


OTHER PRIORITIES ATTACHMENTS

Contents

OTHER PRIORITIES ATTACHMENTS	1
ATTACHMENT 4-1 – Grant Application Cover Sheet / Minimum Requirements (Existing Grantees).....	2
ATTACHMENT 4-2 – Grant Application Cover Sheet / Minimum Requirements (New Applicants).....	5
ATTACHMENT 4-3 – Proposed Program	7
ATTACHMENT 4-4 – Proposed Plan	12
ATTACHMENT 4-5 – Budget Worksheet	16
ATTACHMENT 4-6 – Payee Data Record (STD 204).....	18
ATTACHMENT 4-7 – Generative Artificial Intelligence (GenAI).....	21
ATTACHMENT 4-8 – Final Submission Checklist	26

ATTACHMENT 4-1 – Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)

Provide the information related to the partnership below.

Name of County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title	
County of Santa Barbara Department of Behavioral Wellness	Antonette Navarro, Director	
Director or Designee Signature <i>(Sign as Lead Agency or sign to authorize the Lead Agency listed below, if not the county/city)</i>		Date
 <small>2096C6A18FE1474...</small>		6/27/2024

Provide the Lead agency information if it is not the County and/or City Mental Health/Behavioral Health Department.

Name of Lead Agency	Director or Designee Name and Title	
Director or Designee Signature		Date

I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant and that this grant Application is accurate, correct, and consistent with the terms and requirements of the Commission's Request for Application for the Mental Health Student Services Act.

If this is a joint effort with another County and/or City Mental Health/Behavioral Health, list all additional participants to the application. *(Add lines as needed)*

Additional County and/or City Mental Health/Behavioral Health Departments	Director or Designee	Date Signed
1.	Name:	
	Signature:	

2.	Name:	
	Signature:	

List all entities in the existing partnership.

List all entities in the existing partnership (Add lines as needed)	Entity Type (e.g., COE, School District, School)
1. Santa Barbara County of Education Office	COE/School District
2. Orcutt Union School District	School District
3. Guadalupe School District	School District
4. Santa Maria Bonita School District	School District
5. Santa Ynez Valley High School District	School District
6. College School District	School District
7. Solvang School District	School District
8. Goleta Union School District	School District

Applicant/Lead Grant Coordinator Contact Information:

Name:	Christina Lombard, LMFT
Title:	MHSSA Program Manager
Email:	clombard@sbcbswell.org
Phone Number:	805-621-2075

Applying for Multiple Grants:

Complete as applicable	
Are you applying for a grant in another category? (Yes / No)	Yes
If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant. The County of Santa Barbara Department of Behavioral Wellness (BWell) collaborates with the Santa Barbara County Office of Education through our MHSSA funded program, Mental Wellness Education & Linkages (MWEL). The Program Manager ensures that services are being delivered in alignment with program goals and objectives. Department resources are also available to help support MWEL programming including materials and additional staff involvement when necessary. Evaluations are conducted on a regular basis to assess program effectiveness and data is utilized to drive programming shifts that may need to be implemented. The program outlined in this application directly aligns with our current programming and will be seamlessly integrated into services offered to the school districts.	

ATTACHMENT 4-2 – Grant Application Cover Sheet / Minimum Requirements (New Applicants)

Provide the information related to the partnership below.

Name of County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title
Director or Designee Signature <i>(Sign as Lead Agency or sign to authorize the Lead Agency listed below, if not the county/city)</i>	Date

Provide the Lead agency information if it is not the County and/or City Mental Health/Behavioral Health Department.

Name of Lead Agency	Director or Designee Name and Title
Director or Designee Signature	Date

I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant and that this grant Application is consistent with the terms and requirements of the Commission's Request for Application for the Mental Health Student Services Act.

If this is a joint effort with another County and/or City Mental Health/Behavioral Health, list all additional participants to the application. *(Add lines as needed)*

Additional County and/or City Mental Health/Behavioral Health Departments	Director or Designee	Date Signed

1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

List all School Districts participating in this application. *(Add lines as needed)*

Name of School District	Administrator/Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

List all Educational entities (County Office of Education and/or Charter School(s)) participating in this application. *(Add lines as needed)*

Name of Educational Entity	Director or Designee	Date Signed
1.	Name:	
	Signature:	
2.	Name:	
	Signature:	

Applicant/Lead Grant Coordinator Contact Information:

Name:	
Title:	
Email:	
Phone Number:	

Applying for Multiple Grants:

Complete as applicable	
Are you applying for a grant in another category? (Yes / No)	
If yes, describe your capacity for managing and completing the Contractor's Responsibility for each grant.	

ATTACHMENT 4-3 – Proposed Program

Proposed Program

13.C.1.

Describe the program/service being proposed.

The County of Santa Barbara Department of Behavioral Wellness (BWell) proposes to expand services to provide school staff with training on the sexual exploitation of children and youth. The California Department of Social Services administers the Commercial Sexual Exploitation of Children (CSEC) Program, that provides information to support awareness, identification and prevention education of commercial sexual exploitation of children and youth. The program will be provided through our Mental Wellness Education & Linkages (MWEL) program, which is supported by our 2020 MHSSA grant. MWEL staff will educate school personnel on warning signs, risk factors, reducing stigma, and utilizing a trauma informed approach along with mandated reporter requirements. MWEL will also provide school districts with train the trainer opportunities to ensure schools are able to sustain long-term education throughout the school district.

The First Responder Identification Tool (FRIT) screening tool was developed specifically for the educational sites by county partner agencies, including BWell, Child Welfare Services, Juvenile Justice, and the District Attorney's (DA) Office, to identify children and youth who may be sexually exploited., and it is used countywide. Training on utilizing the FRIT will include information about accessing countywide, state and national resources, and will be offered to all school personnel and community partners.

BWell will contract with Santa Barbara County Education Office (SBCEO), our MWEL partner, to hire a 1.0 FTE bilingual Navigator who will attend Multidisciplinary Team (MDT) meetings, Student Attendance Review Board (SARB) hearings, and provide outreach and engagement throughout the county. When youth who may be CESC are identified, the Navigator will conduct a screening and provide linkages to community resources for behavioral health services. MDT meetings are facilitated by BWell while SARB are school district specific.

MWEL staff will collaborate with the DA's office and law enforcement to ensure youth are in a safe environment and engaged with outreach efforts and treatment services. BWell clinicians will be engaged to provide linkages to necessary resources, including basic needs and treatment services. Law enforcement and the DA's Office are crucial partners who will identify and investigate potential perpetrators, make arrests, and assist families and youth to understand the safety procedures.

13.C.2.

Describe your experience related to the proposed MHSSA program/service being submitted with this grant application.

	<p>our system of care. The team also participates in several countywide meetings to assess CSEC services, identify gaps, and determine next steps using data to drive decisions.</p>
13.C.3.	<p>Describe the need(s) being addressed?</p> <p>MWEL and our partners have identified an urgent need to provide CSEC education within our county and school systems. Through our RISE program and in collaboration with partners over the past year, we discovered that CSED is more prevalent than originally perceived and schools are ill equipped to address the issue, even though they are the entity that interacts more regularly with children and youth. During MDT meetings, we discovered that schools were not screening children and youth who may be at risk or are engaged with sexual exploitation necessary for Suspected Child Abuse Reports (SCAR) even when they had concerns about a student.</p> <p>MDT also identified the need for comprehensive data collection, sharing, and analysis since our partners track different aspects and/or do not track CSEC information at all. With incomplete data, we are working with snapshots of the issues, making it difficult to understand the depth to which the sexual exploitation of children and youth is impacting our schools and communities. The county will be better equipped to identify and intervene as we build a comprehensive approach to support CSEC children, youth, and families when we implement this program.</p>
13.C.4.	<p>How were the needs identified?</p> <p>In 2017, SB 1322 supported decriminalizing minors for acts of sex crimes deeming them victims of abuse. The MWEL Program Manager and BWELL Division Chief of Clinical Operations have engaged in countywide interagency meetings over the past year that specifically identified the need to support schools, including how to recognize CSEC warning signs, understanding the impacts on mandated reporting, and having school staff included in interagency collaboration meetings. There is also a need to establish a comprehensive countywide CSEC awareness campaign and other educational opportunities. Additionally, MWEL staff participation in Student Attendance Review Board (SARB) meetings highlighted that this avenue could increase identification of CSEC youth, thereby increasing referrals for screening and connecting students with appropriate services. Countywide data from CWS, Probation, BWELL Justice Alliance, SBCEO and our school districts was reviewed during MDT meetings which highlighted the need for a coordinated, comprehensive approach to addressing the CSEC needs throughout our county.</p>

13.C.4.a.

Provide support in the form data to support the needs.

From 2015 to 2020, BWELL’s RISE program served 163 individuals who were identified as at risk and/or CSEC involved youth. From January 2024 through May 2024, Santa Barbara County Child Welfare Services (CWS) data conducted 88 screenings which resulted in 59 (67%) individuals being identified as having a clear or possible concern for being sexually trafficked. In the same time period, 11 youth entering foster care have been identified as victims of being sexually exploited and trafficked, further highlighting the need for expansion of identification and intervention of sexually exploited children and youth.

A recent article in Santa Barbara’s Noozhawk reported that “during the past five years, nearly 230 people have been identified as survivors of human trafficking in Santa Barbara County, but that number is likely underrepresented as many victims don’t self-identify and often don’t present through law enforcement, making tracking difficult. The majority of victims are female, ages 12 to 14, but no one is exempt. Santa Barbara is a hub [for Human trafficking.]”

Obtaining this grant will support efforts to standardize the collection of comprehensive CSEC data. MWEL is working to create a system for comprehensive, coordinated data collection to be used to drive decisions for implementing a CSEC program that will meet the unique needs of the communities throughout the county.

ATTACHMENT 4-4 – Proposed Plan

Proposed Plan	
13.D.1.	<p>Does this program/service currently exist?</p> <p>While CSEC efforts are available, there is no countywide coordinated program focused on addressing gaps in identification, screening and serving youth and their families. In addition to law enforcement involvement, a Santa Barbara non-profit, Kingdom Causes, started a small CSEC pilot program within the local region to train school staff, but they do not have the capacity to attend meetings for full collaboration, nor are they countywide.</p> <p>Schools are an integral partner for identifying children and youth who may be at risk and exposed to sexual exploitation. However, they are not consistently trained and are not aware of community resources available for screening and intervention services. To help make connections, MWEL staff regularly attend the monthly collaborative K12 School Action Team meetings to address and discuss gaps within our county schools related to CSEC, poising us to be a strong partner in the endeavor to increase CSEC education and training.</p>
13.D.1.a.	<p>If yes, how long has it been in existence?</p> <p>Kingdom Causes efforts have been in development for approximately six months.</p>
13.D.1.a. 1)	<p>What are the current funding sources and annual amounts being provided?</p> <p>Current CSEC coordination is being absorbed by the MWEL program as part of their role within the program. Staff spend approximately 21 hours per month on CSEC efforts.</p>
13.D.1.a. 2)	<p>Will these funding sources and amounts continue if you are awarded a grant?</p> <p>Yes. MWEL staff will remain engaged. Funding will allow us to expand training countywide in the schools and with our community partners while also implementing a Train the Trainer program to expand capacity and create a sustainable program.</p>
13.D.1.b.	<p>If no, state when the program/services will be ready to provide services?</p> <p>Detailed planning will begin immediately upon award and services will begin promptly upon execution of the funding agreement.</p>

<p>13.D.1.b. 1)</p>	<p>Identify the steps needed to get to the point of providing services.</p> <p>MOUs necessary for cross-agency partnership and sharing of information are already in place; thereby, services can be provided immediately upon execution of the funding agreement.</p> <p>MWEL staff will collaborate with schools to calendar training opportunities and begin planning for Train the Trainer sessions while SBCEO identifies and hires the Navigator who will be responsible for implementing expanded programming.</p> <p>As part of the onboarding process, new staff will receive CSEC training, including the use of the FRIT screener. Existing staff will be provided with continuing education opportunities.</p> <p>Our MWEL program has a robust data collection system that can be adapted to collect program specific information that will be utilized to determine progress towards our CSEC program goals and objectives. Partners will have access to data as well for comprehensive analysis of program progress as the program expands and increases awareness, screenings and interventions.</p>
<p>13.D.2.</p>	<p>Will you commit other funds outside of this grant to support the program/service?</p> <p>Yes.</p>
<p>13.D.2.a.</p>	<p>If yes, identify the funding source(s) and the annual amounts that will be committed to support this program/service.</p> <p>In addition to MWEL staff's continued support through the MHSSA grant and other BWell funding, we are in preliminary discussion with CWS to support prevention and early intervention for CSEC youth with an estimated contract amount in the area of \$25,000 – \$50,000 annually. Additionally, MWEL is eligible to bill Medi-Cal under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for youth under 21 who have full scope Medi-Cal. SBCEO provides MWEL with a Community Health Worker who has lived experience, and a portion of their work is also eligible for EPSDT Medi-Cal reimbursement. BWell and SBCEO are also exploring the possibility of providing services that may be eligible under private insurance.</p>
<p>13.D.3.</p>	<p>Identify the expected outcomes from your program/service.</p> <ul style="list-style-type: none"> • Increased knowledge of Santa Barbara County school district staff in the identification of early warning signs and in the utilization of the FRIT screener for potential CSEC youth • Increased number of identified CSEC youth • Increased number of services and linkages provided to identified CSEC youth

13.D.4.	<p>Explain how the success of this program will be measured.</p> <ul style="list-style-type: none"> • An MWEL CSEC Identification Post-Training Survey will measure changes in knowledge of school staff about the identification, warning signs, screening tool, and mandated reporting of suspected CSEC youth. • Vertical Change will be used to track the changes/increases in the number of identified CSEC youth, as well as the services, interagency collaboration, FRIT screenings, and linkages provided to the CSEC youth upon identification.
13.D.5.	<p>Describe the types of data that will be collected to monitor and measure the program's success.</p> <ol style="list-style-type: none"> 1. Number of CSEC Identification Trainings provided by MWEL to school staff 2. Number of school staff that attend CSEC Identification Trainings 3. Change in school staff knowledge of CSEC youth identification (via Post-Training Survey) 3. Number of First Responder Identification Tool (FRIT) Screenings implemented 4. Number of identified CSEC youth 5. Demographics of identified CSEC youth served 6. Number and type of services/linkages provided to CSEC youth 7. Number of Multi-Disciplinary Team (MDT) Meetings attended by MWEL staff
13.D.5.a.	<p>Do you agree to provide this data to the Commission, upon request?</p> <p>Yes, BWell will provide all required data and will submit reports in a timely basis to MHSOAC.</p>
13.D.6.	<p>If hiring staff, describe the plan and steps needed to hire staff.</p> <p>BWell will not be hiring new staff for this program. However, SBCEO will be contracted to hire a bilingual Navigator to coordinate CSEC educational outreach and engagement along with training school staff. SBCEO has a successful track record of hiring bilingual staff.</p>
13.D.6.a.	<p>How long would it take to complete the hiring process?</p> <p>One to three months.</p>
13.D.7.	<p>If hiring a contractor, describe the plan and steps needed to hire a contractor.</p> <p>N/A</p>

13.D.7.a.	How long would it take to complete the hiring process? N/A

ATTACHMENT 4-5 – Budget Worksheet

13.E.1.	Proposed Budget				
Description	Year 1	Year 2	Year 3	Total	
Hire Staff					\$
					\$
					\$
Other Personnel Services Cost					\$
					\$
					\$
Hire Contractors					
Santa Barbara County Education	\$75,157	\$78,989	\$82,822	\$236,968	
					\$
					\$
Other Costs					
Electronic Health Records Software	\$660	\$726	\$799	\$2,185	
BWell Mileage	\$2,500	\$3,000	\$3,302	\$8,802	
Training	\$6,500	\$5,000	\$5,000	\$16,500	
Indirect Cost @ 15%	\$11,273	\$11,848	\$12,423	\$35,545	
Total Other Costs	\$20,933	\$20,574	\$21,524	\$63,032	
Total	\$96,090	\$99,564	\$104,346	\$300,000	
Provide a description of the proposed expenditure for each line listed in the Proposed Budget.					
Hire Staff					
Other Personnel Services Cost					
Hire Contractors					
Santa Barbara County Education Office cost includes Salaries & Benefits, mileage, and other direct costs.					
Other Costs					
Indirect Cost is a calculated rate of 15% of the direct Contractor category.					
Electronic Health Records Software license for necessary services documentation.					

BWell staff will incur mileage costs traveling throughout the County to provide services and consultation with school districts.

MWEL staff will be required to attend CSEC training, including using the FRIT screening tool.

ATTACHMENT 4-6 – Payee Data Record (STD 204)

The Applicant must complete and submit Payee Data Record (STD. 204) with its Final Application.

This form is available at: <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>

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)

Section 1 – Payee Information**NAME** (This is required. Do not leave this line blank. Must match the payee's federal tax return)

County of Santa Barbara

BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME (If different from above)

County of Santa Barbara

MAILING ADDRESS (number, street, apt. or suite no.) (See instructions on Page 2)

429 N. San Antonio Rd

CITY, STATE, ZIP CODE Santa Barbara, CA 93110**E-MAIL ADDRESS** ap@sbcbswell.org**Section 2 – Entity Type****Check one (1) box only that matches the entity type of the Payee listed in Section 1 above.** (See instructions on page 2) **SOLE PROPRIETOR / INDIVIDUAL** **SINGLE MEMBER LLC** *Disregarded Entity owned by an individual* **PARTNERSHIP** **ESTATE OR TRUST** **CORPORATION** (see instructions on page 2) **MEDICAL** (e.g., dentistry, chiropractic, etc.) **LEGAL** (e.g., attorney services) **EXEMPT** (e.g., nonprofit) **ALL OTHERS****Section 3 – Tax Identification Number**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.

- For **Individuals**, enter SSN.
- If you are a **Resident Alien**, and you do not have and are not eligible to get an SSN, enter your ITIN.
- 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.
- 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).
- 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.
- For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

Social Security Number (SSN) or Individual Tax Identification Number (ITIN)

_____ - _____ - _____

OR**Federal Employer Identification Number (FEIN)**

95-6002833

_____ - _____ - _____

Section 4 – Payee Residency Status (See instructions) **CALIFORNIA RESIDENT** – Qualified to do business in California or maintains a permanent place of business in California. **CALIFORNIA NONRESIDENT** – Payments to nonresidents for services may be subject to state income tax withholding. No services performed in California Copy of Franchise Tax Board waiver of state withholding is attached.**Section 5 – Certification****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.****NAME OF AUTHORIZED PAYEE REPRESENTATIVE**

Tor Hargens

TITLE

Cost Analyst II

E-MAIL ADDRESS

thargens@sbcbswell.org

SIGNATURE*Tor Hargens***DATE**

6/20/24

TELEPHONE (include area code)

(805) 681-4781

Section 6 – Paying State Agency

Please return completed form to:

STATE AGENCY/DEPARTMENT OFFICE**UNIT/SECTION****MAILING ADDRESS****FAX****TELEPHONE** (include area code)**CITY****STATE****ZIP CODE****E-MAIL ADDRESS**

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 6. 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.
 - 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
For hearing impaired with TDD, call: 1-800-822-6268

E-mail address: wscs.gen@ftb.ca.gov
Website: 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 4-7 – Generative Artificial Intelligence (GenAI)

The Applicant must complete and submit Generative Artificial Intelligence (GenAI) Disclosure and Factsheet (STD 1000).

This form is available at: <https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std1000.pdf>

Generative Artificial Intelligence (GenAI) Disclosure & Factsheet

Bidder/Offer Information

RFA-MHSSA-004	
Solicitation Number	Bidder ID/Vendor ID (optional)
County of Santa Barbara Department of Behavioral Wellness	(805) 681 - 5220
Business Name	Business Telephone Number
315 Camino Del Remedio	Santa Barbara CA 93110
Business Address	City State Zip Code

GenAI Disclosure & Factsheet

Will you be using or offering GenAI technology, model, or service (collectively, "system")? Yes No (If No, skip to Signature section of this form.)

If yes, provide details regarding the GenAI system"). See *GenAI Disclosure & Factsheet Definitions* at the end of this form for more information.

Failure to disclose GenAI to the State and submit the detailed description may result in disqualification and may void any resulting contract.

1. GenAI Model Name, Version (including number of parameters)	
2. Model Owner	
3. Overview	
4. Purpose	
5. Intended Domain	
6. Model Training Data	
7. Model Information	

GENAI DISCLOSURE & FACTSHEET

STD 1000 (NEW 01/2024)

8. Input and Outputs	
9. Performance Metrics	
10. Optimal Conditions	
11. Poor Conditions	
12. Bias	
13. Test Data	

Explain below how you are ensuring the GenAI system is not adversely affecting “decisions that materially impact access to, or approval for, housing or accommodations, education, employment, credit, health care, and criminal justice.” (AB 302, Department of Technology: High-Risk automated decision systems: inventory).

Signature

By signing this document, I certify that I have identified and disclosed, if any, all GenAI components in the proposed solution or service.



Signature

6/25/24

Date

GENAI DISCLOSURE & FACTSHEET

STD 1000 (NEW 01/2024)

GenAI Disclosure & Factsheet Definitions

Please use the following definitions to complete the GenAI Disclosure and Factsheet:

1. Model Name, Version & Number of Parameters:

- Definition: The unique identifier or name assigned to the specific GenAI model or service.
- Purpose: Allows users to refer to and distinguish between different GenAI models.

2. Model Owner

- Definition: The name of the organization or entity responsible for creating or deploying the GenAI model or service.
- Importance: Helps identify the source and accountability for the GenAI system.

3. Overview:

- Definition: A concise summary of the GenAI model's purpose, functionality, and key characteristics.
- Role: Provides a high-level understanding for users and stakeholders.

4. Purpose:

- Definition: The intended use or goal of the GenAI model (e.g., image recognition, natural language processing, text summarization).
- Significance: Helps users assess whether the GenAI model aligns with their needs.

5. Intended Domain:

- Definition: The context, subject matter or domain for which the GenAI model is designed to operate effectively.
- Importance: Helps users determine if the GenAI model is suitable for their specific use case.

6. Training Data:

- Definition: Information used to train the GenAI model (e.g., labeled images, text corpora).
- Role: Influences the GenAI model's behavior and performance.

7. Model Information:

- Definition: Details about the architecture, parameters, and configuration of the GenAI model.
- Relevance: Provides insights into how the GenAI model functions.

8. Inputs and Outputs:

- Definition:
 - Inputs: The data or features provided to the model for prediction (e.g., images, text).
 - Outputs: The GenAI model's predictions or results (e.g., class labels, probabilities).
- Understanding: Crucial for integrating the GenAI model into applications.

9. Performance Metrics:

- Definition: Quantitative measures (e.g., accuracy, F1-score) used to evaluate the GenAI model's performance.
- Assessment: Determines how well the GenAI model meets its intended purpose.
- Continuous Monitoring Plan: Establishes a plan for continuous monitoring and evaluation of the GenAI model's performance.

GENAI DISCLOSURE & FACTSHEET

STD 1000 (NEW 01/2024)

10. Optimal Conditions:

- Definition: The ideal environment or context for the GenAI model to perform optimally.
- Contextual Guidance: Helps users achieve the best results.

11. Poor Conditions:

- Definition: Scenarios or conditions where the GenAI model's performance may degrade.
- Risk Awareness: Alerts users to potential limitations.

12. Bias:

- Definition: Any systematic error or unfairness in the GenAI model's predictions due to biased training data or design.
- Mitigation: Addressing bias is crucial for ethical and unbiased GenAI.

13. Test Data:

- Definition: Independent data used to evaluate the GenAI model's performance after training.
- Validation: Ensures the GenAI model generalizes well to unseen examples.

ATTACHMENT 4-8 – Final Submission Checklist

Complete this checklist to confirm the items in your application. Place a check mark or “X” next to each item that you are submitting to the Commission. For your application to be complete, all required attachments, along with this checklist, must be returned with your application.

Included	Attachment	
X	ATTACHMENT 4-1	Grant Application Cover Sheet / Minimum Requirements (Existing Grantees)
X	ATTACHMENT 4-2	Grant Application Cover Sheet / Minimum Requirements (New Applicants)
X	ATTACHMENT 4-3	Proposed Program
X	ATTACHMENT 4-4	Proposed Plan
X	ATTACHMENT 4-5	Budget Worksheet
X	ATTACHMENT 4-6	Payee Data Record (STD 204)
X	ATTACHMENT 4-7	Generative Artificial Intelligence (GenAI)
X	ATTACHMENT 4-8	Final Submission Checklist