in response to RFA#16-7565. RFA #16-7565 and the Grantee's application, including the work plan prepared and submitted by the Grantee, are incorporated herein by reference.
2. While performing the activities defined in Section C. Scope of Work, item 1, the Grantee shall:
  - a. Provide services that are consistent with the needs of the targeted population and with the elements identified in Section B. Purpose and Description of Services of the RFA;

- b. Ensure all program activities are consistent with the MHSA values and priorities including wellness, recovery and resiliency principles and the delivery of culturally and linguistically relevant services/training;
- c. Ensure that all services are consistent with the work plan and schedule outlined in the application;
- d. Not conduct lobbying activities as part of this Agreement; and
- e. Ensure that individuals/entities receiving services are not charged for participating in the services if the services are funded by this Grant Agreement.

#### D. Program Reports

1. The Grantee shall complete quarterly progress reports each fiscal year using the progress report template located in Appendix 3, Public Mental/Behavioral Health Pipeline Progress Report, to demonstrate completion of Scope of Work activities and evaluate the program's effectiveness. The Grantee shall submit progress reports within 30 days of the end of the quarter deadline as defined in the following table:

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

2. The Grantee shall administer a demographic survey that OSHPD has developed to give to individuals receiving and participating in the activities provided by the Grantee. The demographic survey template is in Appendix 2, Participant Demographic Information Survey. The results of this demographic survey shall be reported in the quarterly progress reports.
3. The Grantee shall submit annual and semi-annual data summary reports each fiscal year. OSHPD will provide report templates separately within 45 days of the applicable due date.
4. The Grantee shall submit a Final Comprehensive Evaluation Report to OSHPD, that provides a summary of major outcomes, successes, trends, measurable outcomes and performance metrics data and lessons learned/best practices from Agreement activities 60 days prior to the agreement termination date. In terms of best practices, the Final Comprehensive Evaluation Report shall also include the following information: (1) cost effectiveness, (2) appropriateness, (3) ability to be shared or improved, (4) program effectiveness and sustainability. OSHPD will notify the Grantee of approval of the final report in writing.
5. Email an electronic copy of all program reports to [OSHPD.MHSAWET@oshpd.ca.gov](mailto:OSHPD.MHSAWET@oshpd.ca.gov).
6. OSHPD reserves the right to cancel this Agreement in accordance with Section I. General 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 Section C. the Scope of Work and activities outlined in the application, and upon receipt and approval of the invoices, OSHPD

agrees to compensate the Grantee in accordance with the rates specified in Section F. Budget Detail.

2. The Grantee shall not invoice OSHPD for work performed under this Agreement until the Grantee receives confirmation from OSHPD that the progress reports reflected by the invoice have been completed to OSHPD's satisfaction.
3. Invoices shall be submitted no more frequently than quarterly in arrears. Invoices shall be submitted no later than 30 days after each time-period and fiscal year end specified in Section D. Program Reports.
4. Invoices will not be paid until the associated progress report is reviewed and approved.
5. The total amount payable to the Grantee under this Agreement shall not exceed «Amount» («Amt\_Spelled»).
6. The following items are required on all invoices:
  - a. Invoice should be on the Grantee's printed letterhead with Grantee name and address;
  - b. Costs incurred shall be itemized in accordance with Section F. Budget Detail;
  - c. Date(s) of service for associated progress reports;
  - d. Associated fiscal year and quarter;
  - e. OSHPD Agreement number 16-7565;
  - f. Invoice date;
  - g. Invoice total; and
  - h. Authorizing signature.
7. To expedite the processing of invoices submitted to OSHPD for payment, all invoices shall be submitted in triplicate to OSHPD Accounting at the following address:

Office of Statewide Health Planning and Development

Attn: Accounting

400 R Street, Suite 359

Sacramento, CA 95811

8. OSHPD will withhold ten percent of the final payment due to the Grantee under this Agreement until the Grantee submits a Final Comprehensive Evaluation Report to OSHPD, due 60 days prior to the agreement termination date, that provides a summary of the information requested in Section D. Program Reports, item 4, and said report is approved by OSHPD. OSHPD will notify the Grantee of approval of the final report in writing.
9. Payment will be made in accordance with, and within the time-frame specified in Government Code Chapter 4.5, commencing with section 927.

#### F. Budget Detail

1. OSHPD shall reimburse the Grantee for the expenses incurred in performing the Scope of Work and activities specified in the Grantee's application. In no event shall total funding under this Agreement exceed the total Grant Amount.
2. The reimbursement shall not exceed the following per budget line item costs:

<b>Direct Program Costs per Activity</b>	
Activity Type:	Direct Program Cost per Activity Type
Activity Type:	\$
Activity Type:	\$
<b>Total Direct Program Cost</b>	<b>\$</b>

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

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

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

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

4. The total Indirect Program Costs shall not exceed ten percent of the total grant funding. Indirect Program Costs will be made by calculating the percentage of total indirect costs incurred in that quarter based on the percentage of the Direct Program Costs invoiced that quarter. The indirect cost calculation can be made using the following table:

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

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

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

5. Accounting for OSHPD grant funds shall be in accordance with Generally Accepted Accounting Principles consistently applied, regardless of the source of funds. Supporting records must be in sufficient detail to show the exact amount and nature of expenditures and shall be available to OSHPD upon request.

#### G. Budget Contingency Clause

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

#### H. Budget Adjustments

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

#### I. General Terms and Conditions

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

1. **Time:** Time is of the essence in this Agreement. The Grantee shall submit the required deliverables as specified and adhere to the deadlines as specified in this Agreement. Anticipating potential overlaps, conflicts, and scheduling issues, to adhere to the terms of the Agreement, is the sole responsibility of the Grantee.
2. **Final Agreement:** This Agreement, along with the Grantee's application, attachments, and forms constitute the entire and final Agreement between the parties and supersedes any and all prior oral or written agreements or discussions.

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

subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12990 (a-f) et seq.) and the applicable regulations promulgated thereunder (Cal. Code of Regs., tit. 2, §11000 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code section 12990 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations, are incorporated into this Agreement by reference and made a part hereof as if set forth in full. The Grantee and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other Agreement.

8. Waiver: The waiver by OSHPD of a breach of any provision of this Agreement by the Grantee will not operate or be construed as a waiver of any other subsequent breach. OSHPD expressly reserves the right to disqualify the Grantee from any future grant awards for failure to comply with the terms of this Agreement.
9. Approval: This Agreement is of no force or effect until signed by both parties. The Grantee may not commence performance until such approval has been obtained.
10. Amendment: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties, and approved as required. No oral understanding or arrangement not incorporated in the Agreement is binding on any of the parties.
11. Assignment: This Agreement is not assignable by the Grantee, either in whole or in part, without the consent of OSHPD in the form of a formal written amendment.
12. Indemnification: The Grantee agrees to indemnify, defend, and save harmless the State, its officers, agents, and employees from any and all claims and losses accruing or resulting to any and all the Grantee's, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of this Agreement.
13. Disputes: The Grantee shall continue with the responsibilities under this Agreement during any dispute. Any dispute arising under this Agreement, shall be resolved as follows:
  - a. The Grantee will discuss the problem informally with the Program Manager. If unresolved, the problem shall be presented, in writing, as a grievance to the HWDD Deputy Director stating the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought.
  - b. The Deputy Director shall make a determination within ten working days after receipt of the written grievance from the Grantee and shall respond in writing to the Grantee indicating the decision and reasons for it.
  - c. The Grantee may appeal the decision of the Deputy Director by submitting written notice to the Director of its intent to appeal, within ten working days of receipt of the Deputy Director's decision. The Director or designee shall meet with the Grantee within twenty working days of receipt of the Grantee's letter. The Director's decision will be final.
14. Termination for Cause: OSHPD may terminate this Agreement and be relieved of any payments should the Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided.

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

#### J. Project Representatives

The project representatives during the term of this Agreement are listed below.

Direct all Grant Agreement inquiries to:

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

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

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

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

OFFICE OF STATEWIDE HEALTH PLANNING  
AND DEVELOPMENT

«GRANTEE NAME»

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

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

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

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

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

### **Appendix 1: Terms and Conditions for Interagency Agreements**

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

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

## Appendix 2: Participant Demographic Information Survey

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

**Please identify your county of residence:** County Name \_\_\_\_\_

### Please identify your Race/Ethnicity:

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

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

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

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

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

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

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

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

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

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

- Yes
- No
- Decline to State

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

**Please select your age group:**

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

**Are you a Military Veteran?**

- Yes
- No
- Decline to State

**Appendix 3: Public Mental/Behavioral Health Pipeline Progress Report**

Purpose: This quarterly progress report describes the deliverables for which the Grantee is invoicing for the agreement period identified below.

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

**I. Contact Information**

Name	Position/Title	Phone	E-mail

**II. Revision to Work Plan Activities**

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

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

**III. Activities/Training for Public Mental/Behavioral Health Pipeline Program**

List the activities/training used in the Public Mental/Behavioral Health Pipeline Program administration. The list *must* be in the following format.

Identify Activity/Training Type Completed <sup>1</sup>	Description of Type of Activity/Training Provided <sup>2</sup>	Activity/Training Completion Frequency	Number of Individuals That Participated in Activity
1. (Activity Type One)			
2. (Activity Type Two)			
3. (Activity Type Three)			
4. (Activity Type Four)			

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

<sup>2</sup> This description shall be completed in no more than five sentences.

**IV. Outcomes, Successes, Trends, and Challenges**

List the any major outcomes, successes, trends and challenges observed from activities/training used in the Public Mental/Behavioral Health Pipeline Program. The list *must* be in the following format.

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

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

<sup>2</sup> In no more than five sentences per activity, describe observed challenges.

- In no more than five sentences, briefly describe how the activities implemented by your organization were consistent with the needs of the target population across culturally and linguistically diverse communities.
- In no more than four sentences, briefly describe how your organization worked with the county(s) and Community-Based Organizations (CBOs) to develop a mechanism to identify and engage program participants.
- In no more than four sentences, briefly describe how your organization collaborated with county(s) and CBO(s) to support and implement Pipeline Program services/activities.
- List the Public Mental Health System (PMHS) sites, if any, where your Program participants conducted their pipeline activities during this progress report period using the table below:

Name of PMHS Site <sup>1</sup>	County Location of PMHS Site	Number of Program Students Placed During This Reporting Period

<sup>1</sup> County Departments of Mental and/or Behavioral Health and/or CBOs may be listed.

**V. Program Participant Demographics**

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

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

<sup>1</sup> List the activities that program participant(s) engaged in.

**VI. Budget Information**

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

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

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

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**Appendix 4: CCC-307**

**CERTIFICATION**

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

<i>Contractor/Bidder Firm Name (Printed)</i>		<i>Federal ID Number (SSN)</i>
<i>By (Authorized Signature)</i>		
<i>Printed Name and Title of Person Signing</i>		
<i>Date Executed</i>	<i>Executed in the City and County of</i>	

**CONTRACTOR CERTIFICATION CLAUSES**

1. **STATEMENT OF COMPLIANCE:** Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Tit. 2, § 8103) (Not applicable to public entities.)
2. **DRUG-FREE WORKPLACE REQUIREMENTS:** Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:
  - a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
  - b. Establish a Drug-Free Awareness Program to inform employees about:
    - 1) the dangers of drug abuse in the workplace;
    - 2) the person's or organization's policy of maintaining a drug-free workplace;
    - 3) any available counseling, rehabilitation and employee assistance programs; and
    - 4) penalties that may be imposed upon employees for drug abuse violations.
  - c. Every employee who works on the Agreement will:
    - 1) receive a copy of the company's drug-free workplace policy statement; and,
    - 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

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

3. **NATIONAL LABOR RELATIONS BOARD CERTIFICATION:** Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against

Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that contractor will comply with the requirements of section 6072 of the Business and Professions Code, effective January 1, 2003. Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

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

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

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at [www.dir.ca.gov](http://www.dir.ca.gov), and Public Contract Code section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts over \$100,000 executed or amended after January 1, 2007, the contractor certifies that contractor is in compliance with Public Contract Code section 10295.3.