



Office of Statewide Health
Planning and Development

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

NOVEMBER 3, 2017 ADDENDUM

Addendum 1:

Page 4, Section B., Item 3:

3. Evaluation: Evaluate the program at the completion of program activities. The evaluation should include:
 - a. A summary of all program activities and outcomes.
 - b. A comprehensive survey of ~~program consumers and family member participants, and employers where participants were placed~~ PMHS employers participating in activities provided by the grantee.
 - c. Highlights of major successes and/or challenges in completing all program activities.
 - d. A description of how the program incorporates innovative, evidence-based, and community-identified strategies to achieve the goal of training and placing CFP/Cs in the PMHS.
 - e. A description of how all program activities are consistent with MHS values and priorities including wellness, recovery, and resiliency principles.

Addendum 2:

Page 7: Section D., Item 4, subsection f:

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

Cost Detail Format and Requirements:

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