

**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 PUBLIC HEALTH, MOBILE OUTREACH**  
**("Grantee")**

Effective as of:  
July 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 January 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 January 30, 2021.

D. Final Report. Grantee shall submit a final report to the Board using Final Report Template by July 31, 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 July 1, 2020, to September 28, 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.

Dated effective: July 1, 2020

BOARD:  
COUNTY MEDICAL SERVICES  
PROGRAM GOVERNING BOARD

GRANTEE:  
HUMBOLDT COUNTY PUBLIC HEALTH,  
MOBILE OUTREACH

By: \_\_\_\_\_  
Kari Brownstein, Administrative Officer

Date: \_\_\_\_\_

By: \_\_\_\_\_

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

Date: \_\_\_\_\_

**EXHIBIT A**

GRANTEE: Humboldt County Public Health, Mobile Outreach

GRANTEE'S PARTNERS UNDER CONTRACT<sup>1</sup>

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**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 01/30/2021) (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 07/31/2021) (10%): \$5,000.00

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

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

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<sup>1</sup> Attach copy of any contract.

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 Public Health, Mobile Outreach

Attn: Michele Stephens, Executive Director

529 I Street

Eureka, CA 95501

(707) 441-5074 (phone)

(707) 268-0415 (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 <sup>st</sup> RFP Assistance Webinar at 1:00 PM
12/04/2019	2 <sup>nd</sup> 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 <sup>st</sup> RFP Assistance Webinar at 1:00 PM
12/04/2019	2 <sup>nd</sup> 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

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



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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**

**REMEDIATION ROUND 1: PLANNING GRANT COVER SHEET**  
**CMSP Local Indigent Care Needs Grant Program**

**1. CMSP County or Counties to be Served:** Humboldt  
**2. Project Title:** Hepatitis C Elimination Project Planning

**3. Funding:**

Requested Planning Grant Amount : \$50,000.00  
In-Kind and/or Other Matching Funds: \$13,268.00

**4. Lead Applicant:**

Organization: Humboldt County Public Health, Mobile Outreach Tax ID Number: 94-60005  
Applicant's Director or Chief Executive: Michele Stephens  
Title: Public Health Director  
Applicant's Type of Entity (*Specify county or non-profit*): County  
Address: 529 I Street  
City: Eureka State: CA Zip Code 95501 County: Humboldt  
Telephone: 707-268-2120 Fax: 707-268-0415  
Email address: [mstephens@co.humboldt.ca.us](mailto:mstephens@co.humboldt.ca.us)

**5. Primary Contact Person** (*Serves as lead contact for the project*):

Name: Michael Weiss  
Title: Program Services Coordinator  
Organization : Humboldt County Public Health  
Address: 908 7th Street  
City: Eureka State: CA Zip Code 95501 County: Humboldt  
Telephone: 707-441-5074 Fax: 707-268-0415  
Email address: [mweiss@co.humboldt.ca.us](mailto:mweiss@co.humboldt.ca.us)

**6. Secondary Contact Person** (*Serves as alternate contact*):

Name: Karen Baker  
Title: Administrative Analyst  
Organization : Humboldt County Public Health  
Address: 908 7th Street  
City: Eureka State: CA Zip Code 95501 County: Humboldt  
Telephone: 707-441-5575 Fax: 707-268-0415  
Email address: [kbaker@co.humboldt.ca.us](mailto:kbaker@co.humboldt.ca.us)

**7. Financial Officer** (*Serves as Fiscal representative for the project*):

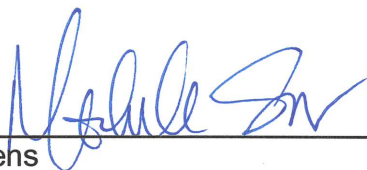
Name: Kathryn Epperly  
Title: Senior Fiscal Assistant  
Organization : Humboldt County Public Health  
Address: 507 F Street  
City: Eureka State: CA Zip Code 95501 County: Humboldt  
Telephone: 707-441-5444 Fax: 707-441-5580  
Email address: [kepperly@co.humboldt.ca.us](mailto:kepperly@co.humboldt.ca.us)

**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:**



**Date:**

3/9/2020

Name: Michele Stephens

Title: Public Health Director

Organization: Humboldt County Public Health

Address: 529 I Street

City: Eureka

State: CA

Zip Code: 95501

County: Humboldt

Telephone: 707-445-6200

Fax: 707-268-0415

Email address: [mstephens@co.humboldt.ca.us](mailto:mstephens@co.humboldt.ca.us)

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

**APPLICANT NAME:**

**PROJECT TITLE:**

**REQUIRED PLANNING GRANT CHECK LIST**

Complete Required Form: **Planning Project Grant Cover Sheet** (use required Excel template, sign, and scan final document).

Attach Required Form: **Planning Project Grant Budget** (use required Excel template).

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.

Submit all documents to CMSP's Grants Manager at [aallard@cmspcounties.org](mailto:aallard@cmspcounties.org) by **5:00 PM, Monday March 9, 2020**. Please leave all documents in their original formatting. Do not submit all documents in a single PDF.

**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):

## 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)?*

## 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:**

**QUESTION 2:**

**QUESTION 3:**

**3) PLANNING GOALS**

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



#### **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.*

*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.*

## 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.*

## **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.*

**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.

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

<b>Applicant</b>	Humboldt County Public Health
<b>Project Title</b>	HCV Treatment Support Planning
<b>Period Covered</b>	April 1, 2020 - August 31, 2020

<b>Category</b>	<b>Item/Service</b>	<b>Quantity</b>	<b>CMSP</b>	<b>In-Kind</b>	<b>Total Project Costs</b>
<b>Personnel</b>			\$38,137	\$12,367	\$50,504
HES II - HCV Specialist - Randy		0.1	\$7,190		\$7,190
HES I - HCV Care Coord. - TBD		0.1	\$6,562		\$6,562
CHOW I- Rana Avery		0.1	\$5,604		\$5,604
CHOW II- Julie Guerro		0.08	\$5,594		\$5,594
Admin Analyst - Karen Baker		0.1	\$6,089	\$3,957	\$10,046
Program Coordinator- Michael Weiss		0.1	\$7,098	\$4,732	\$11,830
Sr. Program Mgr.- Dana Murguia		0.02		\$3,011	\$3,011
Office Asst. - Aimee Lenihan		0.02		\$667	\$667
<b>Training</b>			\$1,975		\$1,975
HIV/HCV Test Certification Training		1	\$1,975		\$1,975
<b>Contractual Services</b>					
<b>Office Expenses</b>			\$375		\$375
Printing (surveys)		500	\$250		\$250
General Office Supplies			\$125		\$125
<b>Travel</b>			\$2,013		\$2,013
Mobile Outreach Van (~700 mi/mo.)		3500	\$2,013		\$2,013
<b>Other</b>			\$2,500		\$2,500
HCV Test kits			\$2,500		\$2,500
<b>Admin/Overhead</b>			\$5,000	\$901	\$5,901
Overhead		0.1	\$5,000	\$901	\$5,901
<b>Total Funding</b>			<b>\$50,000</b>	<b>\$13,268</b>	<b>\$63,268</b>

## Budget Narrative

### **Personnel Total – \$38,137:**

#### **\$13,752 = 0.2 FTE (full time equivalent) Health Education Specialist (HES)**

Salary Range: \$41,350 - \$62,566 (\$19.88 – \$30.08 / hour), Benefit Range: \$22,365 - \$35,058 (48% - 65%)

Activities include:

Surveillance outreach and partner services; track and report client status along continuum of care. Link clients directly to needed enabling services via warm handoffs to medical care, medication and treatment adherence support, physical and behavioral health treatments including SUD, provide support through transportation and shelter assistance as necessary. Assist with housing barriers including: application fees, credit checks and identification replacement. Collaborate with local clinics to insure service delivery; assist with program planning; *Hepatitis C Provider & Treatment Navigation Guide*. Lead liaison for collaboration with local clinics to insure seamless service delivery; shared data collection activities and assists with reporting and evaluation.

#### **\$11,198 = 0.18 FTE Community Health Outreach Workers (CHOWs)**

Salary Range: \$34,557 - \$50,991 (\$16.61 - \$24.51 / hour), Benefit Range: \$19,850 - \$30,773 (51% - 71%)

Activities include:

Mobile outreach services to high-risk homeless people who inject drugs in rural/outlying, low income populations; Conducts HCV and HIV rapid testing and counseling; linkage to HCV HES and/or HIV HES for confirmation and care coordination of preliminary (rapid-test) positives; linkage and application assistance to enabling services; track and report client services delivery and testing, and number of referrals to enabling services.

#### **\$6,089 (+\$3,957 In-kind/matching support) = 0.1 FTE Administrative Analyst (AA)**

Salary Range: \$43,243 - \$72,134 (\$20.79 - \$34.68 / hour), Benefit Range: \$23,066 - \$38,600 (47% - 65%)

Activities include:

Processes contracts, agreements, MOUs and subcontracts; maintains understanding of rules and regulations, grants, appropriations, personnel and budget requirements and their funding sources. Researches and provides clarification to program staff and fiscal as requested. Works with fiscal staff and budget manager to ensure timely project expenditures, and financial reporting. Assists with policy development; develops and maintains data collection systems and reporting tools, analyzes collected data/information and provides reports, and assists with project evaluation.

#### **\$7,098 (+\$4,732 In-kind/matching support) = 0.1 FTE Program Services Coordinator (PSC)**

Salary Range: \$61,027 - \$86,339 (\$29.34 - \$41.51 / hour), Benefit Range: \$29,650 - \$43,860 (45% - 57%)

Activities include:

Project management of the implementation work plan; program planning and policy development and oversight; oversight of data collection, reporting and evaluation; creates reports and submits CMSP deliverables and activities.

#### **\$0 (+\$3,011 In-kind/matching support) = 0.02 FTE Senior Program Manager**

Salary Range: \$81,890 - \$105,102 (\$39.37 - \$50.53 / hour), Benefit Range: \$37,375 - \$50,806 (44% - 52%)

Activities include:

Directs and develops goals, objectives, policies, procedures and work standards for the program. Directs, plans, organizes, administers, reviews and evaluates the work of staff directly and through subordinate supervisors.

#### **\$0 (+\$677 In-kind/matching support) = 0.02 FTE Office Assistant II**

Salary Range: \$25,626 - \$37,232 (\$12.32 - \$17.90), Benefit Range: \$16,544 - \$25,679 (56% - 83%)

Activities include:

Front receptionist; screens and directs phone calls; assists the public with inquiries related to department programs, services and operations; distributes mail; schedules appointments; processes and maintains forms, records, and logs; maintains department files, researches and assembles information; identifies and updates, corrects or deletes errors.

**Training Total – \$1,975:** **HCV Test Counselor Skills Certification Training.** Ca. Dept. of Public Health – State Office of AIDS certification training to perform HCV and HIV testing and counseling. Send one HES to Bay Area for 5 days: 600 miles roundtrip at 0.575 per mile plus \$76 meal per diem for 5 days plus hotel at \$250 for 5 days.

**Office Expenses Total – \$375:**

**\$250 – Printing** of 500 HCV treatment consumer and provider surveys at 0.50 per page.

**\$125 – General supplies** including pens, paper, paperclips, staples, file folders, post-its, etc.

**Travel Total – \$2,013:** Outreach van costs at 175 miles per week for 4 weeks per month for 5 months at 0.575 per mile.

**Other – \$2,500:** Supplies for HCV test kits. Includes: Orasure rapid tests, controls, printed materials (such as risk-assessment questionnaires, ROIs, referral cards, and resource pamphlets), thermometer/timer, gloves, procedure towels, alcohol swabs, lancets, cotton balls, band-aids, cavi-wipes, bio-hazards bags and sharps containers. 100 kits at \$25 each

**Overhead – \$5,000** (+\$901 *In-kind/matching support*):

Operating expenses at the Community Wellness Center and fiscal staff support: rent ( $\$459 * 0.67 \text{ FTEs} * 5 \text{ mo.} = \$1,538$ ), utilities ( $\$31 * 0.67 * 5 = \$104$ ), telephones ( $\$28 * 0.67 * 5 = \$94$ ), equipment rentals (copiers and fax)  $\$16 * 0.67 * 5 = \$54$ ), insurance ( $\$85 * 0.67 * 5 = \$285$ ) and annual County centralized services charges (for purchasing, auditor's office, information and data services, ADA compliance, facility maintenance, mailroom, legal counsel, and risk management)  $\$125 * 0.67 * 5 = \$419$  and Sr. Fiscal Asst. at 0.05 FTE = \$3,407.



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

March 5, 2020

CMSP Governing Board  
1545 River Park Drive, Suite 435  
Sacramento, CA 95815

Dear Sir or Madam,

Humboldt County Public Health Communicable Disease (CD) Unit is proud to support the Public Health Mobile Outreach for the CMSP Local Indigent Care Needs Planning Grant application.

Public Health CD Unit's HCV Specialist performs data analysis to identify acute and chronic HCV positive persons in Humboldt County to link them to HCV care and treatment. In his research, he has found that barriers to treatment include difficulty locating clients, homelessness, transportation, Substance Use and data sharing.

The mobile outreach program is the connection from our unit to disenfranchised people living with HCV. They provides direct contact, education and treatment information, and direct linkage to care.

This grant will expand Public Health's capacity to provide continuity of care including linkage to case management, medical care, treatment, housing, and more.

Sincerely,

Hava Phillips  
Supervising Public Health Nurse  
Communicable Disease Unit, Humboldt County



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





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

December 6, 2019

CMSP Governing Board  
1545 River Park Drive, Suite 435  
Sacramento, CA 95815

Dear Grant Committee:

The Mental Health Branch is delighted to support the Humboldt County Department of Health & Human Services (DHHS) – Public Health in their CMSP Implementation Program Grant application. Our Substance Use Disorder (SUD) Treatment Services assist individuals who are experiencing substance use problems that are affecting their physical health, interpersonal relationships and/or causing employment or legal issues. This grant's intent is to establish new and strengthen existing mechanisms to assist clients with Substance Use Disorder in attaining medication compliance, adherence to treatment plans and lifestyle changes. There is a focus on low-income adults and youth with complex health or behavioral health conditions. Many of these clients have housing and transportation challenges that impede their ability to obtain necessary health care services. This grant will assist vulnerable populations such as adults with health and/or behavioral health conditions including those released from incarceration by deploying community health outreach workers to little served areas and populations.

We maintain a close working relationship with the Public Health Branch as part of an integrated Department of Health and Human Services. The grant will help Public Health advance important work related specifically to leading health concerns in our community such as substance use disorder and hepatitis C.

We know that this opportunity will further develop collaborative strategies to strengthen the overall health care delivery system for residents within Humboldt County for uninsured populations, with a focus on potential CMSP enrollees.

Thank you for your consideration.

Sincerely,

Raena West, LCSW  
Substance Use Disorder Administrator  
Humboldt County DHHS-Mental Health  
707-441-3730



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



- ☐ **ADMINISTRATION & OPERATIONS**  
670 Ninth Street, Suite 203, Arcata, CA 95521  
707-826-8633
- ☐ **FINANCE & HUMAN RESOURCES**  
1275 8<sup>th</sup> Street, Arcata, CA 95521  
707-826-8633
- ☐ **BILLING, REFERRALS & INFO TECH**  
1350 8<sup>th</sup> 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 18<sup>th</sup> 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

CMSP Governing Board  
1545 River Park Drive, Suite 435  
Sacramento, CA 95815

Re: Letter of Support  
CMSP Assistance for DHHS Public Health

Dear Grant Committee:

On behalf of Open Door Community Health Centers (ODCHC) I am pleased to provide this letter in support of the application for support being made to CMSP by the Humboldt County Department of Health and Human Services, Public Health Branch. This request matches well with the CMSP Local Indigent Care Needs Implementation Program Grant and its HCV and Substance Use Disorder outreach program.

ODCHC provides primary medical care for hundreds of individuals diagnosed with Hepatitis C. ODCHC also has a robust Medication Assisted Treatment program for individuals assessed to have substance use disorders, serving more than 800 patients at any one time.

ODCHC has a long history of collaboration and strong partnership with Humboldt County DHHS. There are streamlined referral protocols in place to link those individuals identified by DHHS Public Health to the treatment available at ODCHC. Both agencies have a strong commitment to serving the most under-served members of our community, including people who are homeless, low-income, uninsured and/or experiencing other chronic physical or mental illness.

ODCHC strongly supports the efforts of DHHS Public Health and the outreach, screening, case management and navigation services they provide. Together we are able to reach and provide treatment to many more individuals than either agency could alone.

ODCHC applauds DHHS Public Health's efforts and looks forward to our continued collaboration or years to come. We ask that you view favorably their request for support.

Respectfully,



Cheyenne Spetzler  
Chief Executive Officer

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

Grantee's Full Name:	HUMBOLDT COUNTY PUBLIC HEALTH, MOBILE OUTREACH
Grantee's Address:	HUMBOLDT COUNTY PUBLIC HEALTH, MOBILE OUTREACH 529 I STREET EUREKA, CA 95501
Grantee's Executive Director/CEO: (Name and Title)	Michele Stephens Public Health Director
Grantee's Phone Number:	(707) 441-5074
Grantee's Fax Number:	(707) 268-0415
Grantee's Email Address:	mweiss@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 PUBLIC HEALTH, MOBILE OUTREACH

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.*