



# County of Siskiyou

## Notice of Intent (NOI)

Department:	HHSA, Behavioral Health Division
Project Manager/Contact No.	Sarah Collard, 530/841-2761
Department Director/Contact No.	Same
Project Name:	Mental Health Student Services Act
Amount of Grant:	\$ TBD in collaboration with school districts, grant cap is 2.5M
Last Updated:	11/3/21

### Project Description:

The MHSSA is intended to foster stronger school-community mental health partnerships that can leverage resources to help students succeed by authorizing counties and local educational agencies to enter into partnerships to create program that include targeted interventions for pupils with identified social-emotional, behavioral, and academic needs.

### Summary:

HHSA, Behavioral Health Division will partner with at least one local school district, the SCOE, and/or a local charter school to increase access to behavioral health services and supports for students and their families.

Approvals	
Prepared by:	 Project Manager
Approved by:	 Department Director
	 County Administrator Officer

**ATTACHMENT  
Grant Summary Form**

*This form is available on the County's Intranet.*

County of Siskiyou  
**GRANT SUMMARY FORM**

**GENERAL INFORMATION**

Grant Title				Grant No.(CFDA)		
General Description of Grant Work scope						
Granting Agency		FED	STATE	OTHER	Agency Contact	Phone No.
Responsible Department				Department Contact		Extension No.
Board Approval Date		Application Date		Award Date		Est'd Completion Date
		1/13/22		2/1/22		

**GRANT COST AND REVENUE SUMMARY**

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)		
Soft/hard cash match or In kind (<>)		
Staffing		
Contract Services		
Supplies & Other Operating Expenditures		
Capital Outlay		
Indirect Cost@      % of Direct Costs		
<b>TOTAL GRANT COSTS AND REVENUES</b>	\$	\$
How Was Grant Portion Determined?		

Budget Amendment Request Required? Appropriation Transfer	Yes	No	If yes, please attach copy of Budget

Does this grant allow for supplanting?    Yes    No  
 Does this grant allow for program income?    Yes    No  
 Will this require an advance of grant dollars?    Yes    No

OTHER COMMENTS (note any significant or unusual compliance requirements)


*Use reverse side if necessary to provide additional information*

Prepared By: R. Bullock\_\_\_\_\_

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

\*\*\*\*Please attach a copy of the grant guidelines and all supporting documents that relate to the program cost summary section.



## Grant Agreement

CONTRACTING AGENCY:	Mental Health Services Oversight and Accountability Commission
CONTRACTOR:	Siskiyou County Health and Human Services, Behavioral Health Division
AGREEMENT NUMBER:	21MHSOAC059
DGS EXEMPTION:	WIC 5897(f) and 5886(m)

### **Parties**

This Grant Agreement (Agreement) is entered into between Siskiyou County Health and Human Services, Behavioral Health Division a branch of county government headquartered in Yreka, CA; and the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission), a branch of State government headquartered in Sacramento, CA.

### **Term**

This Agreement term begins on the last date of signature shown below and ends on June 30, 2026.

### **Funding Amount**

The maximum award under this Agreement is: \$2,500,000.00  
(Two million five hundred thousand dollars and no cents)

### **Exhibits**

The parties mutually agree to abide by the following terms and conditions. All Exhibits and other documents identified below are incorporated-by-reference into this Agreement as if fully set forth herein.



Exhibit A: Scope of Work	4 Pages
Exhibit B: Fiscal Detail	2 Pages
Exhibit C: General Terms and Conditions	4 Pages
Document: RFA_MHSSA_002 Addendum 1	Incorporated by reference
Document: Grantee's Application for RFA_MHSSA_002	Incorporated by reference

### **Grant Managers**

Direct all program inquiries to:

<b>MHSOAC</b>	<b>Contractor</b>
Name: Cheryl Ward	Name: Tracie Lima
Address: 1325 J Street, Suite 1700 Sacramento, CA 95814	Address: Siskiyou County Behavioral Health 2060 Campus Drive Yreka, CA 96097
Phone: 916-775-6815	Phone: 530-841-2230
Fax: 916-445-4927	Fax: 530-841-4702
Email: Cheryl.Ward@mhsoca.ca.gov	Email: tlima@co.siskiyou.ca.us

Direct all fiscal inquiries to:

<b>MHSOAC</b>	<b>Contractor</b>
Attention: Chelsea Yuen	Name: Rose Bullock
Address: 1325 J Street, Suite 1700 Sacramento, CA 95814	Address: Siskiyou County Behavioral Health 2060 Campus Drive Yreka, CA 96097
Phone: (916) 445- 8696	Phone: 530-841-4732
Fax: (916) 445-4927	Fax: 530-841-4133
Email: Accounting@mhsocac.ca.gov	Email: rbullock@co.siskiyou.ca.us



**Signatures**

This Agreement is executed between the parties by signature of their authorized representatives shown below:

<b>Siskiyou County Health and Human Services, Behavioral Health Division</b>	
Business Address: 2060 Campus Drive Yreka, CA 96097	
Person Signing: Brandon Criss	Title: Board Chair
Signature:	Date:

<b>Mental Health Services Oversight and Accountability Commission</b>	
Business Address: 1325 J Street, Suite 1700 Sacramento CA 95814	
Person Signing: Norma Pate	Title: Deputy Director
Signature:	Date:

## EXHIBIT A:

### SCOPE OF WORK

#### Recitals

1. Authority. This grant is awarded pursuant to the Commission's authority under the Mental Health Student Services Act (MHSSA) and the American Rescue Plan Act (ARPA).
2. Funding. This grant is funded under the ARPA with oversight by the U.S. Treasury, as disbursed in California through the State Fiscal Recover Fund (SFRF) with fiscal oversight by the Commission and the Department of Finance. This grant was awarded through a competitive bid process.
3. Program Parameters. This Program is designed to follow MHSSA requirements at WIC Section 5886 *et seq.* and federal requirements identified in the RFA in Appendix 1, Federal and State Guidance.
4. Partnership. Grantees under this Program will partner with at least one school district, and the County Office of Education and/or a charter school for delivery of mental health services to the targeted population of children, youth and young adults (School Entity).

#### Objectives

Funding under this grant program will enable Grantee to enhance county partnerships with school-based programs. Said partnership should expand access to mental health services for children and youth, including campus-based mental health services; and, should facilitate linkages and access to ongoing and sustained services. Emphasis will be placed on outreach to a "targeted population" consistent with WIC Section 5886. That population includes those children and youth who are in foster care; those who identify as lesbian, gay, bisexual, transgender, or queer; and those who have been expelled or suspended from school.

#### Compliance

1. Request for Application. The full Scope of Work is contained in RFA\_MHSSA\_002, Addendum 1 (RFA) and Grantee's application submitted in response to RFA\_MHSSA\_002 (Grantee Application). The RFA and Grantee Application are incorporated by reference and made part of this Agreement as if fully attached hereto.
2. State and Federal. Grantee agrees to comply with the program requirements set forth in WIC Section 5886 *et seq.*, including outreach to the targeted population; and with the federal requirements set forth in the RFA. In addition, per the Budget Act of 2021, target Economically Disadvantaged Communities (EDC). For the purpose of the RFA and subsequent grant award, EDC is defined as Title 1 Schools with Free and Reduced-Price Meal Programs.

3. Record Retention. Records must be retained for at least five (5) years after the date on which the federal funding source expires. At the time of Agreement execution, the date of funds expiration was December 31, 2026, but the parties understand that this is subject to change.

**Funding** (RFA, Section V.E)

1. Allowable Costs. Grant funds must be used as proposed in the grant Application in compliance with Federal requirements and the MHSSA as approved by the Commission
2. Invoicing. Grant funds are available for invoicing as follows (see also Exhibit B):
  - a) Program Development: Funds are available to be invoiced once the contract is executed
  - b) Program Operations: Funds will be available quarterly in arrears based on the quarterly amount listed in the Grant Application Budget for each year
  - c) The Commission will provide the Grant Claim Form as the document to be used for submitting invoices.
  - d) At a minimum on an annual basis, the Commission will compare amounts actually expended by the Grantee with amounts that have been disbursed to the Grantee and true up any difference in the following quarterly payment to ensure funds are spent by the Grantee.
3. No Transfer. Grant funds cannot be transferred to any other program account for specific purposes other than the stated purpose of this grant

**Expenditure Reporting** (RFA, Section VIII. A.)

Program Expenditures. Grantee shall submit total program expenditures (aggregate) on a quarterly basis in accordance with the dates shown in Table 1: Reporting Dates.

**Data Reporting** (RFA, Section VIII.A.)

1. Program Data. Grantee shall report the following data quarterly following the dates listed in Table 1: Reporting Dates. Data shall be reported in a form and manner to be provided by the Commission. Data elements shall include at least the following:
  - a) Number of students screened and not referred to services
    1. Number of students on the Free and Reduced-Meal Program
    2. Grade/Number in each grade
    3. Age/Number in each age group
    4. Primary Language/number in each primary language
    5. Ethnicity/number in each ethnicity
    6. Number of students suspended/expelled
    7. Number of students who dropped out
    8. Number of students with IEP/504
    9. Number of students in foster care
    10. Number of students that have been in juvenile hall



- b) Number of students screened and referred to services
  - 1. Number of students on the Free and Reduced-Meal Program
  - 2. Grade/Number in each grade
  - 3. Age/Number in each age group
  - 4. Primary Language/number in each primary language
  - 5. Ethnicity/number in each ethnicity
  - 6. Number of students suspended/expelled
  - 7. Number of students who dropped out
  - 8. Number of students with IEP/504
  - 9. Number of students in foster care
  - 10. Number of students that have been in juvenile hall
- c) Number of trainings provided to teachers, administrators, and parents
- d) Number of school mental health partnership coordination activities with other interested parties

**Table 1: Reporting Dates**

Report	Reporting Period	Due to Commission*
1	Agreement Start Date – February 28, 2022 (depends on date of execution)	April 8, 2022
2	March 1, 2022 – May 31, 2022	July 8, 2022
3	June 1, 2022 – August 31, 2022	October 7, 2022
4	September 1, 2022 – November 30, 2022	January XX, 2023
5	December 1, 2022 – February 28, 2023	April XX, 2023
6	March 1, 2023 – May 31, 2023	July XX, 2023
7	June 1, 2023 – August 31, 2023	October XX, 2023
8	September 1, 2023 – November 30, 2023	January XX, 2024
9	December 1, 2023 – February 29, 2024	April XX, 2024
10	March 1, 2024 – May 31, 2024	July XX, 2024
11	June 1, 2024 – August 31, 2024	October XX, 2024
12	September 1, 2024 – November 30, 2024	January XX, 2025
13	December 1, 2024 – February 28, 2025	April XX, 2025
14	March 1, 2025 – May 31, 2025	July XX, 2025
15	June 1, 2025 – August 31, 2025	October XX, 2025
16	September 1, 2025 – November 30, 2025	January XX, 2026
17	December 1, 2025 – February 28, 2026	April XX, 2026
18	March 1, 2026 – May 31, 2026	July XX, 2026
19	June 1, 2026 – June 30, 2026	TBD

*\* The parties understand that Due Dates for CY 2023 are unknown at the time this Agreement is executed but will be provided in a timely fashion by the Department of Finance. Once these dates are known, they will be relayed from the Commission to the Grantee to update this Reporting Table. The parties agree that email will suffice for this purpose, and as such the update will not require an Amendment.*

**Performance Reporting** (RFA, *Section VII.A.*)

1. Monthly. Check-Ins with the Commission staff to discuss performance and attempt to resolve any issues that may arise.
  
2. Quarterly. Meetings with the Commission staff, which may include collaboration meetings with other counties. In conjunction with these meetings, Grantee will submit the following information in a form and manner to be provided by the Commission. This information is due on a quarterly basis as shown in Table 1:  
Reporting Dates.
  - a. Staff Hired and count
  - b. Contractors hired and count
  - c. Goods purchased
  - d. Capital purchases
  - e. Other pertinent information (e.g., follow-up from Monthly check-ins)
  
3. Annual. Grantee shall report all expenditure information in an Annual Fiscal Report within 30 days of the end of each Grant Year, in a form and manner to be provided by the Commission
  
4. Program Development Reporting. Grantee shall report on Program Development by submitting the Plans listed below, in a form and manner to be provided by the Commission. All Plans must be approved by the Commission before moving to the Program Operations phase. Plans can be submitted and approved on a flow basis and need not be sequential.
  - a. Project Plan
  - b. Implementation Plan
  - c. Communication Plan
  - d. Refined Budget Plan (line-item detail of proposed costs)

In addition, Grantee shall provide a written agreement signed by the representative of each School Entity showing support/approval for the Program Development plans listed above, as a condition of moving to Program Operations. A template will be provided by the Commission for this purpose.

**EXHIBIT B**

**BUDGET DETAIL AND PAYMENT PROVISIONS**

**1. Invoicing and Payment**

- a) The amount payable by the Commission to the Grantee is specified in Section 4, Payment Schedule.
- b) Grant Award Claim Form (Attachment B-1) shall be submitted no later than the first week after each quarterly reporting period and is subject to the Commission's review and approval before being paid.
- c) Grantee shall submit each Grant Award Claim Form to the MHSOAC Grant Manager (Fiscal) via electronic transmittal, at the following address:

Accounting@mhsoc.ca.gov

**2. Budget Contingency Clause**

- a) It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the Program, this Agreement shall be of no further force and effect. In this event, the Commission and the State of California (State) shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement.
- b) If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this Program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Grantee to reflect the reduced amount.
- c) If the term of this Agreement overlaps Federal and State fiscal years, should funds not be appropriated by Congress or approved by the Legislature for the fiscal year(s) following that during which this grant was executed, the State may exercise its option to cancel this grant.
- d) This grant is subject to any additional restrictions, limitations, or conditions enacted by Congress or the Legislature which may affect the provisions or terms of funding of this grant in any manner.

**3. Budget Detail**

The total amount of this Agreement shall not exceed \$2,500,000.00 (Two million five hundred thousand dollars and no cents). Payment shall be made in accordance with the payment schedule below.

**4. Payment Schedule**

Grantee was approved for a grant cycle that covers up to four years and four months with funds allocated annually. Payment will be made available for Program Development phase upon execution of the contract. Program Operations funds will be paid quarterly in arrears based on the quarterly amount listed in the Grant Application Budget for each year. See amounts below for Program Development and annual Program Operations.

The total amount of payments made in any phase/year is to not exceed the amount stated in the chart below unless Grantee requests and the Commission approves the re-allocation of funds.

<b>Funds Distribution</b>	<b>Grant Funding</b>
Program Development	\$141,511.00
Program Operations	
Year 1	\$503,330.00
Year 2	\$536,475.00
Year 3	\$655,886.00
Year 4	\$662,798.00
<b>Grant Total</b>	<b>\$2,500,000.00</b>

Grantee shall remit to the Commission all unexpended grant funds within 30 days after the termination of this Agreement.

At a minimum on an annual basis, the Commission will compare amounts actually expended by the Grantee with amounts that have been disbursed to the Grantee and true up any difference in the following quarterly payment to ensure funds are spent by the Grantee.

The Commission may withhold funds if Grantee fails to meet the reporting requirements, falls behind schedule, has unexpended funds, modifies the scope of the Program, or presents some other deficiency. The Commission will provide advance Notice of such withhold with a description of the deficiency; and allow Grantee an opportunity to cure for at least 30 days, where the duration shall be governed by time remaining in the term of this Agreement.

As part of said cure, Grantee shall provide the Commission with a Mitigation Plan including a timeline for correcting the deficiency. Funding disbursement cannot resume until said Plan has been received by the Commission and agreed upon between the parties.

**EXHIBIT C**

**GENERAL TERMS AND CONDITIONS**

1. **Amendment:** No amendment or variation of the terms of this Agreement shall be valid unless made in writing and signed by the parties. No oral understanding or agreement not incorporated in this Agreement is binding on the parties.
2. **Assignment:** This Agreement or any interest herein shall not be assigned to another party. Any attempt to make such an assignment is cause for immediate termination. (See Section 25.)
3. **Audit:** The Commission or California State Auditor or any State of California fiscal oversight agency has the right to audit performance under this Agreement. The auditor(s) shall be entitled to review and copy Grantee's records and supporting documentation pertinent to its performance. Grantee agrees to maintain such records and documents for a minimum five (5) years after the funding source expires. Grantee agrees to allow the auditor(s) access to such records and documents as are relevant and pertinent, at its facilities during normal business hours; and to allow its employees to be interviewed as deemed necessary, in the professional opinion of the auditor(s). The Commission agrees to give Grantee advance written notice of any onsite audit. Grantee understands that the auditors may follow U.S. Treasury standards as referenced in the RFA. (See RFA\_MHSSA\_002, Appendix 1 at Federal and State Guidance.)
4. **Captions:** The subject matter headings appearing in this Agreement have been inserted for the purpose of convenience and ready reference. They do not purport to and shall not be deemed to define or modify party intent.
5. **Confidentiality:** Grantee shall not disclose data or documents or disseminate the contents of any preliminary report or work product created under this Agreement without written permission of the Commission.
6. **Counterparts:** The parties may sign this Agreement in multiple counterparts, each of which constitutes an original, and all of which, collectively, constitute only one agreement. This Agreement may be executed electronically through any means that includes password-protected authentication. The parties agree that signed electronic counterparts will be binding upon them in the same way as though they were hardcopies with original signatures.
7. **Dispute Resolution:**
  - A. ***First Level.*** Grantee shall first discuss and attempt to resolve any dispute arising under its performance of this Agreement informally with the Commission Contract Manager. If the dispute cannot be disposed of at this level, it shall be decided by the Commission Executive Director for which purpose Grantee shall submit a written statement of dispute to: Executive Director, MHSOAC, 1325 J Street, Suite 1700, Sacramento, California 95814. The submission may be transmitted by email but

- must also be sent by overnight mail with proof of receipt (see provisions for Notice above).
- B. *Second Level.* Within ten (10) days of receipt of the statement described above, the Executive Director or designee shall meet Contractor's representative(s) for the purpose of resolving the dispute. The Executive Director shall issue a decision to be served in the same manner as the written statement, which shall be final at the informal level.
- C. *Arbitration.* After recourse to the informal level of dispute set forth above, any controversy or claim arising out of or relating to this Agreement or breach thereof shall be settled by arbitration at the election of either party in accordance with California Public Contract Code Section 10240 et. seq. and judgment upon the award rendered by the arbitration may be entered in any court having jurisdiction thereof.
8. Electronic Signature: Unless otherwise prohibited by law, the parties agree that an electronic signature has the same legal force and effect as a hard-copy with ink signature. The term "electronic signature" means one that is applied using a mutually-approved technology with imbedded authentication and password protection; the parties agree that either DocuSign™ or Adobe Acrobat™ is so approved. The parties further agree that a signed copy of this Agreement may be transmitted by electronic means including facsimile and email.
9. Governing Forum: In the event of dispute, the parties agree that the County of Sacramento and City of Sacramento shall be the proper forum.
10. Governing Law: This Agreement is governed by and shall be interpreted in accordance with the laws of the State of California, without regard to state conflict-of-law.
11. Indemnification: Grantee agrees to indemnify, defend and hold harmless the Commission and its officers, agents and employees from any and all claims or losses resulting from its negligence or intentional actions in utilizing the grant funds under this Agreement.
12. Independent Contractor: Grantee and its agents shall act in an independent capacity in the performance of this Agreement and not as employees or agents of the Commission.
13. Interpretation: In the event of ambiguity, the language in this Agreement shall be assigned its ordinary English meaning; or its meaning under industry jargon, as may be applicable.
14. MHSOAC Logo: Contract hereby authorizes the uses of the Commission Logo by Grantee for outreach and information purposes in connection with this Agreement. Grantee understand and agrees it must adhere to the guidelines in the Commission Brand Book in using this logo. A copy of Brand Book will be provided to the grantee upon the request.
15. Non-Discrimination: Grantee shall not discriminate against any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity,

gender expression, age, sexual orientation, or military and veteran status. represents that this pledge extends to its obligations as an employer. Grantee also represents that it will follow all federal and state laws that apply to anti-discrimination, anti-harassment and workplace safety.

16. Notice: The parties agree that any writing or Notice required under this Agreement shall be made in writing to each other's Grant Managers as identified in Exhibit A, including Reports and other non-binding communications. The parties agree that email will be considered sufficient for Notices, Reports and other writings required under this Agreement; except for a Notice of Termination which shall be sent by overnight mail with proof of receipt to the Grant Manager, and also to the fiscal agent named in Exhibit B.
17. Presentations: Grantee shall meet with the Commission upon request to present any findings, conclusions or recommendations that result from its performance under this Agreement.
18. Cooperation: Grantee shall cooperate with and shall be available to meet with Commission staff to discuss any difficulties, or special problems, so that solutions or remedies can be developed as soon as possible.
19. Public Records Act: The Commission is governed by and shall comply with the California Public Records Act (PRA) at Government Code Sections 6250 *et seq.* Under the PRA, medical records, data and any other information in the custody of the Commission are exempt from disclosure to the extent they contain personally identifiable information and shall be withheld from disclosure to that extent.
20. Publications And Reports: The Commission reserves the right to use and reproduce all reports and data produced and delivered under this Agreement. The Commission further reserves the right to authorize others to use or reproduce such materials.
21. Severability: In the event any provision of this Agreement is unenforceable that the parties agree that all other provisions shall remain in full force and effect.
22. Staff Partnering: Selected Commission staff shall be permitted to work side-by-side with Grantee's staff to the extent and under conditions agreed upon between the parties. Commission staff will be given access to Contractor's data, working papers and other written materials as needed for this purpose.
23. Subordinate Agreements:
  - A. *Pass-Through*. Grantee shall not "pass through" any portion of its funding under this Agreement except to its school partners as identified in the Application for Grant Funding (aka School Entity); or, as identified by written Notice to the Commission Contract Manager during the course of this Agreement. Said pass-through shall be documented in a written agreement subordinate to this Grant Agreement (Sub-Grant) which shall be provided to the Commission upon request. The Sub-Grant may be collateral to any Partnership Agreement submitted in connection with the Application. The Sub-Grant shall:

- a. Incorporate the reporting requirements in Exhibit A

- b. Incorporate the data requirements in this Exhibit A
- c. Include the following provisions from this Exhibit C: Audit, Commission Logo, Presentations and Governing Law/Forum

*B. Vendors.* Grantee is authorized to retain third-party vendors in furtherance of the objectives of this Agreement. The Commission is entitled to receive copies of the contracts between Grantee and said vendor(s), upon request. The Commission is also entitled to require advance review and approval for a given vendor contract, upon request. Grantee agrees to include the following provisions from this Exhibit C in its vendor sub-contracts: Audit, Commission Logo, Presentations and Governing Law/Forum. Grantee also agrees to include the vendor's DUNS number in said sub-contracts.

24. Survival: The following terms and conditions in this Exhibit C shall survive termination of this Agreement: Audit, Commission Logo, Presentations, and Governing Law/Forum.
25. Termination For Cause: The Commission is entitled to terminate this Agreement immediately and be relieved of any payments should the Grantee fail to perform its responsibilities in accordance with the due dates specified herein. However, the Commission agrees to give Grantee advance written Notice stating the cause and provide an opportunity to cure, on a case-by-case basis, and at its sole discretion. All costs to Commission that result from a termination for cause shall be deducted from any sum due the Grantee for work satisfactorily performed; the balance shall be paid upon demand pursuant to Exhibit B.
26. Waiver: Waiver of breach under this Agreement shall not be held to be a waiver of any other or subsequent breach. All remedies afforded in this Agreement shall be cumulative; that is, in addition to every other remedy provided by law. Any failure by the Commission to enforce a provision(s) of this Agreement shall not be construed as a waiver nor shall it affect the validity of this Agreement overall.



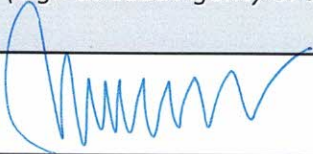
**MENTAL HEALTH STUDENTS SERVICES ACT**  
**GRANT APPLICATION**  
**TABLE OF CONTENTS**

	<u>Page</u>
Attachment 1: Application Cover Sheet	2
Attachment 2: Intent to Apply	4
Attachment 3: Economically Disadvantaged Communities	6
Attachment 4: Proposed Plan	8
Attachment 5: Proposed Budget	14
Attachment 6: Final Submission Checklist	18
Attachment 7: Payee Data Record (Std 204)	19
Indirect Cost Rate Certification	20

**ATTACHMENT 1: APPLICATION COVER SHEET**

**Mental Health Student Services Act  
Grant Application Cover Sheet**

Provide the information related to the partnership below.

Name of County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title	
Siskiyou County Health and Human Services Agency, Behavioral Health Division	Sarah Collard, PHD HHSA/MHP Director	
Director or Designee Signature <i>(Sign as Lead Agency or sign to authorize the Lead Agency listed below, if not the county/city)</i>		Date
		1/13/22

**DUNS number of the County and/or City Mental Health/Behavioral Health Department: 125547724**

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

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

**County and/or City Mental Health/Behavioral Health Department Applicant has not applied for and/or has not received a previous MHSSA grant from the Commission (initial): sc**

I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant; that we have not applied and/or received previous MHSSA funds and that this grant Application is consistent with the terms and requirements of the Commission's Request for Application for the Mental Health Student Services Act.

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

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

List all school districts in the partnership for this application <i>(Add lines as needed)</i>
1. Grenada Elementary School District
2.
3.

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

Name of Educational Entity	Director or Designee	Date Signed
1. Siskiyou County Office of Education	Name: Kermith Walters	1/11/2022
	Signature: <i>Kermith R. Walters</i>	
2.	Name:	
	Signature:	

Applicant/Lead Grant Coordinator Contact Information:

Name:	Tracie Lima, LCSW
Title:	Clinical Director of Behavioral Health
Email:	tlima@co.siskiyou.ca.us
Phone Number:	530-841-2230

## ATTACHMENT 2: INTENT TO APPLY

This Attachment is required to be submitted to be eligible to receive a grant. See due state stated in Table IV-I Key Action Dates.

The form may be submitted by email to the Procurement Official below, but the original signed copy must be submitted with the final Application.

Procurement Official:

Cheryl Ward  
Mental Health Services Oversight and Accountability Commission  
[MHSOAC@mhsoac.ca.gov](mailto:MHSOAC@mhsoac.ca.gov)

Subject Line: RFA\_MHSSA\_002

We intend to submit an Application for the MSHAOC RFA\_MHSSA\_002: X

The individual to whom all information regarding this solicitation shall be transmitted is:

Name:	Sarah Collard		
Address	2060 Campus Dr.		
City, State and ZIP Code:	Yreka, CA 96097		
Telephone:	530-841-2761	FAX:	530-841-4799
E-Mail:	scollard@co.siskiyou.ca.us		

List all counties, and/or city mental health/behavioral health departments covered under this Intent to Bid. If this is a joint effort, the lead county shall be listed first and sign the Intent to Apply. (Add lines as needed)

Counties, and/or city mental health/behavioral health departments	
1.	
2.	
3.	
4.	

List all School Districts participating in this application. If a School District is the lead, identify which one. (Add lines as needed)

School Districts	
1.	Grenada Elementary School District
2.	
3.	
4.	
5.	
6.	

List all Educational entities (County Office of Education and/or Charter School(s)) participating in this application. If an Educational entity is the lead, identify which one. *(Add lines as needed)*

Educational entities (County Office of Education and/or Charter School(s))	
1.	Siskiyou County Office of Education
2.	
3.	

Authorized Signor:  


Name (Signature)

Sarah Collard, Director, Dept of Health & Human Services

Name and Title (Print)

scollard@co.siskiyou.ca.us

Email

November 15, 2021

Date

Siskiyou

County

(530) 841-2700

Telephone

### ATTACHMENT 3: ECONOMICALLY DISADVANTAGED COMMUNITIES

Applicants must show how they meet the Economically Disadvantaged Communities requirement by providing the following program information for each school in the proposed MHSSA program

Economically Disadvantaged Communities					
VI.B.	Enrollment Data				
		School District (Name)	School (Name)	Title 1 (Y/N)	Total Enrollment (Count)
1	Big Springs Elementary District	Big Springs Elementary	Y	178	86
2	Bogus Elementary School District	Bogus Elementary	N	20	13
3	Butte Valley Unified	Butte Valley Elementary	Y	189	77
4	Butte Valley Unified	Butte Valley High	Y	87	31
5	Delphic Elementary	Delphic Elementary	Y	59	30
6	Dunsmuir Elementary	Dunsmuir Elementary	Y	81	64
7	Dunsmuir Joint Union HS	Dunsmuir High School	Y	54	33
8	Forks of Salmon Elementary	Forks of Salmon Elementary	N	8	0
9	Gazelle Union Elementary	Gazelle Elementary	N	38	23
10	Grenada Elementary	Grenada Elementary	Y	204	46
11	Happy Camp Union	Happy Camp Elementary	Y	97	47
12	Hornbrook Elementary	Hornbrook Elementary	Y	81	34
13	Junction Elementary	Junction Elementary	N	18	8
14	Klamath River Union	Klamath River Elementary	Y	10	6
15	Little Shasta Elementary	Little Shasta Elementary	N	16	10
16	McCloud Union Elementary	McCloud Elementary	Y	59	34
17	Montague Elementary	Montague Elementary	Y	182	115
18	Mt. Shasta Union Elementary	Mt. Shasta Elementary	Y	176	70
19	Mt. Shasta Union Elementary	Sisson School	Y	304	93
20	Scott Valley Unified School District	Etna Elementary	Y	120	53
21	Scott Valley Unified School District	Etna Union High School	Y	184	80
22	Scott Valley Unified School District	Ft. Jones Elementary	Y	146	66
23	Scott Valley Unified School District	Scott Valley Jr. High	Y	145	63
24	Seiad Elementary	Seiad Elementary	N	9	2
25	Siskiyou Union HSD	Happy Camp High School	Y	56	35
26	Siskiyou Union HSD	McCloud High School	Y	24	10
27	Siskiyou Union HSD	Mt. Shasta High School	N	270	83

28	Siskiyou Union HSD	Weed High School	Y	187	82
29	Weed Union Elementary	Weed Elementary	Y	298	191
30	Willow Creek Elementary	Willow Creek Elementary	Y	34	24
31	Yreka Union Elementary	Evergreen Elementary	Y	408	230
32	Yreka Union Elementary	Jackson Street School	Y	487	261
33	Yreka Union High School	Discovery High School	Y	38	28
34	Yreka Union High School	Yreka High School	Y	654	265
35	Golden Eagle Charter School	Golden Eagle Charter School	Y	573	321
36	Northern United Charter School - Siskiyou	Northern United Charter School - Siskiyou	Y	184	114

## ATTACHMENT 4: PROPOSED PLAN

Proposed Plan	
VI.C	<p>Provide a brief program plan that describes the MHSSA program being implemented and how funds will be used in support of the MHSSA program</p> <p>It is the intent of Siskiyou County Health and Human Services Agency, Behavioral Health Division (SCBHD) to apply for MHSSA funds in collaboration with Grenada Elementary School and the Siskiyou County Office of Education (SCOE) for the purpose of promoting school-based mental health and wellness. Social-emotional learning (SEL) has become a focus for many schools and is an umbrella term that encompasses MTSS, PBIS, and Restorative Practices, to name a few. Last year, the CalHOPE Student Support Funding allowed SCOE to collaborate with 19 school districts to provide SEL education and services. Of the 27 school districts in Siskiyou County, 8 districts participated in the community of practice training, which is the beginning level of SEL, and 5 districts made up of 11 K-12 schools were successful in moving to an implementation phase that included only Tier 1 interventions. The focus for the MHSSA grant is to continue to build upon the work that was done last year and advance all willing school districts into full implementation of all Tiers of the SEL program.</p> <p>The development of a program to support school-based mental health and wellness across all K-12 schools in Siskiyou County will marry the structure of the Multi-Tiered System of Supports (MTSS) with the social-emotional learning competencies from the Collaborative for Academic, Social and Emotional Learning (CASEL). According to CASEL, SEL is a process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and make responsible and caring decisions (casel.org 2020). MTSS is the system most schools use to identify and support enrolled students and families. There are three tiers for promoting school-based mental health and wellness and academic success. Tier 1 is School Wide Prevention and Community Outreach and includes support for all students, staff and parents/community; Tier 2 provides more specific support for small groups or individuals to address academic or SEL concerns; and Tier 3 often addresses longer term, individual support for academic and mental health and wellness concerns.</p> <p>SCBHD is entering into a collaborative relationship with Grenada Elementary School, and SCOE. The purpose of this collaboration is to promote school-based mental health and wellness by fostering preventative measures through training and education for school administrators, teachers, paraeducators, parents/community and other local youth-serving organizations, bringing needed counseling services and other support services into the schools and improving the accessibility and linkage to appropriate level of mental health services to children. SCBHD intends to create a new position (Program Coordinator) to aid in access and linkage to speciality mental health services within the County as well as linkage to appropriate lower levels of care. SCBHD will also seek to hire two Behavioral Health Specialists to meet the needs of students identified through the SEL screening process with moderate to severe mental health issues. Students that qualify for Speciality Mental Health Services will be referred to a newly hired and dedicated Clinician that will provide school based counseling services. SCOE will hire two</p>



Behavioral Health Specialists that will focus on providing Tier 2 and 3 services. The SCBHD and SCOE Behavioral Health Specialists will work together to ensure that all students receive the appropriate level of service. The SCBHD Program Coordinator will work closely with all participating schools to aid in linking students to appropriate services to treat mental health issues, as well as linkage to preventative services within the community. The Siskiyou County Office of Education plans to create a "School-based Mental Health and Wellness" division to support the provision of a full range of mental health and wellness supports across all three MTSS levels.

Grenada Elementary School was one of the eleven schools that participated in the training and implementation of SEL last year, and has fully embraced the tenants of this program. Our partnership with Grenada Elementary School will serve as a pilot school to expand school-based mental health and wellness across all three MTSS tiers before rolling out similar programs and initiatives to the remaining Siskiyou County schools. A primary goal of this partnership is to assist the Grenada Elementary School and community in becoming a model for schools and communities across Siskiyou County. SCBHD will work directly with this school to assist them in obtaining SEL training for existing school personnel to take a lead in providing Tier 2 and 3 interventions. SCBHD will utilize Behavioral Health Specialists to provide limited Tier 2 and 3 services to students who may meet the Speciality dMental Health level of care. For those students that do not require this level of care, SCBHD will assist the school in linkage to the appropriate level of care for services and prevention of serious mental illness. SCOE will use the model developed with Grenada Elementary School and partner with SCBHD to expand similar services and supports to all Siskiyou County schools and districts for professional development and training to implement Tier 2 and 3 services.

The MHSSA funds will be utilized to staff necessary positions at both SCBHD and SCOE to administer the program described above. SCBHD plans to hire one Program Coordinator, two Behavioral Health Specialists, and one Clinician to support the increased need of school-based services to those students who exhibit moderate to severe mental health impairments and to facilitate linkage to lower levels of counseling and prevention services. SCBHD will collaborate and coordinate directly with SCOE to support Siskiyou County schools transition to full implementation of SEL curriculum. Funds will be used for positions, capital outlay, and goods. Please refer to the Program Development and Operations budget section.

SCOE plans to hire a Director of school-based mental health and wellness, two Behavioral Health Specialists, and one Administrative Secretary. The Director will aid in the facilitation of trainings for administrators and teachers for Adult and Student SEL, professional development for integrating grade-level and content-based SEL instructional strategies, training of school staff for universal screening of SEL competencies, development of a school-level referral system for Tier 2 and Tier 3 supports, site-based instructional coaching, parent/community-based training to educate parents on the importance of SEL for their children and overall family wellness, as well as other supports necessary to enhance the mental health and wellness of entire school communities. The funds will be utilized to fund off-site and out-of-county training; contract for services, including Aperture, a universal screening program and a data collection system that is already in use, to track the number of students who have been screened under SEL, track their progress, and map outcomes; goods, such as SEL curriculum or materials; and capital outlays, such as computers, furniture and vehicles. Funds will also be used to comply with all reporting requirements and administrative costs.

<b>VI.C</b> .	<p>Provide a brief explanation of what will be accomplished during each of the following phases:</p> <p><b>January 2022 - February 2022</b></p> <ul style="list-style-type: none"><li>● MHSSA Grant Awarded</li><li>● Identify key staff at SCBHD, SCOE and GES</li><li>● Process MOUs between SCBHD and the 2 grant partners - SCOE and GES</li><li>● SCBHD will hire One Program Coordinator who will provide linkage to appropriate levels of services within the County.</li><li>● Siskiyou County teachers, paraeducators and school staff will be invited to attend a Siskiyou SEL Community of Practice to educate participants in adult and student social emotional learning.</li></ul> <p><b>February 2022 - March 2022</b></p> <ul style="list-style-type: none"><li>● Grant partners will collaborate to develop a school-level needs assessment survey to identify existing school-based mental health and wellness strengths and weaknesses.</li><li>● SCOE will initiate a recruiting and hiring process to staff the positions of Director of School-based Mental Health and Wellness, two Behavioral Health Specialists to provide Tier 2 and 3 Wellness, and an Administrative Secretary.</li><li>● Necessary supplies and equipment for grant administration will be ordered.</li><li>● School administrators will review and administer needs assessment surveys to school staff and community members.</li><li>● Siskiyou County teachers, paraeducators, school staff, and SCBHD program coordinator will be invited to attend a Siskiyou SEL Community of Practice to educate participants in adult and student social emotional learning.</li></ul> <p><b>March 2022 - April 2022</b></p> <ul style="list-style-type: none"><li>● Grant partners will use a strengths, weaknesses, opportunities and threats (SWOT) protocol to analyze the needs assessment survey results. The findings from this analysis will be used to develop a Program Plan that complies with MHSSA (WIC 5886) and the Federal Requirements for the grant period July 2022 - June 2026.</li><li>● Work with the Commission and other MHSSA counties to learn from others about developing a plan and explore program sustainability options.</li><li>● Grant partners will develop a referral protocol for SCBHD Speciality Mental Health Services, as well other appropriate service providers within the community..</li><li>● Siskiyou County teachers, paraeducators and school staff will be invited to attend a Siskiyou SEL Community of Practice to educate participants in adult and student social emotional learning.</li><li>● Review Progress with MHSSA Commission</li></ul> <p><b>April 2022 - May 2022</b></p>
------------------	---

- Grant partners will collaborate and establish an implementation plan and program operation timeline, a communication plan and a refined budget, as per the templates provided upon contract execution.
- SCOE will conclude the recruiting and hiring process for identified needs.
- The grant partners will develop materials for school participation in the School-based Mental Health and Wellness Program.
- Siskiyou County teachers, paraeducators, school staff, and SCBHD team will be invited to attend a Siskiyou SEL Community of Practice to educate participants in adult and student social emotional learning.
- Review Progress with MHSSA Commission
- Pilot referral process with teachers and staff at GES (Grenada Elementary School).

**May 2022 - June 2022**

- Share School-based Mental Health and Wellness materials with school administrators and identify Year 1 participating schools.
- Review implementation plan, program operation timeline, communication plan and refined budget with Commission for approval.
- Prepare and submit grant deliverables.

**July 2022 - June 2023**

- Register the 11 Siskiyou County schools currently identified as SEL Implementation Sites.
- Register 6 to 7 new schools as SEL Implementation Sites
- Provide monthly professional development for educators across Siskiyou County.
- Contract with Aperture and facilitate roster integration for existing and new schools for the 22-23 school year.
- SCBHD will hire two Behavioral Health Specialists and one Clinician.
- Work with SEL Site Implementation Teams to identify school-wide needs and develop plans for MTSS Tier 1, Tier 2 and Tier 3 interventions.
- Train school staff to identify and refer students, who need clinical mental health interventions, to SCBHD and other appropriate community providers.
- SCBHD Behavioral Health Specialists will provide MTSS Tier 2 services and the Clinician will provide Tier 3 mental health supports to students who exhibit moderate to severe mental health impairments on site and within Siskiyou County schools.
- Host parent/community events to raise awareness of the benefits of social-emotional learning and reduce the stigma associated with mental health.
- SCOE Behavioral Health Specialists will work with individual school sites to provide Tier 2 and Tier 3 supports in small group and one-to-one training.
- SCBHD Program Coordinator will work between both teams of behavioral health specialists to help facilitate access and linkage to the appropriate level of ongoing services for students and families.

- SCOE will Identify specialized professional development, such as trauma-informed practices, restorative practices, PBIS and MTSS and identify educators with a desire to train in these areas.
- SCOE and SCBHD will complete required quarterly and annual reporting and submit grant deliverables.
- SCOE will explore and identify alternative funding opportunities to build and expand school-based mental health and wellness programs.

**July 2023 - June 2024**

- Register the 17-18 Siskiyou County schools currently identified as SEL Implementation Sites.
- Register 6 to 7 new schools as SEL Implementation Sites
- Provide monthly professional development for educators across Siskiyou County.
- Contract with Aperture and facilitate roster integration for existing and new schools for the 23-24 school year.
- Work with SEL Site Implementation Teams to identify school-wide needs and develop plans for MTSS Tier 1, Tier 2 and Tier 3 interventions.
- Train school staff to identify and refer students, who need clinical mental health interventions, to SCBHD and other appropriate community services.
- Host parent/community events to raise awareness of the benefits of social-emotional learning and reduce the stigma associated with mental health.
- SCOE Behavioral Health Specialists will work with individual school sites to provide Tier 2 and Tier 3 supports in small group and one-to-one training.
- SCBHD Program Coordinator will work between both teams of behavioral health specialists to help facilitate access and linkage to the appropriate level of ongoing services for students and families.
- Identify specialized professional development, such as trauma-informed practices, restorative practices, PBIS and MTSS and identify educators with a desire to train in these areas.
- SCBHD and SCOE will complete required quarterly and annual reporting and submit grant deliverables.
- Explore and identify alternative funding opportunities to build and expand school-based mental health and wellness program

**July 2024 - June 2025**

- Register the 23-25 Siskiyou County schools currently identified as SEL Implementation Sites.
- Register 6 to 7 new schools as SEL Implementation Sites
- Provide monthly professional development for educators across Siskiyou County.
- Contract with Aperture and facilitate roster integration for existing and new schools for the 23-24 school year.
- Work with SEL School Site Implementation Teams, (school leaders leading the SEL efforts at each school) to identify school-wide needs and develop plans for MTSS Tier 1, Tier 2 and Tier 3 interventions.

- Train school staff to identify and refer students, who need clinical mental health interventions, to SCBHD and other appropriate community services.
- Host parent/community events to raise awareness of the benefits of social-emotional learning and reduce the stigma associated with mental health.
- SCOE Behavioral Health Specialists will work with individual school sites to provide Tier 2 and Tier 3 supports in small group and one-to-one training.
- Identify specialized professional development, such as trauma-informed practices, restorative practices, PBIS and MTSS and identify educators with a desire to train in these areas.
- Complete required quarterly and annual reporting and submit grant deliverables.
- Explore and identify alternative funding opportunities to build and expand school-based mental health and wellness program

**July 2025 - June 2026**

- Register the 29-32 Siskiyou County schools currently identified as SEL Implementation Sites.
- Register the remaining Siskiyou County schools as SEL Implementation Sites
- Provide monthly professional development for educators across Siskiyou County.
- Contract with Aperture and facilitate roster integration for existing and new schools for the 23-24 school year.
- Work with SEL Site Implementation Teams to identify school-wide needs and develop plans for MTSS Tier 1, Tier 2 and Tier 3 interventions.
- Train school staff to identify and refer students, who need clinical mental health interventions, to SCBHD and other appropriate community services .
- Host parent/community events to raise awareness of the benefits of social-emotional learning and reduce the stigma associated with mental health.
- SCOE Behavioral Health Specialists will work with individual school sites to provide Tier 2 and Tier 3 supports in small group and one-to-one training.
- SCBHD Behavioral Health Specialists will provide MTSS Tier 2 services and the Clinician will provide Tier 3 mental health supports to students who exhibit moderate to severe mental health impairments on site and within Siskiyou County schools.
- Identify specialized professional development, such as trauma-informed practices, restorative practices, PBIS and MTSS and identify educators with a desire to train in these areas.
- SCBHD and SCOE will complete required quarterly and annual reporting and submit grant deliverables.
- Explore and identify alternative funding opportunities to build and expand school-based mental health and wellness programs.

### ATTACHMENT 5: PROPOSED BUDGET

Provide proposed budget, by project phase, up to the total Grant Funding Cap for the Applicant’s population designation (See Table V-1)

#### Proposed Budget

D.1.a.	Program Development	\$ 141,511
--------	---------------------	------------

D.2. Provide brief description on the types of costs that are planned to be incurred

SCBHD intends to hire one program coordinator during the program development phase. Necessary goods and capital outlay items to be purchased for this program, in the amount of Seven Thousand and Nine Hundred Dollars, will include 4 Surface Pros, 4 smartphones and office furniture. These goods are necessary for providing school based services and documentation. Additionally, SCBHD intends to participate in SEL training to become familiar with this program at a cost of \$1,000.

SCOE anticipates spending Fifty-Seven Thousand and Thirty-Nine Dollars to hire three new positions. The new positions are: One Director of school-based mental health and wellness, two Behavioral Health Specialists, and one Administrative Assistant. The anticipated training costs will be Twelve Thousand Dollars to initiate SEL training for across the system. SCOE’s SEL Leadership Team recently completed a review of several applications that provide universal screening of SEL competencies in students. The SEL Leadership Team chose to contract with Aperture Education because it was the only application that offered both K-8 screening and 9-12 screening and it is aligned with the CASEL competencies. Additionally, the Aperture System allows us to track student and school data required by the MHSSA grant. They anticipate spending approximately Five Thousand Dollars in goods and Thirty Thousand Dollars for the purchase of a vehicle to travel across the county. The tables below detail proposed budgets for both SCBHD and SCOE and a table with the combined proposed budgets in the amount of One Hundred Forty-one Thousand Five Hundred Eleven Dollars for the development phase of the MHSSA grant.

#### SCBHD Proposed Program Development

Staffing		Total
Program Coordinator	\$32,616	\$32,616
	Indirect Cost (CA certified indirect rate) .2439368	\$7,956
	<b>Subtotal</b>	<b>\$40,572</b>
Training	\$1,000	\$ 1,000
Goods	\$ 200	\$ 200
Capital Outlay	\$7,700	\$ 7,700

**Subtotal** \$ 8,900

**TOTAL** \$49,472

SCOE Proposed Budget - Program Development		
		TOTAL
Staffing (includes salary and benefits)		\$57,039
Contractors		\$12,000
Training		\$15,000
Goods		\$5,000
Capital Outlay		\$3,000
	<b>TOTAL</b>	<b>\$92,039</b>

**Combined Proposed Budget - Program Development**

	SCOE	SCBHD	Total
Staffing	\$57,039	\$40,572	\$97,611
Training	\$12,000	\$1,000	\$13,000
Contractor (Aperture)	\$15,000		\$15,000
Goods	\$5,000	\$200	\$5,200
Capital Outlay	\$3,000	\$7,700	\$10,700
<b>TOTALS</b>	<b>\$92,039</b>	<b>\$49,472</b>	<b>\$141,511</b>

D.1.b. Program Operations

Proposed Budget – Program Operations					Total Program Operations
Year 1	Year 2	Year 3	Year 4		
\$503,330	\$536,475	\$655,886	\$662,798	\$2,358,489	

D.2.

Provide brief description on the types of costs that are planned to be incurred

SCBHD intends to hire one Program Coordinator and expend its budget for training, goods, and capital outlay in year 1 for a total of One hundred Eighty-eight Thousand Eight Hundred and Eighteen Dollars. In year two, SCBHD intends to add a Behavioral Health Specialist and expend its budget for training, goods, and capital outlay for a total of One Hundred and Seventy-nine Thousand Seven Hundred and Sixty-three dollars. In the remaining two years, the grant will be charged per year for staffing costs, which include: the Program Coordinator, one Behavioral Health Specialists, and one Clinician for a total of Two Hundred Ninety Thousand Eight Hundred Fourteen Dollars and Two Hundred Eighty-Nine Thousand Three Hundred Fourteen Dollars, respectively.

**SCBHD Proposed Budget - Program Operations**

	Year 1	Year 2	Year 3	Year 4	Total
Staffing	\$121,718	\$171,163	\$282,214	\$282,214	\$519,211
Contractors					
Training	\$1,000	\$1,000	\$1,000	\$1,000	\$4,000
Goods	\$6,100	\$6,100	\$6,100	\$6,100	\$24,400
Capital Outlay	\$60,000	\$1,500	\$1,500		\$63,000
<b>TOTAL</b>	<b>\$188,818</b>	<b>\$179,763</b>	<b>\$290,814</b>	<b>\$289,314</b>	<b>\$948,709</b>

SCOE intends to hire one Director, two Behavioral Health Specialists, and one Administrative Assistant for a total cost of One Million Four Hundred Thirty-Nine Thousand One Hundred Eighty Dollars. Training will be provided as needed for educators and support staff over the course of the grant, not to exceed a total of Thirty-Two Thousand Seven Hundred Eighty-Six dollars. Goods are projected to cost One Hundred and Twenty Thousand Dollars and No Cents. SCOE intends to purchase one vehicle for a cost of Thirty Thousand Dollars and No Cents.

**SCOE Proposed Budget - Program Operations**

	Year 1	Year 2	Year 3	Year 4	Total
Staffing	\$274,919	\$286,919	\$298,072	\$306,484	\$1,166,394
Contractors					
Training	\$9,593	\$9,593	\$6,800	\$6,800	\$32,786
Goods	\$30,000	\$30,000	\$30,000	\$30,000	\$120,000
Capital Outlay	\$30,000	\$30,000	\$30,000	\$30,000	\$120,000
<b>TOTAL</b>	<b>\$344,512</b>	<b>\$356,512</b>	<b>\$364,872</b>	<b>\$373,284</b>	<b>\$1,439,180</b>

The combined total for the life of this grant is expected to be Two Million Five Hundred Thousand. This project aims to provide Social and Emotional Learning skills throughout all of Siskiyou County's Schools, as well as bring needed mental health services to all students and families that have a need. The level of service intervention will range from a very low level of need, which will be administered by the teachers, to a low to moderate level of need which will be administered by



	the SCOE Behavioral Health Specialists and managed care providers, to the moderate to a high level of need which will be managed by the SCBHD team. The collaboration that is being made possible by the Mental Health Services Student Act is a critical intervention for the mental wellness of the communities' children and families.	
D.1.c.	Total Grant Request	
	Total Grant Request (Total Program Development + Total Program Operations)	\$ 2,500,000

## ATTACHMENT 6: FINAL SUBMISSION CHECKLIST

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

Check	DESCRIPTION
X	Attachment 1: Application Cover Sheet/Minimum Requirements
X	Attachment 2: Intent to Apply
X	Attachment 3: Economically Disadvantaged Communities
X	Attachment 4: Proposed Plan
X	Attachment 5: Proposed Budget
X	Attachment 6: Final Submission Checklist
X	Attachment 7: Payee Data Record (Std 204)

**PAYEE DATA RECORD**

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 03/2021)

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

Siskiyou County Health and Human Services Agency Behavioral Health Division

**BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME** (If different from above)**MAILING ADDRESS** (number, street, apt. or suite no.) (See instructions on Page 2)

2060 Campus Dr.

**CITY, STATE, ZIP CODE**

Yreka, CA 96097

**E-MAIL ADDRESS**

rbullock@co.siskiyou.ca.us

**Section 2 – Entity Type****Check one (1) box only that matches the entity type of the Payee listed in Section 1 above.** (See instructions on page 2) **SOLE PROPRIETOR / INDIVIDUAL** **SINGLE MEMBER LLC** *Disregarded Entity owned by an individual* **PARTNERSHIP** **ESTATE OR TRUST** **CORPORATION** (see instructions on page 2) **MEDICAL** (e.g., dentistry, chiropractic, etc.) **LEGAL** (e.g., attorney services) **EXEMPT** (e.g., nonprofit) **ALL OTHERS****Section 3 – Tax Identification Number**Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must **match** the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. **Note:** Payment will not be processed without a TIN.

- For **Individuals**, enter SSN.
- If you are a **Resident Alien**, and you do not have and are not eligible to get an SSN, enter your ITIN.
- Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.
- For **Sole Proprietor or Single Member LLC (disregarded entity)**, in which the **sole member is an individual**, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).
- For **Single Member LLC (disregarded entity)**, in which the **sole member is a business entity**, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.
- For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

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

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**OR****Federal Employer Identification Number (FEIN)**9 4 - 6 0 0 0 5 3 7**Section 4 – Payee Residency Status** (See instructions) **CALIFORNIA RESIDENT** – Qualified to do business in California or maintains a permanent place of business in California. **CALIFORNIA NONRESIDENT** – Payments to nonresidents for services may be subject to state income tax withholding. No services performed in California Copy of Franchise Tax Board waiver of state withholding is attached.**Section 5 – Certification****I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.****NAME OF AUTHORIZED PAYEE REPRESENTATIVE**

Sarah Collard

**TITLE**

HHSA Director

**E-MAIL ADDRESS**

scollard@co.siskiyou.ca.us

**SIGNATURE****DATE**

11/13/22

**TELEPHONE** (include area code)

530-841-2761

**Section 6 – Paying State Agency****Please return completed form to:****STATE AGENCY/DEPARTMENT OFFICE****UNIT/SECTION****MAILING ADDRESS****FAX****TELEPHONE** (include area code)**CITY****STATE****ZIP CODE****E-MAIL ADDRESS**



INDIRECT COST RATE CERTIFICATION

LOCAL AGENCY: Siskiyou County Health and Human Services Agency/Behavioral Health Division

STATE FISCAL YEAR: FY20/21

INDIRECT COST RATE: .24393680

Indirect Cost Rate Type Used

- 10 Percent *de minimis*
- Negotiated Final Rate
- Federal Indirect Cost Rate (include copy)

Methodology Type Used

- Simplified Method
- Multiple Allocation Base Method

Distribution Base Used

- Modified Total Direct Cost
- Direct Salaries/Wages
- Direct Salaries/Wages/Fringe Benefits
- Facilities and Administration (F&A)

CERTIFICATION OF INDIRECT COSTS

I, the undersigned, certify that I have reviewed the indirect cost rate proposal prepared and retained by our agency and to the best of my knowledge and belief:

1. All costs included in the proposal to establish billing for indirect costs for the state fiscal year identified above, are allowable in accordance with the requirements of the Federal award(s) to which they apply and the provisions of Title 45 Code of Federal Regulations (CFR) Part 75.
2. All costs included in the retained proposal are properly allocable to Federal awards on the basis of a beneficial or contributory relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Costs have been accounted for consistently and indirect costs have not also been claimed as direct costs. The pass-through entity will be notified of any accounting changes that would affect the negotiated rate.
3. Agency does not currently have a negotiated indirect cost rate agreement (NICRA) from a federal awarding agency or pass-through entity.
4. Agency has received less than \$35 million in direct federal funding for the fiscal year requested.

I declare that the foregoing is true and correct.

Signature: [Signature]  
 Name of Official: Jennie Ebejer  
 Title: Auditor-Controller  
 \*(Must be executive or equivalent of agency)

Date: 10/15/20  
 Email: jebejer@co.siskiyou.ca.us  
 Telephone No.: (530) 842-8020

Signature: [Signature]  
 Name of Official: Sarah G. Collard PhD  
 Title: HHS Agency Director  
 \*(Must be financial officer or equivalent of agency)

Please scan and submit to the DHCS CSD inbox ICRCertification@dhcs.ca.gov annually by December 31.