



Office of Statewide Health
Planning and Development

Workforce Education and Training
(WET)
Educational Stipend Program

Grant Guide
For Fiscal Year 2018-19
(3rd Grant Cycle)

If your program requires approval to contract from a coordinating authority, please inform the authority of the terms and conditions contained in the sample grant agreement. All applicants will be required to agree to the terms and conditions prior to receiving funds. The Office of Statewide Health Planning and Development will not make changes to the terms and conditions specified in the sample grant agreement.

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A. Background and Mission

In November 2004, California voters approved Proposition 63, the Mental Health Services Act (MHSA). Sections 2 and 3 of the MHSA provide increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families.

The Office of Statewide Health Planning and Development (OSHPD) administers the Workforce Education and Training (WET) Program, a component of the MHSA. State budget appropriations fund the WET Program which promotes educational stipend programs modeled after the federal Title IV-E Social Work Training Program that:

- Support students who are committed to working in the public mental health system (PMHS).
- Prepare professionals to deliver public mental health services that promote wellness, recovery, and resiliency.
- Encourage the enrollment and support of individuals with consumer and family experience in the PMHS.
- Recruit individuals who are culturally competent and/or have life experience with the PMHS.
- Promote the distribution of stipend recipients throughout California.

B. Purpose and Description of Services

This Grant Guide provides instructions on how to apply for two different educational stipend programs for funding to support graduate-level education for the following disciplines seeking to be licensed:

- Psychiatric Mental Health Nurse Practitioner (PMHNP)
- Clinical Psychologist

Awardees will use WET Educational Stipend Program funds to provide the following services:

1. Ensure stipend recipients receive clinical supervision in the PMHS.
2. Develop and/or implement a curriculum that reflects MHSA values and principles as defined in Title 9, California Code of Regulations, section 3320, which are the following:
 - a. Community collaboration
 - b. Cultural competence
 - c. Consumer and family-member driven
 - d. Wellness, recovery, and resiliency focused
3. Track and report on program outcomes which includes evaluation of the stipend program.
4. Administratively monitor the employment of stipend recipients to ensure completion of the employment service obligation.
5. Collect stipend funds during the length of the contract in the event stipend recipients do not meet their obligation.

C. Eligible Applicants and Available Funding

1. Eligible Applicants

OSHPD invites applications from any California school or consortia of California schools that train graduate-level clinicians who are PMHNPs or Clinical Psychologists and demonstrate they have the capacity to address all elements described in Section B Purpose and Description of Services and in the Scope of Work located in Attachment 7, Sample Grant Agreement. California-based educational institutions administering distance learning programs that can demonstrate the above are eligible to apply.

2. Available Funding

Subject to the availability of funds, the period of this Educational Stipend Program Grant Agreement will be from **June 28, 2019 through June 30, 2023**. OSHPD is issuing this Grant Guide to fund organizations up to the amounts listed below for a total of two fiscal years:

- \$506,000 for PMHNP Stipend Program
- \$460,000 for Clinical Psychologist Stipend Program

D. Initiating an Application

1. Applications should provide straightforward and concise descriptions of the applicant's ability to satisfy the requirements of this Grant Guide. The application must be complete and accurate. OSHPD may reject an application that contains omissions, inaccuracies, or misstatements.
2. Applicants shall include the documents identified in Attachment 1: Required Document Check List. OSHPD will reject applications as non-responsive that do not include required documents.
3. Submit applications under sealed cover to be received by OSHPD no later than **March 8, 2019, 3:30 PM PDT**. OSHPD will not consider applications received after this date and time.
4. Submit one original and mark it "ORIGINAL COPY". The submitted application must have original signatures from a person authorized to bind the applying firm. In addition, applicants must submit an electronic copy of the application, either by email to OSHPD.MHSAWET@oshpd.ca.gov, or by including a CD of the application with the mailed materials.
5. Prepare the application package in the least expensive method (e.g., cover page with staple in upper left-hand corner; no fancy bindings: spiral binding, three-hole punch, etc.).

6. Plainly mark the application envelope with "WET Educational Stipend Program Application", applicant's name and address, and mark "DO NOT OPEN", as shown in the following example:

Office of Statewide Health Planning and Development
Attn: Contracts Analyst
Procurement and Contracting Services
2020 West El Camino Avenue, Suite 1000
Sacramento, CA 95833
Educational Stipend Program
DO NOT OPEN

7. Applicants must provide the actual legal name if the application is made under a fictitious name or business title.
8. OSHPD may reject applications not submitted under sealed cover, not marked as indicated, or without electronic copy.
9. Applicants must include the performance of all services described herein in their applications. OSHPD may reject applications that contain any deviation from the work specifications.
10. OSHPD may reject an application if it is conditional or incomplete, or if it contains any alterations of form or other irregularities of any kind. OSHPD may reject any or all applications and may waive an immaterial deviation in an application. OSHPD's waiver of an immaterial deviation shall in no way modify the Grant Guide or excuse the applicant from full compliance with all requirements if awarded the agreement.
11. Applicants are entirely responsible for costs incurred in developing applications in anticipation of award of the agreement and shall not charge the State of California for these costs.
12. An individual authorized to contractually bind the proposing entity shall complete and sign Attachment 3: Application/Applicant Certification Sheet. OSHPD may reject an unsigned application.
13. An applicant may withdraw its submitted application by sending a withdrawal request to OSHPD.MHSAWET@oshpd.ca.gov. An applicant may thereafter submit a new or modified application prior to the application submission deadline as set forth in the Section K. Key Dates. Applicants may not withdraw applications without cause subsequent to the application submission deadline.
14. OSHPD may modify this Grant Guide prior to the final application submission deadline by issuing an addendum at: <https://www.oshpd.ca.gov/HWDD/WET.html>.
15. OSHPD reserves the right to reject all applications. OSHPD is not required to award a grant agreement and will not award an agreement if budget authority is not granted.
16. OSHPD does not accept alternate grant agreement language from a prospective Grantee. OSHPD will consider an application with such language to be a counter offer and will reject it. The Terms and Conditions outlined in Attachment 7: Sample Grant Agreement are not negotiable.

17. If your program requires approval to contract from a coordinating authority, please inform the authority of the terms and conditions contained in Attachment 7: Sample Grant Agreement. All applicants will be required to agree to the terms and conditions prior to receiving funds. OSHPD will not make changes to the terms and conditions specified in Attachment 7: Sample Grant Agreement.
18. Grantee must sign and submit grant agreements by the OSHPD due date. Failure to sign and return the grant by the due date will result in loss of award.
19. When the grantee is a county, city, school district, or other local public body, a copy of the resolution, order, motion, ordinance, or other similar document shall accompany the signed grant from the local governing body authorizing execution of the agreement.
20. If, upon reviewing the Final Comprehensive Evaluation Report, OSHPD finds that not all requirements have been met and/or funds have not been expended, OSHPD will request the remittance of funds from the grantee.
21. All grant deliverables, including reports and supporting documentation, shall become subject to the Public Records Act.
22. The grantee may request in writing a change to the budget at least 60 days before the grant end date.
23. No oral understanding or agreement shall be binding on either party.

E. Required Attachments

OSHPD will only consider applications that include all documents required in Attachment 1: Required Document Check List.

1. Attachment 1: Required Document Check List

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

2. Attachment 2: Educational Stipend Program Application Form

This section describes the required elements in the application.

- a. **Executive Summary:** Provide an overview of the services your organization will provide as delineated in Section A and B.
- b. **Program Components:** Describe each component of the proposed Educational Stipend program, as described in Section B. Purpose and Description of Services, including:
 - i. **Detailed Work Plan and Schedule:** Provide a detailed work plan and schedule for task completion, including a description of how all the following elements will be addressed:
 - 1) Provide a description of applicants' ability to establish and manage a graduate-level educational stipend program to support PMHNPs or Clinical

Psychologists students across the state who are studying to become clinicians who are and who commit to working in California's PMHS.

- 2) Describe how recruitment and outreach will be conducted to individuals who reflect the diverse populations served by the PMHS, individuals who are consumers and their families, and individuals who will serve in communities with a demonstrated shortage of licensed staff.
- 3) Identify and describe a curriculum that is currently used or will be implemented.
- 4) Describe how the educational stipend program will create and/or strengthen educational partnerships, community support, and workforce preparation between the applicant and the county(ies) throughout the state with special emphasis on counties with historical lack of representation in past educational stipend programs.
- 5) Explain how the applicant plans to collaborate with the local PMHS (such as counties, community-based organizations, and Regional Partnerships) to ensure workforce and geographic needs are met.
- 6) Explain your good-faith strategy for placing at least 15 percent of stipend recipients into counties that have historically received little support through the WET Educational Stipend Program.

For the PMHNP Stipend Program, the counties are: *Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter-Yuba, Tehama, Trinity, Tulare, Tuolumne, Ventura, and Yolo.*

For the Clinical Psychologist Stipend Program, the counties are: *Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter-Yuba, Tehama, Trinity, Tulare, Tuolumne, Ventura, and Yolo.*

- 7) Identify specific information about your current PMHNP or Clinical Psychologist program clinical hours, using the table below:

# of clinical hours required for PMHNP or Clinical Psychologist students to complete their program	Average # of clinical hours spent by PMHNP or Clinical Psychologist students in PMHS sites

- 8) Indicate field placement information for students in your PMHNP or Clinical Psychologist programs from the last three years, using the table below:

Field Placement Site	County	Number of students placed at site	County with historical lack of representation in past educational stipend programs (yes or no)

- 9) Indicate employment site information for students in your PMHNP or Clinical Psychologist programs from the last three years, using the table below:

Employment Site	County	Number of students employed at site	County with historical lack of representation in past educational stipend programs (yes or no)

- ii. Project Personnel: Provide titles, job descriptions, and roles of each individual, contractor, or sub-contractor proposed to work on the project.
- iii. Budget Detail: Provide budget detail for all proposed program activities.

3. Attachment 3: Application/Applicant Certification Sheet

An individual authorized to contractually bind the proposing entity must sign and return the Application/Applicant Certification Sheet with original signature. OSHPD may reject an application with an unsigned Application/Applicant Certification Sheet.

4. Attachment 4: Professional References

Include two professional references that describe your ability to engage in activities outlined in the Detailed Work Plan and Schedule of Attachment 2. Educational Stipend Program Application Form. OSHPD reserves the right to verify references provided.

5. Attachment 5: County Mental Health/Community-Based Organization Participation Verification Form

The verification form, signed by PMHS employers (including counties, CBOs, and others), specifies that they will engage with the Grantee to support the PMHNP or Clinical Psychologist educational stipend program.

F. Budget Restrictions

The total cost of all tasks throughout the duration of the grant agreement for Fiscal Year (FY) 2019-20 and FY 2020-21 cannot exceed the amount allocated per stipend program:

- \$506,000 for PMHNP Stipend Program
- \$460,000 for Clinical Psychologist Stipend Program

An applicant may, consistent with its work plan, rate proposal, and budget category limitations, request the distribution of grant funding for each year. In no event shall total funding for a grantee exceed the amount budgeted per stipend program.

G. Evaluation and Scoring Procedures

OSHPD may award multiple Grant Agreements, and final awards will include consideration of the following elements:

1. At the time of application closing, OSHPD will check each application for the presence or absence of required information in conformance with the submission requirements.
2. OSHPD may reject applications that contain false or misleading statements, or that provide references which do not support an attribute or condition claimed by the applicant.
3. OSHPD will grant the final awards to the highest scoring applications. OSHPD also intends for this application to support multiple counties in California by providing a distribution of awards throughout the state. OSHPD may give preference to applications seeking to support geographic regions, which are not addressed by other similarly scored applications. OSHPD will use the evaluation tool in Appendix 1: Evaluation Criteria to score applications.
4. OSHPD will make final selections on the basis of which applications best fit the criteria described in Appendix 1: Evaluation Criteria and provide a geographic representation across California.

H. Grant Agreement Deliverables

1. The Grantee shall complete progress reports using the Educational Stipend Program Certification Statement and Progress Report in Exhibit 2 of Attachment 7: Sample Grant Agreement. The Grantee shall submit an Annual Summary Report to OSHPD using the OSHPD-provided template. The Grantee shall submit reports in accordance with the following schedule:

	Due Date
Progress Report #1	July-December, due by January 30
Progress Report #2	January-June, due by July 30
Annual Summary Report	July-June, due by August 15

2. The Grantee shall administer the Participant Demographic Information Survey to individuals receiving/participating in the activities, using the Participant Demographic Information Survey located in Exhibit 3 of Attachment 7: Sample Grant Agreement. The Grantee shall report results in required progress reports.
3. The Grantee shall submit a Final Comprehensive Evaluation Report to OSHPD. OSHPD will provide the report template. The report will provide a summary of performance, including outcomes, trends, and lessons learned/best practices. OSHPD will notify the Grantee in writing of approval of the Final Comprehensive Evaluation Report.
4. Email all reports to OSHPD.MHSAWET@oshpd.ca.gov.

I. Post Award and Payment Provisions

1. OSHPD expects the Grantee will begin performance of the grant agreement on **June 28, 2019**. No work shall begin until the grant agreement has been signed and executed.

2. 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.
3. Grantee shall complete all activities under the grant agreement on or before the termination date of the grant agreement.
4. OSHPD will evaluate grantee performance to determine whether and to what extent deliverables are being met.
5. OSHPD reserves the right to cancel the grant agreement should the deliverables not meet OSHPD's expectations.
6. OSHPD makes payments upon approval of program certification statements documenting the completion of activities. The Grantee shall provide to OSHPD a report with specified information described in the Educational Stipend Program Certification Statement and Progress Report located in Exhibit 2 of Attachment 7: Sample Grant Agreement when submitting the signed payment certification statement. OSHPD will provide a report template to the Grantee.

J. Grant Guide Questions and Answers

Read this Grant Guide in its entirety. You can also refer to Frequently Asked Questions at <https://www.oshpd.ca.gov/HWDD/WET.html>

K. Key Dates

The key dates for the program year are as follows:

Event	Date	Time
Application Available	January 15, 2019	5:00 PM PDT
Application Submission Deadline	March 8, 2019	3:30 PM PDT
Awardees Announced	March 22, 2019	5:00 PM PDT
Proposed Grant Agreement Start Date	June 28, 2019	N/A

L. Department Contact

For questions related to WET and the Educational Stipend Program application, email OSHPD at OSHPD.MHSAWET@oshpd.ca.gov.

Thank you!

Thank you for your interest in applying for the WET Educational Stipend Program and for your continued efforts to provide training and support that facilitates the deployment of PMHNP and Clinical Psychologist students who are committed to working in the PMHS.

Attachment 1: Required Document Check List

Applicant Name:

You **must** return this completed check list with your application package. Complete this check list to confirm the items in your application. Place a check mark or “✓” next to each item that you are submitting. You must return all required attachments for OSHPD to consider your application responsive.

<u>✓</u>	Document	Document Name/Description
<u> </u>	Attachment 1	Required Document Check List
<u> </u>	Attachment 2	Educational Stipend Program Application Form
<u> </u>	Attachment 3	Application/Applicant Certification Sheet
<u> </u>	Attachment 4	Professional References
<u> </u>	Attachment 5	County Mental Health/ Community-Based Organization Participation Verification Form
<u> </u>	Attachment 6	Payee Data Record (STD 204)
<u> </u>	Electronic Copy of Application Submitted	

Attachment 2: Educational Stipend Program Application Form

Complete all sections of this application form. *(Please use Arial font no smaller than 10 points.)*

Check stipend program category: (one only)

- ☐ Psychiatric Mental Health Nurse Practitioners (PMHNP)
- ☐ Clinical Psychologists

A. Executive Summary *(Maximum 1000 words)*

B. Program Description

Provide a detailed description of the proposed program, including how it will address all of the components detailed in Section B. Purpose and Description of Services. *(Maximum 1000 words.)*

1. The Detailed Work Plan and Schedule for task completion must include a description of how the following elements will be addressed in the same order:
 - a. Applicant's ability to establish and manage a graduate-level educational stipend program to support students across the state who are studying to become clinicians who are PMHNPs or Clinical Psychologists and who commit to working in California's PMHS.
 - b. Describe how recruitment and outreach will be conducted to individuals who reflect the diverse populations served by the PMHS, individuals who are consumers and their families, and individuals who will serve in communities with a demonstrated shortage of licensed staff.
 - c. Identify and describe a curriculum that is currently used or will be implemented that reflects MHSA values and principles as defined in Title 9, California Code of Regulations, and Section 3320, which are the following:
 - i. Community collaboration
 - ii. Cultural competence
 - iii. Consumer and family-member driven
 - iv. Wellness, recovery, and resiliency focused
 - d. Describe how the educational stipend program will create and/or strengthen educational partnerships, community support, and workforce preparation between the applicant and the county(ies) throughout the state with special emphasis on counties with historical lack of representation in past educational stipend programs.
 - e. Explain how the applicant plans to collaborate with the local PMHS (such as counties, community-based organizations, i.e.) to ensure workforce and geographic needs are met.
 - f. Explain your good-faith strategy for placing at least 15 percent of stipend recipients into counties that have historically received little support through the WET Educational

Stipend Program.

- g. Identify specific information about your current PMHNP or Clinical Psychologist program clinical hours, using the table below:

# of clinical hours required for PMHNP or Clinical Psychologist students to complete program	Average # of clinical hours spent by PMHNP or Clinical Psychologist students in PMHS sites

- h. Indicate field placement information for students in your PMHNP or Clinical Psychologist programs from the last three years, using the table below:

Field Placement Site	County	Number of students placed at site	County with historical lack of representation in past educational stipend programs (yes or no)

- i. Indicate employment site information for students in your PMHNP or Clinical Psychologist programs from the last three years, using the table below:

Employment Site	County	Number of students employed at site	County with historical lack of representation in past educational stipend programs (yes or no)

C. Project Personnel

Provide the titles, job descriptions, and roles of all personnel proposed to work on this project with particular attention to providing outreach to potential stipend recipients, supervising stipend recipients, and helping ensure that stipend recipients are employed with qualifying employers upon graduation. Identify any sub-contractors that will assist in accomplishing the services described in Section B. Purpose and Description of Services including their roles, abilities to provide services, and applicable qualifications. The Grantee will clearly state the projected number of hours the sub-contractors will spend on the project and the geographic location, if applicable.

D. Budget Detail

- The total cost of all tasks through the duration of the Grant Agreement shall not exceed the amount allotted per Stipend Program. A prospective Grantee may, consistent with its work plan and Sample Rate Proposal Worksheet, request the distribution of grant funding under this Grant Guide, but in no event shall total funding for a Grantee under this Grant Guide exceed:
 - \$506,000 for PMHNP Stipend Program
 - \$460,000 for Clinical Psychologists Stipend Program
- The major budget categories under this Grant Guide shall be: Stipend Costs, Coordination Costs, and Administrative Costs, as described below:

Stipend Costs	Coordination Costs	Administrative Costs
<p>Funds paid either directly to a student who signed a Service Agreement as specified in Attachment 7: Sample Grant Agreement or funds that are applied towards that student's tuition.</p> <ul style="list-style-type: none"> • Each PMHNP educational stipend shall not exceed \$18,500 per student. • Each Clinical Psychologist educational stipend shall not exceed \$20,772. • The total stipend cost shall be no less than 72.5 percent of the total amount of the proposal. • Proposals that are less than this stipend cost may be rejected. (Example: If the total agreement amount is up to \$1,000,000, then the stipend cost can be no less than \$725,000). 	<p>Costs that are attributed to the coordination of the PMHNP, or Clinical Psychologist educational stipend program activities which can include, but not be limited to:</p> <ul style="list-style-type: none"> • Salaries for program staff, consultant costs, or sub-contractors. • Travel and incentives for placing individuals in counties with historical lack of representation in past educational stipend programs. • Coordination Costs shall not exceed 27.5 percent of the proposal. 	<p>Costs that are indirectly attributed to the completion of the program services which can include, but not be limited to:</p> <ul style="list-style-type: none"> • Utilities, rent, equipment, administrative service/payroll staff, etc. • Administrative Costs shall not exceed 25 percent of the proposal.

3. The applicant may allocate funding to both Coordination Costs and Administrative Costs, however the total of the combined Coordination Costs and/or Administrative Costs shall not exceed 27.5 percent of the total Agreement amount and of that combination, Administrative Costs cannot exceed 25 percent. Successful applicants shall adhere to these cost limitations.

4. Applicants shall use the following “Sample Rate Proposal” Worksheet to prepare the cost detail for submission:

SAMPLE RATE PROPOSAL WORKSHEET

Applicant Name: _____

Total Proposed Budget: \$ _____

(The total budget for all tasks through the duration of the Grant Agreement for FY 2019-20 through FY 2020-21 cannot exceed \$506,000 for a PMHNP Stipend Program and \$460,000 for a Clinical Psychologists Stipend Program)

Total Number of Stipends Proposed: _____ Coordination Costs: \$ _____ Administrative Costs: \$ _____

Total Cost of Stipends: \$ _____

PMHNP Stipend awards shall not exceed \$18,500. Clinical Psychologist Stipend awards shall not exceed \$20,772. Total costs of stipends shall not be less than 72.5 percent of the total award amount. The combination of Coordination and Administrative Costs cannot exceed 27.5 percent of the total award.

	Year 1 FY 2019-20	Year 2 FY 2020-21	Year 3 FY 2021-22	Year 4 FY 2022-23	Subtotals
Number of Stipends Proposed	# _____	- 0 -	- 0 -	- 0 -	Total Number of Stipends Proposed # _____
Cost of Stipends (# of stipends x award amount)	\$ _____	- 0 -	- 0 -	- 0 -	Total Stipend Costs \$ _____
Yearly Coordination Costs	\$ _____	\$ _____	- 0 -	- 0 -	Total Coordination Costs \$ _____
Yearly Administration Costs	\$ _____	\$ _____	- 0 -	- 0 -	Total Administration Costs \$ _____
Yearly Totals	\$ _____	\$ _____	- 0 -	- 0 -	Grand Total \$ _____

Attachment 3: Application/Applicant Certification Sheet

Sign and return this Application/Applicant Certification Sheet with **original signatures**. **An Unsigned Application/Applicant Certification Sheet May Be Cause for Rejection.**

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

Company Name	Telephone Number
Address	Fax Number
Name	Title and E-mail Address
Signature	Date

Attachment 4: Professional References

List two references below from within the last four years that demonstrate your organization's capacity to provide the services outlined in the Detailed Work Plan and Schedule in Attachment 2: Educational Stipend Program Application Form. If you cannot provide two references, please explain why on an attached sheet of paper.

REFERENCE 1			
Name of Firm			
Street Address	City	State	Zip Code
Contact Person		Telephone Number	
E-mail 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 5: County Mental Health/Community-Based Organization (CBO) Participation Verification Form

Date:

County/Community-Based Organization _____

The Applicant Organization (see below) intends to apply for a grant from the Office of Statewide Health Planning and Development (OSHDP) to provide training and support for individuals in the Public Mental Health System (PMHS) to be employed as: (check one box)

- ☐ Psychiatric Mental Health Nurse Practitioners (PMHNP)
☐ Clinical Psychologists

This participation verification form ensures OSHDP that the applicant organizations contacted a county or CBO before submitting an application, and plan to engage and collaborate with the county(ies) or CBO(s) in their program area. By signing the letter, the county or CBO is agreeing that where applicable, the county will collaborate and engage with the applicant organization if awarded a grant. OSHDP encourages the county/CBO director to sign only if planning to collaborate and engage with this organization in a manner consistent with what is described below.

To better assess the workforce needs in your county mental health program/CBO, to the extent possible please complete the following questions:

1. Provide the number of positions currently filled by the identified discipline in your organization.
2. Provide the number of vacant positions in your organization.
3. Provide the number of trained positions your organization needs over the next year.
4. Identify the main skills, competencies, and qualifications needed by this discipline to obtain placement within your organization.
5. Identify how your organization plans to collaborate and engage with the applicant organization.

By signing below, I confirm that _____ (Applicant Organization) has contacted my organization, my organization is part of the PMHS and, where applicable, my organization will engage with _____ (Applicant Organization) to recruit, train, place, and support individuals in PMHNP or Clinical Psychologist positions within the PMHS.

Director (or authorized designee), County Mental Health Program/CBO (Print)

Director (or authorized designee), County Mental Health Program/CBO (Signature)

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 or W-7)

STD 204 (Rev. 4/2017)

1	<p>INSTRUCTIONS: Type or print the information. Complete all information on this form. Sign, date, and return to the state agency (department/office) address shown in Box 6. Prompt return of this fully completed form will prevent delays when processing payments.</p> <p>Information provided in this form will be used by California state agencies to prepare Information Returns (Form1099). See next page for more information and Privacy Statement.</p> <p>NOTE: Governmental entities, i.e. federal, state, and local (including school districts), are not required to submit this form.</p>																							
2	<p>PAYEE'S LEGAL BUSINESS NAME (As shown on your income tax return)</p> <hr/> <table style="width: 100%;"> <tr> <td colspan="4">SOLE PROPRIETOR OR INDIVIDUAL— ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</td> <td colspan="2">E-MAIL ADDRESS</td> </tr> <tr> <td colspan="3">MAILING ADDRESS</td> <td colspan="3">BUSINESS ADDRESS</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> </tr> </table>						SOLE PROPRIETOR OR INDIVIDUAL— ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)				E-MAIL ADDRESS		MAILING ADDRESS			BUSINESS ADDRESS			CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
SOLE PROPRIETOR OR INDIVIDUAL— ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)				E-MAIL ADDRESS																				
MAILING ADDRESS			BUSINESS ADDRESS																					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE																			
3	<p>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): </p> <p> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST </p> <p>CORPORATION:</p> <p> <input type="radio"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="radio"/> LEGAL (e.g., attorney services) <input type="radio"/> EXEMPT (nonprofit) <input type="radio"/> ALL OTHERS </p> <p> <input type="checkbox"/> SOLE PROPRIETOR OR INDIVIDUAL </p> <p>Enter social security number (SSN) or individual taxpayer identification number (ITIN)</p> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px auto;"></div> <p style="text-align: center; font-size: small;">(SSN required by authority of California Revenue and Tax Code sections 18646 and 18651)</p>					<p>NOTE: Payment will not be processed without an accompanying taxpayer identification number.</p>																		
4	<p>PAYEE RESIDENCY STATUS</p> <p> <input type="checkbox"/> CALIFORNIA RESIDENT - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> CALIFORNIA NON RESIDENT (see next page for more information) - Payments to nonresidents for services may be subject to state income tax withholding. <input type="radio"/> No services performed in California. <input type="radio"/> Copy of Franchise Tax Board waiver of state withholding attached. </p>																							
5	<p>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.</p> <table style="width: 100%;"> <tr> <td colspan="3">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</td> <td colspan="2">TITLE</td> <td>TELEPHONE (include area code)</td> </tr> <tr> <td colspan="3">SIGNATURE</td> <td>DATE</td> <td colspan="2">E-MAIL ADDRESS</td> </tr> </table>						AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)			TITLE		TELEPHONE (include area code)	SIGNATURE			DATE	E-MAIL ADDRESS							
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SIGNATURE			DATE	E-MAIL ADDRESS																				
6	<p>Please return completed form to:</p> <table style="width: 100%;"> <tr> <td colspan="3">DEPARTMENT/OFFICE</td> <td colspan="3">UNIT/SECTION</td> </tr> <tr> <td colspan="3">MAILING ADDRESS</td> <td colspan="2">TELEPHONE (include area code)</td> <td>FAX</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td colspan="3">E-MAIL ADDRESS</td> </tr> </table>						DEPARTMENT/OFFICE			UNIT/SECTION			MAILING ADDRESS			TELEPHONE (include area code)		FAX	CITY	STATE	ZIP CODE	E-MAIL ADDRESS		
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CITY	STATE	ZIP CODE	E-MAIL ADDRESS																					

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 4/2017)

1	<p>Requirement to Complete the Payee Data Record, STD 204</p> <p>A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.</p> <p>Payees who do not wish to complete the STD 204 may elect not to do business with the state. If the payee does not complete the STD 204 and the required payee data is not otherwise provided, payment may be reduced for federal and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).</p>
2	<p>Enter the payee's legal business name. The name must match the name on the payee's tax return as filed with the federal Internal Revenue Service. Sole proprietorships must also include the owner's full name. An individual must list his/her full name as shown on the SSN or as entered on the W-7 form for ITIN.</p> <p>The mailing address should be the address at which the payee chooses to receive correspondence (i.e. 1099 form) and payments. The business address is the address of the business' physical location; do not enter the payment address or lock box information here.</p>
3	<p>Check only one box that corresponds to the payee business type. Corporations must check the box that identifies the type of corporation.</p> <p>The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by the R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.</p> <p>Payees must provide one of the following TINs on this form: social security number (SSN), individual taxpayer identification number (ITIN), or federal employer identification number (FEIN). The TIN for sole proprietorships and individuals is the SSN or ITIN. Only partnerships, estates, trusts, and corporations will enter their FEIN.</p>
4	<p>Are you a California resident or nonresident?</p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below: <div style="display: flex; justify-content: space-between;"> Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov </div> <div style="display: flex; justify-content: space-between;"> For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov </div> </p>
5	Provide the name, title, email address, signature, and telephone number of the individual completing this form. Provide the date the form was completed.
6	This section must be completed by the state agency requesting the STD 204.

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of this form.

Attachment 7: Sample Grant Agreement

GRANT AGREEMENT BETWEEN THE
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT AND
«**Grantee_Name**»
For The EDUCATIONAL STIPEND PROGRAM
GRANT AGREEMENT NUMBER «**Grant_Number**»

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

WHEREAS, a minimum of \$966,000 of total funding shall be provided for the deployment of staff to be allocated as follows: \$506,000 for Psychiatric Mental Health Nurse Practitioners (PMHNP) and \$460,000 for Clinical Psychologists as an effective and necessary service to clients, family members, and caregivers.

WHEREAS, Welfare and Institutions Code Section 5822(c) statutorily authorizes OSHPD to engage in the creation of a stipend program modeled after the federal Title IV-E program for persons enrolled in educational institutions who want to be employed in the California Public Mental Health System (PMHS).

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

WHEREAS, counties and community stakeholders have identified the need to provide educational stipends to students who are committed to completing their field placements and gaining employment in the PMHS.

WHEREAS, encouraging, supporting, and incentivizing individuals to work in the PMHS via providing stipends 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 Educational Stipend Program- Psychiatric Mental Health Nurse Practitioners or Clinical Psychologists, by submitting an application in response to the Educational Stipend Program Grant Guide dated January 14, 2019.

WHEREAS, the Educational Stipend Program-PMHNP or Clinical Psychologists will provide funding for educational stipends to graduate students and is intended to 1) support students who are committed to working in the PMHS; 2) prepare professionals to deliver public mental health services that promote wellness, recovery, and resiliency; 3) encourage the enrollment and support of individuals with consumer and family experience in the PMHS; 4) recruit individuals who are culturally competent and/or have life experience with the PMHS; and 5) promote the distribution of stipend recipients throughout the State.

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. "Administrative 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, equipment, administrative service/payroll staff, etc.
2. "Application" means the grant application/proposal submitted by Grantee in response to Grant Agreement #_____.
3. "Caregivers" means adoptive parents and their partners, foster parents and their partners, and grandparents and their partners, who are now or have in the past been the primary caregiver for a child, youth, or adolescent with a mental health challenge who accessed mental health services.
4. "Community Based Organization (CBO)" means a public or private nonprofit that is representative of a community or a significant segment of a community and is engaged in providing PMHS services.
5. "Consumer" means as referred to as Client in Title 9, CCR, Section 3200.040, is an individual of any age who is receiving or has received mental health services. The term "client" includes those who refer to themselves as clients, consumers, survivors, patients or ex-patients.
6. "Coordination Costs" are defined as costs that can be more directly attributed to the coordination of the educational stipend program activities which can include but not be limited to, salaries for program staff, consultant costs, sub-agreements, travel and incentives for placing individuals in counties with historical lack of representation in past educational stipend programs.
7. "Counties with Historical Lack of Representation in Stipends" means counties with two or less stipend recipients conducting their field placement/internship in Fiscal Year (FY) 2019-20.
8. "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/contractor, and travel.
9. "Director" means the Director of the Office of Statewide Health Planning and Development or his/her designee.
10. "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.
11. "Grant Agreement/Grant Number" means Grant Number «Grant Number» awarded to Grantee.
12. "Grantee" means the fiscally responsible entity in charge of administering the Grant Funds and includes the program identified in the grant application.
13. "Grant Funds" means the money provided by OSHPD for the project described by Grantee in its application and Scope of Work.

14. "Indirect Program Costs" is defined as the cost indirectly attributed to the completion of the program services, which can include, but not be limited to: utilities, rent, and administrative service/payroll staff.
15. "Other Sources of Funds" means all cash, donations, or in-kind contributions that are required or used to complete the Project beyond in addition to the grant funds provided by this Agreement.
16. "Program" means the Grantee's training program(s) listed on the grant application.
17. "Program Representative" means the representative of the Grantee for which Agreement funds are being awarded.
18. "Project" means the activity described in the Grantee's application and Scope of Work to be accomplished with the grant funds.
19. "Public Mental Health System (PMHS)" means publicly-funded mental health programs and/or services and entities that are administered, in whole or in part, by the State or one or more counties. It does not include programs and/or services administered, in whole or in part by federal, state, county or private correctional entities.
20. "Public Mental Health System Workforce" means current and prospective department and/or county personnel, county contractors, volunteers, and staff in community-based organizations, who work or will work in the Public Mental Health System. *Title 9, CCR, 3200.254*
21. "State" means the State of California and includes all its Departments, Agencies, Committees and Commissions.
22. "Stipend Costs" are defined as funds paid either directly to a student who signed a Service Agreement as specified in Section C "Scope of Work" of this Agreement or funds that are applied towards that student's tuition. Each educational stipend shall not exceed **\$18,500** per student (PMHNPs); or **\$20,772** per student (Clinical Psychologists).

B. Term of the Agreement

1. This Agreement shall take effect on June 28, 2019 and shall terminate on June 30, 2023.
2. The Grantee shall not be permitted to seek an extension beyond **June 30, 2023**.

C. Scope of Work

1. Consistent with the Grant Guide, Grantee agrees to perform all activities specifically identified in the Grantee's application and submitted by the Grantee in response to the Educational Stipend Program Grant Guide for Fiscal Year 2018-19 and Grantee's application, including the work plan prepared and submitted by the Grantee and are incorporated herein by reference.
2. The Grantee agrees to provide to the OSHPD an educational stipend program that shall fund at a minimum _____ graduate students at a maximum of \$18,500 per PMHNP students, and \$20,772 per Clinical Psychologist students as described herein. The PMHNP and Clinical Psychologist educational stipend program is intended to 1) support students who are committed to working in the PMHS; 2) prepare professionals to deliver public mental health

services that promote wellness, recovery, and resiliency; 3) encourage the enrollment and support of individuals with consumer and family experience in the PMHS; 4) recruit individuals who are culturally competent and/or have life experience with the PMHS; and 5) promote the distribution of stipend recipients throughout the State.

The Grantee shall abide by the following requirements described below:

- a. The Grantee shall dedicate Year 1 (FY 2019-20) and Year 2 (FY 2020-21) of the Grant Agreement to recruitment and outreach and developing/implementing MHSA related curriculum.
 - i. The Grantee shall ensure that individuals who reflect the diverse populations served by public mental health, applicants who are consumers and their families, and applicants who will serve in communities with a demonstrated shortage of licensed staff are encouraged to apply to the PMHNP or Clinical Psychologist Educational Stipend Program.
 - ii. The Grantee will ensure that each school will have an awards committee with equal representation from the school and from the public mental health agencies that hire clinicians who provide PMHNP or Clinical Psychologist services. The Grantee will make a good-faith effort to include representatives from counties with historical lack of representation in past educational stipend programs on its awards committee.
 - iii. The Grantee will notify OSHPD of program outcomes and of the number of students receiving stipends and will provide reports and tables by school contained in the Appendix 2, Progress Report. The Grantee shall submit an Annual Summary Report to OSHPD within forty-five (45) days of the end of each year. OSHPD will provide the Grantee with a template of the Annual Summary Report.
- b. The Grantee will implement and disseminate a curriculum for graduate-level PMHNPs and Clinical Psychologists to prepare them to work in public mental health. It will include the areas specified in Title 9, California Code of Regulations, Section 3320 which are summarized below:
 - i. Community collaboration
 - ii. Cultural competence
 - iii. Consumer and family-member driven
 - iv. Wellness, recovery, and resiliency focused
- c. The Grantee shall dedicate Year 1 (FY 2019-20) and Year 2 (FY 2020-21) of the Grant Agreement to identifying/selecting stipend recipients; distributing stipend funds; implementing curriculum; providing student support and oversight; and ensuring student placement in qualifying PMHS sites.
 - i. Grantee shall make a good faith effort to ensure student field placement/internship and employment includes counties with historical lack of participation in past WET Educational Stipend programs.

For the purposes of the PMHNP Stipend Program, the counties are: *Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Marin, Mariposa,*

Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter-Yuba, Tehama, Trinity, Tulare, Tuolumne, Ventura, and Yolo.

For the purposes of the Clinical Psychologist Stipend Program, the counties are: *Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter-Yuba, Tehama, Trinity, Tulare, Tuolumne, Ventura, and Yolo.*

- ii. Grantee shall provide a written justification if 15 percent of the stipend recipients do not conduct their field placement/internship and employment in counties with historical lack of participation in past educational stipend programs.
- iii. Grantee shall ensure that stipend recipients complete their PMHNP or Clinical Psychologist degree by June 30, 2021 (Year 2).
- d. The Grantee shall dedicate Year 3 (FY 2021-22) and Year 4 (FY 2022-23) of the Agreement to assisting students in securing qualifying employment and ensuring that each student that received a stipend secures employment. The Grantee shall report to OSHPD on stipend recipients' completion of their degrees, qualifying field placement site(s), and the completion of each stipend employment commitment.
 - i. The Grantee shall ensure that students provide evidence of qualifying employment to the Grantee within one hundred and eighty (180) days after conferral of their PMHNP or Clinical Psychologist degree.
 - ii. The Grantee will mentor graduate-level PMHNPs or Clinical Psychologists during their coursework as they seek employment in the PMHS and will support PMHNP or Clinical Psychologist stipend recipients in their job search by working with public mental health agencies.
 - iii. The Grantee is responsible for monitoring the employment status of graduates of the PMHNP or Clinical Psychologist stipend program subsequent to completion of the PMHNP or Clinical Psychologist degree, and for determining, and reporting to OSHPD, the completion of each stipend employment commitment.
 - iv. The service-agreed employment shall be as follows: 12-months in a qualifying PMHS site for full-time students that received the full \$18,500 (for PMHNPs) or \$20,772 (for Clinical Psychologists) award; 12-months in a qualifying PMHS site for part-time students that received the full \$18,500 (for PMHNPs), or \$20,772 (for Clinical Psychologists) award over a 2-year period; and 6-months in a qualifying PMHS site for part-time students that received half of the award \$9,250/\$10,386 over a 1 year period. Employment can be paid or unpaid service equivalent to full-time employment (not less than 1,500 hours a year or 750 hours for six months) providing services for which a PMHNP or Clinical Psychologist is required.

- v. The Grantee shall institute a mechanism to evaluate a student's effort to secure qualifying employment. If the student has not secured employment, and if it is determined that a good faith effort to secure employment has been made, the Grantee may modify the time frame by which qualifying employment must be obtained. Such modified agreements must be specific and shall require a showing of good faith effort by the student to find qualifying employment. Requests for agreement modification shall be reported to OSHPD along with progress reports. The service obligation for the students who receive stipends under this Grant Agreement shall be completed no later than June 30, 2023.
- vi. The Grantee will demonstrate the ability to educate and place students in the State of California with special emphasis on counties with historical lack of representation in past educational stipend programs.
- e. The Grantee will ensure that only eligible graduate students may participate in the stipend program. Students participating in the stipend program shall complete mental health coursework that is consistent with MHSA values and principles and a select field placement in the PMHS. The Grantee shall ensure that students receiving awards meet general requirements for employment in a county mental health department, or with a Contractor of a public mental health agency.
- f. The Grantee will identify and provide to OSHPD information pertaining to the successes and challenges regarding the recruitment, retention, training, and employment of culturally diverse students from unserved and underserved communities as well as students who are consumers and/or family members of consumers.
- g. The Grantee is responsible for assuring that all students in the PMHNP or Clinical Psychologist stipend programs sign a Service Agreement requiring them to work in the PMHS. The Service Agreement shall require the student to immediately repay stipend funds on a pro-rata basis to the extent that the student does not (or cannot) fulfill the employment commitment provisions within two years from receiving the PMHNP or Clinical Psychologist and prior to June 30, 2023. The Grantee shall draft, obtain execution of, and manage the Service Agreements during the term of this Agreement. The Service Agreement must be signed in advance of the student receiving stipend funds, and the Grantee's rights under the Service Agreement shall be assignable to OSHPD.
- h. The Grantee may provide financial payback waivers for students that, after entering into the Service Agreement, develop a disability that prevents the student from completing their employment commitment, as determined by a licensed medical care provider. The Grantee shall be responsible for approving waivers and providing OSHPD data on waivers including student identifier, basis for waiver, date of waiver, amount of funds waived and approval process for waiver. The percent of stipend funds waived shall be equal to the percent of the employment commitment that the student is unable to complete as a result of the disability.
- i. The Grantee shall manage and report collection efforts on the Service Agreements until June 30, 2023, at which time the Grantee shall assign all rights under the Service Agreement(s) to OSHPD. The Grantee shall return to OSHPD any repayments received from individuals who failed to complete their employment commitment.
- j. The Grantee shall provide OSHPD with a written report, no later than July 31, 2023, which shall include amounts owed, amounts paid, pending balances, transaction/account history, and all known contact information for all students in default under the Service Agreement as of June 30, 2023.

- k. The Grantee shall be responsible to OSHPD for 40 percent of all (un-waived) stipend repayments due under the Service Agreements. The Grantee's obligation shall be reduced by the amount of any repayments received by OSHPD on or before June 30, 2023. The Grantee's payment, if any, shall be due to OSHPD on or before July 31, 2023. The Grantee's obligation under this section shall be subject to audit by OSHPD.
 - l. Grantee shall have full responsibility for coordination with those schools.
 - m. The Grantee shall credit OSHPD and the MHSA in all publications resulting from this Grant Agreement.
 - n. The Grantee shall not conduct lobbying activities as part of this Grant Agreement.
3. The Grantee shall ensure that the stipend recipient abides by the following requirements.
- a. Students who receive stipends must agree to comply with support and payback requirements specified by the Grantee and requirements below.
 - i. A student that receives the full \$18,500 (for PMHNPs), or \$20,772 (for Clinical Psychologists) award agrees to render 12 months of employment in a qualifying public mental health agency within 180 days after conferral of the PMHNP or Clinical Psychologist degree. Students that receive half of the award, \$9,250/\$10,386, agree to render 6 months of employment in a qualifying public mental health agency within 180 days after conferral of the PMHNP or Clinical Psychologist degree.
 - ii. A student that receives the stipend, regardless of the amount, must agree that if she/he cannot fulfill the employment requirements as mentioned above, the student shall re-pay all financial support received on a pro-rated basis depending on work requirements completed.
4. Description of work to be performed:
- a. The Grantee shall not conduct lobbying activities as part of this Agreement.
 - b. The Grantee shall be held fully accountable for proper use of all funds under this Grant Agreement.
 - c. The Grantee will credit OSHPD and the MHSA in all publications resulting from this Grant Agreement.

D. Program Reports

1. The Grantee shall complete semi-annual progress reports using the template located in Exhibit 2. Educational Stipend Certification Statement and Progress Report to demonstrate completion of Scope of Work activities and evaluate the program's effectiveness. The Grantee shall submit semi-annual reports in accordance with the following schedule:

	Due Date
Progress Report #1	July-December, due by January 30
Progress Report #2	January-June, due by July 30

2. The Grantee shall administer an OSHPD developed demographic survey to individuals receiving/participating in the activities, using the template in Exhibit 2, Participant Demographic Information Survey. The results of this demographic survey shall be reported in progress reports.
3. The Grantee shall submit a Final Comprehensive Evaluation Report to OSHPD. OSHPD will provide the report template. The report will provide a summary of major outcomes, successes, trends, measurable outcomes and performance metrics data, and lessons learned/best practices. OSHPD will notify the Grantee in writing of approval of the Final Comprehensive Evaluation Report.
4. Email all reports to OSHPD.MHSAWET@oshpd.ca.gov.

E. Invoicing

1. For services satisfactorily rendered in accordance with the Scope of Work and activities outlined in the application, and upon receipt and approval of the payment certification statements, OSHPD agrees to compensate the Grantee in accordance with the costs specified in Section F. Budget Detail.
2. The Grantee shall submit certification statements to OSHPD for work performed under this Agreement with the associated progress report for OSHPD approval.
3. The Grantee shall submit certification statements on a semi-annual basis. Certification statements will not be paid until OSHPD reviews and approves the associated report.
4. The total amount payable to the Grantee under this Agreement shall not exceed \$506,000 for PMHNP Stipend Program and \$460,000 for Clinical Psychologist Stipend Program.
5. All certification statements must use the form provided by OSHPD with Grantee name and current address. The certification form must be signed in blue ink.
6. Submit all certification statements to OSHPD by email to OSHPD.MHSAWET@oshpd.ca.gov for processing.
7. 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 provide the Grantee funding for the expenses incurred in performing the Scope of Work and activities specified in the Grantee's application. The Grantee shall request the distribution of grant funding consistent with its work plan and the budget tables in Attachment 2 included with grant application. In no event shall payments under this Agreement exceed the total Grant Amount.
2. The reimbursement shall not exceed the following per budget line item costs:

Total Proposal Budget: \$ _____

(The total budget for all tasks through the duration of the Grant Agreement for FY 2019-20 through FY 2020-21 cannot exceed \$506,000 for a PMHNP Stipend Program and \$460,000 for a Clinical Psychologists Stipend Program)

Total Number of Stipends: _____ Coordination Costs: \$ _____ Administrative Costs: \$ _____

Each stipend award shall not exceed \$18,500 (for PMHNPs), or \$20,772 (for Clinical Psychologists) and the total costs of stipends shall not be less than 72.5 percent of the total award amount. The combination of Coordination and Administrative Costs cannot exceed 27.5 percent of the total award.

	Year 1 FY 2019-20	Year 2 FY 2020-21	Year 3 FY 2021-22	Year 4 FY 2022-23	Subtotals
Number of Stipends Proposed	# _____	- 0 -	- 0 -	- 0 -	Total Number of Stipends Proposed # _____
Cost of Stipends (# of stipends x award amount)	\$ _____	- 0 -	- 0 -	- 0 -	Total Stipend Costs \$ _____
Yearly Coordination Costs	\$ _____	\$ _____	- 0 -	- 0 -	Total Coordination Costs \$ _____
Yearly Administration Costs	\$ _____	\$ _____	- 0 -	- 0 -	Total Administration Costs \$ _____
Yearly Totals	\$ _____	\$ _____	- 0 -	- 0 -	Grand Total \$ _____

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 no longer be in full force and effect. In this event, the 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, the 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. Grantees may request budget adjustments not to exceed the total amount of the grant.
2. 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. An accounting of how the funds were expended will also be submitted with the Final Comprehensive Evaluation Report.
3. All requests for extending the grant period shall be submitted in writing to OSHPD for approval. Requests for a time extension must be made to OSHPD no later than 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 Exhibit 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 Exhibit 1 shall replace the language in this Section I. General Terms and Conditions. The Terms and Conditions in this Section I. shall apply to all Grantees except the State of California, University of California and California State University. In the event the State of California, University of California, and California State University is awarded a grant, the language in Exhibit 1 shall replace the Terms and Conditions found in this Section.

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/or 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 that 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. “Deliverable data” are that data which, under the terms of this Agreement, are required to be delivered to the State. Such data shall be the property of the State.
 - c. “Generated data” are that data, which a Grantee has collected, collated, recorded, deduced, read out or postulated for utilization in the performance of this Agreement. Any electronic data processing program, model or software system developed or substantially modified by the Grantee in the performance of this Agreement at State expense, together with complete documentation thereof, shall be treated in the same manner as generated data.
 - 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 ensure 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 this 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 of 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 the 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 the Grantee's 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	Program Representative: «Grantee_Name»
Section/Unit: Healthcare Workforce Development Division/ Workforce Education and Training Program	
Name: [Insert Program Manager Name] Program Manager	Name: «CO_First_Name» «CO_Last_Name», «Grantee_Officer_Title»
Address: 2020 West El Camino Avenue, Suite 1222 Sacramento, CA 95833	Address: «Grantee_Street_Address», «Grantee_Ste» «Grantee_City», «State» «Zip»
Phone: [Enter Program Manager Phone Number]	Phone: «Grantee_Phone»
Email: [Enter Program Manager Email]	Email: «Grantee_Email_»

Direct all administrative inquiries to:

State Agency: Office of Statewide Health Planning and Development	Program Representative: «Grantee_Name»
Section/Unit: Healthcare Workforce Development Division/ Workforce Education and Training Program	
Name: [Insert Program Manager Name] Program Manager	Name: «CO_First_Name» «CO_Last_Name», «Grantee_Officer_Title»
Address: 2020 West El Camino Avenue, Suite 1222 Sacramento, CA 95833	Address: «Grantee_Street_Address», «Grantee_Ste» «Grantee_City», «State» «Zip»
Phone: [Enter Program Manager Phone Number]	Phone: «Grantee_Phone»
Email: [Enter 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: «Grantee_Name»

Signature:

Signature:

Name:

Name:

Title

Title:

Exhibit 1: TERMS AND CONDITIONS FOR INTERAGENCY AGREEMENTS

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

- expense of further preserving the data. State shall have unrestricted reasonable access to the data that are preserved in accordance with this Agreement.
- e. Grantee shall use best efforts to furnish competent witnesses and to identify such competent witnesses to testify in any court of law regarding data used in or generated under the performance of this Agreement.
5. Waiver: The waiver by OSHPD of a breach of any provision of this Agreement by Grantee will not operate or be construed as a waiver of any subsequent breach by OSHPD expressly reserves the right to disqualify Grantee from any future grant awards for failure to comply with the terms of this Agreement.
6. Approval: This Agreement is of no force or effect until signed by both parties. Grantee may not commence performance until such approval has been obtained.
7. Amendment: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or agreement not incorporated in the Agreement is binding on any of the parties.
8. Disputes: Grantee shall continue with the responsibilities under this Agreement during any dispute. Any dispute arising under this Agreement, shall be resolved as follows:
- a. The Grantee will discuss the problem informally with the Program Manager. If unresolved, the problem shall be presented, in writing, as a grievance to the Deputy Director, Healthcare Workforce Development Division stating the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought.
 - b. The Deputy Director shall make a determination within ten (10) working days after receipt of the written grievance from the Grantee and shall respond in writing to the Grantee indicating the decision and the reasons for it.
 - c. Grantee may appeal the decision of the Deputy Director by submitting written notice to the Director of its intent to appeal, within ten (10) working days of receipt of the Deputy Director's decision. The Director or designee shall meet with the Grantee within twenty (20) working days of receipt of the Grantee's letter. The Director's decision will be final.
9. Termination For Cause: OSHPD may terminate this Agreement and be relieved of any payments should the Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided.

Exhibit 2: Educational Stipend Program Certification Statement and Progress Report

1. Certification

Mental Health Services Act Workforce Education and Training	Educational Stipend Program Report	Certification Form (for payment)
Educational Stipend Certification Statement and Progress Report Email completed and signed certification to OSHDP.MHSAWET@oshpd.ca.gov		
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Office of Statewide Health Planning and Development Healthcare Workforce Development Division 2020 West El Camino Ave, Suite 1222 Sacramento, CA 95833 </div> <div style="border: 1px solid black; padding: 5px;"> Training Program (name and address): </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Date: _____ Grant Agreement Number: 18-XXXX Report Period: _____ Total Amount Requested: _____ </div> <div style="border: 1px solid black; padding: 5px;"> Please Remit to: OSHDP.MHSAWET@oshpd.ca.gov </div>	
Name	Email	Phone
Pursuant to Grant Agreement 18-XXXX, the _____ receiving funds under the Mental Health Services Act Workforce Education and Training Program, awarded stipends and provided training during the grant period indicated above. The payee should be paid a total of \$ _____ for costs associated with stipend reimbursement costs, coordination costs, and administrative services costs.		
Stipend Reimbursement Costs \$ _____	Coordination Costs \$ _____	Administrative Costs \$ _____
Please check type: <input type="checkbox"/> Masters of Social Work (MSW) Stipend Program <input type="checkbox"/> Psychiatric Mental Health Nurse Practitioner (PMHNP) Stipend Program <input type="checkbox"/> Clinical Psychologist Stipend Program		
# _____ Stipends awarded		
Stipend Recipient Names	Stipend Recipient Email Address	
1. _____	_____	
2. _____	_____	
3. _____	_____	
4. _____	_____	
5. _____	_____	
6. _____	_____	
7. _____	_____	
8. _____	_____	
9. _____	_____	
10. _____	_____	
11. _____	_____	
12. _____	_____	
13. _____	_____	
14. _____	_____	
15. _____	_____	
16. _____	_____	
I hereby certify that the above is true and correct and request reimbursement under the terms of the grant agreement.		
Name of approving authority	Signature of approving authority for this certification	

For Display Purposes Only

2. General Statistics Implementation of Goals and Objectives

Mental Health Services Act
Workforce Education and Training

Educational Stipend
Program Report

General Statistics

Grant Number	
Grantee	
Grant Program Name	
Grant Period	
Contact Name	
Phone Number	
Email	

Grant Totals:	*FY 2018-19	*FY 2019-20	*Contract Total
Dollars Allocated to Grantee			
Dollars Invoiced by Grantee			
Dollars Paid to Contractor			
Dollars Paid to OSHPD for Stipends in Payback			
Dollars Owed to OSHPD for Stipends in Payback			
Number of Stipend Applicants			
Number of Stipend Awardees			
Number of PMHS/CBO Sites Where Stipend Graduates are Employed			
Number of Stipend Graduates Employed in OSHPD County of Need			
Number of Remaining Recipients to Complete Service Agreement			
Number of Stipend Graduates who Completed Service Agreement			
Number of Graduates That Will not Fulfill Service Agreement			
Number of Extensions Requested			
Number of Extensions Received			
Number of Recipients That Withdrew Prior to Graduation			
Number of Recipients That Withdrew After Graduation			
Number of Stipends Repaid Rolled-Over			
Number of Stipends Repaid to OSHPD in Full			
Number of Stipends Repayment Process			

*Please include the totals since the beginning of the Grant Agreement.

For Display Purposes Only

3. Implementation of Goals and Objectives

**Mental Health Services Act
Workforce Education and Training**

Educational Stipend Program Report

Implementation of Goals and Objectives

[illegible]

For Display Purposes Only

4. Coursework Adherence to MHSA

Mental Health Services Act
 Workforce Education and Training

Educational Stipend
 Program Report

Coursework Adherence to MHSA

List and describe the coursework and fieldwork curriculum and its relation to the MHSA. List at least one MHSA value per course. MHSA values are: <ul style="list-style-type: none"> • Community collaboration • Cultural competence • Consumer and/or family member driven • Wellness, recovery, and resiliency focused • Integrated service experience for consumers and their families 					
Courses/Competency Taught To Program Residents	Course/Competency Description If applicable, briefly describe how the Program accomplished revisions to the course and field curricula.	Hours/Units	Required (X)	MHSA Value Addressed	Total enrolled

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5. MHSA Values Training

Mental Health Services Act
Workforce Education and Training

Educational Stipend
Program Report

MHSA Values Training

<p>Describe the training provided to Program participants and its relation to the MHSA using the following list. List at least one MHSA value per training title/type.</p> <ul style="list-style-type: none"> • Community collaboration • Cultural competence • Consumer and/or family member driven • Wellness, recovery, and resiliency focused • Integrated service experience for consumers and their families <p>Examples of training to satisfy the MHSA may include, but are not limited to:</p> <ul style="list-style-type: none"> • Lunch-time presentations by consumers and/or family members • Supervision in a recovery-based organization • Trainings on the issues confronting adults and older adults • Trainings on the issues faced by children and transition aged youth 				
Training/Competency Title/Type	Training Method	Number of Times Provided	MHSA Value Addressed by Training	Total Number of Participants

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6. Program Outcomes and Demographic Information

Mental Health Services Act
 Workforce Education and Training

Educational Stipend
 Program Report

Program Outcomes and
 Demographic Information

Unique Identifier (DO NOT use names) If your Legal department so advises, you may provide an aggregate number.	Provide the following outcomes for the stipend recipients.							Provide the following demographic information using the table below for each Program student. The information collected should match Exhibit 2, Participant Demographic Information Survey. Indicate "N/A" for any demographic survey section not completed by Program student.								
	Part-time or Full-time student?	School	Expected Date of Graduation or Graduation Date	Name of Agency/PMHS site where internship/field placement was completed	Number of Hours Spent in PMHS site	County Where Agency is Located	Status of Internship/field placement (searching, in progress, complete)	County of Residence	Race/ Ethnicity	Speaks a Language in Addition to English (list languages)	Gender Identity	Sexual Orientation	Consumer and/or Family Member (Yes/No)	Disability (Yes/No)	Year of Birth	Veteran (Yes/No)

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7. Successes, Challenges, Lessons Learned, and Best Practices

Mental Health Services Act
Workforce Education and Training

Educational Stipend
Program Report

Successes, Challenges, Lessons Learned,
and Best Practices

Describe Program (successes, major challenges, major lessons learned and best practices) developed in recruiting, retaining, training, and employing unserved and/or underserved and culturally diverse program participants working in the PMHS.

For Display Purposes Only

8. Additional Documents

Mental Health Services Act
Workforce Education and Training

Educational Stipend
Program Report

Additional Documents

<p>If applicable, you may send additional documents as part of the Report. Please list the documents that you are attaching. Additional documents may include:</p> <ul style="list-style-type: none">• Community feedback• Evaluation (surveys, lessons learned, etc.)

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Exhibit 3: Participant Demographic Information Survey

This demographic survey is being administered by the Office of Statewide Health Planning and Development (OSHPD), the organization that funds your participation in this program. To facilitate the evaluation of the program's effectiveness in serving diverse populations, this survey collects data on the demographics of our program participants.

While this survey is optional, OSHPD kindly requests your completion of this completely anonymous survey.

Please identify your county of residence.

Name of county: _____

Please indicate the race/ethnicity you identify with. If you identify with more than one race or ethnicity, please check all that apply.

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

Please select any languages you speak in addition to English. Check all that apply.

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

Not everybody uses the same labels, but please indicate which of the following categories BEST describes the gender you identify with.

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

Not everybody uses the same labels to describe their sexual orientation, but please indicate which of the following categories BEST describes your sexual orientation.

- ☐ Bisexual/Pansexual
- ☐ Gay
- ☐ Heterosexual/Straight
- ☐ Lesbian
- ☐ Questioning
- ☐ Queer
- ☐ Decline to State

Please indicate whether you are a consumer and/or a family member of a consumer of mental/behavioral health services.

- | | |
|--|-------------------------------|
| <input type="radio"/> Consumer | <input type="radio"/> Both |
| <input type="radio"/> Family Member | <input type="radio"/> Neither |
| <input type="radio"/> Decline to State | |

Do you identify as having a disability*?

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

*A person with 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.

In what year were you born?

Birth year: _____

Are you a Military Veteran?

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

Appendix 1: Contractor Certification Clauses Form

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</i>
<i>By (Authorized Signature)</i>		
<i>Printed Name and Title of Person Signing</i>		
<i>Date Executed</i>	<i>Executed in the 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, Title 2, Section 11102) (Not applicable to public entities.)

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

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

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

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,
- 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

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

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

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT:

Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

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

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

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

6. SWEATFREE CODE OF CONDUCT:

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

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

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

8. GENDER IDENTITY: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

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

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

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

- 1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
- 2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services. Former State Employees (Pub. Contract Code §10411):
- 3). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.
- 4). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

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

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

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

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

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

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

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

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

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

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

Appendix 2: Evaluation Criteria

Evaluation Tool	
Technical Merit Scoring Criteria	Maximum Points
<p>Strength of the Program</p> <p>Applicant identifies their ability to establish and manage a graduate-level educational stipend program to support students who commit to working in California's PMHS.</p> <p>Explain and/or demonstrate how the program was created or revised to strengthen educational partnerships, community support, and workforce preparation between the stipend program named in the application and the county(ies) the program serves.</p> <p>Applicant identifies programs success in clinical placement and employment placement of students in PMHS across multiple counties.</p>	40
<p>Detailed Work Plan and Schedules</p> <p>Identify how the Work Plan is consistent with services as described in the Scope of Work located in Attachment 7: Sample Grant Agreement, and the schedule (time-frame) for task completion is sufficient to effectively accomplish the tasks.</p> <p>Applicant identifies how recruitment and outreach will be conducted to individuals who reflect the diverse populations served by the PMHS such as consumers and family members and individuals who will serve in communities with a demonstrated shortage of licensed staff.</p> <p>Applicant identifies how they plan to collaborate with the PMHS (such as counties, CBOs, etc.) to ensure workforce and geographic needs are met and make a good faith effort to place and support stipend recipients' employment in counties with historical lack of representation in past educational stipend programs.</p> <p>Applicant identifies programs ability to provide sufficient clinical hours for students in PMHS sites.</p>	30
<p>Project Personnel</p> <p>Provides the titles, job descriptions, and roles of all personnel proposed to work on this project with particular attention to providing outreach to potential stipend recipients, supervising stipend recipients, and helping ensure that stipend recipients are employed with qualifying employers upon graduation.</p> <p>Proposed Project Personnel demonstrates applicable experience in program administration and evaluation.</p>	10
<p>Professional References</p> <p>References demonstrates applicant's capacity to engage in services as described in Section B, Purpose and Description of Services.</p>	10
Total Possible Points	90