

AGREEMENT FOR
COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD
LOCAL INDIGENT CARE NEEDS PLANNING PROJECT GRANT PROGRAM

between

COUNTY MEDICAL SERVICES PROGRAM
GOVERNING BOARD
("Board")

and

HUMBOLDT COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES -
PUBLIC HEALTH
("Grantee")

Effective as of:
October 1, 2020

AGREEMENT

**COUNTY MEDICAL SERVICES PROGRAM
LOCAL INDIGENT CARE NEEDS GRANT PROGRAM**

FUNDING PLANNING PROJECT GRANT

This agreement ("Agreement") is by and between the County Medical Services Program Governing Board ("Board") and the lead agency listed on Exhibit A ("Grantee").

A. The Board approved the funding of the Local Indigent Care Needs Grant Program (the "Grant Program") in participating County Medical Services Program ("CMSP") counties in accordance with the terms of its Request for Proposals for the CMSP Local Indigent Care Needs Grant Program in the form attached as Exhibit B ("RFP").

B. Grantee submitted an Application ("Application") for the CMSP Local Indigent Care Needs Grant Program in the form attached as Exhibit C (the "Project"). The Project is a grant project ("Grant Project").

C. Subject to the availability of Board funds, the Board desires to award funds to the Grantee for performance of the Project.

The Board and Grantee agree as follows:

1. Project. Grantee shall perform the Project in accordance with the terms of the RFP and the Application. Should there be a conflict between the RFP and the Application, the RFP shall control unless otherwise specified in this Agreement.

2. Grant Funds.

A. Payment. Subject to the availability of Board funds, the Board shall pay Grantee the amounts in the time periods specified in Exhibit A ("Grant Funds") within thirty (30) calendar days of the Board's receipt of an invoice and reports as required in this Agreement from Grantee for a Grant Project, as described in Exhibit A. Neither the Board nor CMSP shall be responsible for funding additional Project costs, any future CMSP Local Indigent Care Needs Grant Program or services provided outside the scope of the Grant Program.

B. Refund. If Grantee does not spend the entire Grant Funds for performance of the Project within the term of this Agreement, then Grantee shall immediately refund to the Board any unused Grant Funds.

C. Possible Reduction in Amount. The Board may, within its sole discretion, reduce any Grant Funds that have not yet been paid by the Board to Grantee if Grantee does not demonstrate compliance with the use of Grant Funds as set forth in Section 2.D, below. The Board's determination of a reduction, if any, of Grant Funds shall be final.

D. Use of Grant Funds. As a condition of receiving the Grant Funds, Grantee shall use the Grant Funds solely for the purpose of performance of the Project, and shall not use

the Grant Funds to fund Grantee's administrative and/or overhead costs; provided, however, an amount of the Grant Funds equal to or less than ten percent (10%) of the total Project expenditures may be used to fund Grantee's administrative and/or overhead expenses directly attributed to the Project. In addition, Grantee shall comply with the terms of Exhibit E Use of Grant Funds attached hereto. Grantee shall provide Board with reasonable proof that Grantee has dedicated the Grant Funds to the Project. Grantee shall refund to the Board any Grant Funds not fully dedicated to the Project.

E. Matching Funds and In Kind Match. The Grantee is not required to provide dedicated matching funds; however, the Grantee is required to provide an in kind match of a minimum of ten percent (10%) of the Grant Funds as a means of demonstrating the commitment of the Grantee and participating (partnering) agencies to implement the strategies and/or services being developed with the Grant Funds. Such in kind match (or alternatively, matching fund of a minimum of ten percent (10%) of the Grant Funds) may be provided solely by the Grantee or through a combination of funding sources; provided, however such matching funds shall not originate from any CMSP funding source such as a Health Systems Development Grant or Wellness and Prevention Pilot Project.

3. Grantee Data Sheet. Grantee shall complete and execute the Grantee Data Sheet attached as Exhibit D ("Grantee Data Sheet"). Board may, within its sole discretion, demand repayment of any Grant Funds from Grantee should any of the information contained on the Grantee Data Sheet not be true, correct or complete.

4. Board's Ownership of Personal Property. If Grantee's Application anticipates the purchase of personal property such as computer equipment or computer software with Grant Funds, then this personal property shall be purchased in Grantee's name and shall be dedicated exclusively to the Grantee's health care or administrative purposes. If the personal property will no longer be used exclusively for the Grantee's health care or administrative purposes, then Grantee shall, immediately upon the change of use, pay to the Board the fair market value of the personal property at the time of the change of use. After this payment, Grantee may either keep or dispose of the personal property. Grantee shall list all personal property to be purchased with Grant Funds on Exhibit A. This Section 4 shall survive the termination or expiration of this Agreement.

5. Board Consent Required for Purchase of Specified Personal Property. If Grantee's Application anticipates the purchase of any personal property valued in excess of \$5,000 with Grant Funds, including but not limited to computers, software, equipment or vehicles ("Specified Personal Property"), then Grantee must obtain the Board's prior written consent for any such purchase. Grantee shall make such request for the Board's consent pursuant to a form and manner as determined by the Board.

6. Authorization. Grantee represents and warrants that this Agreement has been duly authorized by Grantee's governing board, and the person executing this Agreement is duly authorized by Grantee's governing board to execute this Agreement on Grantee's behalf.

7. Technical Assistance Consultant: The Grantee shall participate in technical assistance programs and collaborate with the Technical Assistance Consultant as hired by the Board ("Technical Assistance Consultant") as requested. At a minimum, Grantee is required to

participate in one or more interviews with the Technical Assistance Consultant, have a minimum of one (1) representative participate in Quarterly Technical Assistance Conference Calls and/or Webinars and host the Technical Assistance Consultant at least one (1) site visit at the earliest coordination in the beginning of the Grant. Additional site visit(s) and technical assistance services will be coordinated as needed to advance the planning efforts of the Grantee.

8. Record Retention. Grantee shall maintain and provide the Board with reasonable access to such records for a period of at least four (4) years from the date of expiration of this Agreement.

9. Audits. The Board may conduct such audits as necessary to verify Grantee's compliance with the terms of this Agreement. Such audit rights shall include auditing 100% of expenditure of Grant Funds and such information and documents as necessary to verify use of Grant Funds and Grantee's performance of the Project in accordance with the terms of this Agreement Grantee shall cooperate fully with the Board, its agents and contractors in connection with any audit and provide information to the Board, its agents and contractors in a timely manner.

10. Reporting.

A. Notification of Project Changes. Grantee shall notify the Board of any proposed substantial changes to the Project's components. The Project's components shall include: (1) the Project plan; (2) the target population; (3) the structure and process for completing grant activities as outlined in the Application as set forth in Exhibit C; (4) the roles and responsibilities of all participating (partnering) agencies; (5) services provided; (6) key Grantee personnel; (7) the budget; and (8) timelines.

B. Interim Report. Grantee shall submit one (1) interim report to the Board using the Interim Report Form. Each report should: (1) clearly define the target population and its needs, (2) demonstrate progress toward answering questions posed in the Grantee's submitted application, (3) demonstrate progress toward meeting Project's identified goals (4) identify challenges and barriers to meeting Project goals encountered during the prior six (6) months; (5) compare Project progress to the Application, Planning Work Plan as set forth in Exhibit C; (6) provide an update on any Project staff changes or added responsibilities, (7) describe the Grantee's experience utilizing Technical Assistance, (8) describe changes in key partnerships, and (9) provide an overall impact on target population so far and any significant success stories. The interim report shall be due to the Board on April 30, 2021.

C. Interim Expenditure Report. Grantee shall submit one (1) interim expenditure report to the Board using the Interim Expenditure Report Template. Each interim expenditure report should: (1) compare budget expenditures to actual expenditures for the reporting period, (2) detail total grant funds received and expended to date; and (3) detail any proposed budget modifications for the remaining project period. The interim expenditure report shall be due to the Board on April 30, 2021.

D. Final Report. Grantee shall submit a final report to the Board using Final Report Template by October 15, 2021, that: (1) clearly defines the target population and their needs, (2) provide answers to each of the questions posed in the Grantee's submitted application,

(3) provide measurable outcomes to the identified Project goals (4) identify challenges and barriers to meeting Project goals encountered during the prior six (6) months; (5) compare Project progress to the Application, Planning Work Plan as set forth in Exhibit C; (6) provide an update on any Project staff changes or added responsibilities, (7) describe the Grantee's experience utilizing Technical Assistance, (8) describe any key partnerships changes, and (9) define the overall impact the Project has had on the target population and any significant success stories.

E. Non-Compliance with Reporting Requirements. The Board may, within its sole discretion, terminate this Agreement at any time and suspend and/or discontinue payment of any Grant Funds if Grantee does not satisfactorily meet reporting requirements as set forth in this Agreement and in the RFP.

11. Term. The term of this Agreement shall be from October 1, 2020, to December 29, 2021, unless otherwise extended in writing by mutual consent of the parties.

12. Termination. This Agreement may be terminated: (a) by mutual consent of the parties; (b) by either party upon thirty (30) days prior written notice of its intent to terminate; or, (c) by the Board immediately for Grantee's material failure to comply with the terms of this Agreement, including but not limited to the terms specified in Sections 1, 2.B, 2.D, 2.E, 4, 5, 6, 7, 8, 9 and 10. Upon termination or expiration of the term, Grantee shall immediately refund any unused Grant Funds to the Board, and shall provide the Board with copies of any records generated by Grantee in performance of the Project and pursuant to the terms of this Agreement.

13. Costs. If any legal action or arbitration or other proceeding is brought to enforce the terms of this Agreement or because of an alleged dispute, breach or default in connection with any provision of this Agreement, the successful or prevailing party shall be entitled to recover reasonable attorneys' fees and other costs incurred in that action, arbitration or proceeding in addition to any other relief to which it may be entitled.

14. Entire Agreement of the Parties. This Agreement constitutes the entire agreement between the parties pertaining to the subject matter contained herein and supersedes all prior and contemporaneous agreements, representations and understandings of the parties.

15. Waiver. To be effective, the waiver of any provision or the waiver of the breach of any provision of this Agreement must be set forth specifically in writing and signed by the giving party. Any such waiver shall not operate or be deemed to be a waiver of any prior or future breach of such provision or of any other provision.

16. No Third-Party Beneficiaries. The obligations created by this Agreement shall be enforceable only by the parties hereto, and no provision of this Agreement is intended to, nor shall it be construed to, create any rights for the benefit of or be enforceable by any third party, including but not limited to any CMSP client.

17. Notices. Notices or other communications affecting the terms of this Agreement shall be in writing and shall be served personally or transmitted by first-class mail, postage prepaid. Notices shall be deemed received at the earlier of actual receipt or if mailed in accordance herewith, on the third (3rd) business day after mailing. Notice shall be directed to the parties at

the addresses listed on Exhibit A, but each party may change its address by written notice given in accordance with this Section.

18. Amendment. All amendments must be agreed to in writing by Board and Grantee.

19. Assignment. This Agreement shall be binding upon and shall inure to the benefit of the parties to it and their respective successors and assigns. Notwithstanding the foregoing, Grantee may not assign any rights or delegate any duties hereunder without receiving the prior written consent of Board.

20. Governing Law. The validity, interpretation and performance of this Agreement shall be governed by and construed by the laws of the State of California.

21. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument.

22. Nuclear Free Humboldt County Ordinance Compliance. The Board certifies by its signature below that it is not a Nuclear Weapons Contractor, in that the Board is not knowingly or intentionally engaged in the research, development, production or testing of nuclear warheads, nuclear weapons systems or nuclear weapons components as defined by the Nuclear Free Humboldt County Ordinance. The Board agrees to notify Grantee immediately if it becomes a Nuclear Weapons Contractor as defined above. Grantee may immediately terminate this Agreement if it determines that the foregoing certification is false or if the Board subsequently becomes a Nuclear Weapons Contractor.

Dated effective 10/01/20

BOARD:

COUNTY MEDICAL SERVICES
PROGRAM GOVERNING BOARD

By: _____
Kari Brownstein, Administrative Officer

Date: _____

GRANTEE:

HUMBOLDT COUNTY DEPARTMENT OF
HEALTH AND HUMAN SERVICES -
PUBLIC HEALTH

By: _____
Title: _____

Date: _____

EXHIBIT A

GRANTEE: Humboldt County Department of Health and Human Services - Public Health

GRANTEE'S PARTNERS UNDER CONTRACT²

GRANT FUNDS:

Total Amount To Be Paid under Agreement: \$50,000.00

If the Project warrants a change in payment schedule, the payment schedule may be modified by the Board provided Grantee has submitted any required expenditure reports.

1. Amount to Be Paid Upon Execution of This Agreement (40%): \$20,000.00
2. Amount To Be Paid Within 30 Days Following Receipt of Invoice, First Interim Report and Interim Expenditure Report (anticipated to be 04/30/2021) (50%): \$25,000.00
3. Amount To Be Paid Within 30 Days Following Receipt of Invoice, the Final Report and Final Expenditure Report (anticipated to be 10/15/2021) (10%): \$5,000.00

If Funds will be Used to Purchase Personal Property, List Personal Property to be Purchased:

If Funds will be Used to Purchase Specified Personal Property, List Specified Personal Property to be Purchased and Date of Consent by the Board:

² Attach copy of any contract.

LICN-011

NOTICES:

Board:

County Medical Services Program Governing Board

Attn: Anna Allard, Grants Manager

1545 River Park Drive, Suite 435

Sacramento, CA 95815

(916) 649-2631 Ext. 120 (phone)

(916) 649-2606 (facsimile)

Grantee:

Humboldt County Department of Health and Human Services - Public Health

Attn: Michele Stephens, Director of Public Health

529 I Street

Eureka, CA 95501

(707) 268-2172 (phone)

(707) 445-6097 (facsimile)

EXHIBIT B
REQUEST FOR PROPOSAL
BOARD'S REQUEST FOR PROPOSAL

REQUEST FOR PROPOSALS

County Medical Services Program Governing Board CMSP Local Indigent Care Needs Grant Program

I. ABOUT THE COUNTY MEDICAL SERVICES PROGRAM

The County Medical Services Program (CMSP) was established in January 1983, when California law transferred responsibility for providing health care services to indigent adults from the State of California to California counties. This law recognized that many smaller, rural counties were not in the position to assume this new responsibility. As a result, the law also provided counties with a population of 300,000 or fewer with the option of contracting back with the California Department of Health Services (DHS) to provide health care services to indigent adults.

In April 1995, California law was amended to establish the County Medical Services Program Governing Board (Governing Board). The Governing Board, composed of ten county officials and one ex-officio representative of the Secretary of the California Health and Human Services Agency, is authorized to set overall program and fiscal policy for CMSP. Thirty-five counties throughout California participate in CMSP: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Modoc, Mono, Napa, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba.

CMSP is funded by State Program Realignment revenue (sales tax and vehicle license fees) received by the Governing Board and county general-purpose revenue provided in the form of County Participation Fees. CMSP members are medically indigent adults, ages 21 through 64, who meet CMSP's eligibility criteria and are not otherwise eligible for Medi-Cal or Covered California. County welfare departments located in the 35 participating counties handle eligibility for and enrollment in CMSP. All CMSP members must be residents of a CMSP county and their incomes must be less than or equal to 300% of the Federal Poverty Level (based on net nonexempt income).

Beginning in 2019, under the Path to Health Pilot Project, the Governing Board established a primary care benefit coverage program for low-income, undocumented CMSP county residents that are not otherwise eligible for CMSP and are eligible for and enrolled in emergency medical services (restricted scope) under the Medi-Cal program. The target population for the Path to Health Pilot Project is undocumented adults ages 21 and older that are enrolled in an emergency services only Medi-Cal program aid code and reside in one of the thirty-five CMSP counties. Enrollment in Path to Health is carried out by community health centers participating in the program.

Beyond Path to Health, the Governing Board operates other pilot projects, including the Health Systems Development and Wellness and Prevention grant programs, and two healthcare workforce development programs.

II. ABOUT THE CMSP LOCAL INDIGENT HEALTH SERVICES PROGRAM

Through the Local Indigent Care Needs Program (LICN Program), the Governing Board seeks to expand the delivery of locally directed indigent care services for low-income uninsured and under-insured adults that lack access to health, behavioral health and associated support services in CMSP counties. The principal goals of the LICN Program are to promote timely delivery of necessary medical, behavioral health and support services to locally identified target populations; link these populations to other community resources and support; and, improve overall health outcomes for these target populations.

A. Program Tracks and Funding Rounds

The LICN Program will be implemented through two (2) separate program tracks and four (4) separate funding rounds.

1. Program Tracks

Track One – Planning Project Grants: Grants shall be available to CMSP county or non-profit agency applicants with demonstrated capacity to bring local stakeholders together, who intend to apply for an Implementation Program Grant and have the desire to develop an Implementation Plan in accordance with the requirements of the LICN Program (Implementation Plan).

Applying for a Planning Project Grant is optional. Applicants may apply directly for an Implementation Program Grant if they choose.

Track Two – Implementation Program Grants: Grants shall be available to CMSP county or non-profit agency applicants to support concrete, defined Implementation Plans that address the goals and objectives of the LICN Program. Applicants must show demonstrated experience bringing local stakeholders together and a demonstrated role providing health and/or human services in the community for low-income and/or indigent residents in CMSP counties.

2. Program Funding Rounds

A. Funding Round 1:

1. Track One – Planning Project Grants of up to \$50,000 per project (or up to \$75,000 if the project serves more than one CMSP county) shall be made available to selected applicants on a one-time basis. **Planning efforts are expected to last no more than twelve (12) months and produce a final Implementation Plan for an Implementation Program.** See Section III. A. below for description of applicant requirements.
2. Track Two – Implementation Program Grants of up to \$500,000 per year per project shall be made available to selected applicants. **Grants shall be made available for up to 3 years.** See Section III. B. below for description of applicant requirements.

Funding Round 1

B. Funding Round 2:

1. Track One – Planning Project Grants of up to \$50,000 per project (or up to \$75,000 if the project serves more than one CMSP county) shall be made available to selected applicants on a one-time basis. **Planning efforts are expected to last no more than twelve (12) months and produce a final Implementation Plan for an Implementation Program.** Applicant requirements will be outlined in a future Request for Proposal released by the Governing Board.
2. Track Two – Implementation Program Grants of up to \$500,000 per year per project shall be made available to selected applicants. **Grants shall be made available for up to 3 years.** Applicants that received a Planning Project Grant and any other applicants shall be eligible to apply for an Implementation Program Grant in Funding Round 2. Applicant requirements will be outlined in a future Request for Proposal released by the Governing Board.

C. Funding Round 3:

1. Track One – Planning Project Grants will NOT be awarded in Round 3.
2. Track Two – Implementation Program Grants of up to \$500,000 per year per project shall be made available to selected applicants. **Grants shall be made available for up to 3 years.** Applicants that received a Planning Project Grant and any other applicants shall be eligible to apply for an Implementation Program Grant in Funding Round 3. Applicant requirements will be outlined in a future Request for Proposal released by the Governing Board.

D. Funding Round 4:

1. Track One – Planning Project Grants will NOT be awarded in Round 4.
2. Track Two – Implementation Program Grants of up to \$500,000 per year per project shall be made available to selected applicants. **Grants shall be made available for up to 3 years.** Applicants that received a Planning Project Grant and any other applicants shall be eligible to apply for an Implementation Program Grant in Funding Round 4. Applicant requirements will be outlined in a future Request for Proposal released by the Governing Board.

B. Target Populations

The target populations for LICN Program efforts must focus on one or more of the following uninsured or under-insured groups within one or more CMSP count(ies):

1. Adults that need follow up specialty services and/or other support services following an inpatient hospital stay;
2. Adults receiving inpatient hospital care that have limited home or community support to facilitate healing and recovery;

Funding Round 1

3. Adults with complex health or behavioral health conditions that have housing and/or transportation challenges that impede their ability to obtain necessary health care services;
4. Adults with health and/or behavioral health conditions released from incarceration.

Within the target populations outlined above, program activities may further narrow the focus of efforts to one or more of the following sub-groups within the target populations:

- Homeless adults;
- Adults with chronic health or behavioral health conditions; and/or
- Adults in need of pain management support.

C. Four Alternative Components for Local Indigent Care Needs Programs

Planning Projects and Implementation Programs shall incorporate at **least one (1)** of the following four (4) program components into their program strategies:

1. Local-Level Care Management

Develop Care Management interventions that:

- Provide linkage to other services and supports in the community that facilitate management of each client's needs
- Are tailored to meet individual client service needs and involve clients as decision makers in the care planning process
- Have capacity to meet with clients in community locations such as at physicians' offices, hospitals, county social services departments, homeless shelters, or client's homes (as appropriate)
- Provide data system capacity that is sufficient to comprehensively document and track the Care Management services provided to clients and provide a mechanism that assures timely and appropriate identification and care management service needs

2. Continuity of Care

Develop county-wide or regional Continuity of Care strategies that:

- Facilitate linkages across the continuum of care, specifically inpatient care to appropriate outpatient care, such as specialty care, primary care, prescription medical support, home health, hospice, long-term care, mental health treatment, substance abuse treatment, and durable medical equipment

3. Enabling Services

Establish or strengthen existing mechanisms that:

- Engage clients in obtaining nutritional support, housing, transportation, legal assistance, and income assistance to support LICN Program goals through referrals to existing service providers
- Provide access to enabling services not otherwise available in the community through new service creation or expansion of currently limited services. Equipment purchases,

Funding Round 1

expansions of current facilities, and/or renovation/remodeling of current facilities may be considered under this initiative. No LICN Program grant funds may be used for the lease/ purchase of land, buildings or new construction.

- Establish effective working relationships with the county welfare department(s) in their service area to help facilitate applications for health coverage and other public assistance

4. Disease Management

Establish or strengthen existing mechanisms to:

- Halt or decrease the severity of the conditions of clients with chronic, ongoing health and/or behavioral health conditions through such strategies as symptom management, medication compliance, adherence to treatment plans, and lifestyle changes

D. Technical Assistance Contractor Support to Grantees

Through a separate Request for Proposals process, the Governing Board shall select and hire a Consultant to provide direct, site-level Technical Assistance (TA) services to all LICN Program grantees, in both tracks. Please visit the [CMSP Website](#) for a copy of the TA RFP.

III. ELIGIBLE APPLICANTS

A. Planning Project Grants: Lead Agency Applicant and Project Partner Requirements

Planning efforts must be focused within one or more counties that participate in CMSP. The lead agency applicant must be either a CMSP county or a not-for-profit organization and must have the demonstrated capacity to bring together varied stakeholders within the county or region. The lead agency and all key Planning Project partners must be in good standing with the Governing Board. Planning Project Grant applicants must have the support, as demonstrated by Letters of Commitment, from at least one local hospital or at least one primary care provider such as a clinic, private practice physician, or physician group. In addition, Planning Project Grant applicants must have demonstrated support, evidenced by Letters of Commitment, from at least two of the following CMSP county agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, Drug and Alcohol Services and Probation.

B. Implementation Program Grants: Lead Agency Applicant and Project Partner Requirements

Implementation efforts must be focused within one or more counties that participate in CMSP. The lead agency applicant must be either a CMSP county or a not-for-profit organization. In addition, the lead agency applicant must have the organizational capacity to carry out its Implementation Plans in accordance with the requirements described in this RFP. The lead agency and all key implementation project partners must be in good standing with the Governing Board. Implementation grant applicants must have the support, as demonstrated by either Letters of Commitment or Memorandums of Understanding, from at least one local hospital and at least one primary care provider such as a clinic, private practice physician, or

Funding Round 1

physician group. In addition, implementation grant applicants must have the demonstrated support, as evidenced by either Letters of Commitment or Memorandums of Understanding, of at least two of the following CMSP county agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, Drug and Alcohol Services and Probation. Finally, the lead agency applicant should have the support of other local providers of safety-net services, as demonstrated by either Letters of Commitment or Memorandums of Understanding.

IV. TENTATIVE PROJECT TIMELINES

The following are the anticipated timelines for the Local Indigent Care Needs Grant Program and are subject to change:

Planning Project Grants: Round 1	
<i>Date</i>	<i>Activity</i>
11/07/2019	Round 1 RFP Released
11/21/2019	1 st RFP Assistance Webinar at 1:00 PM
12/04/2019	2 nd RFP Assistance Webinar at 10:00 AM
12/12/2019	Final Q & A RFP Webinar at 1:00 PM
12/06/2019	Letter of Intent Due by 5:00 PM
12/20/2019	Grant Applications Due by 2:00 PM
1/30/2020	Applications Approved by Board
2/03/2020	Notices of Award Sent
3/01/2020	Grant Contracts Begin/Project Period Begins
9/15/2020	Interim Report and Interim Expenditure Report Due
2/28/2021	Project Period Ends
3/15/2021	Final Report and Final Expenditure Report Due
3/31/2021	Grant Contract Ends

Implementation Program Grants: Round 1	
<i>Date</i>	<i>Activity</i>
11/07/2019	Round 1 RFP Released
11/21/2019	1 st RFP Assistance Webinar at 1:00 PM
12/04/2019	2 nd RFP Assistance Webinar at 10:00 AM
12/12/2019	Final Q & A RFP Webinar at 1:00 PM
12/06/2019	Letter of Intent Due by 5:00 PM
12/20/2019	Grant Applications Due by 2:00 PM
1/30/2020	Applications Approved by Board
2/03/2020	Notices of Award Sent
3/01/2020	Grant Contracts Begin/ Project Period Begins
9/15/2020	Biannual Progress Report and Expenditure Report Due
3/15/2021	Biannual Progress Report and Expenditure Report Due
9/15/2021	Biannual Progress Report and Expenditure Report Due
3/15/2022	Biannual Progress Report and Expenditure Report Due
9/15/2022	Biannual Progress Report and Expenditure Report Due
2/28/2023	Project Period Ends
3/31/2023	Grant Contract Ends/ Final Report and Expenditure Report Due

Funding Round 1

The next Planning Grant Application cycle (Round 2) is expected to be released in March 2020 with applications due back in May 2020. LICN Program Planning Project Round 2 contracts are expected to start August 2020 and end July 2021.

Three additional Implementation Grant Applications cycles are expected to be released in accordance with this tentative timeline:

Type	Due Date	Contract Start	Contract End
Implementation Program Grants: Round 2	June 2020	August 2020	July 2023
Implementation Program Grants: Round 3	April 2021	July 2021	June 2024
Implementation Program Grants: Round 4	October 2021	February 2022	January 2025

Any anticipated timeline is subject to change at the discretion of the Governing Board.

V. ALLOCATION METHODOLOGY

The Governing Board, within its sole discretion, may fund awards for Planning Project Grants and Implementation Grants in all rounds of funding. Total grant awards and technical assistance provided by the Governing Board may equal up to forty-five million dollars (\$45,000,000) over the life of the program. The Governing Board desires applications from each of the 35 participating CMSP counties or non-profit organizations within the CMSP counties that meet the minimum scoring threshold.

1. Planning Project Grants

One-time awards up to \$50,000 per project (or up to \$75,000 if the project serves more than one CMSP county) may be made for Planning Project Grants.

In-direct Costs/Overhead Expenses

No project funds shall be used for administrative and/or overhead costs not directly attributable to the project. Administrative and/or overhead expenses shall equal no more than 10% of the total project expenditures. Planning efforts are expected to last no more than twelve (12) months and produce a final Implementation Plan.

In-Kind/Matching Funds Required

Awardees are required to provide in-kind and/or matching funds in the amount of no less than ten percent (10%) of the Planning Grant amount. In-kind and/or matching funds may be provided solely by the lead applicant or through a combination of funding sources.

2. Implementation Program Grants

Funding Round 1

Awards up to \$500,000 per year per project may be made for Implementation Program Grants. Grants may be provided for up to three (3) years under all four funding rounds.

In-direct Costs/Overhead Expenses

No project funds shall be used for administrative and/or overhead costs not directly attributable to the project. Administrative and/or overhead expenses shall equal no more than 10% of the total project expenditures.

In-Kind/Matching Funds Required

Grant awardees shall be required to provide in-kind and/or matching funds in the amount of no less than ten percent (10%) of the Implementation Grant Program amount per year. In-kind and/or matching funds may be provided solely by the lead applicant or through a combination of funding sources.

Evaluation Expenses

Implementation Programs shall be required to budget for evaluation expenses (such as time spent performing data collection, analyzing data, or preparing reports) in an amount equal to a minimum of 10% of total project expenditures.

Equipment and Renovation Expenses

Equipment purchases, expansions of current facilities, and/or renovation/remodeling of current facilities may be considered under this initiative. No LICN Program grant funds may be used for the lease/ purchase of land, buildings or new construction.

VI. AWARD METHODOLOGY

Planning Project Grant applications will be reviewed and scored based upon the following criteria:

- 1) Target Population (10%)
- 2) Planning Questions (15%)
- 3) Planning Goals (15%)
- 4) Proposed Planning Activities (15%)
- 5) Work Plan and Timeline (15%)
- 6) Organization and Staffing (10%)
- 7) Letters of Commitment/ Support (5%)
- 8) Budget (15%)

Implementation Program Grant applications will be reviewed and scored based upon the following criteria:

- 1) Project Narrative (50% in total)
 - Statement of Need (5%)
 - Target Population (10%)
 - Proposed Project/Approach (25%)
 - Organization and Staffing (10%)
- 2) Implementation Work Plan (15%)
- 3) Budget (15%)

Funding Round 1

- 4) Logic Model (5%)
- 5) Proposed Data Collection and Evaluation Method (10%)
- 6) Letters of Commitment/ Support (5%)

The foregoing criteria are for general guidance only. If the Grant applications are scored, the scoring will be for guidance and informational purposes only. The Governing Board will award Grants based on the applications the Governing Board determines, in its sole discretion, are in the best interest of CMSP and the Governing Board.

Grant applications which, in the Governing Board's sole and absolute discretion, are deficient, are not competitive, are non-responsive, do not meet minimum standards or are otherwise lacking in one or more categories may be rejected without further consideration.

The grant application process is a competitive process and not all applications may be funded or funded in the amounts requested. All applications will be ranked in order of their ability to promote timely delivery of necessary medical, behavioral health and support services to locally identified target populations, link these populations to other community resources and support, and improve overall health outcomes for these target populations. For the Governing Board to consider approving funding for a Grant application, the applicant's proposal must achieve a minimum score of seventy-five percent (75%) and the proposal must achieve a ranking, in comparison with all other submitted proposals, that merits funding approval.

VII. APPLICATION ASSISTANCE

A. RFP Assistance Webinar Information

To assist potential applicants, Governing Board staff will conduct three RFP assistance webinars with Question and Answer sessions. Applicants are encouraged to participate in at least one of the informational webinars and bring any questions they have regarding LICN Program requirements or the application process. Please use the following information to access each webinar during the specified dates and times below:

November 21, 2019 from 1:00 – 2:30 PM PST

WebEx Link: <https://cmspcounties-meetings.webex.com/cmspcounties-meetings>

WebEx Meeting Number: 808 226 264

Conference Line: (888) 296-6500

Conference Line Participant Code: 738196

December 4, 2019 from 10:00 – 11:30 AM PST

WebEx Link: <https://cmspcounties-meetings.webex.com/cmspcounties-meetings>

WebEx Meeting Number: 801 154 373

Conference Line: (888) 296-6500

Conference Line Participant Code: 738196

December 12, 2019 from 1 – 2:30 PM PST

WebEx Link: <https://cmspcounties-meetings.webex.com/cmspcounties-meetings>

WebEx Meeting Number: 808 097 973

Conference Line: (888) 296-6500

Conference Line Participant Code: 738196

B. Frequently Asked Questions (FAQ)

From time to time, responses to frequently asked questions will be posted on the Governing Board's website. The link to the Planning Project FAQ can be found [here](#) and the Implementation Program FAQ can be found [here](#).

C. Letter of Intent (LOI)

The Governing Board requests that all likely grant applicants submit a Letter of Intent (LOI) to the Board. While the LOI is not required, receipt of an LOI from all likely applicants will assist the Governing Board in planning for application review and related processing. Please submit the LOI no later than December 6, 2019, by 5:00 p.m. PST. There is no required format or template for the LOI. In the LOI, likely applicants should state whether they intend to apply for a Planning Project Grant or an Implementation Program Grant as well as the CMSP county or counties they anticipate serving. The LOI may be submitted by e-mail or fax to the addresses listed below:

Via E-Mail: CMSP Governing Board
RE: LICN LOI
aallard@cmspcounties.org

Via Fax: CMSP Governing Board
RE: LICN LOI
FAX: (916) 649-2606

D. Project Contact Information

Please direct any questions regarding the RFP to:

Anna Allard, Grants Manager
CMSP Governing Board
1545 River Park Drive, Suite 435
Sacramento, CA 95815
(916) 649-2631 ext. 120
aallard@cmspcounties.org

VIII. PLANNING PROJECT GRANT PROPOSAL FORMAT AND REQUIREMENTS

This section only applies to applicants applying for a Planning Project Grant. Applicants that wish to apply for an Implementation Program Grant should proceed to Section IX for the Implementation Program Grant proposal format and requirement instructions.

A. Planning Project Grant Cover Sheet (Required Form)

Using the "Required Form: Planning Project Grant Cover Sheet" form provided, please include the applicant name(s), address, telephone, and e-mail contact information. The cover

Funding Round 1

sheet must be signed.

The Required Form: Planning Project Grant Cover Sheet is available for download at the Governing Board's website [here](#).

B. Planning Project Grant Application (Required Form)

Using the "Required Form: Planning Project Grant Application" template provided, please complete the following items:

1. Applicant Name
2. Project Title
3. Technical Assistance Needs
4. Target Population
5. Planning Questions
6. Planning Goals
7. Proposed Planning Activities
8. Project Partners
9. Work Plan and Timeline
10. Organization and Staffing

The Required Form: Planning Project Grant Application is available as a PDF fill in for download [here](#).

C. Letters of Commitment (Required Documents)

Letters of Commitment will be utilized in scoring and must be submitted as a part of the application. CMSP does **not** provide a Letter of Commitment template. Any letters submitted outside of the application will **not** be considered in scoring the application.

1. Planning Project Grants must have the support, as demonstrated by Letters of Commitment, from at least one (1) local hospital or one (1) primary care provider such as a clinic, private practice physician, or physician group.
2. Planning Project Grants must have the demonstrated support, as demonstrated by Letters of Commitment, from at least two (2) of the following CMSP county agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, Drug and Alcohol Services, and Probation. Planning Project Grants serving more than one CMSP county will need to obtain the minimum of two Letters of Commitment from CMSP county agencies or departments *within each CMSP county* to be served. Additional letters from other interested agencies and stakeholders may be provided.

D. Budget and Budget Narrative (Required Form and Document)

Complete the Required Form: Planning Project Grant Budget and provide a brief (no more than 2 pages) Budget Narrative detailing all expense components that make up total operating expenses and the source(s) of in-kind and/or direct matching funding. Describe all administrative costs and efforts to minimize use of project funds for administrative and overhead expenses. Grant awardees shall be required to provide in-kind and/or matching funds in the amount of no less than ten percent (10%) of the Planning Grant amount. No project funds shall be used for administrative and/or overhead costs not directly attributable

Funding Round 1

to the project. Administrative and/or overhead expenses shall equal no more than ten percent (10%) of the total project expenditures.

The Required Form: Planning Project Grant Budget is available as an Excel spreadsheet for download [here](#).

Please note, prior to contracting, the Governing Board reserves the right to request copies of the applicant's most recent audited financial statements.

E. Other Information

The Governing Board may request any other information that it deems in its sole discretion is necessary or useful in order to make the award. The Governing Board reserves the right to contact Applicants informally to receive additional information.

IX. IMPLEMENTATION PROGRAM GRANT PROPOSAL FORMAT AND REQUIREMENTS

This section only applies to applicants applying for an Implementation Program Grant. Applicants that wish to apply for a Planning Project Grant first should follow the Planning Project Grant proposal format and requirement instructions provided in Section VIII.

A. Implementation Grant Cover Sheet (Required Form)

Using the "Required Form: Implementation Grant Cover Sheet" form provided, please include the applicant name(s), CMSP count(ies) to be served, address, telephone, and e-mail contact information.

The Required Form: Implementation Grant Cover Sheet is available for download at the Governing Board's website [here](#).

B. Project Summary (Required Document) (no longer than 2 pages)

Describe the proposed project concisely, including its goals, objectives, overall approach (including target population and key partnerships), anticipated outcomes, deliverables, and sustainability.

C. Implementation Program Grant Proposal Narrative (Required Document) (no longer than 12 pages)

1. Clear Statement of Problem or Need Within Community

All Implementation Programs should focus on identified needs of one or more eligible target populations within the community. Please describe the target population, and any sub-populations, to be served in your proposed project. Define the characteristics of the target population and discuss how the proposed project will identify members of the target population. Provide an estimate of the total number of clients that will be served through each year of the Implementation Program Grant. Include background information relating to the

Funding Round 1

proposed CMSP county or counties to be served, unique features of the community or communities, and other pertinent information that helps shape the problem or need within the community.

Please identify the main sources of health and behavioral health care for the target population(s), strengths in the health care delivery system, and existing or foreseen challenges in the delivery system. Applicants should use county-level and/or community-level data and other relevant data to demonstrate need.

2. Description of Proposed Project

Provide a summary of current and/or prior efforts to address the needs of the target population(s) and the expected roles of the applicant and key partners in meeting these needs through the Implementation Program Grant.

Please describe the range of activities to be performed in the Project. All activities discussed should correspond with the items listed in the logic model (see Section IX. D. below) and the Implementation Work Plan. This section should be used to clearly describe all steps necessary for program development efforts to be effectively undertaken and for program implementation to be carried out. This section should also describe which one or more of the following core LICN Program components will be incorporated into the program:

- Local-level Care Management
- Continuity of Care
- Linkages to Enabling Services
- Disease Management

Create an Implementation Work Plan and Timeline for completion of implementation, contracting, consultant/staff recruitment, evaluation, reporting, and sustainability planning activities.

3. Organization and Staffing

This section should describe and demonstrate organizational capability to implement, operate, and evaluate the proposed project. In addition, information provided should clearly delineate the roles and responsibilities of the applicant organization(s) and key partners and include the following:

- An organizational chart and description of organizational structure, lines of supervision, and management oversight for the proposed project, including oversight and evaluation of consultants and contractors;
- Identification of a project manager with day-to-day responsibility for key tasks such as leadership, monitoring ongoing progress, preparing project reports, and communicating with other partners; and,
- The roles, qualifications, expertise, and auspices of key personnel.
- Describe the lead agency and all key partners' roles within the delivery system.
- Identify additional organizations and/or agencies with which the lead agency wishes to establish relationships with through the implementation process.

Funding Round 1

- Identify any staff that will need to be recruited and hired upon Project inception.

4. Sustainability Planning

Awarded Implementation Grant projects will be required to produce a sustainability plan in Year 2 of the grant. Please outline initial ideas about how some or all of the proposed grant activities can be sustained into the future after grant funding ends.

D. Logic Model (Required Document) (no longer than 2 pages)

All applicants are required to submit a logic model. A logic model is a series of statements linking target population conditions/circumstances with the service strategies that will be used to address the conditions/circumstances, and the anticipated outcomes. Logic models provide a framework through which both program staff and TA consultant can view the relationship between conditions, services and outcomes. An information resource guide on designing logic models is found [here](#). All logic models should include a description of the 1) target population; 2) program theory; 3) activities; 4) outcomes; and 5) impacts.

E. Data Collection and Reporting (Required Document) (no longer than 2 pages)

All applicants shall present a plan for data collection, analysis and data reporting that specifies the data that will be collected and/or retrieved and reported, and how that data will be used to document the outcomes and impacts expected to be achieved through the Program, as described in the Logic Model. If awarded, the CMSP Governing Board will require each Project to report upon a core set of data elements. Please suggest core data elements that should be collected.

F. Budget and Budget Narrative (Required Form and Document)

Complete the Required Form: Implementation Grant Budget and provide a brief (no more than 2 pages) budget narrative detailing all expense components that make up total operating expenses and the source(s) of in-kind and/or direct matching funding. Describe all administrative costs and efforts to minimize use of project funds for administrative and overhead expenses. No project funds shall be used for administrative and/or overhead costs not directly attributable to the project. Administrative and/or overhead expenses shall equal no more than ten percent (10%) of the total project expenditures. Briefly explain any expenses listed in the Budget Narrative whose purpose may be ambiguous to a reviewer.

The Required Form: Implementation Grant Budget is available as an Excel spreadsheet for download [here](#).

Please note, prior to contracting, the Governing Board reserves the right to request copies of the applicant's most recent audited financial statements.

G. Letters of Commitment or Memorandums of Understanding (Required Documents)

Letters of Commitment are required from all key partners and will be utilized in scoring.

Funding Round 1

Letters should detail the key partner's understanding of the proposed Implementation Program and their organizations' role in supporting or providing direct services. Implementation Programs must have the support, as demonstrated by either Letters of Commitment or Memorandums of Understanding, from at least one (1) local hospital and one (1) primary care provider such as a clinic, private practice physician, or physician group.

In addition, Implementation Program Grants must have the demonstrated support, as demonstrated by either Letters of Commitment or Memorandums of Understanding, of at least two (2) of the following CMSP county agencies or departments: Health/Public Health, Social Services/Welfare, Mental Health, Drug and Alcohol Services, and Probation.

Implementation Program Grants serving more than one CMSP county will need to obtain the minimum of two Letters of Commitment or Memorandum of Understanding from CMSP county agency or departments *within each county* to be served. Finally, the lead agency applicant should have the support of other local providers of safety-net services. Additional Letters of Commitment or support from other interested agencies and stakeholders may be provided. All letters of commitment or support must be submitted as a part of the application. Any letters submitted outside of the application will **not** be considered in scoring the application.

X. APPLICATION INSTRUCTIONS

This section applies to both Planning Project Grant and Implementation Program Grant Applications.

- A. All Grant applications must be complete at the time of submission and must follow the required format and use the forms and examples provided:
 - 1. The type font must be Arial, minimum 11 point font.
 - 2. Text must appear on a single side of the page only with margins at a minimum of 0.5".
 - 3. Assemble the application in the order and within the page number limits listed with the Proposal Format & Requirements sections.
 - 4. Clearly paginate each page.
- B. Applications transmitted by facsimile (fax) or e-mail will not be accepted.
- C. The application must be signed by a person with the authority to legally obligate the Applicant.
- D. Provide one original hard copy Grant application clearly marked original, and five hard copies.
- E. Provide an electronic copy (flash drive or CD) of the following components of the application:

Planning Projects: 1) Required Form: Planning Project Grant Cover Sheet (as an Excel document), 2) Required Form: Planning Project Grant Application (as a PDF document), 3) Required Form: Planning Project Grant Budget (as an Excel document) 4) Budget

Funding Round 1

Narrative (as a Word document), and 5) Letters of Commitment (as PDF files).

Implementation Programs: 1) Required Form: Implementation Grant Cover Sheet (as an Excel document), 2) Grant Project Summary (as a Word document), 3) Grant Project Narrative (as a Word document), 4) Work Plan & Timetable (either Word or Excel document), 5) Required Form: Implementation Grant Budget (as an Excel document), 6), Budget Narrative, 7) Logic Model (either Word, Excel or Power Point document) and 8) Grant Project Goals and Outcome Reporting (as a Word document).

- F. Do not provide any materials that are not requested, as reviewers will not consider those materials.
- G. Folders and binders are not necessary or desired; please securely staple or clip the application in the upper left corner.
- H. All Round 1 Grant applications must be received in the office no later than 2:00 PM on December 20, 2019. Address all applications to:

CMSP Governing Board
ATTN: Anna Allard, Grants Manager
1545 River Park Drive, Suite 435
Sacramento, CA 95815

X. GENERAL INFORMATION

- A. The Governing Board shall have no obligation to provide Grant funding or continue to provide Grant funding at any time.
- B. All applications become the property of the Governing Board and will not be returned to the Applicant unless otherwise determined by the Governing Board in its sole discretion.
- C. Any costs incurred by the responding Applicant for developing a proposal are the sole responsibility of the responding Applicant and the Governing Board shall have no obligation to compensate any responding Applicant for any costs incurred in responding to this RFP.
- D. Proposals may remain confidential during this process only until such time as determined by the Governing Board in its sole discretion. Thereafter, the Governing Board may treat all information submitted by a responding Applicant as a public record. The Governing Board makes no guarantee that any or all of a proposal will be kept confidential, even if the proposal is marked “confidential,” “proprietary,” etc.
- E. The Governing Board reserves the right to do the following at any time, at the Governing Board’s sole discretion:
 - 1. Reject any and all applications, or cancel this RFP.
 - 2. Waive or correct any minor or inadvertent defect, irregularity or technical error in any application.

Funding Round 1

3. Request that certain or all Applicants supplement or modify all or certain aspects of their respective applications or other materials submitted.
4. Modify the specifications or requirements for the Grant program in this RFP, or the required contents or format of the applications prior to the due date.
5. Extend the deadlines specified in this RFP, including the deadline for accepting applications.
6. Award, or not award, any amount of Grant funding to any Applicant.

EXHIBIT C
APPLICATION
GRANTEE'S APPLICATION

**PLANNING GRANT COVER SHEET
CMSP Local Indigent Care Needs Grant Program**

1. CMSP County or Counties to be Served: Humboldt County
2. Project Title: Circle of Partners for Adult Oral Health

3. Funding:
 Requested Planning Grant Amount : \$50,000.00
 In-Kind and/or Other Matching Funds: \$5,021.00

4. Lead Applicant:
 Organization: Humboldt County DHHS - Public Health Tax ID Number: 94-6000513
 Applicant's Director or Chief Executive: Michele Stephens
 Title: Director of Public Health
 Applicant's Type of Entity (Specify county or non-profit): County Agency
 Address: 529 I Street
 City: Eureka State: CA Zip Code: 95501 County: Humboldt
 Telephone: 707-445-6200 Fax: 707-476-6097
 Email address: mstephens@co.humboldt.ca.us

5. Primary Contact Person (Serves as lead contact for the project):
 Name: Laura McEwen
 Title: HHS Program Services Coordinator
 Organization : DHHS - Public Health - Oral Health Program
 Address: 529 I Street
 City: Eureka State: CA Zip Code: 95501 County: Humboldt
 Telephone: 707-268-2172 Fax: 707-476-4953
 Email address: lmcewen@co.humboldt.ca.us

6. Secondary Contact Person (Serves as alternate contact):
 Name: Heidi Chappell
 Title: Administrative Analyst
 Organization : DHHS - Public Health - Oral Health Program
 Address: 529 I Street
 City: Eureka State: CA Zip Code: 95501 County: Humboldt
 Telephone: 707-268-2183 Fax: 707-476-4953
 Email address: hchappell@co.humboldt.ca.us

7. Financial Officer (Serves as Fiscal representative for the project):
 Name: Olivia Wilder
 Title: Budget Specialist
 Organization : DHHS - Public Health
 Address: 507 F Street
 City: Eureka State: CA Zip Code: 95501 County: Humboldt
 Telephone: 707-441-5435 Fax: 707-441-5580
 Email address: owilder@co.humboldt.ca.us

Agreement:

By submitting this application for CMSP Local Indigent Care Grant Program, the applicant signifies acceptance of the applicant's responsibility to comply with all requirements stated in the Request for Proposals (RFP) authorized by the County Medical Services Program Governing Board (Governing Board). Further, the applicant understands that should the Governing Board award grant funding to the applicant, the Governing Board is not obligated to fund the grant until the applicant submits the correct and complete documents as required for the grant agreement; the Governing Board is otherwise satisfied that the applicant has fully met all Governing Board requirements for receipt of grant funding; and the grant agreement between the Governing Board and the applicant has been fully executed. The Governing Board shall have sole discretion on whether or not to award grant funding of any amount of the applicant.

I declare that I am the authorized representative of the applicant described herein. I further declare under penalty of perjury under the laws of the State of California that the information set forth in this Cover Sheet and the attached response to the CMSP Local Indigent Care Program Planning Grant is true and correct.

Signature: Michele Stephens **Date:** 12/17/2019
Name: Michele Stephens
Title: Director of Public Health
Organization: Humboldt County DHHS- Public Health
Address: 529 I Street
City: Eureka State: CA Zip Code: 95501 County: Humboldt
Telephone: 707-268-2121 Fax: 707-445-6097
Email address: mstephens@co.humboldt.ca.us

**CMSP Local Indigent Care Needs Grant Program
Required Form: Planning Project Grant Application**

APPLICANT NAME: Humboldt County DHHS Public Health - Oral Health Program

PROJECT TITLE:

Circle of Partners for Adult Oral Health

REQUIRED PLANNING GRANT CHECK LIST

- Complete Required Form: **Planning Project Grant Cover Sheet** (use required Excel template, <<[click here](#)>>)
- Attach Required Form: **Planning Project Grant Application** (Complete pages 1-6 of this document, use required PDF template, <<[click here](#)>>)
- Attach three (3) **Letters of Commitment** to the application as **required** in accordance with Section VIII.C. of the Request for Proposals (RFP). Any letters submitted outside of the application will **not** be considered.
- Attach Required Form: **Planning Project Grant Budget** (use required Excel template, <<[click here](#)>>) For detailed instruction on the Budget please see Section VIII. D. of the RFP.
- Attach **Budget Narrative** (no more than 2 pages). The Budget Narrative should provide further detail on each budget item and the source(s) of in-kind and/or direct matching funds. For detailed instructions on the Budget Narrative please see Section VIII. D. of the RFP.
- Include **electronic copies** of all submitted materials as well as 1 original and 5 hardcopies. Please see Section X. E. of the RFP, <<[click here](#)>>.

TECHNICAL ASSISTANCE NEEDS

*Prioritize the **TOP 3** Technical Assistance needs you have in regards to undertaking a Planning Project and developing a framework for an Implementation Program. Place a 1, 2, and 3 in the appropriate boxes below: **Only choose three categories from the available options provided:***

- Data development and analysis
- Identifying best practices
- Collaboration
- Budgets and finance
- Developing program goals, objectives, and metrics for program evaluation
- Determining organizational capacity
- Other (please describe): Return on Investment – Feasibility of proposed adult dental access opportunities.

Please note that this application is due **December 20, 2019 by 2:00 PM PST**. Applicants must provide 1 original hard copy grant application clearly marked original, five hard copies, and an electronic copy to the following address:

CMSP Governing Board
ATTN: Anna Allard
1545 River Park Drive, Suite 435
Sacramento, CA 95815
916-649-2631 ext. 120

1) TARGET POPULATION

a. *All Planning Project Grants must focus on identified needs of one or more target populations within the community that meet the criteria required by the RFP. Please indicate below which one or more uninsured or under-insured target population(s) planning efforts will be focused on:*

- Adults that need follow up specialty services and/or other support services following an inpatient hospital stay
- Adults receiving inpatient hospital care that have limited home or community support to facilitate healing and recovery
- Adults with complex health or behavioral health conditions that have housing and/or transportation challenges that impede their ability to obtain necessary health care services
- Adults with health and/or behavioral health conditions that have been released incarceration

b. *Program activities may further narrow the focus of efforts to one or more of the following sub-groups within the target population(s). Please indicate if proposed planning efforts will focus on any of the following sub-populations. If no sub-groups will be identified please select "No sub-groups identified":*

- Homeless adults
- Adults with chronic health or behavioral health conditions
- Adults in need of pain management support
- No sub-groups identified

c. *Please provide a description of the proposed target population(s) and what the project currently knows about the target population(s)?*

The target is the CMSP population and adults ages 18-64 who have complex health or behavioral issues compounded by limited housing, transportation, insurance, and/or recent incarceration. There are approximately 30,000 adults ages 20-64 in Humboldt County on Medi-Cal Dental who have virtually no access to dental care. Consequently, those with more complex needs are challenged with even less dental access. +

2) PLANNING QUESTIONS

*What questions does the Planning Project hope to answer about the target population(s), service delivery, and/or resources through the planning process. Please include a minimum of **3 Questions**.*

QUESTION 1:

1) What is the experience for adults attempting to access preventive and restorative dental services?

- a) Where do adults access preventive and restorative dental services?
- b) How successful are adults in accessing dental services?
- c) What are the dental services adults are trying to access?

QUESTION 2:

2) How can the demand for adult dental access for our target population be met?

- a) Can current dental providers increase capacity?
- b) Are there organizations that can start providing dental services?
- c) Are there innovative dental delivery systems outside of brick and mortar clinics?
- d) Are the identified strategies feasible and

QUESTION 3:

3) What are the policy and payment structures, both local and state, that drive the limited access for adult dental services?

3) PLANNING GOALS

*Clearly **identify** and **number** the goals of the project's planning process. Please include a minimum of **3 Goals.***

Goal 1) Understand the target population and their dental needs.

Goal 2) Identify strategies to increase the access to oral health care for the target population.

Goal 3) Understand policies and payment structures surrounding oral health and Medi-Cal Dental reimbursement.

4) PROPOSED PLANNING ACTIVITIES

Broadly discuss the proposed activities to be performed in the Planning Project. This section should be used to describe planning efforts to be effectively completed and produce a framework for an Implementation Program Grant proposal. Please use the Work Plan and Timeline in Item 6 to provide details on essential steps.

For each identified goal, the survey, interview, and listening session questions will be developed, along with inventory of the available secondary data. Necessary meetings with the identified local and state organizations, clients, and staff will be scheduled. The available dental data will be collected through research, interviews, surveys, and listening sessions. Best practices and innovative strategies will be researched in several ways and evaluated to the set criteria. The local dental providers will be contacted and interviewed on their ability to increase capacity. Organizations with interest in providing dental services will also be identified and determined if they have the ability to provide services. Lastly, a careful review and analysis of the collected data and information will take place. This information will help determine how to best navigate the payment systems to Humboldt's advantage, bring new ideas, and increase the access for adult dental services.

As a part of your expected planning process, identify which one or more of the following core required LICN program components you anticipate will be incorporated into the Planning Project:

- Local-level Care Management
- Continuity of Care
- Linkages to Enabling Services
- Disease Management

5) PROJECT PARTNERS

Please list the proposed key project partners and briefly describe their intended roles.

The partners will participate in the planning grant through a number of activities. The primary role of many partners will be to advise and provide a better understanding of the current state of adult dental access in Humboldt. Many will provide opportunities to better understand the target population and links to target individuals, such as St Joseph Health Center's Care Transitions (hospital super-utilizers) and Redwood Community Action Agency's Transitional Housing. Other partners will provide an understanding of the capacity to provide services to adults, such as Humboldt County Correctional Facility, private practice dentists, and the dental clinics (Open Door Community Health Centers, Redwoods Rural Health Centers, United Indian Health Center and K'ima:w Dental). Some organizations and partners, such as Public Health, St Joseph Health, Veterans Services, Tribal Entities, and Humboldt State University, who are interested in oral health will be engaged to explore providing services to adults. The Dental Advisory Group (DAG) and the Oral Health Leadership Team (OHLT), two important collaboratives of key dental health stakeholders, will provide guidance and review of materials and processes. The local dental society and the dental hygiene society will provide advice on innovative dental delivery systems. The California Center for Rural Policy will be working on a tandem project on dental access for the Medi-Cal population through Prop 56 grants and many activities will be informally shared.

6) WORK PLAN AND TIMELINE

Please create a Planning Project Work Plan and Timeline for completion of all essential contracting, consultant/staff recruitment, collaboration, planning and reporting activities. The Work Plan should not exceed twelve (12) months. Note, if the applicant is awarded a Planning Grant, the Technical Assistance Contractor will work with the awardee to further refine the Work Plan.

*In addition to the **description of each activity**, applicants must include the **Month and Year** in which each activity will take place, and the **responsible parties or personnel** involved in completing each individual activity.*

Goal 1) Understand the target population and their dental needs.

Time Frame: 3/01/2020 - 9/01/2020

Responsible Party: HHS Program Services Coordinator, Health Education Specialist, and Administrative Analyst

Objective 1: Survey clients and staff at local Emergency Departments, Transitional Housing Programs, Care Transition (Hospital super-utilizers), Humboldt County Correctional Facility, medical/dental facilities, and community organizations serving the target population to understand usage, challenges, opportunities, and needs.

Activities: Develop survey questions and materials, reach out to proposed organizations, set meeting times, conduct surveys, review and analyze survey information.

Objective 2: Perform key informant interviews and listening sessions with Medical/Dental providers, clients, and staff to understand the current state of dental access for adults in the target population.

Activities: Develop questions and materials, reach out to proposed organizations, set meeting times, conduct interviews, review and analyze information collected.

Objective 3: Research available dental data on the target population to gain insight on their needs.

Activities: Conduct inventory on available secondary data, collect available dental data, review and analyze information collected.

Goal 2) Identify strategies to increase the access to oral health care for the target population.

Time Frame: 7/01/2020 - 3/01/2021

Responsible Party: HHS Program Services Coordinator, Health Education Specialist, and Administrative Analyst

Objective 1: Conduct interviews with local dental providers/clinics to gauge their ability to increase capacity.

Activities: Create interview questions and materials; reach out to the five dental clinics, private practice dentists, Registered Dental Hygienist in Alternative Practice (RDHAP), Humboldt County Correctional Facility, and Veterans services; collect data; and review and analyze information collected.

Objective 2: Engage organizations interested in oral health to explore the feasibility of providing dental services to the target population.

Activities: Conduct inventory of organizations interested in oral health, identify key decision makers, and determine what it would take to provide dental services.

Objective 3: Explore innovative dental delivery systems outside the brick and mortar clinics such as mobile dental vans, portable dental equipment, virtual dental home, and the use of RDHAPs.

Activities: Research innovative best practices for dental services, and engage local dental society and dental hygiene society for inventive proposals.

Objective 4: Explore if the identified strategies to increase adult access to dental services are feasible and sustainable.

Activities: Set criteria for feasibility and sustainability of identified strategies, convene with DAG/OHLT, dental society and dental hygiene society to evaluate identified strategies, understand costs (start up and on-going) and funding streams, understand capacity to hire appropriate personnel, compare identified strategies to set criteria, assess strategies with partners or organizations willing to take on dental services to the target population.



7) ORGANIZATION & STAFFING

Describe the lead applicant's organizational capability to bring local stakeholders together to undertake a planning process that leads to the development of a framework for an Implementation Program proposal. Clearly delineate the roles and responsibilities of the applicant organization(s) and key partner(s). Identify a project manager with day-to-day responsibility for key tasks such as leadership, monitoring ongoing progress, preparing project reports, and communicating with other partners. Describe any relevant prior efforts undertaken by the lead applicant and/or partners. Describe the lead agency and all key partners' roles within the delivery system. Identify additional organizations and/or agencies with which the lead agency wishes to establish relationships with through the implementation process.

The Oral Health Program in Public Health has a long standing reputation for collaborating with local partners and the dental community, and for improving the oral health in Humboldt County. The Dental Advisory Group (DAG) has met for 20 years and includes a coalition of experienced and knowledgeable oral health advocates in the community. DAG members collaborate on better understanding the dental challenges in Humboldt County and have been instrumental in initiating major dental health projects. This includes the California Endowment's Circle of Smiles award, the Department of Health Care Services' Dental Transformation Initiative (DTI) – Local Dental Pilot Project (LDPP), and the California Department of Public Health's Prop 56 award. The Oral Health Leadership Team (OHLT) includes key oral health leaders who provide insight and direction on oral health projects; Public Health's staff provides leadership.

Prior oral health projects have focused on children's oral health with little emphasis on adults. The Circle of Smiles Initiative received in 2001 provided the funding needed to expand access and provide education to children. The DAG and other key partners continue to work together to sustain these services. Current efforts include the DTI – LDPP, awarded in 2017, and the Prop 56 funding, granted in 2018. The primary work of the LDPP is on providing high quality case management to families with children on Medi-Cal Dental that are considered high risk for dental decay. The other key component is on the medical-dental integration within the dental clinics to promote dental referrals during a medical visit. Prop 56 has a wider population focus but the main emphasis is on increasing access to preventive services for children, providing education and resources to children, parents, and key oral health stakeholders, and providing the community with the tools to be their own best oral health advocate.

Public Health's Oral Health Program is taking the lead with all planning, coordination, development, and analysis for this planning grant. The key partners, described in section 5 – Project Partners, will provide support, guidance, and strategic review of the proposed strategies for improving adult oral health access for the target population. The HHS Program Services Coordinator is responsible for leading the project, communicating with key partners, and monitoring progress and the project outcomes. Other staff will be involved with preparing project reports, and completing the project goals and objectives.

Public Health has collaborative relationships focused on providing children's services and improving systems for children in the community. With this planning grant Public Health hopes to form long lasting relationships with organizations focusing on adult services as well. Humboldt County's Correctional Facility is high on the list as they address adult dental needs through their dental clinic. New relationships will also be developed with adult mental health programs, private practice dentists, transitional housing programs, and others working with adults at high risk for dental challenges

DISCLAIMER: CMSP may require the applicant to submit further information on specific sections of this application if the content provided is deemed insufficient per the RFP requirements.

- ADMINISTRATION & OPERATIONS**
670 Ninth Street, Suite 203, Arcata, CA 95521
707-826-8633
- FINANCE & HUMAN RESOURCES**
1275 8th Street, Arcata, CA 95521
707-826-8633
- BILLING, REFERRALS & INFO TECH**
1350 8th Street, Arcata, CA 95521
707-826-8633
- BURRE DENTAL CENTER/
MOBILE DENTAL SERVICES**
959 Myrtle Avenue, Eureka, CA 95501
707-442-7078
- DEL NORTE COMMUNITY HEALTH CENTER**
550 East Washington Boulevard
Crescent City, CA 95531
707-465-6925
- EUREKA COMMUNITY HEALTH AND
WELLNESS CENTER**
2200 Tydd Street, Eureka, CA 95501
707-441-1621
- FERNDALE COMMUNITY HEALTH CENTER**
638 Main Street, Ferndale, CA 95536
707-786-4028
- FORTUNA COMMUNITY HEALTH CENTER**
3304 Renner Drive, Fortuna, CA 95540
707-725-4477
- HUMBOLDT OPEN DOOR CLINIC**
770 Tenth Street, Arcata, CA 95521
707-826-8610
- MCKINLEYVILLE COMMUNITY HEALTH CENTER**
1644 Central Avenue, McKinleyville, CA 95519
707-839-3068
- MEMBER SERVICES HUMBOLDT & DEL NORTE**
963 Myrtle Avenue, Eureka, CA 95501
707-269-7073
550 East Washington Boulevard
Crescent City, CA 95531
707-465-1988
- NORTHCOUNTRY CLINIC**
785 18th Street, Arcata, CA 95521
707-822-2481
- NORTHCOUNTRY PRENATAL SERVICES**
3800 Janes Road, Suite 101, Arcata, CA 95521
707-822-1386
- REDWOOD COMMUNITY HEALTH CENTER**
2350 Buhne Street, Eureka, CA 95501
707-443-4593
- TELEHEALTH & VISITING SPECIALIST CENTER/
MOBILE HEALTH SERVICES**
2426 Buhne Street, Eureka, CA 95501
707-443-4666
- WILLOW CREEK COMMUNITY HEALTH CENTER**
38883 Highway 299, Willow Creek, CA 95573
530-629-3111

December 10, 2019

Governing Board
County Medical Services Program
Attn: Anna Allard, Grants Manager
1545 River Park Drive, Suite 435
Sacramento, CA 95815

Re: Letter of Support
CMSP Assistance for Addressing Dental Health Concerns

Dear Board Members:

On behalf of Open Door Community Health Centers (ODCHC) I am pleased to provide this letter in support of the application being made to CMSP by the Humboldt County Department of Health and Human Services, Public Health Branch through the Local Indigent Care Needs planning grant to address dental health concerns in Humboldt County.

ODCHC is the largest provider of primary medical and dental care on California's north coast, serving 55,000 medical patients and 12,000 dental patients annually. ODCHC is the only dental provider which accepts Medi-Cal/Denti-Cal payments in the area. While working to expand resources, it knows first-hand the demand for dental care and the difficulties in meeting the needs for access.

Over the years, ODCHC and Humboldt County have partnered on many activities to assure quality health care for all in our large rural area. Among those projects, we have partnered on oral health issues with the Dental Transformation Initiative – Local Dental Pilot Project. This relationship will support future work to understand and address adult oral health issues.

As an organization, ODCHC commits to engaging in conversation, collaboratively identifying innovative solutions and engaging in system-change to support improved oral health in Humboldt County.

We look forward to our continued collaboration with DHHS for years to come. We ask that you view favorably their request.

Respectfully,



Cheyenne Spetzler
Chief Executive Officer



Mental Health
Emi Botzler-Rodgers, MFT, Director
720 Wood Street, Eureka, CA 95501
phone: (707) 268-2990 | fax: (707) 476-4049

December 12, 2019

CMSP Governing Board
ATTN: Anna Allard, Grants Manager
1545 River Park Drive, Suite 435
Sacramento, CA 95815

Dear Ms. Allard,

Humboldt County Department of Health & Human Services (DHHS) – Mental Health strongly supports Public Health’s CMSP Local Indigent Care Needs (LICN) Planning Grant. The Oral Health Program in Public Health has a significant history of convening the dental community and improving oral health in Humboldt. They are strategically poised to address dental health concerns of the local CMSP population and adults 18 – 64 years old who are under-insured or have no insurance.

Adults in Humboldt who have complex health, behavioral health and substance use disorder issues compounded by limited housing, transportation, and insurance often have significant oral health needs. Currently these individuals need to travel outside the county to receive dental services. Since oral health is an important component of overall health, understanding this populations’ dental needs in more detail and identifying ways to improve access could improve the health of many adults in the county.

I enthusiastically recommend you support Humboldt County’s CMSP LICN Planning Grant. This will help better understand and improve the dental health of the CMSP population and adults who are under-insured or have no insurance.

Sincerely,

Emi Botzler-Rodgers, MFT
Mental Health Director



DHHS Administration
phone: (707) 441-5400
fax: (707) 441-5412

Public Health
phone: (707) 445-6200
fax: (707) 445-6097

Social Services
phone: (707) 476-4700
fax: (707) 441-2096



Public Health
Michele Stephens, LCSW, Director
529 I Street, Eureka, CA 95501
phone: (707) 445-6200 | fax: (707) 445-6097

December 11, 2019

CMSP Governing Board
ATTN: Anna Allard, Grants Manager
1545 River Park Drive, Suite 435
Sacramento, CA 95815

Dear Ms. Allard,

Humboldt County Department of Health & Human Services (DHHS) – Public Health enthusiastically supports its Oral Health’s CMSP Local Indigent Care Needs (LICN) Planning Grant to address dental health concerns in Humboldt County’s CMSP population and adults 18 – 64 years old who are under-insured or have no insurance.

The Oral Health program within Public Health has a twenty-year demonstrated capacity to bring local dental stakeholders together to better understand the dental challenges of specific populations. The Dental Advisory Group, a coalition of key dental stakeholders since 2000, has been the catalyst for launching significant dental health initiatives including the California Endowment’s Circle of Smiles award, the Department of Health Care Services’ Dental Transformation – Local Dental Pilot Project, and California Department of Public Health’s Prop 56 award. The Oral Health Leadership Team (OHLT), a more recent collaboration of oral health leaders, works together to direct and advise on oral health issues. This work has led to dental access for all children in Humboldt County. This planning grant will help build upon these long-term and significant relationships to start addressing adult dental care, including the CMSP population.

The Humboldt County Oral Health Needs Assessment (2018) identified residents experiencing homelessness as a population of concern and recommended implementing strategies to provide care to low-income populations. The mission of OHLT “brings multidisciplinary leadership to coordinate data-driven system change to improve oral health for all, especially low-income Humboldt County residents”.

I recommend Humboldt County’s CMSP LICN planning grant as a key step to help improve the oral health of the CMSP population and adults who are under-insured or have no insurance.

Sincerely,

Michele Stephens, LCSW
Director



DHHS Administration
phone: (707) 441-5400
fax: (707) 441-5412

Mental Health
phone: (707) 268-2990
fax: (707) 476-4049

Social Services
phone: (707) 476-4700
fax: (707) 441-2096

**CMSP Local Indigent Care Needs Program
Planning Grant - Budget Template**

Applicant	Humboldt County DHHS Public Health - Oral Health Program
Project Title	Circle of Partners for Adult Oral Health
Period Covered	March 1, 2020 - February 28, 2021

Category	Quantity	CMSP	In-Kind	Total Project
Personnel		\$38,719	\$5,021	\$43,740
HHS Program Coordinator	.11	\$13,425	\$1,227	\$14,652
Administrative Analyst	.15	\$12,046	\$1,807	\$13,853
Health Ed Specialist	.15	\$13,248	\$1,987	\$15,235
Training				
None				
Contractual Services				
None				
Office Expenses		\$4,121		\$4,121
		\$4,121		\$4,121
Travel		\$1,160		\$1,160
2000 Miles	2000*.58	\$1,160		\$1,160
Other		\$5,000		\$5,000
Stipends-Target audience	200	\$5,000		\$5,000
Admin/Overhead		\$1,000		\$1,000
County charges	2%	\$1,000		\$1,000
Total Funding		\$50,000	\$5,021	\$55,021

Humboldt County Department of Health and Human Services

Public Health – Oral Health Program

CMSP LICN Planning Grant Budget Narrative

Award Request \$50,000

1. Personnel: CMSP \$38,719 In-Kind \$5,021

Health and Human Services (HHS) Program Services Coordinator – CMSP \$13,425 In-Kind \$1,227

The HHS Program Services Coordinator position will be responsible for leading the planning project, supervising the AA and HES, coordinating efforts with partners and new agencies, planning meetings, leading the interviews, surveys, and listening sessions, establishing strategies for improving dental access for adults, and monitoring project success.

Administrative Analyst – CMSP \$12,046 In-Kind \$1,807

The Administrative Analyst (AA) position will be responsible for creating questions and materials, participating in interviews, surveys, and listening sessions, collecting, organizing, and analyzing data and new strategies/best practices, compiling and submitting reports, and managing expenses.

Health Education Specialist – CMSP \$13,248 In-Kind \$1,987

The Health Education Specialist (HES) position will be responsible for engaging partners and new agencies, participating in interviews, surveys, and listening sessions, and reviewing new strategies/best practices.

2. Office Expenses: \$4,121

Paper, pens, pads of large paper for meeting facilitation and notes. Printing and postage costs include program-specific mailers such as formal correspondence to key partners and participating entities, correspondence to clients, fliers and posters for surveys, interviews, listening sessions, and meetings, and mailing of invoices and reports. This allows for staff to perform the assigned duties and accomplish the proposed goals and objectives of this planning grant.

3. Travel: \$1,160

Local Mileage to travel to meetings, interviews, and listening sessions with partners, staff, and identified clients. Local mileage allows staff to visit outlying clinics, partners, and clients, such as Redwoods Rural Health Center and K'im:aw Medical Center to conduct meetings, interviews, and listening sessions as opposed to them traveling into town which take up to 2 hours. = \$1,160 (reimbursed at Federal IRS rate per mile)
166 miles/mo. x \$.58 x 12 months = \$1,160

4. Other: \$5,000

The target audience participating in the planning grant interviews, surveys, and listening sessions will receive a stipend for their contributions. This would break down to \$25/per incentive x 200 participants = \$5,000.

5. Admin/Overhead: \$1,000

Program share of countywide costs such as estimated A-87, Information Services, and Insurance. (A-87 includes charges for Auditor Controller, County Purchasing, County Administration Office, and Building Maintenance for county owned buildings). Program share of building expenses estimated by FTE (includes building utility costs such as PG&E, phone system, shared printer lease, alarm system and miscellaneous maintenance expenses). 2% of Total Personnel Salary excluding Fringe Benefits. All efforts will be used to minimize the use of grant funds for administrative and overhead costs.

EXHIBIT D

**COUNTY MEDICAL SERVICES PROGRAM GOVERNING BOARD
GRANTEE DATA SHEET**

Grantee's Full Name:	HUMBOLDT COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC HEALTH
Grantee's Address:	HUMBOLDT COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC HEALTH 529 I STREET EUREKA, CA 95501
Grantee's Executive Director/CEO: (Name and Title)	Michele Stephens Director of Public Health
Grantee's Phone Number:	(707) 497-7652
Grantee's Fax Number:	(707) 445-6097
Grantee's Email Address:	lmcewen@co.humboldt.ca.us
Grantee's Type of Entity: (List Nonprofit or Public)	Public
Grantee's Tax Id# [EIN]:	94-6000513

I declare that I am an authorized representative of the Grantee described in this Form. I further declare under penalty of perjury under the laws of the State of California that the information set forth in this Form is true and correct.

GRANTEE: HUMBOLDT COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC HEALTH

By: _____
 Title: _____
 Date: _____

EXHIBIT E

USE OF GRANT FUNDS

1. Use of Grant Funds. Grantee shall use the Grant Funds solely for the purpose of performance of the Project.

2. Allowable Expenses. Grant Funds may be used to fund allowable expenses. Grantee shall provide Board with reasonable proof that Grantee has dedicated the Grant Funds to allowable expenses. Allowable expenses must be *appropriate, necessary, reasonable and applicable to the Grant Program* and may include but are not limited to:

- Costs that comply with the limitations of the Grant Agreement as well as other applicable federal, state, and county laws and regulations
- Costs that are accounted for consistently and in accordance with generally accepted accounting principles
- Rental or purchase of necessary equipment, expansions of current facilities, and/or renovation/remodeling of current facilities
- Speaker fees for services rendered
- Purchase of supplies for scheduled training if the supplies are received and used during the budget period
- Food and non-alcoholic refreshments for scheduled training events up to \$15 per individual total for the duration of the Project when justified as an integral and necessary part of a training event (i.e., a working meal where business is transacted)
- Food and non-alcoholic refreshments for client incentives up to \$15 per individual total for the duration of the Project when justified as an integral and necessary part of the Project
- Gift Cards and Gas Cards or Vouchers up to \$30 per client total for the duration of the Project when justified as an integral and necessary part of the Project
- Stipends for non-salary employees**
- Travel costs for both patients and staff. Travel shall be limited to the relevant days plus the actual travel time to reach the destination location by the most direct route and shall not include first class travel. Local mileage costs only may be paid for local participants. No per diems for meals or lodging shall be included.
- All or part of the reasonable and appropriate salaries and benefits of professional personnel, clerical assistants, editorial assistants, and other non-professional staff in proportion to the time or effort directly related to the Project

- Medical Supplies
- Conferences and trainings, including necessary recording of proceedings, simultaneous translation, and subsequent transcriptions
- IT Expenses

** All expenses must be comprised in a budget previously approved by Board staff.*

***Common stipend recipients include Clinical Interns, Volunteers or Community Partners.*

3. Unallowable Expenses. Grant Funds shall not be used to fund unallowable expenses. Grantee shall refund to the Board any Grant Funds expended for unallowable expenses. Unallowable expenses include but are not limited to:

- Alcohol
- Bad debt expenses
- Defense and prosecution expenses, including but not limited to prosecuting claims against the Board or defending or prosecuting certain criminal, civil or administrative proceedings and related legal fees and costs
- Entertainment costs (unless specifically written into the budget and approved by the Board), including costs of amusement, diversion, social activities, ceremonials, and related incidental costs, such as bar charges, tips, personal telephone calls, and laundry charges of participants or guests
- Fines and penalties
- Traffic citations, including but not limited to parking citations
- Fundraising or lobbying costs
- Advertising (unless specifically written into the budget and approved by the Board)
- Memorabilia or promotional materials
- Honoraria or other payments given for the purpose of conferring distinction or to symbolize respect, esteem, or admiration
- Goods or services for personal use, including automobiles housing and personal living expenses or services
- Per diem or expenses for participants in a scheduled training event
- Investment management fees
- Losses on other sponsored projects

- Lease/purchase of land, buildings, or new construction
- Firearms
- Signing and Retention Bonuses
- Membership dues, including but not limited to memberships in civic, community or social organizations, or dining or country clubs
- Direct legal fees and costs incurred in development and implementation of the Project provided by individuals who are not employees of Grantee.***

4. Determination of Allowable and Unallowable Expenses. It is recommended that expenses be included in Grantee's budget with sufficient detail and that such budget is approved by Board staff prior to expenditure or, alternatively, expenditures be otherwise approved by the Board staff prior to expenditure. The Board shall determine whether an expense is an allowable or unallowable expense as provided in this Agreement. The Board's determination shall be in its sole discretion and shall be conclusion.

****Such direct legal fees and costs that are both appropriate and reasonable may be included in Grantee's administrative and/overhead expenses directly attributed to the Project as set forth in Section 2.D of the Agreement.*