



Office of Statewide Health  
Planning and Development

Workforce Education and Training  
(WET)  
Peer Personnel  
Training and Placement

Grant Guide  
For Fiscal Year 2019-20

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. Applicants must 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 this 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 public 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 the expansion of postsecondary education and training to meet mental health occupational shortage needs.

This grant opportunity will result in agreement(s) with public, private, and nonprofit organizations, including faith based and community-based organizations (CBOs), for training and support that facilitates the placement of peer personnel. This Grant Guide defines peer personnel as individuals with experience as a mental/behavioral health services consumer, family member, and/or caregiver placed in designated peer positions within the Public Mental Health System (PMHS).

Applicants should provide training to peer personnel on issues that may include crisis management, suicide prevention, recovery planning, targeted case management assistance, triage, and other related peer training and support functions. For purposes of this grant, peer personnel can be individuals with lived experience. OSHPD defines lived experience as an individual that experienced mental/behavioral health services as a consumer, family member, and/or caregiver.

Applicants must implement a peer personnel training and placement program that contains all the following components:

- 1. Recruitment and Outreach:** Engage in activities to recruit individuals who are either currently employed or volunteering, or who are seeking employment or to volunteer, in the PMHS as peer personnel to participate in Grantee's training and support program. Recruitment activities shall target individuals with lived experience who can address the cultural and language needs of the diverse community the Grantee will serve. Recruitment efforts may target individuals with lived experience in high schools, adult education programs, regional occupation programs, community colleges, and those already working and/or volunteering in the PMHS. Outreach tools may include, but are not limited to, presentations, personal outreach, information sharing sessions, and social media, such as Facebook and Twitter.
- 2. Career Counseling:** Assist recruited participants in developing individualized career plans that identify courses for peer personnel to take by position type or category. Participants can include short-term and long-term goals for entering, re-entering, or advancing in the PMHS workforce. The Grantee shall also assist participants by providing information on educational courses or training to advance career plans and information about financial and training resources beyond those offered by the Grantee.

- 3. Training:** Provide training to facilitate the deployment of peer personnel as an effective and necessary service to clients, family members, and caregivers. Grantees must provide training that focuses on all the following content:

- a. Crisis management
- b. Suicide prevention
- c. Recovery planning
- d. Targeted case management
- e. Triage

Applicants may also add other topics, if desired, that support the program goals.

- 4. Placement:** This is a key focus of the Peer Personnel program. The program must assist program participants in finding placement in the PMHS as peer personnel providing an effective and necessary service to clients, family members, and caregivers. For the purposes of this grant, placement means assignment in a peer personnel position as a paid employee or unpaid volunteer in the PMHS. The PMHS employer is responsible for identifying and funding vacant peer personnel positions. Applicants must ensure that successful completion of the training program will enable entry into PMHS peer personnel positions, as well as encourage career progression.

OSHDP will only disburse full funding for the placement category if the Grantee successfully places at least 80 percent of participants in a position within the PMHS by end of the contract term and provides acceptable justification as to why they were not able to place the remainder. OSHDP will only pay for students' completion of the training program. OSHDP will not make payment for a student that drops out unless the contractor adds another student. The applicant shall decide if they add another student or not.

- 5. Support:** Provide support to participants for six months after placement by engaging in activities that may include mentorship, self-help and support groups, and other support activities. The program participants can complete their six months in a different position from the first placement as long as they remain in a PMHS peer personnel position. If program participants are unsuccessful in gaining and/or retaining placement after six months of training, the Grantee shall provide a detailed explanation in progress reports as to why program participants were unable to gain or retain placement in the PMHS, and how they could address this in the future.
- 6. Evaluation:** Evaluate the peer personnel training and placement program when program activities conclude. The evaluation must include all the following components:
- a. Summary of all program activities and outcomes using the Peer Personnel Training and Placement Quarterly Certification Statement and Progress Report in Exhibit 1 of Attachment 9: Sample Grant Agreement.
  - b. Comprehensive survey of program participants and their employers, that includes all the questions required in tables 17 and 18 of the Peer Personnel Training and Placement Progress Report found in Exhibit 1 of Attachment 9: Sample Grant Agreement.
  - c. Highlights of any major successes and/or challenges in completing all program activities.

- 7. Financial Assistance (if applicable):** Provide financial assistance for program participants to attend training, not including tuition or admission fees. The program shall only provide financial assistance to enable participation in the activities sponsored by the proposing organization. Costs may include transportation costs, uncompensated time-off, and child care.
- 8. Program Responsibilities:** While providing services to recruit, train, place, support, and retain peer personnel who are currently employed or volunteering, or who are seeking employment or to volunteer, in the PMHS, the Grantee shall:
  - a. Include individuals with lived experience, including consumers, family members, and/or caregivers, in the design and performance of program activities.
  - b. Ensure continued engagement and coordination with county(ies), CBOs, and educational institutions and/or training entities listed as partners in the application. OSHPD does not require a minimum or maximum number of partners.
  - c. Ensure county(ies), CBOs, consumers, family members, and caretakers participate in developing peer personnel position types, and the training required for each type.
  - d. Ensure focus on innovative, evidence-based, emerging, and/or community-identified strategies to achieve the goal of training and placing peer personnel in the PMHS.
  - e. Ensure all program activities are consistent with MHSA values and priorities:
    - I. Community collaboration
    - II. Cultural competence
    - III. Client/family-driven mental health system
    - IV. A wellness, recovery, and resilience focus
    - V. An integrated service experience for consumers and their families to address the changing needs of the PMHS

## **B. Eligible Applicants and Available Funding**

### **1. Eligible Applicants**

OSHPD invites applications from the following organizations:

- a. County
- b. CBO
- c. Educational institution
- d. Training organization
- e. A group of organizations listed above (with one organization identified as the fiscal sponsor)

County or CBO applicants must be able to:

- a. Identify PMHS peer personnel needs.
- b. Identify partner educational institution(s) and/or training organization(s).
- c. Provide training that prepares peer personnel to qualify for and obtain placement within the PMHS.
- d. Provide support that will ensure peer personnel retain placement within the PMHS.
- e. Demonstrate experience in training and supporting individuals with lived experience as consumers, family members, and caregivers.

Educational institution or training organization applicants must be able to perform a), d), and e). They must also be able to:

- a. Provide the required training for peer personnel.
- b. Partner with identified county(ies) and/or CBO(s) to place peer personnel within the PMHS.

Current Grantees are eligible to apply but may not co-mingle previously awarded funds with any award resulting from this Grant Guide.

## 2. Available Funding

- a. Grant awards are limited to the funds specified in the State Budget Act of 2019. This is a one-time grant opportunity with no implied or expressed guarantee of subsequent funding after the initial contract award resulting from this application.
- b. Approximately \$2,000,000 in state funding is available to support Peer Personnel Training and Placement programs.
- c. OSHPD may award full, partial, or no funding to an applicant based on the applicant's success in meeting the selection criteria score and the amount of available funds.

## C. Initiating an Application

1. Applicants should provide concise descriptions of their ability to satisfy the Grant Guide requirements. Applicants must submit applications that are complete and accurate. OSHPD may reject an application that contains omissions, inaccuracies, or misstatements.
2. Applicants shall include the documents identified in Attachment 2: Required Document Check List. OSHPD will reject applications that do not include all required documents.
3. Applicants must email grant applications to [OSHPD.MHSAWET@oshpd.ca.gov](mailto:OSHPD.MHSAWET@oshpd.ca.gov) no later than **August 16, 2019**. OSHPD will not consider hard copy applications or applications received after this date.
4. Applicants must provide the actual legal name when submitting an application under a fictitious business name or title.
5. Applicants must include the performance of all services described in their applications. OSHPD may reject applications that contain any deviation from the work specifications.
6. 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.
7. 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.
8. An individual authorized to contractually bind the proposing entity shall complete and sign Attachment 4: Application/Applicant Certification Sheet. OSHPD may reject an unsigned application.
9. An applicant may withdraw its submitted application by sending a withdrawal request to [OSHPD.MHSAWET@oshpd.ca.gov](mailto: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 J. Key Dates.
10. 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>.

11. OSHPD reserves the right to reject all applications.
12. Where applicable, the applicant should carefully examine work sites and specifications. Applicants shall not make additions or increases to the agreement amount due to a lack of careful examination of work sites and specifications.
13. 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. OSHPD will not negotiate the terms and conditions outlined in Attachment 9: Sample Grant Agreement.
14. 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. OSHPD considers that the submission of an application implies express acceptance of the terms. All applicants must agree to the terms and conditions prior to receiving funds. OSHPD will not make changes to the terms and conditions specified in this Sample Grant Agreement.
15. Awardees must sign and submit grant agreements by the OSHPD due date. If the Awardee fails to sign and return the grant agreement by the due date, it will result in loss of award.
16. When the Grantee is a county, city, school district, or other local public body, the Grantee must include a copy of the resolution, order, motion, ordinance, or other similar document from the local governing body authorizing execution of the grant agreement with the signed grant agreement.
17. If, upon reviewing the Final Progress Report, OSHPD finds that the Grantee has not met all requirements and/or expended all funds, OSHPD will request the remittance of funds from the Grantee.
18. The Public Records Act shall apply to all grant deliverables, including applications, reports, and supporting documentation.
19. OSHPD shall not consider any oral understanding or agreement to be binding on either party.

## D. Required Attachments

OSHPD will only consider applications that include all documents required in Attachment 2: Required Document Check List.

### 1. Attachment 2: 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 3: Peer Personnel Training and Placement 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. Background and Mission, and describe your ability to provide such services.
- b. Program Description: Provide a detailed description of the proposed program, including how it will address all the components detailed in the Grant Guide under Section A. Background and Mission. Include information on how your program incorporates the following elements:
  1. Lived Experience
  2. PMHS Peer Personnel Needs
  3. Continued Engagement
  4. Strategies
  5. MHSA Values and Priorities
- c. Target Population: Provide the number of individuals the applicant proposes serving with this program, and the demographic make-up of this target population, including those from underserved, unserved, and/or inappropriately served racial and ethnic communities.
- d. Participating Organizations: List all the organizations within the PMHS (this includes but not limited to counties, CBOs, and others), education institutions, and/or training organizations the applicant proposes partnering with to accomplish program activities.
- e. Program Components: Describe each component of the proposed Peer Personnel Training and Placement Program, as described in the Section A. Background and Mission of the Grant Guide, including:
  1. Recruitment and Outreach
  2. Career Counseling
  3. Training
  4. Placement
  5. Support
  6. Financial Assistance (if applicable)
  7. Evaluation
- f. Work Plan and Schedule: Provide a work plan and schedule for each task and/or activity the applicant will complete that addresses all the program components described in Section A. Background and Mission of the Grant Guide.



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

### 3. Attachment 4: Application/Applicant Certification Sheet

An individual authorized to contractually bind the proposing entity shall 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 5: Professional Reference

Include one professional reference that describes your ability to engage in activities outlined in the Detailed Work Plan and Schedule of Attachment 3. Peer Personnel Training and Placement Application Form. OSHPD reserves the right to verify references provided.

### 5. Attachment 6: County Mental Health/Community-Based Organization Participation Verification Form

You must include a Participation Verification Form for each organization listed in Attachment 3, D. Participating Organizations. PMHS employers completing this form certify that they:

- Will engage with the Grantee to facilitate training and support to place trainees in the PMHS.
- Have identified the number of open positions available.

### 6. Attachment 7: Payee Data Record (STD 204)

You must include a signed Payee Data Record (STD 204) with the proper business name and mailing address used for future payments.

### 7. Attachment 8: Contractor Certification Clauses Form

You must include a signed Contractor Certification Clauses Form

## **E. Budget Restrictions**

OSHPD will not award any applicant more than \$500,000. An applicant may request the distribution of grant funding for each fiscal year (FY) of the grant agreement. Please review the budget category limitations in Attachment 3: Section I. Budget Detail.

The total number of grant awards can vary depending on the amount requested per application, award amounts approved, and available grant funding.

## **F. Evaluation and Scoring Procedures**

OSHPD may award multiple grants, and final award(s) will include consideration of the following elements:

1. At the time of application closing, OSHPD will check each application for the required information listed in Attachment 2: Required Document Check List.

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.

OSHPD will use the criteria in Attachment 1: Evaluation and Scoring Criteria to score applications and will grant awards to the highest scored applications. OSHPD also intends for the Peer Personnel program to support a geographic distribution in California. Applicants seeking to support geographic regions not addressed by other scored applications may receive preference.

## G. Grant Agreement Deliverables

1. The Grantee shall complete quarterly progress reports using the Peer Personnel Training and Placement Quarterly Certification Statement and Progress Report in Exhibit 1 of Attachment 9: Sample Grant Agreement. The Grantee shall submit reports in accordance with the following schedule:

	FY 2019-20	FY 2020-21
Quarter 1 Report	N/A	July-September, due by October 30
Quarter 2 Report	October-December, due by January 31	October-December, due by January 29
Quarter 3 Report	January-March, due by April 30	January-March, due by April 30
Quarter 4 Report	April-June, due by July 31	April-June, due by July 30

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 2 of Attachment 9: Sample Grant Agreement. The Grantee shall report results in quarterly progress reports.
3. Email all reports to [OSHPD.MHSAWET@oshpd.ca.gov](mailto:OSHPD.MHSAWET@oshpd.ca.gov).

## H. Post Award and Payment Provisions

1. OSHPD expects the Grantee will begin performance of the grant agreement on **October 28, 2019**. Grantee shall not begin any work 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 (recruitment, training, support, placement, and six months of support activities after placement) under the grant agreement on or before the termination date of the grant agreement.
4. OSHPD will evaluate if the Grantee meets its deliverables.
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 quarterly program certification statements documenting the completion of activities.

## I. Grant Guide Questions and Answers

You can find answers to most questions in this Grant Guide.

Prospective applicants may submit questions to [OSHPD.MHSAWET@oshpd.ca.gov](mailto:OSHPD.MHSAWET@oshpd.ca.gov) by **July 19, 2019**.

OSHPD will post notice of awards at <https://oshpd.ca.gov/loans-scholarships-grants/grants/wet/> by September 6, 2019. Applicants can also find past awardee information on this site.

## J. Key Dates

The key dates for the program year are as follows:

Event	Date	Time
Application Available	July 1, 2019	3:00 PM PDT
Deadline to Submit Questions	July 19, 2019	3:00 PM PDT
Deadline to Submit Application	August 16, 2019	3:00 PM PDT
OSHPD Announces Awardees	September 6, 2019	3:00 PM PDT
Grant Agreement Start Date	October 28, 2019	N/A

## K. Department Contact

For questions related to WET and the Peer Personnel Training and Development application, email OSHPD at [OSHPD.MHSAWET@oshpd.ca.gov](mailto:OSHPD.MHSAWET@oshpd.ca.gov).

### Thank you!

We would like to thank you for your interest in applying for the WET Peer Personnel Training and Placement Program, and for your continued efforts to provide training and support that facilitates the deployment of peer personnel as an effective and necessary service to PMHS clients and family members.

## Attachment 1: Evaluation and Scoring Criteria

OSHPD will award the highest scored applications and intends for this Grant Guide to support multiple counties in California by providing a distribution of awards throughout the state. Applicants seeking to support geographic regions not addressed by other scored applications may receive preference. OSHPD will score applications using the following criteria:

Section	Evaluation and Scoring Criteria	Max Points Available
<b>Executive Summary</b> (Attachment 3, Section A)	<p><b>Does the applicant provide an Executive Summary with an overview of the services that will be provided as delineated in Section A. Background and Mission and their ability to provide such services?</b></p> <p>0 Points: The applicant does not provide an Executive Summary with an overview of the services that will be provided as delineated in Section A. Background and Mission and their ability to provide such services.</p> <p>5 Points: The applicant does provide an Executive Summary with an overview of the services that will be provided as delineated in Section A. Background and Mission and their ability to provide such services.</p>	5
<b>Program Description: Lived Experience</b> (Attachment 3, Section B.1)	<p><b>Does the proposed program include individuals with lived experience, including consumers, family members, and/or caregivers, in the design and performance of program activities?</b></p> <p>0 Points: The proposed program does not include individuals with lived experience, including consumers, family members, and/or caregivers, in the design and performance of program activities.</p> <p>5 Points: The proposed program includes individuals with lived experience, including consumers, family members, and/or caregivers, in the design and performance of program activities.</p>	5
<b>Program Description: PMHS Peer Personnel Needs</b> (Attachment 3, Section B.2)	<p><b>Does the applicant describe the Peer Personnel needs of the PMHS employer partners and how the proposed program will address those needs?</b></p> <p>0 Points: The applicant does not describe the Peer Personnel needs of the PMHS employer partners and how the proposed program will address those needs.</p> <p>5 Points: The applicant describes the Peer Personnel needs of the PMHS employer partners and how the proposed program will address those needs.</p>	5

Section	Evaluation and Scoring Criteria	Max Points Available
<b>Program Description: Continued Engagement</b> <i>(Attachment 3, Section B.3)</i>	<p><b>Does the applicant describe how they will provide continued engagement and coordination with county(ies), CBOs, and educational institutions and/or training entities listed as partners in the application?</b></p> <p>0 Points: The applicant does not describe how they will provide continued engagement and coordination with county(ies), CBOs, and educational institutions and/or training entities listed as partners in the application.</p> <p>5 Points: The applicant describes how they will provide continued engagement and coordination with county(ies), CBOs, and educational institutions and/or training entities listed as partners in the application.</p>	5
<b>Program Description: Strategies</b> <i>(Attachment 3, Section B.4)</i>	<p><b>Does the applicant focus on innovative, evidence-based, and community-identified strategies to achieve the goal of training and placing peer personnel in the PMHS?</b></p> <p>0 Points: The applicant does not focus on innovative, evidence-based, emerging and/or community-identified strategies to achieve the goal of training and placing peer personnel in the PMHS.</p> <p>5 Points: The applicant focuses on innovative, evidence-based, emerging and/or community-identified strategies to achieve the goal of training and placing peer personnel in the PMHS.</p>	5
<b>Program Description: MHSA Values</b> <i>(Attachment 3, Section B.5)</i>	<p><b>Does the applicant describe how all program activities are consistent with MHSA values and priorities listed in Attachment 3, Section B.5?</b></p> <p>0 Points: The applicant does not describe how all program activities are consistent with all MHSA values and priorities listed in Attachment 3, Section B.5.</p> <p>5 Points: The applicant describes how all program activities are consistent with all MHSA values and priorities listed in Attachment 3, Section B.5.</p>	5
<b>Target Population: Number Served and Demographic of Population</b> <i>(Attachment 3, Section C.1-2)</i>	<p><b>Does the applicant provide the number of individuals served and describe the demographic make-up of the target population?</b></p> <p>0 Points: The applicant does not provide the number of individuals served and does not describe the demographic make-up of the target population.</p> <p>5 Points: The applicant provides the number of individuals served and describes the demographic make-up of the target population.</p>	5
<b>Participating Organizations</b> <i>(Attachment 3, Section D)</i>	<p><b>Does the Participating Organization chart have a corresponding Attachment 6, County Mental Health/Community-Based Organization Participation form for every organization listed?</b></p> <p>0 Points: The Participating Organization chart does not have a corresponding Attachment 6 form for every organization listed.</p> <p>5 Points: The Participating Organization chart does have a corresponding Attachment 6 form for every organization listed.</p>	5

Section	Evaluation and Scoring Criteria	Max Points Available
<b>Program Components: Recruitment and Outreach</b> <i>(Attachment 3, Section E.1)</i>	<p><b>Does the applicant describe how they will recruit individuals who are either currently employed or volunteering, or who are seeking employment or to volunteer, in the PMHS as peer personnel and targets individuals with lived experience who can address the cultural and language needs of the diverse community the Grantee will serve?</b></p> <p>0 Points: Per the Grant Guide, Attachment 3, Section E.1, the applicant does not describe how they will recruit individuals.</p> <p>5 Points: Per the Grant Guide, Attachment 3, Section E.1, the applicant describes how they will recruit individuals.</p>	5
<b>Program Components: Career Counseling</b> <i>(Attachment 3, Section E.2)</i>	<p><b>Does the applicant describe how they will assist recruited participants in developing individualized career plans and provide information on educational training courses to advance career plans and information about financial and training resources beyond those offered by the Grantee?</b></p> <p>0 Points: The applicant does not describe how they will assist recruited participants in developing individualized career plans and provide information on educational training courses to advance career plans and information about financial and training resources beyond those offered by the Grantee.</p> <p>5 Points: The applicant describes how they will assist recruited participants in developing individualized career plans and provide information on educational training courses to advance career plans and information about financial and training resources beyond those offered by the Grantee.</p>	5
<b>Program Components: Training Development</b> <i>(Attachment 3, Section E.3.a)</i>	<p><b>Does the applicant describe how they will work with county(ies), CBOs, consumers, family members, and caretakers participate in developing peer personnel position types and the training required for each type?</b></p> <p>0 Points: The applicant does not describe how they will work with county(ies), CBOs, consumers, family members, and caretakers participate in developing peer personnel position types and the training required for each type.</p> <p>5 Points: The applicant describes how they will work with county(ies), CBOs, consumers, family members, and caretakers participate in developing peer personnel position types and the training required for each type.</p>	5
<b>Program Components: Training Curriculum</b> <i>(Attachment 3, Section E.3.b)</i>	<p><b>Does the proposed program provide training curriculum as outlined in Attachment 3, Section E.3.b, to facilitate the deployment of peer personnel as an effective and necessary service to clients, family members, and caregivers?</b></p> <p>0 points: The proposed program does not provide training curriculum as outlined in Attachment 3, Section E.3.b, to facilitate the deployment of peer personnel as an effective and necessary service to clients, family members, and caregivers.</p> <p>5 points: The proposed program provides training curriculum as outlined in Attachment 3, Section E.3.b, to facilitate the deployment of peer personnel as an effective and necessary service to clients, family members, and caregivers.</p>	5

Section	Evaluation and Scoring Criteria	Max Points Available
<b>Program Components: Placement</b> <i>(Attachment 3, Section E.4)</i>	<p><b>Does the applicant state how they will assist program participants in finding placement in the PMHS peer personnel positions that require the skills provided by the Grantee's peer personnel training program?</b></p> <p>0 Points: The applicant does not state how they will assist program participants in finding placement in the PMHS peer personnel positions that require the skills provided by the Grantee's peer personnel training program.</p> <p>5 Points: The applicant states how they will assist program participants in finding placement in the PMHS peer personnel positions that require the skills provided by the Grantee's peer personnel training program.</p>	5
<b>Program Components: Support</b> <i>(Attachment 3, Section E.5)</i>	<p><b>Does the proposed program describe steps and activities that the applicant will engage in to support participants for six months after placement?</b></p> <p>0 Points: The proposed program does not describe steps and activities that the applicant will engage in to support participants for six months after placement.</p> <p>5 Points: The proposed program describes steps and activities that the applicant will engage in to support participants for six months after placement.</p>	5
<b>Program Components: Evaluation</b> <i>(Attachment 3, Section E.6)</i>	<p><b>Does the proposed program describe how the applicant will evaluate the program?</b></p> <p>0 Points: The proposed program does not describe how the applicant will evaluate the program.</p> <p>5 Points: The proposed program describes how the applicant will evaluate the program.</p>	5
<b>Work Plan and Schedule</b> <i>(Attachment 3, Section F)</i>	<p><b>Does the applicant provide a Work Plan and Schedule that addresses all the required program components described in Section A. Background and Mission of the Grant Guide?</b></p> <p>0 Points: The applicant does not provide a Work Plan and Schedule that addresses all of the required program components.</p> <p>5 Points: The applicant provides a Work Plan and Schedule that addresses all the required program components.</p>	5
<b>Project Personnel</b> <i>(Attachment 3, Section G)</i>	<p><b>Does the applicant provide the titles, job descriptions, and roles, and lived experience of each individual/contractor/sub-contractor proposed to be working on the project?</b></p> <p>0 Points: The applicant does not provide the titles, job descriptions, and roles, and lived experience of each individual/contractor/sub-contractor proposed to be working on the project.</p> <p>5 Points: The applicant provides the titles, job descriptions, and roles, and lived experience of each individual/contractor/sub-contractor proposed to be working on the project.</p>	5

Section	Evaluation and Scoring Criteria	Max Points Available																
<b>Budget Detail</b> <i>(Attachment 3, Section I)</i>	<p><b>OSHPD will score the cost effectiveness to effectively and successfully implement and administer the Peer Personnel program.</b></p> <p>OSHPD will score the Budget Rate based on the following criteria:</p> <table><tr><th>Rate Per Person To Be Placed</th><th>Total Points</th></tr><tr><td>\$5,000 or less</td><td>10 Points</td></tr><tr><td>\$5,001 - \$9,999</td><td>5 Points</td></tr><tr><td>\$10,000 and over</td><td>0 Points</td></tr></table> <table><tr><th>Amount Requested</th><th># of Persons To Be Placed</th><th>Rate per Person To Be Placed</th><th>Total Points</th></tr><tr><td><b>Example: \$500,000</b></td><td><b>150</b></td><td><b>\$3,333</b></td><td><b>10 Points</b></td></tr></table>	Rate Per Person To Be Placed	Total Points	\$5,000 or less	10 Points	\$5,001 - \$9,999	5 Points	\$10,000 and over	0 Points	Amount Requested	# of Persons To Be Placed	Rate per Person To Be Placed	Total Points	<b>Example: \$500,000</b>	<b>150</b>	<b>\$3,333</b>	<b>10 Points</b>	<b>10</b>
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<b>Budget Distribution Table</b> <i>(Attachment 3, Section I, Table 1)</i>	<p><b>Did the applicant accurately complete the proposed budget distribution table?</b></p> <p>0 Points: The applicant did not accurately complete the proposed budget distribution table.</p> <p>5 Points: The applicant accurately completed the proposed budget distribution table.</p>	<b>5</b>																
<b>Professional Reference</b> <i>(Attachment 5)</i>	<p><b>Does the applicant provide one professional reference consistent with existing or proposed program?</b></p> <p>0 Points: The applicant does not provide one professional reference consistent with existing or proposed partnership.</p> <p>5 Points: The applicant provides one professional reference consistent with existing or proposed partnership.</p>	<b>5</b>																
	<b>Total Points Possible</b>	<b>105</b>																



## Attachment 2: 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.

<input checked="" type="checkbox"/>	Document	Document Name/Description
<input type="checkbox"/>	Attachment 2	Required Document Check List
<input type="checkbox"/>	Attachment 3	Peer Personnel Training and Placement Application Form
<input type="checkbox"/>	Attachment 4	Application/Applicant Certification Sheet
<input type="checkbox"/>	Attachment 5	Professional Reference
<input type="checkbox"/>	Attachment 6	County Mental Health/ Community-Based Organization Participation Verification Form
<input type="checkbox"/>	Attachment 7	Payee Data Record (STD 204)
<input type="checkbox"/>	Attachment 8	Contractor Certification Clauses Form

### Attachment 3: Peer Personnel Training and Placement Application Form

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

- A. Executive Summary.** Provide an overview of the services that you propose to provide as delineated in Section A. Background and Mission and describe your ability to provide such services. *(Maximum 1000 words)*
- B. Program Description.** Provide a detailed description of the proposed program, including how it will address all the components detailed in the Grant Guide under Section A. Background and Mission. *(Maximum 1000 words)*

Applicants must include information on how your program incorporates the following elements:

1. **Lived Experience:** Describe how you developed the proposed Peer Personnel Training and Placement Program and the extent to which individuals with lived experience participated in its development. *(Maximum 1000 words)*
2. **PMHS Peer Personnel Needs:** Describe the Peer Personnel needs of the PMHS employer partners and how the proposed program will address those needs. *(Maximum 1000 words)*
3. **Continued Engagement:** Describe how the program will ensure the continued engagement and coordination with county(ies), CBOs, and educational institutions and/or training entities listed as partners in the application. *(Maximum 1000 words)*
4. **Strategies:** Describe how the applicant will ensure focus on innovative, evidence-based, emerging, and/or community-identified strategies to achieve the goal of training and placing peer personnel in the PMHS. *(Maximum 1000 words)*
5. **MHSA Values and Priorities:** Describe how all program activities are consistent with the following MHSA values and priorities. *(Maximum 1000 words):*
  - a. Community collaboration
  - b. Cultural competence
  - c. Client/family-driven mental health system
  - d. A wellness, recovery, and resilience focus
  - e. An integrated service experience for consumers and their families to address the changing needs of the PMHS

- C. Target Population.** Indicate the number of individuals the program proposes to serve. OSHPD does not require a minimum number of participants. OSHPD will include this number in the grant agreement and, if awarded, use it to determine prorated payments across budget categories as outlined in the table under Budget Detail in Section I.

1. **Number of individuals served:**

**2. Demographics of population served:** Provide the number of individuals the applicant proposes serving with this program, and the demographic make-up of the target population, including those from underserved, unserved, and/or inappropriately served racial and ethnic communities. *(Maximum 250 words)*

**D. Participating Organizations.** List all the organizations within the PMHS (this includes counties and CBOs), describe program activities, and provide a summary of peer personnel needs identified in Attachment 6: Participation Verification Form.

[illegible]

## E. Program Components

1. **Recruitment and Outreach:** Describe how the applicant will recruit individuals who are either currently employed or volunteering, or who are seeking employment or to volunteer, in the PMHS as peer personnel and targets individuals with lived experience who can address the cultural and language needs of the diverse community the Grantee will serve. *(Maximum 2500 words)*
2. **Career Counseling:** Describe how the applicant will assist participants in developing individualized career plans that identify courses to take for a peer personnel position type or category. *(Maximum 2500 words)*
3. **Training**
  - a. **Training Development:** Describe how the applicant will work with county(ies), CBOs, consumers, family members, and caretakers to develop peer personnel position types and the training required for each type. Indicate how you will define successful completion of training program. *(Maximum 1000 words)*
  - b. **Training Curriculum:** Describe how the training curricula will facilitate the deployment of peer personnel as an effective and necessary service to clients, family members, and caregivers. Applicants must determine the number of hours required and must provide training that focuses on all the following content:
    - I. Crisis management
    - II. Suicide prevention
    - III. Recovery planning
    - IV. Targeted case management
    - V. Triage

Applicants may also add other topics, if desired, that support the program goals.

Course Title	Description <i>(Maximum 250 words)</i>	Hours

If the grantee later requests additional training components not originally outlined in this application, then the grantee may request to change the training curricula. OSHPD must approve any curricula changes.

4. **Placement:** Describe placement activities, which are a priority focus of this program. OSHPD defines placement activities as assignment in a peer personnel position as a paid employee or unpaid volunteer in the PMHS. *(Maximum 2500 words)*
  5. **Support:** Describe the steps and activities the applicant will engage in to support all participants, including those who are unsuccessful in gaining and/or retaining placement in the PMHS, for six months after placement. Activities may include mentorship, self-help and support groups, retraining, and other support activities. *(Maximum 2500 words)*
  6. **Evaluation:** Describe how the applicant will evaluate the program. *(Maximum 2500 words)*
- F. Work Plan and Schedule** *(Please describe each activity/task in 250 words or less.)*
- Note: If awarded, OSHPD will include this as a part of the grant agreement scope of work.

Include tasks supporting all required program components.

[illegible]

## G. Project Personnel

Provide titles, job descriptions, and roles, of each individual/contractor/sub-contractor proposed to work on the project. Identify project personnel, including subcontractors, with lived experience and/or those that work with individuals with lived experience.

[illegible]

## H. Project Representatives

Provide name, title, address, phone number and email for Project Representatives in the table below. If awarded, OSHPD will use this information for the grant agreement. See Attachment 9: Sample Grant Agreement.

Direct all grant agreement inquiries to:

Program Representative: «Grantee_Name»
Name: «CO_First_Name» «CO_Last_Name», «Grantee_Officer_Title»
Address: «Grantee_Street_Address», «Grantee_Ste» «Grantee_City», «State» «Zip»
Phone: «Grantee_Phone»
Email: «Grantee_Email_»

Direct all administrative inquiries to:

Program Representative: «Grantee_Name»
Name: «CO_First_Name» «CO_Last_Name», «Grantee_Officer_Title»
Address: «Grantee_Street_Address», «Grantee_Ste» «Grantee_City», «State» «Zip»
Phone: «Grantee_Phone»
Email: «Grantee_Email_»

## I. Budget Detail

If awarded, Grantee shall be contractually bound to the rates and budget line items outlined in this section and must use them to invoice OSHPD for services provided under this grant agreement.

Total Proposed Budget \$ \_\_\_\_\_

If awarded, OSHPD will prorate payments based on the total number of participants who complete activities under each budget category.

### 1. Direct Program Costs

#### a. Recruitment and Outreach Costs

- Costs directly attributed to the completion of recruitment and outreach services. Costs can include program staff salaries, materials and supplies required for program activities, program consultants and/or contractors, and travel.
- Costs may not exceed five percent of total proposed budget.

#### b. Career Counseling Costs

- Costs directly attributed to the completion of career counseling services. Costs can include program staff salaries, materials and supplies required for program activities, program consultants and/or contractors, and travel.
- Costs may not exceed 20 percent of total proposed budget.

#### c. Training Costs

- Costs directly attributed to the completion of training services. Costs can include program staff salaries, materials and supplies required for program activities, program consultants and/or contractors, and travel.
- Costs may not exceed 40 percent of total proposed budget.

#### d. Financial Assistance Costs

- Grantee shall only provide financial assistance for program participants to attend training and shall not include tuition or admission fees. Grantee shall only provide financial assistance to enable participation in the activities that the proposing organization sponsors.
- Costs may include transportation costs, uncompensated time-off, and child care.
- Costs may not exceed 10 percent of total proposed budget.



e. Placement Costs

- Placement must be at least 35 percent of total proposed budget.
- Grantee will only receive full funding for this category if they place at least 80 percent of individual participants in a position within the PMHS by the end of the contract term. Grantee must provide justification as to why the remaining participants were not able to find placement. OSHPD must approve the justification before it can make any payments.

f. Support Costs

- Costs directly attributed to the completion of post training/placement support services. Costs can include program staff salaries, materials and supplies required for program activities, program consultants and/or contractors, and travel.
- Costs may not exceed 20 percent of the total proposed budget.
- For those participants that have not gained or retained placement after six months following completion of training, OSHPD will provide payment based on completion of revised individual career plans to address shortcomings in the design or execution of prior individual career plans.

g. Evaluation Costs

- Costs to evaluate the peer personnel training and placement program when program activities conclude.
- Costs may not exceed five percent of total proposed budget.

2. Indirect Program Costs

- Costs indirectly attributed to the completion of services which can include utilities, rent, and administrative service and payroll staff.
- Costs may not exceed 10 percent of total direct costs.

This is a performance-based contract. If awarded, OSHPD will reimburse the Grantee based on completion of services per budget line item as identified in each respective budget line item section. OSHPD will not pay any startup costs.

Use Table 1 to provide a budget for each line item.

<b>Table 1: Budget Distribution</b>			
<b>Recruitment and Outreach</b> (Shall not exceed 5% of total proposed budget)	\$	\$	\$
<b>Career Counseling</b> (Shall not exceed 20% of total proposed budget)	\$	\$	\$
<b>Training</b> (Shall not exceed 40% of total proposed budget)	\$	\$	\$
<b>Financial Assistance</b> (Shall not exceed 10% of total proposed budget)	\$	\$	\$
<b>Placement</b> (Must be at least 35% of total proposed budget)	\$	\$	\$
<b>Support</b> (Shall not exceed 20% of total proposed budget)	\$	\$	\$
<b>Evaluation</b> (Shall not exceed 5% of total proposed budget)	\$	\$	\$
<b>Total Direct Cost</b>	\$	\$	\$
<b>Indirect Program Cost</b> (Shall not exceed 10% of total direct cost)	\$	\$	\$
<b>Total Budget</b> (Cannot exceed \$500,000 for entire grant period)	\$	\$	\$

**Attachment 4: Application/Applicant Certification Sheet**

Sign and return this Application/Applicant Certification Sheet. **OSHDP may reject any application with an unsigned Application/Applicant Certification Sheet.**

The signature and date certify compliance with all the requirements of this application document. The signature below authorizes the verification of this certification.

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

### Attachment 5: Professional Reference

List one reference from within the last four years that demonstrates your organization's capacity to provide the services outlined in the Detailed Work Plan and Schedule in Attachment 3: Peer Personnel Training and Placement Application Form. If you cannot provide one reference, please explain why on an attached sheet of paper.

REFERENCE			
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 6: Participation Verification Form

Date:

County Mental Health /Community-Based Organization \_\_\_\_\_

The Applicant Organization (see below) intends to apply for a grant from the Office of Statewide Health Planning and Development (OSHPD) to provide training and support for individuals deployed as peer personnel in the Public Mental Health System (PMHS).

The purpose of this participation verification form is to ensure OSHPD that the applicant contacted a county or community-based organization (CBO) before applying and plans 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 or CBO will collaborate and engage with the applicant organization if awarded a grant. OSHPD encourages the county/CBO director to sign only if planning to collaborate and engage with this organization in a manner consistent with the description below.

To better assess the peer personnel needs in your County Mental Health Program/CBO, please complete the following questions:

1. Provide the number of positions currently filled by peer personnel in your organization.
2. Provide the number of open peer personnel positions not filled in your organization.
3. Provide the projected number of trained peer personnel your organization needs.
4. Identify the main skills, competencies, and qualifications needed by peer personnel to obtain placement as peer personnel 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 with lived experience in PMHS peer personnel positions.

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

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

## Attachment 7: Payee Data Record (STD 204)

### [View Payee Data Record STD 204 Form](#)

Print Form

Reset Form

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. 5/2018)

<b>1</b>	<p><b>INSTRUCTIONS:</b> 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 <b>fully completed</b> 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><b>NOTE:</b> Governmental entities, i.e. federal, state, and local (including school districts), are not required to submit this form.</p>																							
<b>2</b>	<p><b>BUSINESS NAME</b> <i>(As shown on your income tax return)</i></p> <hr/> <table border="1" style="width: 100%;"> <tr> <td colspan="4"><b>SOLE PROPRIETOR, SINGLE MEMBER LLC, INDIVIDUAL</b> <i>(Name as shown on SSN or ITIN) Last, First, MI</i></td> <td colspan="2"><b>E-MAIL ADDRESS</b></td> </tr> </table> <hr/> <table border="1" style="width: 100%;"> <tr> <td colspan="3"><b>MAILING ADDRESS</b></td> <td colspan="3"><b>BUSINESS ADDRESS</b></td> </tr> <tr> <td><b>CITY</b></td> <td><b>STATE</b></td> <td><b>ZIP CODE</b></td> <td><b>CITY</b></td> <td><b>STATE</b></td> <td><b>ZIP CODE</b></td> </tr> </table>						<b>SOLE PROPRIETOR, SINGLE MEMBER LLC, INDIVIDUAL</b> <i>(Name as shown on SSN or ITIN) Last, First, MI</i>				<b>E-MAIL ADDRESS</b>		<b>MAILING ADDRESS</b>			<b>BUSINESS ADDRESS</b>			<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
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<b>3</b>  PAYEE ENTITY TYPE   CHECK ONE BOX ONLY	<p><b>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p> <input type="checkbox"/> <b>PARTNERSHIP</b> <input type="checkbox"/> <b>ESTATE OR TRUST</b> </p> <p><b>CORPORATION:</b></p> <p> <input type="radio"/> <b>MEDICAL</b> <i>(e.g., dentistry, psychotherapy, chiropractic, etc.)</i>  <input type="radio"/> <b>LEGAL</b> <i>(e.g., attorney services)</i>  <input type="radio"/> <b>EXEMPT</b> <i>(nonprofit)</i>  <input type="radio"/> <b>ALL OTHERS</b> </p> <hr/> <p><b>ENTER SSN OR ITIN:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p> <input type="checkbox"/> <b>SOLE PROPRIETOR, INDIVIDUAL, OR SINGLE MEMBER LLC</b> <i>(Disregarded Entity)</i> </p> <p><small><i>Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) are required by authority of California Revenue and Tax Code sections 18646 and 18661</i></small></p>					<p><b>NOTE:</b> Payment will not be processed without an accompanying taxpayer identification number.</p>																		
<b>4</b>  PAYEE RESIDENCY STATUS	<p> <input type="checkbox"/> <b>CALIFORNIA RESIDENT</b> - Qualified to do business in California or maintains a permanent place of business in California.  <input type="checkbox"/> <b>CALIFORNIA NON RESIDENT</b> <i>(see next page for more information)</i> - 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>																							
<b>5</b>	<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 border="1" style="width: 100%;"> <tr> <td colspan="3"><b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME</b> <i>(Type or Print)</i></td> <td colspan="2"><b>TITLE</b></td> <td><b>TELEPHONE</b> <i>(include area code)</i></td> </tr> <tr> <td colspan="3"><b>SIGNATURE</b></td> <td><b>DATE</b></td> <td colspan="2"><b>E-MAIL ADDRESS</b></td> </tr> </table>						<b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME</b> <i>(Type or Print)</i>			<b>TITLE</b>		<b>TELEPHONE</b> <i>(include area code)</i>	<b>SIGNATURE</b>			<b>DATE</b>	<b>E-MAIL ADDRESS</b>							
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<b>6</b>	<p>Please return completed form to:</p> <table border="1" style="width: 100%;"> <tr> <td colspan="3"><b>DEPARTMENT/OFFICE</b></td> <td colspan="3"><b>UNIT/SECTION</b></td> </tr> <tr> <td colspan="3"><b>MAILING ADDRESS</b></td> <td colspan="2"><b>TELEPHONE</b> <i>(include area code)</i></td> <td><b>FAX</b></td> </tr> <tr> <td><b>CITY</b></td> <td><b>STATE</b></td> <td><b>ZIP CODE</b></td> <td colspan="3"><b>E-MAIL ADDRESS</b></td> </tr> </table>						<b>DEPARTMENT/OFFICE</b>			<b>UNIT/SECTION</b>			<b>MAILING ADDRESS</b>			<b>TELEPHONE</b> <i>(include area code)</i>		<b>FAX</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>E-MAIL ADDRESS</b>		
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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. 5/2018)

<b>1</b>	<p><b>Requirement to Complete the Payee Data Record, STD 204</b></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&amp;TC).</p>
<b>2</b>	<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 and single member limited liability companies (LLCs) 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. The business address is the address of the business' physical location.</p>
<b>3</b>	<p>Check only <b>one</b> 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&amp;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&amp;TC section 18662 and its regulations.</p> <p>Payees must provide <b>one</b> 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, single member LLC (disregarded entities), and individuals is the SSN or ITIN. Only partnerships, estates, trusts, corporations, and LLCs (taxed as partnerships or corporations) will enter their FEIN.</p>
<b>4</b>	<p><b>Are you a California resident or nonresident?</b></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:  <div style="display: flex; justify-content: space-between;"> <div>Withholding Services and Compliance Section: 1-888-792-4900</div> <div>E-mail address: <a href="mailto:wscs.gen@ftb.ca.gov">wscs.gen@ftb.ca.gov</a></div> </div> <div style="display: flex; justify-content: space-between;"> <div>For hearing impaired with TDD, call: 1-800-822-6268</div> <div>Website: <a href="http://www.ftb.ca.gov">www.ftb.ca.gov</a></div> </div> </p>
<b>5</b>	Provide the name, title, email address, signature, and telephone number of the individual completing this form. Provide the date the form was completed.
<b>6</b>	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 8: 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>	

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 lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

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

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

6. SWEATFREE CODE OF CONDUCT:

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

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

7. DOMESTIC PARTNERS: For contracts 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 10295.35.

## **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 12-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.

## Attachment 9: Sample Grant Agreement

GRANT AGREEMENT BETWEEN THE  
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT AND  
«Grantee\_Name»  
For The  
PEER PERSONNEL TRAINING AND PLACEMENT 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, \$2,000,000 may be provided for peer support, including families, training in crisis management, suicide prevention, recovery planning, targeted case management assistance, triage, and other related peer training and support functions to facilitate the deployment of peer personnel as an effective and necessary service to clients, family members, and caregivers.

WHEREAS, Welfare and Institutions Code Section 5822(g) statutorily authorizes OSHPD to engage in activities that promote the employment of mental health consumers and family members in the mental health system.

WHEREAS, the Healthcare Workforce Development Division ("HWDD") supports health care 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 train, support, and place consumer and family members in peer personnel positions in the Public Mental Health System (PMHS).

WHEREAS, supporting consumer and family member employment is included as a priority strategy under the Mental Health Services Act (MHSA).

WHEREAS, the Grantee applied to participate in the Peer Personnel Training and Placement program, by submitting an application in response to the Peer Personnel Training and Placement Application.

WHEREAS, the Peer Personnel Training and Placement program shall support, train, and place individuals who are currently or seeking to be employed and/or volunteer as peer personnel, including consumers and family members, by engaging in recruitment and outreach, career counseling, training, placement, and support activities with a priority focus on peer personnel placement/employment in the PMHS.

WHEREAS, the Grantee was selected by OSHPD to receive grant funds through procedures duly adopted by OSHPD for the purpose of administering such grants.

NOW THEREFORE, OSHPD and the Grantee, for the consideration and under the conditions hereinafter set forth, agree as follows:

A. Definitions

1. "Application" means the grant application/proposal submitted by Grantee.
2. "Consumer" means as referred to as Client in Title 9, CCR, Section 3200.040, is an individual of any age who is receiving or has received mental health services. The term "client" includes those who refer to themselves as clients, consumers, survivors, patients or ex-patients.
3. "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. "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.
5. "Director" means the Director of the Office of Statewide Health Planning and Development or his/her designee.
6. "Family Member" means siblings, and their partners, kinship caregivers, friends, and others as defined by the family who is now or was in the past the primary caregiver for a child, youth, adolescent, or adult with a mental health challenge who accessed mental health services.
7. "Grant Agreement/Grant Number" means Grant Number «**Grant\_Number**» awarded to Grantee.
8. "Grantee" means the fiscally responsible entity in charge of administering the Grant Funds and includes the program identified in the grant application.
9. "Grant Funds" means the money provided by OSHPD for the project described by Grantee in its application and Scope of Work.
10. "Indirect Program Cost" 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.
11. "Parents" means biological parents and their partners, who are now or have in the past been the primary caregiver for a child, youth, or adolescent with a mental health challenge who accessed mental health services.
12. "Peer Personnel" means individuals with experience as a mental/behavioral health services consumer, family member, and/or caregiver placed in designated peer positions within the Public Mental Health System. The term "peer" is not required to be in the job title.
13. "Placement" means assignment in a peer personnel position as a paid employee or unpaid volunteer in the Public Mental Health System.

14. "Program" means the Grantee's training program(s) listed on the grant application.
15. "Program Representative" means the representative of the Grantee for which Agreement funds are being awarded.
16. "Project" means the activity described in the Grantee's application and Scope of Work to be accomplished with the grant Funds.
17. "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. Title 9, CCR, 3200.254

Any organization that meets this definition would be considered a PMHS site.

18. "State" means the State of California and includes all its Departments, Agencies, Committees and Commissions.

#### B. Term of the Agreement

1. This Agreement shall take effect on the «TermStart» and shall terminate on «TermEnd».
2. The Grantee shall not be permitted to seek an extension beyond the June 30, 2021 end date.

#### C. Scope of Work

1. Consistent with this Grant Guide, Grantee agrees to perform all activities specifically identified in the Grantee's application and submitted by the Grantee in response to Peer Personnel Training and Placement Grant Guide for Fiscal Year 2019-20 and Grantee's application, including the work plan prepared and submitted by the Grantee, are incorporated herein by reference.
2. While performing the activities defined in Section C. Scope of Work, Item 1, the Grantee shall:
  - a. Include individuals with lived experience, including consumers, family members, and caregivers in the design and delivery of program activities.
  - b. Ensure there is continued engagement and coordination with partner county, CBO, education institutions, and/or training entities.
  - c. Ensure focus on innovative, evidence-based and community-identified strategies to achieve the goal of training and placing peer personnel in the PMHS.
  - d. Ensure that all program activities are consistent with MHSA values and priorities, including wellness, recovery and resiliency principles.
  - e. Ensure that all services are consistent with the work plan and schedule outlined in the application.

3. 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 quarterly progress reports using the template located in Exhibit 1. Peer Personnel Training and Placement Quarterly Certification Statement and Progress Report to demonstrate completion of Scope of Work activities and evaluate the program's effectiveness. The Grantee shall submit quarterly reports in accordance with the following schedule:

	FY 2019-20	FY 2020-21
Quarter 1 Report	N/A	July-September, due by October 30
Quarter 2 Report	October-December, due by January 31	October-December, due by January 29
Quarter 3 Report	January-March, due by April 30	January-March, due by April 30
Quarter 4 Report	April-June, due by July 31	April-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 quarterly progress reports.
3. Email all reports to [OSHPD.MHSAWET@oshpd.ca.gov](mailto: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 rates specified in Section F. Budget Detail.
2. The Grantee shall submit certification statements to OSHPD for work performed under this Agreement with the associated quarterly progress report for OSHPD approval.
3. The Grantee shall submit certification statements on a quarterly basis. Certification statements will not be paid until OSHPD reviews and approves the associated quarterly report.
4. The total amount payable to the Grantee under this Agreement shall not exceed «Amount» (**«Amt\_Spelled»**).

5. All certification statements must use the form provided by OSHPD with Grantee name and current address. The certification form must be signed.
6. Submit all certification statements to OSHPD by email to [OSHPD.MHSAWET@oshpd.ca.gov](mailto: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 3 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:

Budget Line Item	Funding		
	FY 2019-20	FY 2020-21	Total
<b>Recruitment and Outreach</b>	\$	\$	\$
<b>Career Counseling</b>	\$	\$	\$
<b>Training</b>	\$	\$	\$
<b>Financial Assistance</b>	\$	\$	\$
<b>Placement Achievement Incentive</b>	\$	\$	\$
<b>Support</b>	\$	\$	\$
<b>Evaluation</b>	\$	\$	\$
<b>Indirect Program Costs</b>	\$	\$	\$

3. Summary of Program Costs per Activity

The Grantee shall identify the total Direct Program Costs for each activity to correspond with the activities as provided by the Grantee in Attachment 3. Do not provide sub-activities. The Grantee must also identify the Total Indirect Program Costs for the program. For the purposes of completing the detailed budget below, the following definitions shall apply:

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



- b. Indirect Program Costs, not to exceed 10 percent of total direct costs, is indirectly attributed to the completion of the program services, which may include, but are not limited to, utilities, rent, and administrative services/staff payroll.
- c. OSHPD will calculate payments using the table below:

<b>Direct Program Costs per Activity and Total Indirect Costs Invoiced</b>			
<b>Activity Budget Category</b>	<b>Total number of participants completing budget activities</b>	<b>Prorated amount for each participant per line item</b>	<b>Total amount per budget category</b>
<b>Recruitment and Outreach</b>	#	\$	\$
<b>Career Counseling</b>	#	\$	\$
<b>Training</b>	#	\$	\$
<b>Financial Assistance</b>			\$
<b>Placement</b>	#	\$	\$
<b>Support</b>	#	\$	\$
<b>Evaluation</b>			\$
<b>Total Direct Program Costs</b>			\$
<b>Total Indirect Costs</b>			\$
<b>Total</b>			\$

- 4. Accounting for OSHPD grant funds shall be in accordance with Generally Accepted Accounting Principles consistently applied, regardless of the source of funds. Supporting records must include sufficient detail to show the exact amount and nature of expenditures and shall be available to OSHPD upon request.
- 5. Reports of program expenditures under this Agreement must be submitted as requested by the state or the OSHPD Director for the purposes of program administration, evaluation, or review.
- 6. Records Retention and Audit:
  - a. The Grantee shall permit the OSHPD Director, the Auditor General, the State Controller, and their authorized representatives, access to records maintained on source of income and expenditures of its pipeline program for the purpose of audit and examination.
  - b. The Grantee shall maintain books, records, documents, and other evidence pertaining to the costs and expenses of this grant agreement (herein after collectively called the "records") to the extent and in such detail as will properly reflect all net costs, direct and indirect, of labor, materials, equipment, supplies and services, and other costs and expenses of whatever nature for which reimbursement is claimed under the provisions of this Agreement.

- c. The Grantee agrees to make available at the office of the institution, and at all reasonable times during the period set forth in subsection (d) below, any of the records for inspection, audit, or reproduction by an authorized representative of the state.
- d. The Grantee shall preserve and make available its records (1) for a period of three years from the date of final payment under this Agreement, and (2) for such longer period, if any, as is required by applicable statute, by any other clause of this Agreement, or by subparagraph (i) or (ii) below:
  - i. If this Agreement is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of three years from the date of any resulting final settlement.
  - ii. Records which relate to (1) litigation of the settlement of claims arising out of the performance of this Agreement, or (2) costs and expenses of this Agreement as to which exception has been taken by the state or any of its duly authorized representatives, shall be retained by the training institution until disposition of such appeals, litigation, claims, or exceptions.

#### 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 Progress 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

- 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. "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.
  - c. "Deliverable data" are that data which, under the terms of this Agreement, are required to be delivered to the State. Such data shall be the property of the State.
  - d. Prior to the expiration of any legally required retention period and before destroying any data, the Grantee shall notify the State of any such contemplated action; and the State may within 30 days of said notification, determine whether or not the data shall be further preserved. The State shall pay the expense of further preserving the data. The State shall have unrestricted, reasonable access to the data that are preserved in accordance with this Agreement.

- e. The Grantee shall use its best efforts to furnish competent witnesses and to identify such competent witnesses to testify in any court of law regarding data used in or generated under the performance of this Agreement.
6. Independent Grantee: The Grantee and the agents and employees of the Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers, employees, or agents of the State.
7. Non-Discrimination Clause: During the performance of this Agreement, the Grantee and its subcontractors shall not unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (e.g., cancer), age (over 40), marital status, and denial of family care leave. The Grantee and its subcontractors shall 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 20 working days of receipt of the Grantee's letter. The Director's decision will be final.
14. Termination for Cause: OSHPD may terminate this Agreement and be relieved of any payments should the Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided.
15. Potential Subcontractors: Nothing contained in this Agreement shall create any contractual relation between the State and any subcontractor of the Grantee, and no subcontract shall relieve the Grantee of its responsibilities and obligations hereunder. The Grantee agrees to be 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: Peer Personnel Training and Placement Quarterly Certification Statement and Progress Report

## 1. Certification

Peer Personnel Training and Placement Program			
Please email certification to <a href="mailto:OSHDP.MHSAWET@oshpd.ca.gov">OSHDP.MHSAWET@oshpd.ca.gov</a>			
Office of Statewide Health Planning and Development Healthcare Workforce Development Division 2020 West El Camino Ave. Suite 1222 Sacramento, CA 95833	<div style="display: flex; justify-content: space-between;"> <div> <b>Date:</b>   <b>Grant Period:</b>   <b>Total Amount Requested:</b> </div> <div> <b>Grant Agreement Number: 18-XXXX</b>    <b>Please Remit to:</b>   <a href="mailto:OSHDP.MHSAWET@oshpd.ca.gov">OSHDP.MHSAWET@oshpd.ca.gov</a> </div> </div>		
<b>Program Name:</b>			

  

<b>Financial Assistance</b>			
<b>Placement Achievement Incentive</b>	#	\$	
<b>Support</b>	#	\$	
<b>Total Direct Program Cost</b>			
<b>Total Indirect Costs</b>			\$
<b>Total</b>			\$

  

Total Indirect Costs Outlined in Grant Agreement	Total Direct Costs Outlined in Grant Agreement

  

<b>I hereby certify that the above is true and correct and request reimbursement under the terms of the grant agreement.</b>   <div style="border-top: 1px solid black; padding-top: 5px;">Program Director</div>	<div style="display: flex; justify-content: space-between;"> <div> <b>OSHDP Use Only:</b>   <b>WET Staff Member</b>   <b>Program Administrator</b> </div> <div>           Date Approved for Payment:      </div> </div>
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## 2. General Statistics

Mental Health Services Act  
Workforce Education and Training

Peer Personnel  
Training and Placement Program Report

General Statistics

Peer Personnel Training and Placement Program	
Grant Number	
Grantee	
Grant Period	
Contact Name	
Phone Number	
Email	

Grant Totals:	FY 2019-20	FY 2020-21	Grant Total
Dollars Allocated to Grantee			
Dollars Invoiced by Grantee			
# of Positions Identified That Program Recruited for			
# of Outreach/Recruitment Activities Completed			
Estimated # of Individuals Reached via Outreach Activities			
# of Program Participants			
# of Program Participants That Completed Required Training			
# of Program Participants Placed Positions (Paid/Unpaid)			

\*Please include the totals since the beginning of the contract.

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### 3. Reporting Period and Contact Information

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

## Peer Personnel Training and Placement Program Report

### Workplan Activitiy Updates

[illegible]

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#### 4. Participant Information–Program Components

Progress Report #	Recruited  Total number of participants who have been recruited into the program	Individual Career Plan  Total number of participants with finalized Individualized career plans	Status A  Total number of participants who have not started training	Status B  Total number of participants currently in training but not placed	Status C  Total number of participants currently in training and are placed	Status D  Total number of participants who have completed training but not yet placed	Status E  Total number of participants who have completed training and are placed
1							
2							
3							
4							

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## 5. Participant Information–Program Phases

[illegible]

## 6. Recruitment and Outreach Activities

Mental Health Services Act  
Workforce Education and Training

Peer Personnel Progress Report

Recruitment and Outreach Activities

Date Range	Type of Outreach Provided	Population/ Community Targeted	Where Outreach Occurred	Estimated Number of Individuals Reached

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## 7. Demographic Information

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

### Peer Personnel Progress Report

### Demographic Information for Recruited Participants

[illegible]

8. Career Counseling Activities

Mental Health Services Act  
Workforce Education and Training

Peer Personnel Progress Report

Career Counseling Activities

Provide a brief summary of career counseling activities, success and/or challenges. (in no more than 8 sentences)

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## 9. Training Developed

Mental Health Services Act  
Workforce Education and Training

Peer Personnel Progress Report

Training Developed

Courses (Title)	Hours	Required (X)	Elective (X)	Course Learning Objectives	How Course Addresses MHSA values, principles and/or practice skills

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## 10. Training Provided

Mental Health Services Act  
Workforce Education and Training

Peer Personnel Progress Report

Training Provided

Courses (Title)	Date(s)	Number of Participants who Attended

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## 11. Training Successes and Challenges

Mental Health Services Act  
Workforce Education and Training

Peer Personnel Progress Report

Training Successes and or Challenges

Please describe any major successes and/or challenges to providing training to program participants (in no more than 8 sentences)

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## 12. Placement

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

### Peer Personnel Progress Report

## Placement

[illegible][illegible]

### 13. Placement Successes and/or Challenges

Mental Health Services Act  
Workforce Education and Training

Peer Personnel Progress Report

Placement Successes and/or Challenges

Please describe any major successes and/or challenges to finding placements for program participants (in no more than 8 sentences)

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## 14. Support

Mental Health Services Act  
Workforce Education and Training

Peer Personnel Progress Report

Support

Date Range	Support Activity Summary	Number of Participants Supported

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## 15. Support Successes and/or Challenges

Mental Health Services Act  
Workforce Education and Training

Peer Personnel Progress Report

Support Successes and/or Challenges

Please describe any major successes and/or challenges to supporting program participants (in no more than 8 sentences)

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## 16. Retention Success

[illegible]

17. Participant Survey Results (After four Months of Placement)

Mental Health Services Act  
Workforce Education and Training

Peer Personnel Progress Report

Participant Survey Results  
After 4 Months of Placement

Participant Identifier	Employer (County and Site Name)	Position in Which Program Participant is Employed	Did the Training Program Prepare you for your current Position? (Y/N)	Program: Greatest Strength	Program: Greatest Challenge

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## 18. Employer Survey Results (After Four Months of Having Program Participants Being Placed)

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

### Peer Personnel Progress Report

### Employer Survey Results After 4 Months of Having Program Participants Being Placed

[illegible]

For Display Purposes Only



19. Additional Documents

Mental Health Services Act

Peer Personnel Progress Report

Additional Documents

Workforce Education and Training

Please list electronic copies of document, including Individualized Career Plans (using Unique Identifiers only) and other documents accompanying Progress Report:

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## Exhibit 2: Participant Demographic Information Survey

The Office of Statewide Health Planning and Development (OSHPD), who funds your participation in this program, is administering this demographic survey. To enable the evaluation of the program's effectiveness towards serving diverse populations, this survey collects data on the wide range of demographics of our program participants. While this survey is optional, OSHPD kindly requests your completion of this anonymous survey.

**Please indicate the county where you live:** County \_\_\_\_\_

### Please identify your Race/Ethnicity:

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

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

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

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

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

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

- ☐ Bisexual/Pansexual
- ☐ Gay
- ☐ Heterosexual/Straight
- ☐ Lesbian
- ☐ I'm questioning whether I'm straight or not straight
- ☐ Queer
- ☐ Decline to State

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

- ☐ Consumer
- ☐ Family Member
- ☐ Decline to State
- ☐ Both
- ☐ None

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

- ☐ Yes
- ☐ Decline to State
- ☐ No
- ☐ None

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

**Please select your age group:**

- ☐ Under 18
- ☐ 18-24
- ☐ 25-39
- ☐ 40-64
- ☐ 65 years and over
- ☐ Decline to State

**Are you a Military Veteran?**

- ☐ Yes
- ☐ No

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