

**GRANT AGREEMENT**

GRANT AGREEMENT BETWEEN THE  
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT AND  
SANTA BARBARA COUNTY DEPARTMENT OF ALCOHOL, DRUG AND MENTAL  
HEALTH SERVICES

For

THE NETWORKS TO SUPPORT PUBLIC MENTAL HEALTH SYSTEM WORKFORCE  
WITH LIVED EXPERIENCE GRANT AGREEMENT NUMBER 14-5783

THIS GRANT AGREEMENT (“Agreement”) is entered into on April 15, 2015 by and between the State of California, Office of Statewide Health Planning and Development (hereinafter “OSHPD”) and Santa Barbara County Department of Alcohol, Drug and Mental Health Services (the “Grantee”).

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

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

WHEREAS, counties and community stakeholders have identified the need to provide support for the development of individuals with lived experience as consumers, family members, and parents/caregivers who are currently employed or are volunteering in the Public Mental Health System.

WHEREAS, supporting consumer and family member employment is included as a priority strategy under the Mental Health Services Act (MHSA) Workforce Education and Training (WET) Five-Year Plan 2014 - 2019 which was approved by the California Mental Health Planning Council.

WHEREAS, the Grantee applied to participate in the Networks to Support Public Mental Health System Workforce with Lived Experience program, by submitting an application in response to the Networks to Support Public Mental Health System Workforce with Lived Experience Request for Application.

WHEREAS, the Networks to Support Public Mental Health System Workforce with Lived Experience program will provide services that support individuals with lived experience as consumers, family members, and parents/caregivers who are currently employed or are volunteering in the Public Mental Health System.

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

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

A. Definitions:

1. "Application" means the grant application/proposal submitted by Grantee.
2. "Caregiver" means adoptive parents and their partners, foster parents and their partners, 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.
3. "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.
4. "Direct Program Costs" is defined as costs that can be more directly attributed to the completion of program services which can include but not be limited to salaries for program staff, materials/supplies required for program activities, a program consultant/contractor, and for travel.
5. "Director" means the Director of the Office of Statewide Health Planning and Development or his/her designee.
6. "Family Member" means siblings, and their partners, kinship caregivers, friends, and others as defined by the family who is now or was in the past the primary caregiver for a child, youth, adolescent, or adult with a mental health challenge who accessed mental health services.
7. "Grant Agreement/Grant Number" means Grant Number «Grant Number» awarded to Grantee.
8. "Grantee" means the fiscally responsible entity in charge of administering the Grant Funds and includes the program identified on the grant application.
9. "Grant Funds" means the money provided by OSHPD for the project described by Grantee in its application and Scope of Work.
10. "Indirect Program Costs" is defined as costs that are indirectly attributed to the completion of the program services which can include but not be limited to utilities, rent, and administrative services/payroll staff.
11. "Lived Experience" can be defined as being either a consumer, family member, parent or caregiver, each defined herein.

12. "Other Sources of Funds" means all cash, donations, or in-kind contributions that are required or used to complete the Project beyond in addition to the grant funds provided by this Grant Agreement.
  13. "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.
  14. "Public Mental Health System (PMHS)" means publicly-funded mental health programs/services and entities that are administered, in whole or in part, by the State Departments or county. 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, 3200.253*
  15. "Public Mental Health System Workforce" means current and prospective department and/or county personnel, county contractors, volunteers, and staff in community-based organizations, who work or will work in the Public Mental Health System. *Title 9, CCR, 3200.254*
  16. "Program" means the Grantee's training program(s) listed on the grant application.
  17. "Program Representative" means the representative of the Grantee for which Agreement funds are being awarded
  18. "Project" means the activity described in the Grantee's application and the Scope of Work to be accomplished with the Grant Funds.
  19. "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 April 15, 2015 and shall terminate on June 30, 2016.
- C. Scope of Work:
1. Consistent with the RFA, Grantee agrees to perform all activities specifically identified in Grantee's application, including the work plan prepared and submitted by Grantee in response to RFA #14-5440. RFA #14-5440 and Grantee's application, including the work plan prepared and submitted by Grantee are incorporated herein by reference.
  2. While performing the Scope of Work activities outlined in Section C-1, the Grantee shall:
    - a. Ensure that the employers supported are in the PMHS and are consistent with the PMHS employers identified in the application. The Grantee shall

notify OSHPD in the progress reports if PMHS employers, in addition to those identified within the application are providing services.

- b. Provide services that are consistent with the elements identified in the needs of individuals with lived experience across culturally diverse communities.
- c. Collaborate with County(s) and/or CBO(s) to support and implement services that are consistent with the values and needs of the County(s) and CBO(s).
- d. Work with the County(s) and/or CBO(s) to develop a mechanism to identify and provide outreach to their PMHS workforce with lived experience.
- e. Work with the County(s) and/or CBO(s) to make initial contact with PMHS workforce with lived experience to provide information about and promote services provided.
- f. Provide the County(s) and/or CBO(s) information on the services offered to be provided to the PMHS workforce with lived experience.
- g. Provide services to PMHS workforce with lived experience locally within close proximity of County and CBO employers.
- h. Use multiple outreach tools which shall include but not be limited to social media such as Facebook and/or Twitter.
- i. Ensure all program activities are consistent with MHS values and priorities including wellness, recovery and resiliency principles.
- j. Include individuals with lived experience including consumers, family members, and parents/caregivers in the delivery of program services.
- k. Not conduct lobbying activities as part of this Agreement.
- l. Credit OSHPD and the MHS in all publications resulting from this Agreement.

D. Progress Reports:

1. Grantee shall complete no more than quarterly progress reports each Fiscal Year using the progress report template found in Appendix 1, progress report, to demonstrate completion of Scope of Work activities and evaluate the program's effectiveness.
2. The Grantee shall administer a demographic survey that OSHPD has developed to give to individuals receiving/participating in the activities provided by the Grantee. The demographic survey template that shall be administered is found in Appendix 2. The results of this demographic survey shall be reported in the quarterly progress report
3. Grantee shall submit a complete final report on a form to be provided by OSHPD within forty-five (45) days of the end of the Agreement Term.
4. Email the electronic copy of the progress reports to [OSHPD.MHSAWET@oshpd.ca.gov](mailto:OSHPD.MHSAWET@oshpd.ca.gov)

5. OSHPD reserves the right to cancel this Agreement in accordance with Section I, Terms and Conditions, if, in any Fiscal Year, the deliverables do not meet OSHPD's expectations.

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 invoices, OSHPD agrees to compensate the Grantee in accordance with the rates specified in Section F. Budget Detail.
2. The Grantee shall not invoice OSHPD for work performed under this Agreement until the Grantee receives confirmation from OSHPD that the progress reports reflected in the invoice has been completed to OSHPD's satisfaction.
3. Invoices shall be submitted not more frequently than quarterly in arrears.
4. Invoices will not be paid until the progress report is reviewed and approved.
5. The total amount payable to the Grantee under this Agreement shall not exceed \$150,000.
6. The following items are required on all invoices:
  - a. Invoice should be on Grantees printed letterhead with Grantee name and address;
  - b. Costs incurred shall be itemized in accordance with Section F. Budget Detail;
  - c. Date(s) of services or Progress Reports provided;
  - d. OSHPD Agreement Number 14-5783;
  - e. Invoice date;
  - f. Invoice total; and
  - g. Authorizing signature.
7. To expedite the processing of invoices submitted to OSHPD for payment, all invoices shall be submitted in triplicate to OSHPD Accounting at the following address:

Office of Statewide Health Planning and Development (OSHPD)

Attn: Accounting

400 R Street, Suite 359

Sacramento, CA 95811

8. OSHPD will withhold the final payment due to the Grantee under this Agreement until the Grantee submits a final report to OSHPD that provides a summary of major outcomes, successes, trends, and lessons learned from Agreement activities. OSHPD will notify the Grantee of approval of final report in writing.
9. Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

F. Budget Detail:

1. OSHPD shall reimburse the Grantee for the expenses incurred in performing the Scope of Work and activities specified in the Grantee's application. Grantee may, consistent with its work plan and rate proposal, request the distribution of Grant Funds, but in no event shall total funding under this Agreement exceed total Grant Amount.
  - a. Financial assistance, if provided, shall only be provided for costs, other than tuition or admission fees, incurred by individuals to enable their participation in the activities sponsored by the proposing organization and may include, but not be limited to: transportation costs, uncompensated time-off, and child care. Grantee shall not allocate more than 15 percent of Grant Funds for this activity type.
2. The reimbursement shall not exceed the following Direct Program Cost(s) per activity type or total Indirect Costs as shown below:

<b>Direct Program Costs per Activity</b>	
Core Training, Activity 1a	\$ 45,401
Individualized Training, Activity 1b	\$ 48,277
Support Groups 1 Activity 2	\$ 36,757
Total Direct Program Costs	\$ 130,435
<b>Total Indirect Program Costs</b>	
ADMHS Administrative Support	\$ 19,565
Total Indirect Program Costs	\$ 19,565

- a. OSHPD will make payments to contractor each quarter for Direct and Indirect Program Costs. Direct Program Costs payments will be made on a prorated rate based on the number of each type of activity completed per quarter. The prorated rate will be calculated by dividing the number of activities outlined in the application for each activity type by the direct program costs identified to complete those activities for each activity type. The Direct Program Costs proration rate can be calculated using the following table:

<b>Direct Costs Proration Rate Calculation per Activity Type</b>			
<i>Column 1:</i> Activity Type	<i>Column 2:</i> Proposed Number of Times Engage	<i>Column 3:</i> Total Direct Program Costs per Activity Type	<i>Column 4:</i> Prorated Rate for each Activity per Activity Type (Divide column 3 by column 2)
Core Training, Activity 1a	5	\$ 45,401	\$ 9,080.20
Individualized Training, Activity 1b	75	\$ 48,277	\$ 643.69
Support Groups 1, Activity 2	300	\$ 36,757	\$ 122.52

- b. Indirect Cost payments will be made by calculating the percentage of total Indirect Costs incurred during that quarter based on the percentage of the Direct Program Costs invoiced that quarter. The Indirect Cost calculation can be made using the following table:

<i>Column 1:</i> Total Indirect Costs outlined in the Application	<i>Column 2:</i> Total Direct Costs outlined in the Application	<i>Column 3:</i> Total Direct Costs being invoiced	<i>Column 4:</i> Percentage of Indirect Costs paid in invoice (Divide Column 3 by Column 2)	<i>Column 5:</i> Actual Indirect Costs paid in invoice (Column 1 multiplied by Column 4)
\$	\$	\$	%	\$

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 OSHPD shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement.
2. If funding for any Fiscal Year is reduced or deleted by the Budget Act for purposes of this program, the OSHPD shall have the option to either cancel this Agreement with no liability occurring to the OSHPD, 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 approved budget that does not amend the total amount of the grant.

2. All requests to change the budget shall be submitted in writing for OSHPD approval and shall include an explanation for the reallocation of funds by the Grantee. An accounting of how the funds were expended will also be submitted with the final report.
3. All requests for extending the grant period shall be submitted in writing to OSHPD for approval. Requests for a time extension must be made to OSHPD no later than ninety (90) calendar days prior to the expiration of the Agreement. There shall be no activity on an Agreement after its expiration.

I. Terms and Conditions:

The following Terms and Conditions shall apply to the Grantee.

1. **Time:** Time is of the essence in this Agreement. The Grantee will submit the required deliverables as specified and adhere to the deadlines as specified in this Agreement. Anticipating potential overlaps, conflicts, and scheduling issues, to adhere to the terms of the Agreement is the sole responsibility of the Grantee.
2. **Final Agreement:** This Agreement, along with the Grantee's Application, exhibits and forms constitutes the entire and final Agreement between the parties and supersedes any and all prior oral or written agreements or discussions.
3. **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 disclosure under the Public Records Act.
4. **Additional Audits:** Grantee agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. The Grantee agrees to maintain such records for a possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. 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, Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., Cal. Code Regs. Title. 2, §1896).

5. Provisions Relating to Data:
  - a. "Data" as used in this Agreement means recorded information, regardless of form or characteristics, of a scientific or technical nature. It may, for example, document research, experimental, developmental or engineering work; or be usable or be used to define a design or process; or support a premise or conclusion asserted in any deliverable document called for by this Agreement. The data may be graphic or pictorial delineations in media, such as drawings or photographs, charts, tables, mathematical models, collections or extrapolations of data or information, etc. It may be in machine form, as punched cards, magnetic tape, computer printouts, or may be retained in computer memory.
  - b. "Generated data" is that data, which a Grantee has collected, collated, recorded, deduced, read out or postulated for utilization in the performance of this Agreement. Any electronic data processing program, model or software system developed or substantially modified by the Grantee in the performance of this Agreement at State expense, together with complete documentation thereof, shall be treated in the same manner as generated data.
  - c. "Deliverable data" are that data which, under terms of this Agreement, are required to be delivered to the State. Such data shall be property of the State.
  - d. Prior to the expiration of any legally required retention period and before destroying any data, Grantee shall notify the State of any such contemplated action; and State may within thirty (30) days of said notification determine whether or not the data shall be further preserved. The State shall pay the expense of further preserving the data. State shall have unrestricted reasonable access to the data that are preserved in accordance with this Agreement.
  - e. Grantee shall use best efforts to furnish competent witnesses and to identify such competent witnesses to testify in any court of law regarding data used in or generated under the performance of this Agreement.
6. Independent Grantee: Grantee and the agents and employees of Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.
7. Non-Discrimination Clause: During the performance of this Agreement, Grantee and its subcontractors shall not unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (e.g., cancer), age (over 40), marital status, and denial of family care leave. Grantee and its subcontractors shall ensure that the evaluation and treatment of their employees and applicants for employment are free from such

discrimination and harassment. Grantee and its subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12990 (a-f) et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Section 7285 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code Section 12990 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations, are incorporated into this Agreement by reference and made a part hereof as if set forth in full. The Grantee and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining unit or other Agreement.

8. Waiver: The waiver by OSHPD of a breach of any provision of this Agreement by Grantee will not operate or be construed as a waiver of any other subsequent breach. OSHPD expressly reserves the right to disqualify Grantee from any future grant awards for failure to comply with the terms of this Agreement.
9. Approval: This Agreement is of no force or effect until signed by both parties. Grantee may not commence performance until such approval has been obtained.
10. Amendment: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or agreement not incorporated in the Agreement is binding on any of the parties.
11. Assignment: This Agreement is not assignable by the Grantee, either in whole or in part, without the consent of the State in the form of a formal written amendment.
12. Indemnification: Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all Grantee's, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of this Agreement.
13. 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 WET Program Manager. If unresolved, the problem shall be presented, in writing, as a grievance to the Deputy Director, Healthcare Workforce Development Division (HWDD) stating the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought.
  - b. The Deputy Director, HWDD shall make a determination within ten (10) working days after receipt of the written grievance from the Grantee and shall respond in writing to the Grantee indicating the decision and reasons for it.
  - c. Grantee may appeal the decision of the Deputy Director by submitting written notice to the OSHPD Director of its intent to appeal, within ten (10) working days of receipt of the Deputy Director's decision. The Director or designee shall meet with the Grantee within twenty (20) working days of receipt of the Grantee's letter. The Director's decision will be final.
14. Termination for Cause: OSHPD may terminate this Agreement and be relieved of any payments should the Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided.
15. Potential Subcontractors: Nothing contained in this Agreement shall create any contractual relation between the State and any subcontractor of the Grantee, and no subcontract shall relieve the Grantee of its responsibilities and obligations hereunder. The Grantee agrees to be as fully responsible to the State for any and all acts and omissions of its subcontractors and of persons either directly or indirectly employed by the Grantee. The Grantee's obligation to pay its subcontractors is an independent obligation from OSHPD's obligation to disburse funds to the Grantee. As a result, the State shall have no obligation to pay or to enforce the payment of any money to any subcontractor.
16. Governing Law: This Agreement is governed by and shall be interpreted in accordance with the laws of the State of California.
17. Unenforceable Provision: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.
- J. Project Representatives: The project representatives during the term of this Agreement are listed below:

Direct all Grant Agreement inquiries to:

State Agency: Office of Statewide Health Planning and Development	Grantee: Santa Barbara County Department of Alcohol, Drug and Mental Health
Section/Unit: Healthcare Workforce Development Division/Workforce Education and	
Name: Brent Houser, Program Manager	Name Suzanne Grimesey, Chief Strategy Officer
Address: 400 R Street, Suite 330 Sacramento, CA 95811	Address: 300 N. San Antonio Road Santa Barbara, CA 93110
Phone: (916) 326-3702	Phone: (805) 681-5289
Email: <a href="mailto:brent.houser@oshpd.ca.gov">brent.houser@oshpd.ca.gov</a>	Email: <a href="mailto:suzkirk@co.santa-barbara.ca.us">suzkirk@co.santa-barbara.ca.us</a>

The project representatives during the term of this Agreement will be:

State Agency: Office of Statewide Health Planning and Development	Program Representative: Suzanne Grimesey, Chief Strategy Officer
Section/Unit: Healthcare Workforce Development Division/ Workforce Education and	
Name: Brent Houser, Program Manager	Name of Representative: Suzanne Grimesey, Chief Strategy Officer
Address: 400 R Street, Suite 330 Sacramento, CA 95811-6213	Address: 300 N. San Antonio Road Santa Barbara, CA 93110
Phone: (916) 326-3702	Phone: (805) 681-5289
Email: <a href="mailto:brent.houser@oshpd.ca.gov">brent.houser@oshpd.ca.gov</a>	Email: <a href="mailto:suzkirk@co.santa-barbara.ca.us">suzkirk@co.santa-barbara.ca.us</a>

IN WITNESS WHEREOF, the parties hereto have executed or have caused their duly authorized officers to execute this Agreement as of the date first written above.

OFFICE OF STATEWIDE HEALTH  
PLANNING AND DEVELOPMENT

Santa Barbara County Department  
of Alcohol, Drug and Mental Health

Signature:

Signature:

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

**Appendix 1**  
**PROGRESS REPORT**

**Purpose:** This quarterly Progress Report describes the deliverables for which the Grantee is invoicing for this quarter.

**Date:**

**Program Name:**

**Agreement # and executed date:**

**Progress Report # since Agreement was executed:**

**I. Contact Information**

Name	Position/Title	Phone	Email

**II. Activities implemented to engage and support individuals with lived experience as consumers, family members, and parents/caregivers who are currently employed or are volunteering in the (PMHS).**

List the activities provided to the PMHS workforce with lived experience. The list must *be* in the following format:

<b>Identify the Type of Activity Completed</b> <i>(Should be consistent with the activity types listed in the work plan/application)</i>	<b>Describe the Type of Activity Provided</b> <i>(no more than five sentences)</i>	<b>Number of times Activity was Completed</b>	<b>Approximate Number of Hours Providing Activity</b> <i>(if applicable)</i>	<b>Name of PMHS Employers Supported</b>	<b>Number of Individuals that Participated in Activity</b>
1. (Activity Type One)					
2. (Activity Type Two)					
3. (Activity Type Three)					
4. (Activity Type Four)					

**III. Provide any major outcomes, successes, trends, and/or challenges from the activities provided.**

<b>Type of Activity Completed</b>	<b>Outcome(s)/Successes/Trends</b> <i>(no more than 10 sentences per activity type)</i>	<b>Challenge(s)</b> <i>(no more than 5 sentences per activity type)</i>
1. (Activity Type One)		
2. (Activity Type Two)		
3. (Activity Type Three)		
4. (Activity Type Four)		

- Please provide a brief description (no more than 5 sentences) of how the activities implemented were consistent with the needs of the individuals with lived experience across culturally diverse communities and how individuals with lived experience were included in the implementation of activities.
- Please provide a brief description (no more than 4 sentences) of how you collaborated with County(s) and/or CBO(s) to support and implement services that are consistent with the values and needs of the County(s) and CBO(s).
- Please provide a brief description (no more than 4 sentences) of how you worked with the County(s) and/or CBO(s) to develop a mechanism to identify and provide outreach to their PMHS workforce with

lived experience and if you used multiple outreach tools which included social media such as Facebook and or Twitter.

- Please describe (no more than 4 sentences) of how the activities provided are consistent with the MHSA values and priorities including wellness, recovery, and resiliency principles.

**IV. Summary of PMHS Employers and Workforce Supported**

List every organization identified in the application that would be supported via the Agreement. Identify if the organization received and/or participated in the activities provided during the period of this Progress Report. The list must be in the following format:

<b>Name of Organization</b>	<b>Type of Organization</b>	<b>Organization's Geographic</b>	<b>Estimated Number of Individuals</b>
	<b>(CBO/County/Other)</b>	<b>Location (County)</b>	<b>that Participated</b>

**V. Budget Information**

Provide the following budget and activity information for the quarter of this Progress Report.

Direct Program Costs:

Activity Type	Total Amount Allocated per Activity Type	Amount Invoiced in this Quarter per Activity Type	Total Amount Remaining for this Activity Type	Total Number of Activities remaining to be Completed	Number of Times engaged in Activity Type for this Quarter	Remaining Number of Times Activity Must be Engaged In
Activity Type:	\$	\$	\$	#	#	#
Activity Type:	\$	\$	\$	#	#	#
Activity Type:	\$	\$	\$	#	#	#
Activity Type:	\$	\$	\$	#	#	#
<b>Total</b>	\$	\$	\$	#	#	#

Indirect Program Costs:

Total Indirect Costs Outlined in Contract	Total Indirect Costs being invoiced	Total Indirect Costs Remaining
\$	\$	\$

**Appendix 2**  
**DEMOGRAPHIC INFORMATION SURVEY:**

This demographic survey is being administered by the Office of Statewide Health Planning and Development (OSHPD), which partially funds your participation in this program. In efforts to collect data that enables the evaluation of the program's effectiveness towards serving diverse populations, this survey aims to collect data regarding the wide range of demographics of our program participants. While this survey is optional, OSHPD kindly requests your completion of this anonymous survey.

**Please identify your County of residence:** Name of County

**Please identify your Race/Ethnicity:**

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

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

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

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

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Bisexual/Pansexual    | <input type="checkbox"/> I'm questioning whether I'm straight or not straight |
| <input type="checkbox"/> Gay                   | <input type="checkbox"/> Queer  |
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Decline to State                                     |
| <input type="checkbox"/> Lesbian               |   |

**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 yourself as an individual having a disability\*?**

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

\*A disability is defined as an individual who: 1) 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) a record or history of such impairment or medical condition; or 3) is regarded as having such an impairment or medical condition.

**Please select your age group:**

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

**Are you a military veteran?**

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