



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

Grant Guide  
For Fiscal Year 2022-23

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 Department of Health Care Access and Information will not make changes to the terms and conditions specified in this Grant Guide.

**Table of Contents**

A. Background and Mission.....3

B. Eligible Applicants and Available Funding .....6

C. Initiating an Application .....7

D. Required Attachments .....8

E. Budget Restrictions.....9

F. Evaluation and Scoring Procedures.....9

G. Grant Agreement Deliverables.....9

H. Post Award and Payment Provisions .....10

I. Grant Guide Questions and Answers.....10

J. Key Dates .....11

K. Department Contact.....11

Attachment 1: Evaluation and Scoring Criteria .....12

Attachment 2: Required Document Check List .....17

Attachment 3: Peer Personnel Training and Placement Application Form .....18

Attachment 4: Application/Applicant Certification Sheet .....28

Attachment 5: Payee Data Record (STD 204).....29

Attachment 6: Contractor Certification Clauses Form.....31

Attachment 7: Sample Grant Agreement.....35

Exhibit 1: Peer Personnel Training and Placement Quarterly Certification Statement and  
Progress Report .....49

Exhibit 2: Participant Demographic Information Survey .....68

## 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 California Department of Health Care Access and Information (HCAI) 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 training and placement of peer personnel. This Grant Guide defines peer personnel as individuals with lived experience as a mental/behavioral health services consumer, family member, and/or caregiver placed in designated peer positions.

The applicant must provide training to peer personnel that meets the 80-hour training requirements under the California Department of Health Care Services (DHCS) Medi-Cal Peer Support Specialist Certification Program.

Applicants must implement a peer personnel training and placement program that contains all of 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, as peer personnel to participate in Grantee's training and placement 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 a behavioral health program. 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 behavioral health 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 assess the eligibility of participants to meet the grandparenting provisions of the DHCS Medi-Cal Peer Support Specialist Certification Program and/or provide the 80-hour mandatory training requirements. The Grantee must be a DHCS recognized training provider or contract with a DHCS recognized training provider that meets the Med-Cal Peer Support Specialist Certification training requirements.

The applicant will describe additional training that they will provide to address the needs of child and youth consumers (0 - 25 years of age).

For more information regarding the DHCS Peer Specialist Certification Program, see <https://www.dhcs.ca.gov/services/Pages/Peer-Support-Services.aspx>

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 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. The 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 peer personnel positions, as well as encourage career progression.

HCAI will disburse full funding for the placement category when the Grantee successfully places at least 80 percent of participants in a position by the end of the contract term and provides acceptable justification as to why they were not able to place the remainder. HCAI will only pay for students' completion of the training program. HCAI 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 peer personnel position. If program participants are unsuccessful in gaining and/or retaining placement after six months of training, the Grantee shall explain in progress reports as to why program participants were unable to gain or retain placement a peer personnel position, 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 of 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 7: 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 7: Sample Grant Agreement.
  - c. Percentage of program participants that are successfully placed.
  - d. 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. The program shall provide financial assistance to enable participation in the activities sponsored by the proposing organization and Peer Support Specialist Certification 80 hour training, certification and examination costs. Costs may include transportation, uncompensated time-off, and childcare.
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 as a peer personnel support specialist, 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. HCAI 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.
  - e. Ensure all program activities are consistent with the following 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 peer personnel workforce

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

### **1. Eligible Applicants**

Applicants must be a DHCS recognized training provider that can meet the 80-hour Medi-Cal Peer Support Specialist Certification training requirements, or must be contracted with a DHCS recognized training provider that can meet the 80-hour Medi-Cal Peer Support Specialist Certification Training requirements.

HCAI 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)

All applicants must be able to:

- a. Identify 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.
- d. Provide support that will ensure peer personnel retain placement.
- e. Demonstrate experience in training and supporting individuals with lived experience as consumers, family members, and caregivers.

Educational institution or training organization applicants 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.

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. 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. In the event there is additional state funding available, HCAI has the discretion to make additional awards.
- b. Approximately \$12,000,000 in state funding is available to support Peer Personnel Training and Placement programs. Of the \$12,000,000, \$10,000,000 is available to focus on training peer personnel that serve child, youth or families. If the Budget Act reduces or deletes funding for any fiscal year (FY) for purposes of this program,

HCAI shall have the option to either cancel a grant agreement with no liability occurring to HCAI or offer an agreement amendment to the Grantee to reflect the reduced amount.

- c. HCAI 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. HCAI may reject an application that contains omissions, inaccuracies, or misstatements.
2. Applicants must include the documents identified in Attachment 2: Required Document Check List. HCAI will reject applications that do not include all required documents.
3. Applicants must email grant applications to [MHSAWET@HCAI.ca.gov](mailto:MHSAWET@HCAI.ca.gov) no later than June 10, 2022. HCAI 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. HCAI may reject applications that contain any deviation from the work specifications.
6. HCAI may reject an application if it is conditional or incomplete, or if it contains any alterations of form or other irregularities of any kind. HCAI may reject any or all applications and may waive an immaterial deviation in an application. HCAI'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. HCAI may reject an application if the applicant failed to meet deliverables from a previously awarded HCAI grant.
8. 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.
9. An individual authorized to contractually bind the proposing entity shall complete and sign Attachment 4: Application/Applicant Certification Sheet. HCAI may reject an unsigned application.
10. An applicant may withdraw its submitted application by sending a withdrawal request to [MHSAWET@HCAI.ca.gov](mailto:MHSAWET@HCAI.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.

11. HCAI may modify this Grant Guide prior to the application submission deadline by issuing an addendum at <https://www.HCAI.ca.gov/HWDD/WET.html>.
12. HCAI reserves the right to reject all applications.
13. 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.
14. HCAI will not accept alternate grant agreement language from a prospective Grantee. HCAI will consider an application with such language to be a counteroffer and will reject it. HCAI will not negotiate the terms and conditions outlined in Attachment 7: Sample Grant Agreement.
15. 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. HCAI considers the submission of an application as an express acceptance of the terms. All applicants must agree to the terms and conditions prior to receiving funds. HCAI will not make changes to the terms and conditions specified in this Sample Grant Agreement.  
  
Awardees must sign and submit grant agreements by the HCAI 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, HCAI finds that the Grantee has not met all requirements and/or expended all funds, HCAI 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. HCAI shall not consider any oral understanding or agreement to be binding on either party.

#### **D. Required Attachments**

- Attachment 2: Required Document Check List
- Attachment 3: Peer Personnel Training and Placement Application Form
- Attachment 4: Application/Applicant Certification Sheet
- Attachment 5: Payee Data Record (STD 204)
- Attachment 6: Contractor Certification Clauses Form



**E. Budget Restrictions**

HCAI will not award any applicant more than \$1,000,000.

An applicant may request the distribution of grant funding for each FY of the grant agreement. Please review the budget category limitations in Attachment 3: Section H. 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**

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

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

HCAI will use the criteria in Attachment 1: Evaluation and Scoring Criteria to score applications and will grant awards to the highest scored applications. HCAI 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 7: Sample Grant Agreement. The Grantee shall submit reports in accordance with the following schedule:

	<b>FY 2022-23</b>	<b>FY 2023-24</b>
Quarter 1 Report	August-September, due by October 31	July-September, due by October 31
Quarter 2 Report	October-December, due by January 31	October-December, due by January 31
Quarter 3 Report	January-March, due by April 28	January-March, due by April 30
Quarter 4 Report	April-June, due by July 31	April-June, due by July 31

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 7: Sample Grant Agreement. The Grantee shall report results in quarterly progress reports.
3. Email all reports to [MHSAWET@HCAI.ca.gov](mailto:MHSAWET@HCAI.ca.gov).

#### **H. Post Award and Payment Provisions**

1. HCAI expects the Grantee will begin performance of the grant agreement on **August 15, 2022**. Grantee shall not begin any work until they sign the grant agreement and HCAI returns the fully executed agreement.
2. Should the Grantee fail to commence work at the agreed upon time, HCAI, upon five days written notice to the Grantee, reserves the right to terminate the grant agreement.
3. Grantee shall complete all Scope of Work activities under the grant agreement on or before the termination date of the grant agreement.
4. HCAI will evaluate if the Grantee meets its deliverables.
5. HCAI reserves the right to cancel the grant agreement should the deliverables not meet HCAI's expectations.
6. HCAI makes payments upon approval of quarterly program certification statements documenting the completion of activities.

#### **I. Grant Questions and Answers**

You can find answers to most questions in this Grant Guide. If you have any questions relating to the intent or interpretation of grant language, email WET staff at [MHSAWET@HCAI.ca.gov](mailto:MHSAWET@HCAI.ca.gov).

HCAI will post notice of awards at <https://hcai.ca.gov/loans-scholarships-grants/grants/wet/> by July 1, 2022. Applicants can also find past awardee information on this site.

## J. Key Dates

The key dates for the program year are as follows:

<b>Event</b>	<b>Date</b>	<b>Time</b>
Application Available	April 29, 2022	3:00 p.m.
Deadline to Submit Application	June 10, 2022	3:00 p.m.
HCAI Announces Awardees	July 1, 2022	3:00 p.m.
Grant Agreement Start Date	August 15, 2022	N/A

## K. Department Contact

For questions related to WET and the Peer Personnel Training and Development application, email HCAI at [MHSAWET@HCAI.ca.gov](mailto:MHSAWET@HCAI.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 clients and family members.

**Attachment 1: Evaluation and Scoring Criteria**

HCAI 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. HCAI will score applications using the following criteria:

Section	Evaluation and Scoring Criteria	Max Points Available
<p><b>Program Description: Lived Experience</b>  <i>(Attachment 3, Section A.1)</i></p>	<p><b>Does the applicant identify individuals with lived experience that the proposed program included in the design and performance of program activities?</b></p> <p>0 points: The applicant does not identify individuals with lived experience included in the design and performance of program activities.</p> <p>5 points: The applicant identifies at least one category of individuals with lived experience included in the design and performance of program activities.</p> <p>10 points: The applicant identifies two or more categories of individuals with lived experience included in the design and performance of program activities.</p>	<p><b>10</b></p>
<p><b>Program Description: Peer Personnel Needs</b>  <i>(Attachment 3, Section A.2)</i></p>	<p><b>Peer Personnel Needs of Children and Youth: Does the applicant identify how the program will address the Peer Personnel needs of the children and youth 0-25 years of age?</b></p> <p>0 points: The applicant does not identify how the needs of children and youth 0-25 years of age will be addressed by the proposed program:</p> <p>5 points: The applicant identifies at least 1-2 methods on how the needs of children and youth 0-25 years of age will be addressed by the proposed program.</p> <p>10 points: The applicant identifies at least 3-4 methods on how the needs of children and youth 0-25 years of age will be addressed by the proposed program.</p>	<p><b>10</b></p>

Section	Evaluation and Scoring Criteria	Max Points Available
<b>Target Population: Number Served and Demographic of Population</b> <i>(Attachment 3, Section C.1-2)</i>	<b>Does the applicant target underserved groups for outreach and recruitment?</b>  0 points: The applicant does not support individuals from underserved populations 5 points: The applicant supports individuals from 1-5 groups from underserved populations 10 points: The applicant supports individuals from 6 or more groups from underserved population	<b>10</b>
<b>Target Population: Number Served and Demographic of Population</b> <i>(Attachment 3, Section C.1-2)</i>	<b>Does the applicant propose to serve the underserved, unserved and/or inappropriately served racial and ethnic communities?</b>  0 points: The applicant does not propose to serve the underserved, unserved and/or inappropriately served racial and ethnic communities. 5 points: The applicant proposes to serve the underserved, unserved and/or inappropriately served racial and ethnic communities.	<b>5</b>
<b>Program Components: Cultural and/or Language Competence</b> <i>(Attachment 3, Section E.1)</i>	<b>Does the applicant identify how the program will address the cultural and language needs of the diverse community the Grantee will serve?</b>  0 points: The applicant does not identify how they propose to address the cultural and/or language needs of the diverse community the Grantee will serve 5 points: The applicant identifies at least 1-4 methods on how they propose to address the cultural and/or language needs of the diverse community the Grantee will serve 10 points: The applicant identifies at least 5 methods on how they propose to address the cultural and/or language needs of the diverse community the Grantee will serve.	<b>10</b>

Section	Evaluation and Scoring Criteria	Max Points Available
<b>Program Components: Career Counseling</b> <i>(Attachment 3, Section E.2)</i>	<p><b>Does the applicant identify career counseling activities that assist participants in developing individualized career plans?</b></p> <p>0 points: The applicant does not identify career counseling activities that assist participants in developing individualized career plans.            5 points: The applicant identifies 1-5 Career Counseling activities that assist participants in developing individualized career plans.            10 points: The applicant identifies 6 or more Career Counseling activities that assist participants in developing individualized career plans.</p>	<p><b>10</b></p>
<b>Program Components: Training Curriculum</b> <i>(Attachment 3, Section E.3.b)</i>	<p><b>Does your program provide additional peer training that specifically addresses the needs of consumers 0 to 25 years of age and their families?</b></p> <p>0 points: The program does not provide additional peer training that specifically addresses the needs of consumers ages 25 and under.            5 points: The program does provide additional peer training that specifically addresses the needs of consumers ages 25 and under.</p>	<p><b>5</b></p>
<b>Program Components: Placement</b> <i>(Attachment 3, Section E.4)</i>	<p><b>Does the applicant identify how they will assist program participants in finding placement in 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 identify the placement activities, which are a priority focus of this program.            5 points: The applicant identify 1 - 4 placement activities, which are a priority focus of this program.            10 points: The applicant identify 5 or more placement activities, which are a priority focus of this program.</p>	<p><b>10</b></p>

Section	Evaluation and Scoring Criteria	Max Points Available
<b>Program Components: Support</b> <i>(Attachment 3, Section E.5)</i>	<p><b>Does the applicant identify the support activities they will engage in to support all participants, including those who are unsuccessful in gaining and/or retaining placement, for six months after placement? Activities may include mentorship, self-help and support groups, retraining, and other support activities</b></p> <p>0 points: The applicant does not identify the support activities they will engage in to support all participants, including those who are unsuccessful in gaining and/or retaining placement, for six months after placement.</p> <p>5 points: The applicant identifies 1 - 6 support activities they will engage in to support all participants, including those who are unsuccessful in gaining and/or retaining placement, for six months after placement.</p> <p>10 points: The applicant identify 7 or more support activities they will engage in to support all participants, including those who are unsuccessful in gaining and/or retaining placement, for six months after placement.</p>	<p><b>10</b></p>
<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 the required program components.</p> <p>5 Points: The applicant provides a Work Plan and Schedule that addresses all the required program components.</p>	<p><b>5</b></p>
<b>Project Personnel</b> <i>(Attachment 3, Section G)</i>	<p><b>Does the applicant’s project personnel include individuals with lived experience as a consumer, family member, and/or caregiver?</b></p> <p>0 points: No          5 points: Yes</p>	<p><b>5</b></p>

Section	Evaluation and Scoring Criteria	Max Points Available																
<b>Budget Detail</b> <i>(Attachment 3, Section I)</i>	<p><b>HCAI will score the cost effectiveness to effectively and successfully implement and administer the Peer Personnel program.</b></p> <p>HCAI will score the Budget Rate based on the following criteria:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Rate Per Person Placed</th> <th style="text-align: center;">Total Points</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$5,000 or less</td> <td style="text-align: center;">10 Points</td> </tr> <tr> <td style="text-align: center;">\$5,001 - \$9,999</td> <td style="text-align: center;">5 Points</td> </tr> <tr> <td style="text-align: center;">\$10,000 and over</td> <td style="text-align: center;">0 Points</td> </tr> </tbody> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Amount Requested</th> <th style="text-align: center;"># of Persons Placed</th> <th style="text-align: center;">Rate per Person Placed</th> <th style="text-align: center;">Total Points</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>Example: \$500,000</b></td> <td style="text-align: center;"><b>150</b></td> <td style="text-align: center;"><b>\$3,333</b></td> <td style="text-align: center;"><b>10 Points</b></td> </tr> </tbody> </table>	Rate Per Person 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 Placed	Rate per Person Placed	Total Points	<b>Example: \$500,000</b>	<b>150</b>	<b>\$3,333</b>	<b>10 Points</b>	<b>10</b>
Rate Per Person 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 Placed	Rate per Person Placed	Total Points															
<b>Example: \$500,000</b>	<b>150</b>	<b>\$3,333</b>	<b>10 Points</b>															
<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>Total Points Possible</b>		<b>105</b>																



## Attachment 2: Required Document Check List

### Applicant Name:

You must return this 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 HCAI to consider your application responsive.

	<b>Document</b>	<b>Name/Description</b>
_____	Attachment 2	Required Document Check List
_____	Attachment 3	Peer Personnel Training and Placement Application Form
_____	Attachment 4	Application/Applicant Certification Sheet
_____	Attachment 5	Payee Data Record (STD 204)
_____	Attachment 6	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 size 10)*

**A. Program Description.** Provide a brief description of the proposed program, *(Maximum 250 words)*

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

1. **Lived Experience:** Identify individuals with lived experience from the list below that the proposed program included in the design and performance of program activities:
  - Consumers
  - Family members of consumers
  - Caregivers of consumers
  - None of the above
  
2. **Peer Personnel Needs of Children and Youth:** From the list below identify how the Peer Personnel needs of the children and youth 0-25 years of age will be addressed by the proposed program:
  - Training will be provided to address the needs of children and youth consumers 0-25 years of age and their families.
  - Recruitment of individuals 18-25 years of age with lived experience
  - Recruitment of individuals 16-17 years of age who will meet peer certification requirements age requirements after training.
  - Recruitment of family members and caregivers of consumers who are children and youth 0-25 years of age

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 250 words)*
4. **Strategies:** Please identify the proposed program focus on the following strategies:
  - Innovative
  - Evidence-based
  - Emerging
  - Community-identified
5. **MHSA Values and Priorities:** Select from the following program activities consistent with the following MHSA values and priorities:
  - Community collaboration
  - Cultural competence
  - Client/family-driven mental health system
  - A wellness, recovery, and resilience focus
  - An integrated service experience for consumers and their families to address the changing needs of the peer personnel workforce

**B. Target Population:** Indicate the number of individuals the program proposes to serve. HCAI does not require a minimum number of participants. HCAI 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 F.

1. Number of individuals served: # \_\_\_\_\_
2. Please select from the following underserved groups that your organization has targeted for outreach and recruitment: (select all that apply)
  - Individuals with disabilities
  - Veterans
  - Individuals from below poverty level
  - People with co-occurring substance abuse
  - History of homelessness
  - Former foster youth
  - Members of LGBTQ community
  - Immigrants
  - Refugees
  - Others – Please list \_\_\_\_\_
3. Does your organization target underserved, unserved and/or inappropriately served racial and ethnic communities?
  - Yes
  - No

**C. Participating Organizations:** List all the participating organizations (including but not limited to counties, CBOs, and others), educational institutions, and/or training organizations that the applicant proposes partnering with to accomplish program activities.

Organization Name	Organization Type (county, CBO, other)	Site Address	County	Number of vacant positions	Number of individuals to be placed	PMHS Site (Y/N)

**D. Program Components:** From the list below identify each component of the proposed Peer Personnel Training and Placement Program, as described in the Section A. Background and Mission, including:

1. Recruitment and Outreach:

How will the applicant recruit individuals who are either currently employed or volunteering, or who are seeking employment or to volunteer 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. Select all that apply.

- Community presentations
- Email
- Digital newsletters
- Social media pages on Facebook, Instagram, Twitter
- Reach out to Community Colleges and other local schools
- Job Fairs
- Placement and training opportunities posted on webpage
- Weekly support groups
- Monthly newsletter
- Peer helpline
- Web-based resource center
- On-site orientations
- Online orientations
- Other - Please list \_\_\_\_\_

2. Career Counseling:

How will the program assist participants in developing individualized career plans and help identify courses to take for peer personnel position type or category.

Select all that apply

- New program participants fill out an intake form
- Support job search
- Discuss educational needs
- Discuss additional training and/or educational resources
- Discuss additional financial aid
- One on one career counseling
- Class workshop
- Individualized Career Plan Questionnaire
- Mentor Check-in sessions
- Personal Employment Development Plan
- Resume assistance
- Other - Please list \_\_\_\_\_

3. Training:

Are you a DHCS recognized Medi-Cal Peer Support Specialist training provider?

- Yes
- No

If no, are you contracted with a DHCS recognized Medi-Cal Peer Support Specialist training provider?

- Yes
- No

If yes, please provide the name of the contracted DHCS recognized training provider:

Yes – Eligible to apply  
No – Do not apply

DHCS Medi-Cal Peer Support Specialist program information located at:

<https://www.dhcs.ca.gov/services/Pages/Peer-Support-Services.aspx>

CalMHSA list of approved Medi-Cal Peer Support Specialist training providers can be found at: <https://www.calmhsa.org/announcements>

4. Placement:

Identify the placement activities, which are a priority focus of this program. (Check all that apply)

- Placement will be predetermined through active collaboration with employer-partners who will pre-identify the vacant volunteer/paid positions in their region and effectively recruit and counsel participants according to their interests.
- Screen applicants who are dedicated to serving peers
- Screen applicants who want to work as peer personnel support specialist
- Provide training that produce well-trained peer professionals with knowledge, skills, commitment, and motivation to perform well on the job.
- Listening to and educating potential peer personnel employers about their staffing needs
- Graduating only those individuals who can meet the standards to perform on the job
- Providing employers with trained peers with diverse, cultural, linguistic, LGBTQI+, veteran, and other backgrounds.
- Participating in state and local stakeholder engagement meetings regarding the importance of peer personnel positions.

5. Support:

Identify the activities the applicant will engage in to support all participants. (Check all that apply)

- Mentorship
- Self-help and support groups
- Retraining
- Interview skill training
- Support job search
- Discuss educational needs
- Discuss additional training and/or educational resources
- Discuss additional financial aid
- One on one career counseling
- Class workshop
- Mentor Check-in sessions
- Resume assistance
- Other - Please list \_\_\_\_\_

**F. Work Plan and Schedule** (*Please describe each activity/task in 50 words or less.*)

Note: If awarded, HCAI will include this as a part of the grant agreement scope of work.

Include tasks supporting all required program components.

Activity/Task	Description	Start Date	End Date

**G. Project Personnel:**

Does your Project Personnel include individuals with lived experience as a consumer, family member, and/or caregiver?

- Yes
- No

H. Project Representatives:

Provide name, title, address, phone number and email for two Project Representatives in the table below. If awarded, HCAI will use this information for the grant agreement. See Attachment 7: Sample Grant Agreement.

Direct all grant agreement inquiries to:

Program Representative Name:
Title:
Address:
Phone:
Email:

Direct all administrative inquiries to:

Program Representative Name:
Title:
Address:
Phone:
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 HCAI for services provided under this grant agreement.

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

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

The budget categories are:

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 50 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 childcare.

- 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 peer personnel position by the end of the contract term. Grantee must provide justification as to why the remaining participants were not able to find placement. HCAI 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, HCAI 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, HCAI will reimburse the Grantee based on completion of services per budget line item as identified in each respective budget line-item section. HCAI will not pay any startup costs.

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

<b>Table 1: Budget Distribution</b>			
<b>Budget Line Item</b>	<b>Funding</b>		
	<b>FY 2022-23</b>	<b>FY 2023-24</b>	<b>Total</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 50% 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 \$1,000,000 for entire grant period)	\$	\$	\$

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

Sign and return this Application/Applicant Certification Sheet. HCAI 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.

<b>Company Name</b>	<b>Address</b>
<b>Name</b>	<b>Title</b>
<b>Email Address</b>	<b>Telephone Number</b>
<b>Signature</b>	<b>Date</b>

## Attachment 5: Payee Data Record (STD 204)

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

<input type="button" value="Print Form"/> <input type="button" value="Reset Form"/>	
STATE OF CALIFORNIA – DEPARTMENT OF FINANCE <b>PAYEE DATA RECORD</b> (Required when receiving payment from the State of California in lieu of IRS W-9 or W-7) STD 204 (Rev. 03/2021)	
<b>Section 1 – Payee Information</b>	
<b>NAME</b> (This is required. Do not leave this line blank. Must match the payee's federal tax return)	
<b>BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME</b> (If different from above)	
<b>MAILING ADDRESS</b> (number, street, apt. or suite no.) (See instructions on Page 2)	
<b>CITY, STATE, ZIP CODE</b>	<b>E-MAIL ADDRESS</b>
<b>Section 2 – Entity Type</b>	
Check one (1) box only that matches the entity type of the Payee listed in Section 1 above. (See instructions on page 2)	
<input type="checkbox"/> <b>SOLE PROPRIETOR / INDIVIDUAL</b> <input type="checkbox"/> <b>SINGLE MEMBER LLC Disregarded Entity owned by an individual</b> <input type="checkbox"/> <b>PARTNERSHIP</b> <input type="checkbox"/> <b>ESTATE OR TRUST</b>	<input type="checkbox"/> <b>CORPORATION</b> (see instructions on page 2) <input type="checkbox"/> <b>MEDICAL</b> (e.g., dentistry, chiropractic, etc.) <input type="checkbox"/> <b>LEGAL</b> (e.g., attorney services) <input type="checkbox"/> <b>EXEMPT</b> (e.g., nonprofit) <input type="checkbox"/> <b>ALL OTHERS</b>
<b>Section 3 – Tax Identification Number</b>	
Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must match the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. Note: Payment will not be processed without a TIN.	
<ul style="list-style-type: none"> <li>For Individuals, enter SSN.</li> <li>If you are a Resident Alien, and you do not have and are not eligible to get an SSN, enter your ITIN.</li> <li>Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.</li> <li>For Sole Proprietor or Single Member LLC (disregarded entity), in which the sole member is an individual, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).</li> <li>For Single Member LLC (disregarded entity), in which the sole member is a business entity, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.</li> <li>For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.</li> </ul>	<b>Social Security Number (SSN) or Individual Tax Identification Number (ITIN)</b> _____ - _____ - _____ OR <b>Federal Employer Identification Number (FEIN)</b> _____ - _____
<b>Section 4 – Payee Residency Status (See instructions)</b>	
<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 NONRESIDENT</b> – Payments to nonresidents for services may be subject to state income tax withholding.	
<input type="checkbox"/> No services performed in California <input type="checkbox"/> Copy of Franchise Tax Board waiver of state withholding is attached.	
<b>Section 5 – Certification</b>	
I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.	
<b>NAME OF AUTHORIZED PAYEE REPRESENTATIVE</b>	<b>TITLE</b>
<b>SIGNATURE</b>	<b>DATE</b>
	<b>E-MAIL ADDRESS</b>
	<b>TELEPHONE (include area code)</b>
<b>Section 6 – Paying State Agency</b>	
Please return completed form to:	
<b>STATE AGENCY/DEPARTMENT OFFICE</b>	<b>UNIT/SECTION</b>
<b>MAILING ADDRESS</b>	<b>FAX</b>
	<b>TELEPHONE (include area code)</b>
<b>CITY</b>	<b>STATE</b>
<b>ZIP CODE</b>	<b>E-MAIL ADDRESS</b>

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. 03/2021)

**GENERAL INSTRUCTIONS**

Type or print the information on the Payee Data Record, STD 204 form. Sign, date, and return to the state agency/department office address shown in Section 8. Prompt return of this fully completed form will prevent delays when processing payments.

Information provided in this form will be used by California state agencies/departments to prepare Information Returns (Form 1099).

**NOTE:** Completion of this form is optional for Government entities, i.e. federal, state, local, and special districts.

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.

Payees who do not wish to complete the STD 204 may elect not to do business with the state. If the payee does not complete the STD 204 and the required payee data is not otherwise provided, payment may be reduced for federal and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).

**Section 1 – Payee Information**

**Name** – Enter the name that appears on the payee’s federal tax return. The name provided shall be the tax liable party and is subject to IRS TIN matching (when applicable).

- Sole Proprietor/Individual/Revocable Trusts – enter the name shown on your federal tax return.
- Single Member Limited Liability Companies (LLCs) that is disregarded as an entity separate from its owner for federal tax purposes - enter the name of the individual or business entity that is tax liable for the business in section 1. Enter the DBA, LLC name, trade, or fictitious name under Business Name.
- Note: for the State of California tax purposes, a Single Member LLC is not disregarded from its owner, even if they may be disregarded at the Federal level.
- Partnerships, Estates/Trusts, or Corporations – enter the entity name as shown on the entity’s federal tax return. The name provided in Section 1 must match to the TIN provided in section 3. Enter any DBA, trade, or fictitious business names under Business Name.

**Business Name** – Enter the business name, DBA name, trade or fictitious name, or disregarded LLC name.

**Mailing Address** – The mailing address is the address where the payee will receive information returns. Use form STD 205, Payee Data Record Supplement to provide a remittance address if different from the mailing address for information returns, or make subsequent changes to the remittance address.

**Section 2 – Entity Type**

If the Payee in Section 1 is a(n)...	THEN Select the Box for...
Individual • Sole Proprietorship • Grantor (Revocable Living) Trust disregarded for federal tax purposes	Sole Proprietor/Individual
Limited Liability Company (LLC) owned by an individual and is disregarded for federal tax purposes	Single Member LLC-owned by an individual
Partnerships • Limited Liability Partnerships (LLP) • and, LLC treated as a Partnership	Partnerships
Estate • Trust (other than disregarded Grantor Trust)	Estate or Trust
Corporation that is medical in nature (e.g., medical and healthcare services, physician care, nursery care, dentistry, etc.) • LLC that is to be taxed like a Corporation and is medical in nature	Corporation-Medical
Corporation that is legal in nature (e.g., services of attorneys, arbitrators, notary publics involving legal or law related matters, etc.) • LLC that is to be taxed like a Corporation and is legal in nature	Corporation-Legal
Corporation that qualifies for an Exempt status, including 501(c) 3 and domestic non-profit corporations.	Corporation-Exempt
Corporation that does not meet the qualifications of any of the other corporation types listed above • LLC that is to be taxed as a Corporation and does not meet any of the other corporation types listed above	Corporation-All Other

**Section 3 – Tax Identification Number**

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 R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.

**Section 4 – Payee Residency Status**

**Are you a California resident or nonresident?**

- 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.
- 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.
  - o 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.

For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:

Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: [wscs.gen@ftb.ca.gov](mailto:wscs.gen@ftb.ca.gov)  
 For hearing impaired with TDD, call: 1-800-822-6268 Website: [www.ftb.ca.gov](http://www.ftb.ca.gov)

**Section 5 – Certification**

Provide the name, title, email address, signature, and telephone number of individual completing this form and date completed. In the event that a SSN or ITIN is provided, the individual identified as the tax liable party must certify the form. Note: the signee may differ from the tax liable party in this situation if the signee can provide a power of attorney documented for the individual.

**Section 6 – Paying State Agency**

This section must be completed by the state agency/department 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 6: Contractor Certification Clauses Form**

[View Contractor Certification Clauses Form](#)

**CERTIFICATION**

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

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

**CONTRACTOR CERTIFICATION CLAUSES**

1. STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)

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

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

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

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

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

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



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

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

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003. Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the 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):

- 1). 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.
- 2). 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 7: Sample Grant Agreement

GRANT AGREEMENT BETWEEN THE  
DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION 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, Department of Health Care Access and Information (hereinafter “HCAI”) and «**Grantee\_Name**», (the “Grantee”).

WHEREAS, \$12,000,000 may be provided for 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 HCAI to engage in activities that promote the employment of mental health consumers and family members in the mental health system.

WHEREAS, HCAI 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.

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.

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

NOW THEREFORE, HCAI 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. "Deputy Director" means the Deputy Director of the Healthcare Workforce Development Division (HWDD) or their designee.
5. "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.
6. "Director" means the Director of HCAI or his/her designee.
7. "Family Member" means siblings, and their partners, kinship caregivers, friends, and others as defined by the family who is now or was in the past the primary caregiver for a child, youth, adolescent, or adult with a mental health challenge who accessed mental health services.
8. "Grant Agreement/Grant Number" means Grant Number awarded to Grantee.
9. "Grantee" means the fiscally responsible entity in charge of administering the Grant Funds and includes the Program identified in the Grant Application.
10. "Grant Funds" means the money provided by HCAI for the Project described by Grantee in its Application and Scope of Work.
11. "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.
12. "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.

13. "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.
14. "Placement" means assignment in a peer personnel position as a paid employee or unpaid volunteer in the Public Mental Health System.
15. "Program" means the Grantee's training program(s) listed on the grant application.
16. "Program Representative" means the representative of the Grantee for which Agreement funds are being awarded.
17. "Project" means the activity described in the Grantee's application and Scope of Work to be accomplished with the grant Funds.
18. "Program Manager" means the HCAI manager responsible for the grant program.
19. "Public Mental Health System (PMHS)" means publicly-funded mental health programs and/or services and entities that are administered, in whole or in part, by the State or one or more counties. It does not include programs and/or services administered, in whole or in part by federal, state, county or private correctional entities. Title 9, CCR, 3200.254  
  
Any organization that meets this definition would be considered a PMHS site.
20. "State" means the State of California and includes all its Departments, Agencies, Committees and Commissions.

B. Term of the Agreement: This Agreement shall take effect on [Agreement Start Date] and shall terminate on [Agreement 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 FY 2022-23 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.
  - d. Ensure that all program activities are consistent with MHSA values and priorities, including wellness, recovery and resiliency principles. Ensure that all services are consistent with the work plan and schedule outlined in the application.
  - e. Ensure that the program is a DHCS recognized training provider or contract with a DHCS recognized training provider that meets the Medi-Cal Peer Support Specialist training provider requirements. DHCS contracted with California Mental Health Services Authority (CalMHSA) to select Medi-Cal Peer Support Specialist training providers.
    1. DHCS Medi-Cal Peer Support Specialist program information located at: <https://www.dhcs.ca.gov/services/Pages/Peer-Support-Services.aspx>
    2. CalMHSA list of approved Medi-Cal Peer Support Specialist training providers can be found at: <https://www.calmhsa.org/announcements>
  - f. Assess the eligibility of participants to meet the grandparenting provisions of the DHCS Medi-Cal Peer Support Specialist Certification Program and/or provide the 80-hour mandatory DHCS Medi-Cal Peer Support Specialist Certification Program training requirements.
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 HCAI 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:

	<b>FY 2022-23</b>	<b>FY 2023-24</b>
Quarter 1 Report	August-September, due by October 31	July-September, due by October 31
Quarter 2 Report	October-December, due by January 31	October-December, due by January 31
Quarter 3 Report	January-March, due by April 28	January-March, due by April 30
Quarter 4 Report	April-June, due by July 31	April-June, due by July 31

2. The Grantee shall administer an HCAI 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 [HCAI.MHSAWET@HCAI.ca.gov](mailto:HCAI.MHSAWET@HCAI.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, HCAI agrees to compensate the Grantee in accordance with the rates specified in Section F. Budget Detail.
2. The Grantee shall submit signed certification statements to HCAI for work performed under this Agreement with the associated quarterly progress report. Certification statements will not be paid until HCAI reviews and approves the associated quarterly report.

All certification statements must use the form provided by HCAI with Grantee name and current address.

3. The total amount payable to the Grantee under this Agreement shall not exceed [Total Award Amount].
4. Email all certification statements to HCAI [HCAI.MHSAWET@HCAI.ca.gov](mailto:HCAI.MHSAWET@HCAI.ca.gov) for processing.
5. Payment will be made in accordance with, and within the timeframe specified in Government Code Chapter 4.5, commencing with Section 927.

F. Budget Detail

1. HCAI 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.

The reimbursement shall not exceed the following per budget line-item costs:

Budget Line Item	Funding		
	FY 2022-23	FY 2023-24	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>	\$	\$	\$

2. 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: Peer Personnel Training and Placement Application Form. 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.

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.



b. HCAI 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 Achievement Incentive</b>	#	\$	\$
<b>Support</b>	#	\$	\$
<b>Evaluation</b>			\$
<b>Total Direct Program Costs</b>			\$
<b>Total Indirect Costs</b>			\$
<b>Total</b>			\$

3. Accounting for HCAI 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 HCAI upon request.
4. Reports of program expenditures under this Agreement must be submitted as requested by the state or the HCAI Director for the purposes of program administration, evaluation, or review.
5. Records Retention and Audit:
  - a. The training institution shall permit access to records maintained on source of income and expenditures for the purpose of audit and examination, by any of the following or their authorized representative: the HCAI Director, the California State Auditor, or the State Controller.
  - b. The Grantee shall maintain books, records, documents, and other evidence pertaining to the costs and expenses of this grant (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 and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the HCAI 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, HCAI shall have the option to either cancel this Agreement with no liability occurring to HCAI or offer an Agreement amendment to the Grantee to reflect the reduced amount.

#### H. Budget Adjustments

1. Budget adjustments consist of a change within the grantees approved budget that does not amend the total amount of the grant.
2. All requests to change the budget shall be submitted in writing to HCAI 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 HCAI for approval. Requests for a time extension must be made to HCAI no later than 90 calendar days prior to the expiration of the Agreement. HCAI reserves the right to approve or deny any such request; HCAI 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. **Timeliness:** Time is of the essence in this Agreement. Grantee will submit the required deliverables as specified and adhere to the deadlines as specified in this Agreement. Anticipating potential overlaps, conflicts, and scheduling issues, to adhere to the terms of the Agreement, is the sole responsibility of the Grantee.
2. **Final Agreement:** This Agreement, along with the Grantee's Application, attachments, and forms constitute the entire and final Agreement between the parties and supersedes any and all prior oral or written agreements or discussions.
3. **Ownership and Public Records Act:** All reports and the supporting documentation and data collected during the funding period which are embodied in those reports, shall become the property of the State and subject to the California Public Records Act (Gov. Code § 6250 et seq.).
4. **Audits:** The Grantee agrees that HCAI, the Department of General Services, the State Auditor, 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.
5. **Independence from the State:** 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.
6. **Non-Discrimination Clause:** (See Cal. Code Regs., Title 2, § 11105):
  - a. During the performance of this Agreement, Grantee and its subcontractors shall not deny the Agreement's benefits to any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual

- orientation, or military and veteran status, nor shall they discriminate unlawfully against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. Grantee shall ensure that the evaluation and treatment of employees and applicants for employment are free of such discrimination.
- b. Grantee and its subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12900 et seq.), the regulations promulgated thereunder (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code §§11135-11139.5), and any regulations or standards adopted by HCAI to implement such article.
  - c. Grantee shall permit access by representatives of the Department of Fair Employment and Housing and HCAI upon reasonable notice at any time during the normal business hours, but in no case less than 24 hours' notice, to such of its books, records, accounts, and all other sources of information and its facilities as said Department or HCAI shall require to ascertain compliance with this clause.
  - d. 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.
  - e. Grantee shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under this Agreement.
7. Waiver: The waiver by HCAI 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. HCAI expressly reserves the right to disqualify the Grantee from any future grant awards for failure to comply with the terms of this Agreement.
  8. 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.
  9. Amendment: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties, and approved as required. No oral understanding or Agreement not incorporated in this Agreement is binding on any of the parties.
  10. Assignment: This Agreement is not assignable by the Grantee, either in whole or in part, without the consent of HCAI in the form of a formal written amendment.

11. Indemnification: Grantee agrees to indemnify, defend, and hold harmless the State, its officers, agents, and employees (i) 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 (ii) 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.
12. Disputes: Grantee shall continue with the responsibilities under this Agreement during any dispute. Any dispute arising under this Agreement shall be resolved as follows:
  - a. The Grantee will discuss the problem informally with the Program Manager. If unresolved, the problem shall be presented, in writing, to the Deputy Director stating the issues in dispute, the basis for the Grantee's position, and the remedy sought. Grantee shall include copies of any documentary evidence and describe any other evidence that supports its position with its submission to the Deputy Director.
  - b. Within ten working days after receipt of the written grievance from the Grantee, the Deputy Director or their designee shall make a determination and shall respond in writing to the Grantee indicating the decision and reasons for it.
  - c. Within ten working days of receipt of the Deputy Director's decision, the Grantee may appeal the decision of the Deputy Director by submitting a written appeal to the Chief Deputy Director stating why the Grantee does not agree with the Deputy Director's decision.
  - d. Within ten working days, the Chief Deputy Director or their designee shall respond in writing to the Grantee with their decision. The Chief Deputy Director's decision will be final.
13. Termination for Cause: HCAI 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. Grantee shall return any Agreement Funds that were previously provided to Grantee for use within 60 days of termination.

If all grant funds have not been expended upon completion of the Agreement term, HCAI will request the remittance of all unexpended funds. If HCAI determines that improper payments have been made to Grantee, HCAI will request disgorgement of all disallowed costs. Grantee may dispute disallowed costs in accordance with Section I, Paragraph 12. Grantee will submit a check or warrant for the amount due within 60 days of the Grantee's receipt of HCAI's disgorgement request or 30 days from the Grantee's receipt

of HCAI's last Dispute decision. If Grantee fails to remit payment, HCAI may withhold the amount due from any future grant payments.

14. Grantee's Subcontractors: Nothing contained in this Agreement shall create any contractual relationship between the State and the Grantee or any subcontractors, 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 HCAI'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.
15. Governing Law: This Agreement is governed by and shall be interpreted in accordance with the laws of the State of California.
16. 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: Department of Health Care Access and Information	Program Representative: [Contractor Name]
Section/Unit: Healthcare Workforce Development Division/ Workforce Education and Training Program	
Name: [Enter Program Officer Name]	Name (Main Contact):
Address: 2020 West El Camino Avenue, Suite 1222 Sacramento, CA 95833	Address:
Phone: [Enter Program Officer Phone Number]	Phone:
Email: <a href="mailto:MHSAWET@HCAI.ca.gov">MHSAWET@HCAI.ca.gov</a>	Email:

Direct all administrative inquiries to:

State Agency: Department of Health Care Access and Information	Program Representative: «Contractor»
Section/Unit: Healthcare Workforce Development Division/ Workforce Education and Training Program	
Name: [Enter Program Officer Name]	Name of Representative:
Address: 2020 West El Camino Avenue, Suite 1222 Sacramento, CA 95833	Address:
Phone: [Enter Program Officer Phone Number]	Phone:
Email: <a href="mailto:MHSAWET@HCAI.ca.gov">MHSAWET@HCAI.ca.gov</a>	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.

DEPARTMENT OF HEALTH CARE  
ACCESS AND INFORMATION

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:MHSAWET@HCAI.CA.GOV">MHSAWET@HCAI.CA.GOV</a>									
Department of Health Care Access and Information Healthcare Workforce Development Division 2020 West El Camino Ave. Suite 1222 Sacramento, CA 95833	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Date:</b></td> <td style="width: 50%;"><b>Grant Agreement Number:</b> 22-XXXX</td> </tr> <tr> <td><b>Grant Period:</b> Q1 FY 22/23</td> <td></td> </tr> <tr> <td><b>Total Amount Requested:</b></td> <td>#DIV/0!</td> </tr> </table>			<b>Date:</b>	<b>Grant Agreement Number:</b> 22-XXXX	<b>Grant Period:</b> Q1 FY 22/23		<b>Total Amount Requested:</b>	#DIV/0!
<b>Date:</b>	<b>Grant Agreement Number:</b> 22-XXXX								
<b>Grant Period:</b> Q1 FY 22/23									
<b>Total Amount Requested:</b>	#DIV/0!								
<b>Program Name:</b>	<b>Please Remit to:</b> <a href="mailto:MHSAWET@HCAI.CA.GOV">MHSAWET@HCAI.CA.GOV</a>								
Pursuant to Grant Agreement 22-XXXX, the _____ receiving funds under the Mental Health Services Act Workforce Education and Training Program performed grant activities for this report period. The payee should be paid a total of \$_____ for costs associated with Peer Personnel Training and Placement Program.									
<b>Direct Program Costs per Activity and Total Indirect Costs Invoiced</b>									
<b>Activity Budget Category</b>	<b>Total number of participants completing each budgeted activity for this Progress Report</b>	<b>Prorated Amount for each participant per Line Item</b>	<b>Total Amount Invoiced for this Progress Report</b>						
Recruitment and Outreach	0	\$0.00	\$0.00						
Career Counseling	0	\$0.00	\$0.00						
Training	0	\$0.00	\$0.00						
Financial Assistance			\$0.00						
Placement Achievement Incentive	0	\$0.00	\$0.00						
Support	0	\$0.00	\$0.00						
Evaluation			\$0.00						
<b>Total Direct Program Cost</b>			\$0.00						
<b>Total Indirect Costs</b>			#DIV/0!						
<b>Total</b>			#DIV/0!						
Indirect cost equals Total Direct Cost divided by Total Indirect Costs Outlined in Grant Agreement times Total Direct Costs Outlined in Grant Agreement									
<b>Total Direct and Indirect Costs</b>									
Total Indirect Costs Outlined in Grant Agreement	Total Direct Costs Outlined in Grant Agreement								
\$0.00	\$0.00								
I hereby certify that the above is true and correct and request reimbursement under the terms of the grant agreement.  Program Director	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>OSHPD Use Only:</b></td> <td style="width: 20%; text-align: right;"><small>Date Approved for Payment:</small></td> </tr> <tr> <td>WET Staff Member</td> <td></td> </tr> <tr> <td>Program Administrator</td> <td></td> </tr> </table>			<b>OSHPD Use Only:</b>	<small>Date Approved for Payment:</small>	WET Staff Member		Program Administrator	
<b>OSHPD Use Only:</b>	<small>Date Approved for Payment:</small>								
WET Staff Member									
Program Administrator									

For Display Purposes Only

**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 2022-23	FY 2023-24	Grant Total
Dollars Allocated to Grantee			
Dollars Invoiced by Grantee			
# of Positions Identified That Program Recruited for			
# of Outreach/Recruitment Activates 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.

*For Display Purposes Only*



**4. Participant Information–Program Components**

Progress Report #	Recruited Total number of participants 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 who are currently in training but are not placed	Status C Total number of participants who are currently in training and placed	Status D Total number of participants who have completed training but are not yet placed	Status E Total number of participants who have completed training and placed
1							
2							
3							
4							

For Display Purposes Only



## 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

For Display Purposes Only



## 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)

*For Display Purposes Only*



### 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

For Display Purposes Only

### 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

For Display Purposes Only

## 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)

For Display Purposes Only



### 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)

--

For Display Purposes Only

## 14. Support

Mental Health Services Act  
Workforce Education and Training

Peer Personnel Progress Report

Support

Date Range	Support Activity Summary	Number of Participants Supported

For Display Purposes Only

## 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)

For Display Purposes Only





### 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

For Display Purposes Only

**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

Participant Identifier	Employer (County and Site Name)	Position in Which Program Participant is Employed	Did the Training Program Prepare the Participant for Their Current Position? (Y/N)	Program Participant's Greatest Strength	Program Participant's Greatest Challenge

*For Display Purposes Only*

**19. Additional Documents**

Mental Health Services Act  
Workforce Education and Training

Peer Personnel Progress Report

Additional Documents

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

For Display Purposes Only

## Exhibit 2: Participant Demographic Information Survey

The Department of Health Care Access and Information (HCAI), 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, HCAI kindly requests your completion of this anonymous survey. HCAI will not share your individual responses with any third party and will only disclose demographic information collected in response to these questions in aggregate as may be required by applicable law, including the California Public Records Act.

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

### **Please identify your Race/Ethnicity:**

**Ethnicity. Are you Hispanic, Latino/a, or of Spanish origin? One or more categories may be selected.**

- No
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, other Hispanic, Latino/a, or of Spanish origin (specify) \_\_\_\_\_
- Decline to state

**Race. One or more categories may be selected.**

**American Indian, Native American, Alaska Native**

### **Asian:**

- Asian Indian
- Chinese
- Cambodian
- Filipino
- Indonesian
- Japanese
- Korean
- Laotian
- Singaporean
- Thai
- Vietnamese
- Other, please specify: \_\_\_\_\_

**Black, African-American, or African**

**Middle Eastern**

**Pacific Islander:**

- Native Hawaiian
- Guamanian
- Samoan
- Other, please specify: \_\_\_\_\_

**White/Caucasian**

**Other, please specify:** \_\_\_\_\_

**Decline to state**

**Which of the following languages do you speak fluently/well enough to provide direct services to clients? Please select all that apply.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Hmong                     | <input type="checkbox"/> Spanish                         |
| <input type="checkbox"/> Arabic                 | <input type="checkbox"/> Indigenous (e.g., Mixtec) | <input type="checkbox"/> Tagalog                         |
| <input type="checkbox"/> Armenian               | <input type="checkbox"/> Japanese                  | <input type="checkbox"/> Thai                            |
| <input type="checkbox"/> Cambodian              | <input type="checkbox"/> Korean                    | <input type="checkbox"/> Vietnamese                      |
| <input type="checkbox"/> Cantonese              | <input type="checkbox"/> Mandarin                  | <input type="checkbox"/> Other, please specify:<br>_____ |
| <input type="checkbox"/> English                | <input type="checkbox"/> Mon-Khmer                 |  |
| <input type="checkbox"/> Chinese                | <input type="checkbox"/> Punjabi                   |  |
| <input type="checkbox"/> Hindi                  | <input type="checkbox"/> Russian                   |  |

**What sex were you assigned at birth, on your original birth certificate? (select only one)**

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Unknown/Undetermined |
| <input type="checkbox"/> Female | <input type="checkbox"/> Decline to State     |

**How do you describe yourself? (select only one)**

- Male
- Female
- Transgender
- Do not identify as male, female, or transgender
- Decline to state

**Do you consider yourself to be... (select only one)**

- Gay or lesbian
- Bisexual
- Straight or heterosexual
- Other
- Decline to State

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

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

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

- Yes  No  
 Decline to State  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  40-64  
 18-24  65 years and over  
 25-39  Decline to State

**Are you a Military Veteran?**

- Yes  No