

**AGREEMENT BETWEEN COUNTY OF LAKE AND ADVENTIST HEALTH
CLEARLAKE FOR THE STRATEGIC PREVENTION FRAMEWORK (SPF)
PARTNERSHIP FOR SUCCESS (PFS) PROJECT FOR FY 2018-19**

This Agreement is made and entered into by and between the County of Lake, hereinafter referred to as “County”, and Adventist Health Clear Lake, hereinafter referred to as “Contractor”, collectively referred to as the “parties”.

RECITALS

WHEREAS, County has contracted with DHCS for the SPF/PFS project; and

WHEREAS, County has determined that it requires additional collaboration in order to maintain this project in order to assist residents of Lake County; and

WHEREAS, Contractor has appropriate staffing and facilities necessary to provide such collaboration and desires to enter into this Agreement with County upon the provisions hereinafter set forth.

1. **SERVICES.** Subject to the terms and conditions set forth in this Agreement, Adventist Health Clear Lake shall provide to County the services described in the “**Scope of Services**” attached hereto and incorporated herein as **Exhibit A** at the time and place and in the manner specified therein. In the event of a conflict in or inconsistency between the terms of this Agreement and **Exhibits A/B/C/D/E/F**, the Agreement shall prevail.

2. **TERM.** This Agreement shall commence on June 1, 2018, and shall terminate on June 30, 2019, unless earlier terminated as hereinafter provided. In the event County desires to temporarily continue services after the expiration of this Agreement, such continuation shall be deemed on a month-to-month basis, subject to the same terms, covenants, and conditions contained herein, including but not limited to the maximum compensation payable under the Agreement.

3. **COMPENSATION.** Contractor has been selected by County to provide the services described hereunder in **Exhibit A**, titled “**Scope of Service**”. **Compensation to Contractor shall not exceed One Hundred Thousand Dollars (\$100,000).**

The County shall compensate Contractor for services rendered, in accordance with the provisions set forth in **Exhibit B** titled “**Fiscal Provisions**” attached hereto and incorporated herein, provided that Contractor is not in default under any provisions of this Agreement.

4. **TERMINATION.** This Agreement may be terminated by mutual consent of the parties or by County upon 30 days written notice to Contractor.

In the event of non-appropriation of funds for the services provided under this Agreement, County may terminate this Agreement, without termination charge or other liability.

Upon termination, Contractor shall be paid a prorated amount for the services provided up to the date of termination.

5. **MODIFICATION.** This Agreement may only be modified by a written Amendment hereto, executed by both parties; however, matters concerning scope of services which do not affect the compensation may be modified by mutual written consent of Contractor and County executed by the Lake County Behavioral Health Administrator.

6. **NOTICES.** All notices that are required to be given by one party to the other under this Agreement shall be in writing and shall be deemed to have been given if delivered personally or enclosed in a properly addressed envelope and deposited with the United States Post Office for delivery by registered or certified mail addressed to the parties at the following addresses, unless such addresses are changed by notice, in writing, to the other party.

County of Lake
Lake County Behavioral Health
PO Box 1024
6302 Thirteenth Avenue
Lucerne, CA 95458-1024
Attn: Todd Metcalf
Behavioral Health Administrator

Adventist Health Clearlake
15322 Lakeshore Drive, Suite #201
Clearlake, CA 95422

Attn: David Santos
CEO

7. **EXHIBITS.** The Agreement Exhibits, as listed below, are incorporated herein by reference:

Exhibit A - Scope of Services
Exhibit B - Fiscal Provisions
Exhibit C - Compliance Provisions
Exhibit D – Data Collection Tool
Exhibit E – Contractor’s Release
Exhibit F – Travel Reimbursement

8. **TERMS AND CONDITIONS.** Contractor warrants and agrees that it shall comply with all terms and conditions of this Agreement including **Exhibit A, Exhibit B and Exhibit C**, entitled “**Compliance Provisions**” **Exhibit D**, titled “**Data Collection**”, **Exhibit E**, titled, “**Contractor’s Release**”, and **Exhibit F**, titled, “**Travel Reimbursement**” attached hereto and incorporated herein in addition to all other applicable federal, state and local laws, regulations and policies.

9. **INTEGRATION.** This Agreement, including attachments, constitutes the entire Agreement between the parties regarding its subject matter and supersedes all prior Agreements, related proposals, oral and written, and all negotiations, conversations or discussions heretofore and between the parties.

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County and Contractor have executed this Agreement on the day and year first written above.

COUNTY OF LAKE

ADVENTIST HEALTH CLEARLAKE

CHAIR, Board of Supervisors

Date: _____

ATTEST:

CAROL J. HUCHINGSON

Clerk to the Board of Supervisors

By: _____

Date: _____

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David Santos, CEO

Date: _____

APPROVED AS TO FORM:

ANITA L. GRANT

County Counsel

By:  _____

Date: 7-18-18

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COUNTY OF LAKE

ADVENTIST HEALTH CLEARLAKE

CHAIR, Board of Supervisors

Date:_____

David Santos, CEO

Date:_____

ATTEST:
CAROL J. HUCHINGSON
Clerk to the Board of Supervisors

APPROVED AS TO FORM:
ANITA L. GRANT
County Counsel

By: _____

By: _____

Date: _____

Date: _____

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EXHIBIT A – SCOPE OF SERVICES

1. CONTRACTOR'S RESPONSIBILITIES.

1.1 Contractor shall possess and maintain all necessary licenses, permits, certificates and credentials required by the laws of the United States, the State of California, County of Lake and all other appropriate governmental agencies, including any certification and credentials required by County. Failure to maintain the licenses, permits, certificates, and credentials shall be deemed a breach of this Agreement and constitutes grounds for the termination of this Agreement by County. Contractor and County shall comply with California Code of Regulations (CCR), Title 9, Section 18010.435, in the selection of providers and shall review for continued compliance with standards at least every three (3) years.

1.2 The Contractor shall maintain written policies and procedures on advance directive in compliance with the requirements of 42, Code of Federal Regulations (CFR), Section 422.128 and 438.6(i)(1), (3) and (4). Any written materials prepared by the Contractor for beneficiaries shall be updated to reflect changes in state laws governing advance directives as soon as possible, but not later than 90 days after the effective date of the change. For purposes of this contract, advance directives means a written instruction, such as a living will or durable power of attorney for health care, recognized under State law, relating to the provision of health care when the individual is incapacitated as defined in 42 C.F.R 489.100.

1.3 Contractor will observe and comply with all applicable Federal, State and local laws, ordinances and codes which relate to the services to be provided pursuant to this Agreement, including but not limited to the Deficit Reduction Act (DRA) of 2005, the Federal and State False Claims Acts, and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Health Information Technology for Economic and Clinical Health Act, found in Title XIII of the American Recovery and Reinvestment Act of 2009, Public Law 111-005 (HITECH Act); and the HIPAA Omnibus Final Rule.

1.4 Contractor will assure that each client has adequate information about the Contractor's problem resolution processes by including information describing the grievance, appeal, and expedited appeal processes in the Contractor's beneficiary booklet and providing the beneficiary booklet to beneficiaries. Contractor will post notices explaining grievance, appeal, and expedited appeal process procedures in locations at all Contractor provider sites. Notices shall be sufficient to ensure that the information is readily available to both clients and provider staff. The posted notice shall explain the availability of fair hearings after the exhaustion of an appeal or expedited appeal process, including information that a fair hearing may be requested whether or not the beneficiary has received a notice of action pursuant to CCR, Title 9, and Section 1850.210. A Contractor provider site means any office or facility owned or operated by the Contractor at which clients may obtain specialty mental health services.

1.5 Client's rights shall be assured pursuant to California law and regulation, including but not limited to Welfare and Institutions Code 5325, Title 9, CCR, Sections 860 through 868 and Title 42, CFR, Section 438.100(b)(1) and, (b)(2). Included in these rights is the right of

beneficiaries to participate in decisions regarding his or her health care, including the right to refuse potential treatment.

1.6 Contractor agrees to extend to County or its designee, the right to review and monitor all records, programs or procedures, at any time in regards to clients, as well as the overall operation of Contractor's programs in order to ensure compliance with the terms and conditions of this Agreement.

1.7 All expenses of copying records and other documents shall be borne by the party seeking to review those records and/or documents and charged at the rate of \$0.25 cents per page.

1.8 Upon discovery of a reportable breach by Contractor, the Contractor must notify County within five (5) working days of the breach by submitting an incident report to the Behavioral Health Compliance Officer/Privacy Officer, and fulfill the mandated reporting requirements. Contractor will make his/her best efforts to preserve data integrity and the confidentiality of protected health information.

1.9 Upon termination of the Agreement all Protected Health Information provided by Lake County Behavioral Health to Contractor, or created or received by Contractor on behalf of County, is destroyed or returned to County, or if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Section.

1.10 Contractor shall comply with the provision of the County's Cultural Competency Plan by maintaining 100% compliance with National Culturally and Linguistically Appropriate Services (CLAS) standards. Contractor shall provide proof, no less than annually or upon County's request, evidence of compliance including but not limited to attendance and training agendas, or other such documentation which reasonably evidences compliance.

2. REPORTING REQUIREMENTS. Contractor agrees to provide County with any reports which may be required by State or Federal agencies for compliance with this Agreement including the following:

2.1 The Contractor is required to submit hard-copy, quarterly invoices with an original signature by the authorized official, in blue ink, for each calendar quarter, or portion thereof, during the Agreement period.

2.2 The Contractor is required to submit electronic, quarterly progress reports utilizing the Data Collection Tool provided by DHCS. The Data Collection Tool is displayed in **Exhibit D**. Quarterly invoices will be submitted by County to DHCS no later than 30 days after the close of each calendar quarter (January 31, April 30, July 31, and October 31) at the following email address: SPFPFS@dhcs.ca.gov.

2.3 The Contractor is required to submit a final performance report due 90 days after the end of the Agreement. The report is to include accomplishments, barriers to implementation, lesson learned, and plans for sustainability of efforts.

3. RECORDS RETENTION.

3.1 Contractor shall prepare, maintain and/or make available to County upon request, all records and documentation pertaining to this Agreement, including financial, statistical, property, recipient and service records and supporting documentation for a period of five (5) years from the date of final payment of this Agreement. If at the end of the retention period, there is ongoing litigation or an outstanding audit involving the records, Contractor shall retain the records until resolution of litigation or audit. After the retention period has expired, Contractor assures that confidential records shall be shredded and disposed of appropriately.

4. PROVISION OF SERVICES. Contractor shall collaborate with County to provide a comprehensive evidence-based approach to prevent prescription drug misuse and abuse among persons aged 12 to 25. The Contractor shall work to strengthen the county substance use disorder primary prevention service infrastructure, increase community awareness of risk of harm associated with prescription drug abuse, and collect and report data to County in accordance with federal reporting requirements.

4.1 The services shall be performed at various statewide community locations accessible to the Contractor.

4.2 The services may be provided during normal Contractor working days and hours, but is not limited to these hours.

4.3 County and Contractor shall participate on monthly check-in calls with DHCS.

4.4 County and Contractor shall complete and submit electronically to DHCS the County Capacity Assessment Survey, annually. DHCS will notify County when the survey is available via Survey Monkey.

4.5 County and Contractor shall complete and submit a Disparities Impact Statement (DIS) to DHCS by the end of Agreement Year 2. Materials, training and technical assistance will be provided by DHCS to assist in the preparation of the DIS.

4.6 The Contractor shall conduct a minimum of four (4) targeted education activities per Agreement year to youth and youth-influencers, consumers, and/or prescribers. Such activities may include but are not limited to:

- i. Classroom education (school settings)
- ii. Parenting/family management
- iii. Traffic Safety Education
- iv. Community-based education programs

4.7 The Contractor shall conduct a minimum of four (4) community outreach events per Agreement year. Such activities may include but are not limited to:

- i. Take-back days

- ii. Health fairs
- iii. Community team building
- iv. County-wide prevention provider network

4.8 The Contractor shall establish or improve policies and/or programs to institutionalize drug storage and disposal of prescription drugs. Such activities may include but are not limited to:

- i. Modify local prescription drug advertising practices
- ii. Change local codes, ordinances, regulations and laws
- iii. Train/educate environmental influencers such as health care personnel, law enforcement, school personnel, and parents.
- iv. Other support for enforcement of local ordinances
- v. Establish drop-box locations

4.9 The Contractor shall provide information dissemination activities to increase public understanding of risk of harm associated with prescription drugs and to support the implementation of the Strategic Prevention Framework (SPF) Partnership for Success (PFS) media/social norms campaign. Professional media materials will be provided by DHCS. Such activities may include but are not limited to:

- i. Health fairs/health promotion events
- ii. Printed or audio visual materials for or to community members/groups
- iii. Prevention-focused websites
- iv. Email blasts/social media
- v. Public service announcements
- vi. Speaking engagements/community presentations

4.10 County and Contractor shall attend annual SPF PFS Learning Community meetings and trainings at DHCS in Sacramento to share successes and outcomes, and receive programmatic and administrative training. Training and technical assistance will be provided by DHCS. Attendance is mandatory for a minimum of two (2) people, including a project representative or coalition member. The Contractor must include this travel in their budget.

EXHIBIT B – FISCAL PROVISIONS

1. **CONTRACTOR'S FINANCIAL RECORDS.** Contractor shall keep financial records for funds received hereunder, separate from any other funds administered by Contractor, and maintained in accordance with Generally Accepted Accounting Principles and Procedures and the Office of Management and Budget's Cost Principles.

2. **INVOICES.**

2.1 Contractor's invoices shall be submitted on a quarterly basis on or before the tenth (10th) working day of the month following the end of the quarter (October 10th, January 10th, April 10th, July 10th).

2.2 For services satisfactorily rendered, and upon receipt and approval of the invoices, County agrees to compensate the Contractor for actual expenditures incurred in accordance with the budget(s) in **Exhibit B, Section 4 "Payment Terms"**.

2.3 Invoices shall be submitted in quarterly to:

Lake County Behavioral Health
Attn: Fiscal Department
P.O. Box 1024
Lucerne, CA 95458

2.4 Invoices shall: Follow the guidelines as follows:

- 1) Be prepared on Contractor letterhead. If invoices are not on produced letterhead, invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent actual expenses for the service performed under this Agreement.
- 2) Bear the Contractor's name as shown on the Agreement.
- 3) Identify the billing and/or performance period covered by the invoice.
- 4) Itemize costs for the billing period in the same or greater level of detail as indicated in the Agreement budget years. Subject to the terms of this Agreement, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable in this Agreement and approved by County.
- 5) Include a quarterly progress report utilizing the **"Data Collection Tool"** provided by DHCS as identified in **Exhibit D**.

2.5 Invoices are to be received by County no later than 10 days after the close of each calendar quarter (January 31, April 30, July 31, and October 31). A supplemental invoice may be submitted, annually, no later than August 10, if needed.

2.6 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, County shall have no liability to

pay any funds whatsoever to Contractor or to furnish any other considerations under this Agreement and Contractor shall not be obligated to perform any provisions of this Agreement.

2.7 If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, County shall have the option to either cancel this Agreement with no liability occurring to County, or offer an agreement amendment to Contractor to reflect the reduced amount.

2.8 A final undisputed invoice shall be submitted for payment no more than sixty (60) calendar days following the expiration or termination date of this Agreement, unless a later or alternate deadline is agreed to in writing by the Program Contract Manager. Said invoice should be clearly marked "Final Invoice," thus indicating that all payment obligations of County under this Agreement have ceased and that no further payments are due or outstanding.

2.9 County may, at its discretion, choose not to honor any delinquent final invoice if the Contractor fails to obtain prior written County approval of an alternate final invoice submission deadline. Written County approval shall be sought from the Program Contract Manager prior to the expiration or termination date of this Agreement.

2.10 The Contractor is hereby advised of its obligation to submit, with the final invoice, **Exhibit E**, entitled "**Contractor's Release**" which will acknowledge submission of the final invoice to County and certifying the approximate percentage amount, if any, of recycled products used in performance of this Agreement.

2.11 Contractor shall maintain for review and audit and supply to County upon request, adequate documentation of all expenses claimed pursuant to this Agreement to permit a determination of expense allowability. County will request copies of all supporting fiscal documentation for one randomly selected calendar quarter per Agreement year for review.

2.12 If the allowability or appropriateness of an expense cannot be determined by County because invoice detail, fiscal records, or backup documentation is nonexistent or inadequate according to generally accepted accounting principles or practices, all questionable costs may be disallowed and payment may be withheld by County. Upon receipt of adequate documentation supporting a disallowed or questionable expense, reimbursement may resume for the amount substantiated and deemed allowable.

2.13 If travel is a reimbursable expense, receipts must be maintained to support the claimed expenditures. For more information on allowable travel and per diem expenses and required documentation, see **Exhibit F** entitled, "**Travel Reimbursement Information.**"

2.14 The State may withhold or disallow payments, reduce or terminate funds, and/or deny future funding anytime a Contractor fails to comply with any term or condition of the Agreement or program guidelines. Failure to comply may include, but is not limited to, the failure to submit acceptable and timely reimbursement invoices, quarterly, or annual comprehensive reports.

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4. PAYMENT TERMS.

Year 2
07/01/2018 through 06/30/2019

Personnel

Position Title	# of Staff	Annual Salary	FTE %	Annual Cost
Project Manager	1	\$84,000	10%	\$ 8,400
Total Salary				\$ 8,400
Fringe Benefits (24%)				\$ 2,016
Total Personnel				\$ 10,416

Operating Expenses

Office Supplies
Printing

Total Operating Expenses \$ 1,900

Travel (At CalHR reimbursement rates)

Total Travel Expenses \$ 1,200

Learning Community- Sacramento
Travel for 3 people (Travel expenses may include county staff,
coalition and community members)

Subcontracts

Strategic Prevention Framework Partnerships For Success
Project – TBD (Program Coordinator) \$40,000

Total Subcontracts \$ 45,132

Other Direct Costs

*Project Support (materials) - \$4,000
*T-shirts – for staff identification \$500.00
*Education and Outreach Events (drug take back,
Safe Rx summit, educational events, countywide
events and fairs, Integrated Clinical and Education
Initiative) - \$20,564
*Social Media – (advertising, radio ads, public
relations) \$11,300

Total Other Costs \$ 36,364

Indirect Costs - 10% of allowable budget items

Indirect Costs \$ 4,988

Annual Budget Total \$ 100,000

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Budget Narrative

Year 2
(07/01/2018 through 06/30/2019)

1. Personnel –

Lake County Behavioral Health AODS will provide oversight for this grant at .10 FTE = \$10,416.00.

Fringe Benefits – Social Security = 7.65%, Medical = 13.5%, Retirement = 3%

2. Operating Expenses –

Office supplies will include standard items such as copy paper, ink, pens, etc. = \$400.00

Printing of Safe Rx pamphlets to be handed out at events = \$1,500.00

3. Travel –

3 Staff and/or Advisory Team Members - To travel to Sacramento, hotel, mileage, meals for Learning Community in Sacramento. 3 persons @ \$400.00 per person

4. Subcontracts

Program Coordinator for Strategic Prevention Framework Partnerships for Success Project. Contractor will increase to .55 FTE = \$45,132.00

5. Other Costs

All costs are directly related to Strategic Prevention Framework Partnerships for Success Project and include:

- Collateral materials for Coalition and Programs included in Scope of Work = \$4,000
- T-shirts with logos to be worn by staff at all events \$500.00
- National Recovery Month Activities = \$3,000
- Outreach Events will include – Drug Take Back Day, Safe Rx Annual Summit, Two (2) Clinical Educational Events, and participation/collaboration with other countywide events, such as the Heroes of Health and Safety Fair = \$11,764.00
- Integrated Clinical and Education Initiative – Project Alert curriculum and opiate education lesson plan, implemented in 3 schools with pre and post survey = \$5,800
- Advertising for Events will cover both print and radio ads = \$3,000.00
- Comprehensive marketing/communication/PR campaign will focus on raising awareness, education and capitalize on available state resources, such as SHAMSA campaign and will expand to include Mass Media, Billboards, etc. = \$8,300.00

6. Indirect Costs

Indirect costs (grant management, annual audit, liability insurance) are figured at the Lake County allowable rate of 10% = \$4,988.00. County records are available for review.

5. RECOVERY OF OVERPAYMENTS. Contractor agrees that invoices based upon a contractual Agreement or an audit finding and/or an audit finding that is appealed and upheld, will be recovered by County by one of the following options:

1. Contractor's remittance to County of the full amount of the audit exception within 30 days following DHCS' request for repayment;

2) A repayment schedule which is agreeable to the both County and the Contractor.

5.1 County reserves the right to select which option will be employed and the Contractor will be notified by County in writing of the claim procedure to be utilized.

5.2 Interest on the unpaid balance of the audit finding or debt will accrue at a rate equal to the monthly average of the rate received on investments in the Pooled Money Investment Fund commencing on the date that an audit or examination finding is mailed to the Contractor, beginning 30 days after Contractor's receipt of County demand for repayment.

5.3 If the Contractor has filed a valid appeal regarding the report of audit findings, recovery of the overpayments will be deferred until a final administrative decision on the appeal has been reached. If the Contractor loses the final administrative appeal, Contractor shall repay, to County, the over-claimed or disallowed expenses, plus accrued interest. Interest accrues from the Contractor's first receipt of County notice requesting reimbursement of questioned audit costs or disallowed expenses.

6. USE OF FUNDS

6.1 The Contractor agrees that funds provided from the Agreement cannot be used for distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

6.2 The Contractor agrees that the funds may not be used for religious worship, instruction, proselytization, or for equipment and supplies to be used for any of these activities.

6.3 The Department of Health and Human Services Appropriations Act requires that to the greatest extent possible, all equipment and products purchased with funds made available under this award should be American made.

6.4 The Contractors who apply or bid for an award of \$100,000 or more shall file the required anti-lobbying certification. Each tier certifies to the tier above it that it will not and has not used federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of an agency or any officer, employee or member of Congress in connection with the awarding, modifying, renewing or extending of any federal contract, grant, loan, cooperative contract, or any other award covered by 31 USC 1352. Each tier shall also disclose any lobbying with nonfederal funds that takes place in connection with obtaining any federal award. Such disclosures are forwarded from tier to tier.

6.5 The Contractor is responsible for assuring that the use of funds from this Agreement will comply with Section 516 of the Public Health Services Act, as amended (42 USC § 290bb-22) and 45 CFR Part 92, as applicable. Further, the funds will only be used for allowable costs under the appropriate Office of Management and Budget Circular, "General Principles for Determining Allowable Costs" (2 CFR 200).

6.6 The Contractor agrees that it has no ongoing or completed projects under Agreement with other federal funding sources that duplicate or overlap any work contemplated or described in this project. It is further agreed that any pending or proposed request for other federal funds that would duplicate or overlap work under this project will be revised to exclude any such duplication of Agreement fund expenditures. It is understood that any such duplication of federal fund expenditures subsequently determined by audit will be subject to recovery.

6.7 By law, none of the funds awarded can be used to pay the salary of an individual at a rate in excess of the federal Executive Level II, which is currently \$185,100 annually.

EXHIBIT C – COMPLIANCE PROVISIONS

1. **INFORMATION INTEGRITY AND SECURITY.** Contractor shall immediately notify County of any known or suspected breach of personal, sensitive and confidential information related to Contractor's work under this Agreement.

2. **NON-DISCRIMINATION.** Contractor shall not unlawfully discriminate against any qualified worker or recipient of services because of race, religious creed, color, sex, sexual orientation, national origin, ancestry, physical disability, mental disability, medical condition, marital status or age.

3. **DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS.**

3.1 The Contractor certifies to the best of its knowledge and belief, that it and its subcontractors:

A. Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;

B. Have not, within a three-year period preceding this Agreement, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction; violation of federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity with commission of any of the offenses enumerated in the preceding paragraph; and

D. Have not, within a three-year period preceding this Agreement, had one or more public transactions terminated for cause or default.

3.2 Contractor shall report immediately to County, in writing, any incidents of alleged fraud and/or abuse by either Contractor or Contractor's subcontractor. Contractor shall maintain any records, documents, or other evidence of fraud and abuse until otherwise notified by County.

4. **AGREEMENTS IN EXCESS OF \$100,000.** Contractor shall comply with all applicable orders or requirements issued under the following laws:

4.1 Clean Air Act, as amended (42 USC 1857).

4.2 Clean Water Act, as amended (33 USC 1368).

4.3 Federal Water Pollution Control Act, as amended (33 USC 1251, et seq.)

4.4 Environmental Protection Agency Regulations (40 CFR, Part 15 and Executive Order 11738).

5. **INDEMNIFICATION AND HOLD HARMLESS.** Contractor shall indemnify and defend County and its officers, employees, and agents against and hold them harmless from any and all claims, losses, damages, and liability for damages, including attorney's fees and other costs of defense incurred by County, whether for damage to or loss of property, or injury to or death of person, including properties of County and injury to or death of County officials, employees or agents, arising out of, or connected with Contractor's operations hereunder or the performance of the work described herein, unless such damages, loss, injury or death is caused solely by the negligence of County.

6. **STANDARD OF CARE.** Contractor represents that it is specially trained, licensed, experienced and competent to perform all the services, responsibilities and duties specified herein and that such services, responsibilities and duties shall be performed, whether by Contractor or designated subcontractors, in a manner according to generally accepted practices.

7. **INTEREST OF CONTRACTOR.** Contractor assures that neither it nor its employees has any interest, and that it shall not acquire any interest in the future, direct or indirect, which would conflict in any manner or degree with the performance of services hereunder.

8. **DUE PERFORMANCE – DEFAULT.** Each party agrees to fully perform all aspects of this agreement. If a default to this agreement occurs then the party in default shall be given written notice of said default by the other party. If the party in default does not fully correct (cure) the default within 30 days of the date of that notice (i.e. the time to cure) then such party shall be in default. The time period for corrective action of the party in default may be extended in writing executed by both parties, which must include the reason(s) for the extension and the date the extension expires.

Notice given under this provision shall specify the alleged default and the applicable Agreement provision and shall demand that the party in default perform the provisions of this Agreement within the applicable time period. No such notice shall be deemed a termination of this Agreement, unless the party giving notice so elects in that notice, or so elects in a subsequent written notice after the time to cure has expired.

9. **INSURANCE.**

9.1 Contractor shall procure and maintain Workers' Compensation Insurance for all of its employees.

9.2 Contractor shall procure and maintain Comprehensive Public Liability Insurance, both bodily injury and property damage, in an amount of not less than one million dollars (\$1,000,000) combined single limit coverage per occurrence, including but not limited to endorsements for the following coverage: personal injury, premises-operations, products and completed operations, blanket contractual, and independent contractor's liability.

9.3 Contractor shall procure and maintain Comprehensive Automobile Liability Insurance, both bodily injury and property damage, on owned, hired, leased and non-owned vehicles used in

connection with Contractor's business in an amount of not less than one million dollars (\$1,000,000) combined single limit coverage per occurrence.

9.4 Contractor shall procure and maintain Professional Liability Insurance for the protection against claims arising out of the performance of services under this Agreement caused by errors, omissions or other acts for which Contractor is liable. Said insurance shall be written with limits of not less than one million dollars (\$1,000,000).

9.5 Contractor shall not commence work under this Agreement until it has obtained all the insurance required hereinabove and submitted to County certificates of insurance naming the County of Lake as additional insured. Contractor shall provide County certificates of insurance within 30 days after date of execution of the Agreement. Contractor agrees to provide to County, at least 30 days prior to expiration date, a new certificate of insurance.

9.6 In case of any subcontract, Contractor shall require each subcontractor to provide all of the same coverage as detailed hereinabove. Subcontractors shall provide certificates of insurance naming the County of Lake as additional insured and shall submit new certificates of insurance at least 30 days prior to expiration date. Contractor shall not allow any subcontractor to commence work until the required insurances have been obtained.

9.7 For any claims related to the work performed under this Agreement, the Contractor's insurance coverage shall be primary insurance as to the County, its officers, officials, employees, agents and volunteers. Any insurance or self-insurance maintained by County, its officers, officials, employees, agents or volunteers shall be in excess of the Contractor's insurance and shall not contribute with it.

9.8 The Commercial General Liability and Automobile Liability Insurance must each contain, or be endorsed to contain, the following provision:

The County, its officers, officials, employees, agents, and volunteers are to be covered as additional insureds and shall be added in the form of an endorsement to Contractor's insurance on Form CG 20 10 11 85. Contractor shall not commence work under this Agreement until Contractor has had delivered to County the Additional Insured Endorsements required herein.

Coverage shall not extend to any indemnity coverage for the active negligence of the additional insured in any case where an agreement to indemnify the additional insured would be invalid under subdivision (b) of California Civil Code Section 2782.

9.9 Insurance coverage required of Contractor under this Agreement shall be placed with insurers with a current A.M. Best rating of no less than A: VII.

Insurance coverage in the minimum amounts set forth herein shall not be construed to relieve the Contractor for liability in excess of such coverage, nor shall it preclude County from taking other action as is available to it under any other provision of this Agreement or applicable law. Failure of County to enforce in a timely manner any of the provisions of this section shall not act as a waiver to enforcement of any of these provisions at a later date.

9.10 Any failure of Contractor to maintain the insurance required by this section, or to comply with any of the requirements of this section, shall constitute a material breach of the entire Agreement.

10. **ATTORNEY'S FEES AND COSTS.** If any action at law or in equity is necessary to enforce or interpret the terms of this Agreement, the prevailing party shall be entitled to reasonable attorney's fees, costs, and necessary disbursements in addition to any other relief to which such party may be entitled.

11. **ASSIGNMENT.** Contractor shall not assign any interest in this Agreement and shall not transfer any interest in the same without the prior written consent of County except that claims for money due or to become due Contractor from County under this Agreement may be assigned by Contractor to a bank, trust company, or other financial institution without such approval. Written notice of any such transfer shall be furnished promptly to County. Any attempt at assignment of rights under this Agreement except for those specifically consented to by both parties or as stated above shall be void.

12. **INDEPENDENT CONTRACTOR.** It is specifically understood and agreed that, in the making and performance of this Agreement, Contractor is an independent contractor and is not an employee, agent or servant of County. Contractor is not entitled to any employee benefits. County agrees that Contractor shall have the right to control the manner and means of accomplishing the result agreed for herein.

Contractor is solely responsible for the payment of all federal, state and local taxes, charges, fees, or contributions required with respect to Contractor and Contractor's officers, employees, and agents who are engaged in the performance of this Agreement (including without limitation, unemployment insurance, social security and payroll tax withholding.)

13. **OWNERSHIP OF DOCUMENTS.** All non-proprietary reports, drawings, renderings, or other documents or materials prepared by Contractor hereunder are the property of County. In the event of the termination of this Agreement for any reason whatsoever, Contractor shall promptly turn over all said reports, drawings, renderings, information, and/or other documents or materials to County without exception or reservation.

14. **SEVERABILITY.** If any provision of this Agreement is held to be unenforceable, the remainder of this Agreement shall be severable and not affected thereby.

15. **ADHERENCE TO APPLICABLE DISABILITY LAW.** Contractor shall be responsible for knowing and adhering to the requirements of Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, (42 U.S.C. Sections 12101, et seq.). California Government Code Sections 12920 et seq., and all related state and local laws.

16. **HIPAA COMPLIANCE.** Contractor will adhere to Titles 9 and 22 and all other applicable Federal and State statutes and regulations, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and will make his best efforts to preserve data integrity and the confidentiality of protected health information.

17. **SAFETY RESPONSIBILITIES.** Contractor will adhere to all applicable CalOSHA requirements in performing work pursuant to this Agreement. Contractor agrees that in the performance of work under this Agreement, Contractor will provide for the safety needs of its employees and will be responsible for maintaining the standards necessary to minimize health and safety hazards.

18. **JURISDICTION AND VENUE.** This Agreement shall be construed in accordance with the laws of the State of California and the parties hereto agree that venue of any action or proceeding regarding this Agreement or performance thereof shall be in Lake County, California. Contractor waives any right of removal it might have under California Code of Civil Procedure Section 394.

19. **RESIDENCY.** All independent contractors providing services to County for compensation must file a State of California Form 590, certifying California residency or, in the case of a corporation, certifying that they have a permanent place of business in California.

20. **NO THIRD-PARTY BENEFICIARIES.** Nothing contained in this Agreement shall be construed to create, and the parties do not intend to create, any rights in or for the benefit of third parties.

21. **UNUSUAL OCCURRENCE REPORTING.** Contractor is required to have procedures for reporting unusual occurrences relating to health and safety issues. Contractor shall report to County any unusual events, accidents, or injuries requiring medical treatment for clients, staff, or members of the community. An unusual occurrence shall be reported to the County in writing (or electronic mail) as soon as possible but no later than three (3) working days of the Contractor's knowledge of the event. An unusual occurrence is subject to investigation by Lake County Behavioral Health; and upon a request, a copy of the County's investigation shall be made available to the State Department of Behavioral Health, which may subsequently conduct its own investigation.

22. **OVERSIGHT.** Lake County Behavioral Health shall conduct oversight and impose sanctions on the Contractor for violations of the terms of this Agreement, and applicable federal and state law and regulations, in accordance with Welfare & Institutions Code 14712(3) and CCR, Title 9, Section 1810.380 and 1810.385.

23 **NON-APPROPRIATION.** In the event County is unable to obtain funding at the end of each fiscal year for specialty mental health services required during the next fiscal year, County shall have the right to terminate this Agreement, without incurring any damages or penalties, and shall not be obligated to continue performance under this Agreement. To the extent any remedy in this Agreement may conflict with Article XVI of the California Constitution or any other debt limitation provision of California law applicable to County, Contractor hereby expressly and irrevocably waives its right to such remedy.

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EXHIBIT D – DATA COLLECTION TOOL

Strategic Prevention Framework - Partnerships for Success (SPF-PFS) Data Collection Tool

The SPF-PFS Data Collection Tool was designed to collect and submit county-level process data in accordance with federal reporting requirements. The Substance Abuse and Mental Health Services Administration (SAMHSA) requires that SPF-PFS awarded states and counties submit data via an online Management Reporting Tool (MRT). The Department of Health Care Services (DHCS) will submit both state and county-level data into the MRT on a quarterly basis. Each county is responsible for reporting quarterly SPF-PFS activities as outlined in this Data Collection Tool. Adherence to the DHCS deadlines below is essential for DHCS to meet SAMHSA's reporting deadlines.

Please complete the following Excel tabs each quarter:

- "SPF"** - Accomplishments and Barriers
- "Program"** - General Program Questions
- "Fiscal"** - Funding and Expenditures

Upon each intervention, complete one of the corresponding Excel tabs:

- "Education"** - Targeted Education Interventions
- "Outreach"** - Community Outreach Interventions
- "Policy Development"** - Policies/Ordinances/Procedures Interventions
- "Info. Dissemination"** - Information Dissemination Interventions

Reporting Period (Quarterly)	Deadline to DHCS (30 Days After Quarter)
October 1 - December 31	January 30
January 1 - March 31	April 30
April 1 - June 30	July 30
July 1 - September 30	October 30

Intervention Types (Based on SPF-PFS Objectives)	Examples
Targeted Education (4 annually)	Education activities to Youth/Youth Influencers/Retailers/Prescribers/Patients
Community Outreach (4 annually)	Prescription Drug Drop Boxes/Take Backs/Lock Boxes, Health Fairs, Health Promotion Events
Policy Development	Changing Local Policies/Ordinances/Procedures
Information Dissemination	Media Campaign, Resource Directory, Social Norms Campaign, Public Service Announcement

Exhibit A Attachment II

Assessment

Describe any accomplishments and/or barriers that you experienced while performing activities related to Assessment.

Accomplishments	Barriers

Capacity

Describe any accomplishments and/or barriers that you experienced while performing activities related to Capacity.

Accomplishments	Barriers

Planning

Describe any accomplishments and/or barriers that you experienced while performing activities related to Planning.

Accomplishments	Barriers

Implementation

Describe any accomplishments and/or barriers that you experienced while performing activities related to Implementation.

Accomplishments	Barriers

Evaluation

Describe any accomplishments and/or barriers that you experienced while performing activities related to Evaluation.

Accomplishments	Barriers

Which agency do you represent?

Agency Name

Are you currently partnering with a Community Coalition?

Select Response

Indicate the role of the Community Coalition in changing community capacity, knowledge, norms, and behaviors related to substance abuse prevention implementations.

Type "X" For All That Apply	Roles of the Community Coalition
	Collect and organize data
	Conduct needs assessments
	Train community members in substance abuse prevention
	Leverage funds from sources other than SPF-PFS
	Leverage resources other than funding (personnel, space, supplies)
	Plan or implement prevention interventions
	Ensure that SPF-PFS funded prevention interventions address issues related to cultural competence
	Plan or implement process or outcome evaluations of prevention interventions
	Set substance abuse policy at the organizational, local, state, or tribal level
	Educate others about needed changes in substance abuse policy at the organizational, local, or state/tribal/jurisdiction level.

Does your organization have formal, written policies in place to address cultural competence?

Type "X" For One Response	Responses
	Yes, we do have formal written policies to address cultural competence
	We do not have formal policies to address cultural competence but are required to follow the policies of the fiscal agency through which the SPF-PFS funds are funneled
	We are aware that cultural competence is an issue but we have not developed formal, written policies yet, or these policies are currently being developed

Which of the following health disparities-related activities did your organization conduct?

Type "X" For All That Apply	Activities
	Defined specific health disparities subpopulations (by demographics, language, age, socioeconomic status, sexual identity, or literacy)
	Identified specific substance use-related health disparities faced by your selected subpopulations
	Considered health disparities in your SPF-PFS planning process (e.g., in subrecipient or intervention selection)
	Involved subpopulations experiencing health disparities in your SPF-PFS activities (e.g., assessment, capacity building, planning, implementation, or evaluation)
	Received training to increase your capacity related to substance use health disparities
	Developed partnerships with agencies, organizations, or key stakeholders to address the health disparities
	Implemented interventions specifically for health disparities
	Adapted interventions to make them apply to specific health disparities subpopulations
	Increased the availability of substance use prevention services to health disparities subpopulations (i.e., increased how many services exist for these populations)
	Increased access to substance use prevention services for health disparities subpopulations (i.e., increased these populations' ability to get to or use these services)
	Evaluated outcomes by subpopulations that face substance use health disparities
	Evaluated changes in the number of individuals served or reached by subpopulations that face substance use health disparities
	Developed a plan to sustain progress made in addressing substance use-related health disparities beyond the SPF-PFS initiative

Indicate the activities that produced gains in your organizational resources related to SPF-PFS.

Type "X" For All That Apply	Activities
	Wrote, reviewed, or rewrote organizational or coalition mission or vision statement
	Identified key organizational or coalition activities and goals
	Increased staffing
	Trained Staff
	Identified coalition leaders
	Improved cultural competence
	Secured additional funding
	Secured physical space
	Coordinated or improved technical resources
	Coordinated or developed data collection or management information systems (MIS) or both
	None of the above

Exhibit A Attachment II

Which area did your organization need, request, and/or receive SPF-PFS related guidance or training and technical assistance (TTA)?

Training/Technical Assistance (TTA) Areas	Type "X" For All That Apply			Total Hours of TTA Received during the past Federal Fiscal Year
	Needed TTA	Requested TTA	Received TTA	
Needs and resource assessment				
Work plan and/or strategic plan development				
Staff, task force, or coalition member training				
Building relationships				
Intervention selection				
Participant recruitment				
Intervention implementation				
Intervention adaptation				
Cultural competence				
Health disparities				
Evaluation				
Sustainability				

Provide information on the key stakeholders, partners, and partner organizations that participate in your organization's SPF-PFS.

Sector	How many representatives from this sector are key stakeholders or partner	How many of these key stakeholders or partner members were "active"	What was the average level of involvement for the members of this		
			Low	Medium	High
Youth groups/representatives					
Schools/school districts					
Other youth serving organizations					
Parents/family/caregiver groups					
Tribal leaders or elders					
Business community					
Media (radio/TV stations/newspapers)					
Clergy/faith-based organizations					
Civic or volunteer organizations					
Organizations serving LGBTQ individuals					
Military					
Law enforcement agencies					
Courts/judiciary system					
Substance abuse treatment organizations					
Substance abuse prevention organizations					
Health care professionals/agencies					
Mental health professionals/agencies					
Other State, local, or tribal government agencies					

Which of the following local data-related resources are available for your SPF-PFS efforts.

Data-Related Resources	Type "X" Where Most Appropriate		
	Does not exist or is not available to SPF-PFS	Available, but needs to be enhanced	Available and adequate
A local database to house community, program, or participant data			
Procedures for access to a state/jurisdiction/tribal grantee database			
Expertise of local stakeholders in understanding and using data			

How have you worked to develop or enhance the data infrastructure needed for data-driven needs assessment, planning, and evaluation?

Type "X" For All That Apply	Data Infrastructure
	Not applicable, no work has been done to enhance data infrastructure
	Developed or implemented a community-level survey data collection effort
	Developed or implemented a community-led qualitative data collection effort (e.g., interviews, focus groups)
	Developed or enhanced procedures for accessing data from other local agencies (e.g., education, child welfare, hospitals)
	Created or enhanced a local database to house community, program, or participant data
	Developed procedures for participation in a state/tribal/jurisdiction database
	Enhanced skills of expertise of local stakeholders in understanding and using data
	Developed procedures for utilizing data provided by the state/tribal entity/jurisdiction

Exhibit A Attachment II

How has your organization worked to ensure that prevention intervention activities and outcomes continue after SPF-PFS funding has ended?

Type "X" For All That Apply	Prevention Intervention Activities
	Not applicable: no work was done to ensure that prevention intervention activities and outcomes continue after SPF-PFS funding has ended
	Leveraged, redirected, or realigned other funding sources or in-kind resources (e.g., used the success of the SPF-PFS efforts to secure other funds)
	Worked to ensure that prevention intervention activities are incorporated into the missions/goals and activities of other organizations (e.g., school districts)
	Worked to ensure that prevention staff positions are folded into other organizations (e.g., school districts, community agencies)
	Worked to gain formal adoption of prevention intervention activities into other organizations' practices (e.g., school district curriculum, organizational policy change)
	Worked to implement local laws, policies, or regulations to guarantee the continuation of prevention intervention activities or outcomes
	Worked on developing a partnership structure that will continue to function beyond the end of the SPF-PFS grant period

How much impact did the following barriers have on your prevention activities?

Barriers	Type "X" Where Most Appropriate		
	No Impact	Low Impact	Moderate Impact
Cultural norms, attitudes, or practices favoring substance use			
Lack of community awareness of the extent or consequences of substance abuse			
Community disorganization			
High poverty rates/low socioeconomic status			
High unemployment or underemployment			
Low literacy, lack of education, education a low priority, or high dropout rates			
Large recent refugee/immigrant population			
Language barriers			
Easy access to alcohol for underage youth			
Easy access to prescription drugs for nonmedical use			
Not enough funds for prevention interventions			
Lack of relevant prevention interventions for specific populations at risk			
Lack of transportation, difficulty reaching some parts of the community			
Lack of trust in law enforcement, government, social services			
Limited legal policies/laws or enforcement			
Lack of drug-free activities for area youth			
Lack of supervision for area youth			
Events that included substance use and received local media coverage			
Stressful events affecting large portions of population - fires, earthquakes, etc.			

Exhibit A Attachment II

All Funding

Describe the types and amount of funding for substance abuse prevention your organization receives.

Source of Funding/Resources	Total dollar amount that went to substance use prevention for your organization	Type "X" if any part of this funding used for SPFLPFS activities	Amount of this funding stream used for SPFLPFS activities
SPFLPFS			
Drug-Free Communities (DFC) grant			
Sober Truth on Preventing Underage Drinking (STOP) Act funding			
Minority HIV/AIDS Initiative (MAI HIV)			
Substance Abuse Prevention and Treatment Block Grant			
Medicaid (Federal, State, local)			
Other Federal funds			
Other State/federal/jurisdiction funds			
Other local government funds			
Foundations/nonprofit organizations			
Corporate/business entities			
Individual donations/funding from fundraising events			

Prevention Intervention Costs

What were the total costs (labor and non-labor) that your organization incurred to implement the prevention intervention?

Intervention Type	Labor Costs	Non-Labor Costs	Total
Targeted Education			\$0.00
Community Outreach			\$0.00
Policy Development			\$0.00
Information Dissemination	\$0.00	\$0.00	\$0.00

For each job type, provide the number of hours worked for staff in that category who contributed to implementing the prevention intervention.

Job Type	FTEs Contributed to Implementing Intervention
Intervention Implementation Staff	
Other Staff (Administrative, Supervisory, Evaluation, and Support Staff)	0.0

What was the total cost of contracted services?

\$0.00

Provide the total costs for any intervention supplies, incentives, and office supplies related to your intervention implementation.

Program supplies, incentives, and office supplies	Total Costs
Intervention supplies	
Incentives	
General office supplies and minor equipment (under \$2,000)	\$0.00

Provide the total non-labor costs for any ongoing regular training activities related to the intervention implementation.

\$0.00

Report the overhead/indirect rate for your organization in the appropriate field below, based on how the rate is applied.

Overhead Rate
If the rate applies to labor and fringe ONLY, enter the rate here: 0.000%
If the rate applies to ALL direct costs WITHOUT exceptions, enter the rate here: 0.000%
If the rate applies to ALL direct costs WITH EXCEPTIONS, enter the rate here: 0.000%
Explain exceptions:

Identify any other costs associated with the intervention implementation.

Description	Total Costs
	\$0.00

Exhibit A Attachment II

Prevention Intervention In-Kind Contributions

Estimate the amount of in-kind labor that supported the intervention implementation.

Job Type	FTEs Contributed to Implementing Intervention	Estimated Value
Intervention Implementation Staff Other Staff (Administrative, Supervisory, Evaluation, and Support Staff)	0.0	\$0.00

List any in-kind non-labor that supported intervention implementation.

In-kind Contributions (non-labor)	Estimated Value
	\$0.00

Start-Up Intervention Costs

Which of the following activities did your organization undertake related to starting up this prevention intervention.

Type 'X': For All That Apply	Activities
	Hired new staff to implement the intervention
	Purchased a prevention intervention
	Developed a new prevention intervention
	Participated in an initial training on the intervention
	Developed policies and procedure related to implementing the intervention
	Recruited partners to assist with intervention implementation
	Acquired additional building space to implement intervention activities
	Other start-up activities:
	Our organization did not conduct any start-up or intervention development activities

What was the total labor expense (including all fringe benefits and payroll taxes) for paid employees for their role in start-up activities?

\$0.00

For each job category, provide the number of hours worked for staff in that category who contributed to implementing the prevention intervention.

Job Type	FTEs Contributed to Start-Up
Intervention Implementation Staff Other Staff (Administrative, Supervisory, Evaluation, and Support Staff)	0.0

List any non-labor costs that supported start-up activities.

Non-Labor Contributions	Estimated Value
	\$0.00

Exhibit A Attachment II

Targeted Education

Track the Targeted Education interventions that were implemented as part of your SPF-PFS efforts.

Intervention	Specific Services/Activities	Date Started (MM/YYYY)	Intervention Targets	Status	Date Completed (MM/YYYY)
1					
2					
3					
4					

(continued) Indicate the locations and target population being served by each intervention (listed above).

Location (e.g., School Name, Business, Community Center)	City/Town	County	Zip Code	Target Population Description	What is the estimated target population number within the area described?
1					
2					
3					
4					

(continued) How many of your key stakeholders, partners and partner organizations supported or partnered with you on each intervention (listed above)?

Sector	Number of Organizations	Number of Individuals	Did your organization leverage non-SPF-PFS funding or resources to support implementation of this intervention?	Which of your organization's other substance use prevention funding sources or resources supported this intervention?	Approximately what percentage of total funding for this prevention intervention comes from SPF- PFS?
1					
2					
3					
4					

Which consumption patterns or consequences did the intervention(s) target?

Type "X" For All That Apply	Consumption/Consequences
	Nonmedical use of prescription drugs by youth age 12-17
	Nonmedical use of prescription drugs by young adults age 18 to 25
	Motor vehicle crashes
	Crime
	Prescription drug-related illnesses and deaths
	Hospitalizations or emergency room visits
	Poisonings (overdoses) of prescription drugs

Which intervening variables did the intervention(s) target?

Type "X" For All That Apply	Intervening Variables
	Links related to prescription drugs
	Level of enforcement
	Social access
	Retail access
	Retail promotion
	Norms-perceived parent or peer attitudes or both
	Norms-perceived peer use
	Perceived risk of harm
	Perceived risk of getting caught
	Family communication around alcohol use or prescription drug misuse
	Resistance or life skills or both
	Availability of prosocial activities
	School policies

Exhibit A Attachment II

Which factors were considered when choosing the intervention(s)?

Type "X" For All That Apply	Considerations
	It matched your target outcomes
	It matched your target intervening variables
	It addressed your specific target populations
	It is culturally responsive to community needs
	You perceive community support for it
	You perceive that it will be easy to implement
	You have used this intervention in the past
	The intervention designer will provide training and technical assistance
	It cost meets your needs
	You see strength of evidence that the intervention is effective in changing your target outcomes
	You see strength of evidence that the intervention is effective in changing your target intervening variables
	The intervention was recommended by your State, local entity, or jurisdiction

Did the intervention(s) include a curriculum or manual? By curriculum or manual, we mean a set of instructions about how to deliver the prevention intervention. This can be a preexisting curriculum, manual created by the prevention intervention developer, a formal curriculum, or a manual developed by the community partner.

Select Response

Did the intervention(s) reach the same individuals over multiple sessions? An example would be a prevention that is delivered to the same group of participants every Monday night for 6 weeks, or to an eighth-grade health class every Friday in a semester.

Select Response

Was the intervention(s) implemented in a series of cycles, in which a new group of participants is served on a regular schedule, such as a new school year? If your intervention takes place for a period of time with the same participants and then starts over with new participants, select "Yes." A prevention intervention strategy can be both recurring and implemented in a series of cycles.

Select Response

Which format(s) did the intervention(s) target?

Type "X" For All That Apply	Format
	Individual
	Small group (2-9)
	Large group (10-49)
	Extra-large group (50+)
	Web-based

Which age group(s) did the intervention(s) target?

Type "X" For All That Apply	Age Groups
	Children 0 to 11
	Youth age 12 to 17
	Young adults age 18 to 20
	Young adults age 21 to 25
	Adults age 26 or older

Which population type(s) did the intervention(s) target?

Type "X" For All That Apply	Population Targeted
	Middle school students
	High school students
	College students
	Parents
	Health care providers
	Employees (i.e., recipients of a workplace substance abuse prevention program)
	Current or former military members
	Military family members
	Lesbian/gay/bisexual/transgender/questioning individuals (LGBTQ)
	Individuals in poverty
	Individuals whose native language is other than English
	Individuals with low literacy
	Individuals with mental illness
	Individuals with disabilities (e.g., hearing, visually, or physically impaired)

Exhibit A Attachment II

List each separate location where you implemented the intervention(s). Then indicate how many groups of participants started the prevention education intervention and how many groups completed the prevention education intervention. Do not include groups who started and completed in previous reporting periods. Count each group in the location separately (e.g., count each classroom in each school).

Location (e.g. Wada Middle School)	Number of Groups Started in the Past 6 Months	Number of Groups Completed in the Past 6 Months

What was the average number of sessions provided for all groups of participants in the prevention education intervention?

Average Number of Sessions

What was the average length of the individual sessions?

Average Length (Hours)

How many **total participants** were served by the intervention(s)? Respond with your best estimate.

Total Participants

How many **new participants** were served by the intervention(s)? Respond with your best estimate.

New Participants

Complete the demographic tables below for the **new participants** served. Respond with your best estimates.

Gender	Number Served
Females	
Males	
Unknown	0

Age Group	Number Served
Children age 0 to 11	
Youth age 12 to 17	
Young adults age 18 to 20	
Young adults age 21 to 25	
Adults age 26 and older	
Unknown	0

Speak English	Number Served
Very well	
Well	
Not well	
Not at all	
Unknown	0

Primary Language	Number Served
English	
Spanish	
Other	
Unknown	0

Military Status	Number Served
Currently serve in Armed Forces	
Currently serve in Reserves	
Currently serve in National Guard	
Served in past, not currently	
Never served in the military	
Unknown	0

Racial Group	Number Served
American Indian/Alaska Native	
Black/African American	
White	
Asian	
Native Hawaiian/Other Pacific Islander	
Multiracial	
Other	
Unknown	0

Hispanic/Latino or Spanish origin	Number Served
Hispanic/Latino or Spanish origin	
Non-Hispanic, non-Latino or Spanish origin	
Unknown	0

Disabilities	Number Served
Deaf or difficulty hearing	
Blind or difficulty seeing	
Serious difficulty walking or climbing stairs	
Difficulty dressing or bathing	
Difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition	
Difficulty doing errands alone, such as visiting a doctor or shopping, because of a physical, mental, or emotional condition	
Unknown	0

Military Family Member Status	Number Served
Family member of someone on active duty in Armed Forces, Reserves, or National Guard	
Family member of someone separated or retired from Armed Forces, Reserves, or National Guard	
Not a family member of a current/past military member	
Unknown	0

Exhibit A Attachment II

Community Outreach

Track the Community Outreach interventions that were implemented as part of your SPF-PFS efforts.

Intervention	Specific Services/Activities	Date Started (MM/YYYY)	Intervention Targets	Status	Date Completed (MM/YYYY)
1					
2					
3					
4					

(continued) Indicate the locations and target population being served by each intervention (listed above).

Location (e.g., School Name, Business, Community Center)	City, Town	County	Zip Code	Target Population Description	What is the estimated target population number within the area described?
1					
2					
3					
4					

(continued) How many of your key stakeholders, partners and partner organizations supported or partnered with you on each intervention (listed above)?

Sector	Number of Organizations	Number of Individuals	Did your organization leverage non-SPF-PFS funding or resources to support implementation of this intervention?	Which of your organization's other substance use prevention funding sources or resources supported this intervention?	Approximately what percentage of total funding for this prevention intervention comes from SPF-PFS?
1					
2					
3					
4					

Which consumption patterns or consequences did the intervention(s) target?

Type "X": For All That Apply
Consumption/Consequences
Nonmedical use of prescription drugs by youth age 12-17
Nonmedical use of prescription drugs by young adults age 18 to 25
Motor vehicle crashes
Crime
Prescription drug-related illnesses and deaths
Hospitalizations or emergency room visits
Poisonings (overdoses) or prescription drugs

Which intervening variables did the intervention(s) target?

Type "X": For All That Apply
Intervening Variables
Laws related to prescription drugs
Level of enforcement
Social access
Retail access
Retail promotion
Norms-perceived parent or peer attitudes or both
Norms-perceived peer use
Perceived risk of harm
Perceived risk of getting caught
Family communication around alcohol use or prescription drug misuse
Resistance or life skills or both
Availability of prosocial activities
School policies

Which factors were considered when choosing the intervention(s)?

Type "X": For All That Apply
Considerations
It matched your target outcomes
It matched your target intervening variables
It addressed your specific target populations
It is culturally responsive to community needs
You perceive community support for it
You perceive that it will be easy to implement
You have used this intervention in the past
The intervention designer will provide training and technical assistance
Its cost meets your needs
You see strength of evidence that the intervention is effective in changing your target outcomes
You see strength of evidence that the intervention is effective in changing your target intervening variables
The intervention was recommended by your State, tribal entity, or jurisdiction

Exhibit A Attachment II

What was the intended purpose(s) of the intervention(s)?

Type "X" For All That Apply	Purpose
	To raise awareness of one or more specific substance use prevention problems in the community
	To gain support from the community for substance abuse prevention efforts
	To provide information on the risks of substance use
	To provide substance abuse prevention information (e.g., information on securing prescription drugs in the household)
	To change individual behaviors with regard to substance use
	To provide intervention program information (e.g., contact information, meeting times)
	To provide surveillance and monitoring information (e.g., information about whom to contact if you suspect underage alcohol sales)
	To provide a directory of substance use prevention resources in the community

Did the intervention(s) raise community awareness of prescription drug misuse problems?

Select Response

Indicate the community members and groups that the intervention(s) targeted.

Type "X" For All That Apply	Target Audience
	The general public
	Youth groups or representatives
	Schools or school districts
	Youth-serving organizations other than schools (e.g., Big Brothers/Big Sisters, Boy Scouts/Girl Scouts)
	Parents, family, or caregiver groups
	Advocacy volunteers
	Business community
	Media (e.g., radio and television stations, newspapers and magazines)
	Faith-based organizations (e.g., churches, charitable organizations with religious affiliations such as Catholic Charities)
	Civic or volunteer organizations (e.g., Kiwanis, Fraternal Order of Police, Women's League, local sports or neighborhood associations)
	LGBTQ-supportive organization
	Military or veteran organization
	Law enforcement agencies (e.g., local tribal state, and federal law enforcement agencies, including the police, FBI, and DEA)
	U.S. Department of Justice
	State, tribal, or local jails and prisons
	Health care professionals
	State, tribal, jurisdiction, or local public health departments
	Mental health professionals or agencies
	Other State, tribal, or jurisdiction government agencies (e.g., public health, public safety, social services, American Indian tribal government)
	Local, village, or tribal agencies (mayor's office, city council, tribal council, Alaska Native Corporation agencies)

Indicate the total number of different community groups or organizations that the intervention(s) targeted.

Total Community Groups

Estimate the total number of individuals who were reached or affected by the intervention(s).

Total Individuals Reached

Estimate the number of new individuals who were reached or affected by the intervention(s).

New Individuals Reached

Exhibit A Attachment II
Complete the demographic tables below for the new participants reached. Respond with your best estimates.

Gender	Number Reached
Females	
Males	
Unknown	0

Age Group	Number Reached
Children age 0 to 11	
Youth age 12 to 17	
Young adults age 18 to 20	
Young adults age 21 to 25	
Adults age 26 and older	
Unknown	0

Speak English	Number Reached
Very well	
Well	
Not well	
Not at all	
Unknown	0

Primary Language	Number Reached
English	
Spanish	
Other	
Unknown	0

Military Status	Number Reached
Currently serve in Armed Forces	
Currently serve in Reserves	
Currently serve in National Guard	
Served in past, not currently	
Never served in the military	
Unknown	0

Racial Group	Number Reached
American Indian/Alaska Native	
Black/African American	
White	
Asian	
Native Hawaiian/Other Pacific Islander	
Multiracial	
Other	
Unknown	0

Hispanic/Non-Hispanic	Number Reached
Hispanic, Latinx or Spanish origin	
Non-Hispanic, non-Latinx or Spanish origin	
Unknown	0

Disabilities	Number Reached
Deaf or difficulty hearing	
Blind or difficulty seeing	
Serious difficulty walking or climbing stairs	
Difficulty dressing or bathing	
Difficulty concentrating, remembering, or making decisions	
because of a physical, mental, or emotional condition	
Difficulty doing errands alone, such as visiting a doctor or shopping, because of a physical, mental, or emotional condition	
Unknown	0

Military Family Member Status	Number Reached
Family member of someone on active duty in Armed Forces, Reserves, or National Guard	
Family member of someone separated or retired from Armed Forces, Reserves, or National Guard	
Not a family member of a current/past military member	
Unknown	0

Exhibit A Attachment II

Policy Development

Track the Policies, Ordinances, and Procedures that were implemented as part of your SPF-PFS efforts.

Intervention	Specific Services/Activities	Date Started (MM/YY)	Intervention Targets	Status	Date Completed (MM/YY)
1					
2					
3					
4					

(continued) Indicate the locations and target population being served by each intervention (listed above).

Location (e.g. School Name, Business, Community Center)	City, Town	County	Zip Code	Target Population Description	What is the estimated target population number within the area described?
1					
2					
3					
4					

(continued) How many of your key stakeholders, partners and partner organizations supported or partnered with you on each intervention (listed above)?

Sector	Number of Organizations	Number of Individuals	Did your organization leverage non-SPF-PFS funding or resources to support implementation of this intervention?	Which of your organization's other evidenced use prevention funding sources or resources supported this intervention?	Approximately what percentage of total funding for this prevention intervention comes from SPF-PFS?
1					
2					
3					
4					

Which consumption patterns or consequences did the intervention(s) intended to target?

Type "X" For All That Apply	Consumption/Consequences
	Nonmedical use of prescription drugs by youth age 12-17
	Nonmedical use of prescription drugs by young adults age 18 to 25
	Motor vehicle crashes
	Crime
	Prescription drug-related illnesses and deaths
	Hospitalizations or emergency room visits
	Poisonings (overdoses) of prescription drugs

Which intervening variables did the intervention(s) intended to target?

Type "X" For All That Apply	Intervening Variables
	Laws related to prescription drugs
	Level of enforcement
	Social access
	Retail access
	Retail promotion
	Norms-perceived parent or peer attitudes or both
	Norms-perceived peer use
	Perceived risk of harm
	Perceived risk of getting caught
	Family communication around alcohol use or prescription drug misuse
	Resistance or life skills or both
	Availability of prosocial activities
	School policies

Which factors were considered when choosing the intervention(s)?

Type "X" For All That Apply	Considerations
	It matched your target outcomes
	It addressed your specific target populations
	It is culturally responsive to community needs
	You perceive that it will be easy to implement
	You have used this intervention in the past
	The intervention designer will provide training and technical assistance
	Its cost meets your needs
	You see strength of evidence that the intervention is effective in changing your target outcomes
	You see strength of evidence that the intervention is effective in changing your target intervening variables
	The intervention was recommended by your State, tribal entity, or jurisdiction

Exhibit A Attachment II

How many *different organizations* did you engage with the intervention(s)?

Different Organizations

How many *new organizations* did you engage with the intervention(s)?

New Organizations

Select the activities that best describe the intervention(s).

Type "X" For All That Apply	Activity
<input type="checkbox"/>	Worked to enact policies related to retail access (e.g. prescription drug monitoring programs)
<input type="checkbox"/>	Worked to enact policies related to social access (e.g. prescription drug take back policies)
<input type="checkbox"/>	Worked to enact policies related to consumption of substances in public places (e.g., open container laws)
<input type="checkbox"/>	Worked to enact regulations on prescription drug advertising and billboard placements in the community
<input type="checkbox"/>	Worked to establish school, workplace, or organizational policies related to substance use
<input type="checkbox"/>	Worked to enact policies to reduce the problems/consequences associated with substance abuse

Did your organization contact elected officials to provide information about policies to be enacted?

Select Response

If so, how many elected officials were contacted?

Elected Officials

Estimate the total number of individuals who were reached or affected by the intervention(s).

Total Individuals Reached

Exhibit A Attachment II

Information Dissemination

Track the Information Dissemination Interventions that were implemented as part of your SPF-PFS efforts.

Intervention	Specific Services/Activities	Date Started (MM/YYYY)	Intervention Targets	Status	Date Completed (MM/YYYY)
1					
2					
3					
4					

(continued) Indicate the locations and target population being served by each intervention (listed above).

Location (e.g. School Name, Business, Community Center)	City, Town	County	Zip Code	Target Population Description	What is the estimated target population number within the area described?
1					
2					
3					
4					

(continued) How many of your key stakeholders, partners and partner organizations supported or partnered with you on each intervention (listed above)?

Sector	Number of Organizations	Number of Individuals	Did your organization leverage non-SPF-PFS funding or resources to support implementation of this intervention?	Which of your organization's other substance use prevention funding sources or resources supported this intervention?	Approximately what percentage of total funding for this prevention intervention comes from SPF-PFS?
1					
2					
3					
4					

Which consumption patterns or consequences did the intervention(s) intended to target?

Type "X" For All That Apply	Consumption/Consequences
	Nonmedical use of prescription drugs by youth age 12-17
	Nonmedical use of prescription drugs by young adults age 18 to 25
	Motor vehicle crashes
	Crime
	Prescription drug-related illnesses and deaths
	Hospitalizations or emergency room visits
	Poisonings (overdoses) of prescription drugs

Which intervening variables did the intervention(s) intended to target?

Type "X" For All That Apply	Intervening Variables
	Laws related to prescription drugs
	Level of enforcement
	Social access
	Retail access
	Retail promotion
	Norms-perceived parent or peer attitudes or both
	Norms-perceived peer use
	Perceived risk of harm
	Perceived risk of getting caught
	Family communication around alcohol use or prescription drug misuse
	Resistance or life skills or both
	Availability of prosocial activities
	School policies

Which factors were considered when choosing the intervention(s)?

Type "X" For All That Apply	Considerations
	It matched your target outcomes
	It matched your target intervening variables
	It addressed your specific target populations
	It is culturally responsive to community needs
	You perceive community support for it
	You perceive that it will be easy to implement
	You have used this intervention in the past
	The intervention designer will provide training and technical assistance
	It cost meets your needs
	You see strength of evidence that the intervention is effective in changing your target outcomes
	You see strength of evidence that the intervention is effective in changing your target intervening variables
	The intervention was recommended by your State, tribal entity, or jurisdiction

Exhibit A Attachment II
Which of the following best describes the implementation history of the intervention(s) in your community.

Type 'X' For One Response	Implementation History
	Not implemented in the community before SP-PPS funding
	Continuation of a SP-PPS intervention
	Continuation of a SP-PPS intervention

Did the prevention intervention(s) include a curriculum or manual? By curriculum or manual, we mean a set of instructions about how to deliver the prevention intervention. This can be a preexisting curriculum or manual created by the prevention intervention developer or a formal curriculum or manual developed by the community partner.

Select Response

What was the intended purpose(s) of the intervention(s)?

Type 'X' For All That Apply	Purpose
	To raise awareness of one or more specific substance use prevention problems in the community
	To gain support from the community for substance abuse prevention efforts
	To provide information on the risks of substance use
	To provide substance abuse prevention information (e.g., information on securing prescription drugs in the household)
	To change individual behaviors with regard to substance use
	To change individual program information (e.g., contact information, meeting times)
	To provide surveillance and monitoring information (e.g., information about whom to contact if you suspect underage alcohol sales)
	To provide a directory of substance use prevention resources in the community

Did the intervention(s) raise community awareness of prescription drug misuse problems?

Select Response

Indicate the community members and groups that the intervention(s) targeted.

Type 'X' For All That Apply	Target Audience
	The general public
	Youth groups or representatives
	Schools or school districts
	Youth-serving organizations other than schools (e.g. Big Brothers/Big Sisters, Boy Scouts/Girl Scouts)
	Parents, family, or caregiver groups
	Advocacy volunteers
	Business community
	Media (e.g. radio and television stations, newspapers and magazines)
	Faith-based organizations (e.g. churches, charitable organizations with religious affiliations such as Catholic Charities)
	Civic or volunteer organizations (e.g. Kiwanis, Fraternal Order of Police, Women's League, local sports or neighborhood associations)
	LGBTQ+ supportive organization
	Military or veteran organization
	Law enforcement agencies (e.g. local, tribal, state, and federal law enforcement agencies, including the police, FBI, and DEA)
	U.S. Department of Justice
	State, tribal, or local jails and prisons
	Health care professionals
	State, tribal, jurisdiction, or local public health departments
	Mental health professionals or agencies
	Other State, tribal, or jurisdiction government agencies (e.g., public health, public safety, social services, American Indian tribal government)
	Local, village, or tribal agencies (mayor's office, city council, tribal council, Alaska Native Corporation agencies)

Indicate the total number of different community groups or organizations that the intervention(s) targeted.

Total Community Groups

Estimate the total number of individuals who were reached or affected by the intervention(s).

Total Individuals Reached

Exhibit A Attachment II
Complete the demographic tables below for the new participants reached or affected. Respond with your best estimates.

Gender	Number Reached
Females	
Males	
Unknown	0

Age Group	Number Reached
Children age 0 to 11	
Youth age 12 to 17	
Young adults age 18 to 20	
Young adults age 21 to 25	
Adults age 26 and older	
Unknown	0

Speak English	Number Reached
Very well	
Well	
Not well	
Not at all	
Unknown	0

Primary Language	Number Reached
English	
Spanish	
Other	
Unknown	0

Military Status	Number Reached
Currently serve in Armed Forces	
Currently serve in Reserves	
Currently serve in National Guard	
Served in past, not currently	
Never served in the military	
Unknown	0

Racial Group	Number Reached
American Indian/Alaska Native	
Black/African American	
White	
Asian	
Native Hawaiian/Other Pacific Islander	
Biracial	
Other	
Unknown	0

Hispanic/Non-Hispanic	Number Reached
Hispanic, Latino/a or Spanish origin	
Non-Hispanic, non-Latino/a or Spanish origin	
Unknown	0

Disabilities	Number Reached
Deaf or difficulty hearing	
Blind or difficulty seeing	
Serious difficulty walking or climbing stairs	
Difficulty dressing or bathing	
Difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition	
Difficulty doing errands alone, such as visiting a doctor or shopping, because of a physical, mental, or emotional condition	
Unknown	0

Military Family Member Status	Number Reached
Family member of someone on active duty in Armed Forces, Reserves, or National Guard	
Family member of someone separated or retired from Armed Forces, Reserves, or National Guard	
Not a family member of a current/past military member	
Unknown	0

EXHIBIT E
CONTRACTOR'S RELEASE

1. **INSTRUCTIONS TO CONTRACTOR.** With final invoice(s) submit one (1) original and one (1) copy. The original must bear the original signature of a person authorized to bind the Contractor. The additional copy may bear photocopied signatures.

2. **SUBMISSION OF FINAL INVOICE.** Pursuant to contract number 17-94296 entered into between the Department of Health Care Services (DHCS) and the Contractor (identified below), the Contractor does acknowledge that final payment has been requested via invoice number(s) _____, in the amount(s) of \$ _____ and dated _____. If necessary, enter "See Attached" in the appropriate blocks and attach a list of invoice numbers, dollar amounts and invoice dates.

3. **RELEASE OF ALL OBLIGATIONS.** By signing this form, and upon receipt of the amount specified in the invoice number(s) referenced above, the Contractor does hereby release and discharge the State, its officers, agents and employees of and from any and all liabilities, obligations, claims, and demands whatsoever arising from the above referenced contract.

4. **REPAYMENTS DUE TO AUDIT EXCEPTIONS/RECORD RETENTION.** By signing this form, Contractor acknowledges that expenses authorized for reimbursement does not guarantee final allowability of said expenses. Contractor agrees that the amount of any sustained audit exceptions resulting from any subsequent audit made after final payment will be refunded to the State.

All expense and accounting records related to the above referenced contract must be maintained for audit purposes for no less than three years beyond the date of final payment, unless a longer term is stated in said contract.

5. **RECYCLED PRODUCT USE CERTIFICATION.** By signing this form, Contractor certifies under penalty of perjury that a minimum of 0% unless otherwise specified in writing of post consumer material, as defined in the Public Contract Code Section 12200, in products, materials, goods, or supplies offered or sold to the State regardless of whether it meets the requirements of Public Contract Code Section 12209. Contractor specifies that printer or duplication cartridges offered or sold to the State comply with the requirements of Section 12156(e).

6. **REMINDER TO RETURN STATE EQUIPMENT/PROPERTY (IF APPLICABLE).**
(Applies only if equipment was provided by DHCS or purchased with or reimbursed by contract funds)

Unless DHCS has approved the continued use and possession of State equipment (as defined in the above referenced contract) for use in connection with another DHCS agreement,

Contractor agrees to promptly initiate arrangements to account for and return said equipment to DHCS, at DHCS' expense, if said equipment has not passed its useful life expectancy as defined in the above referenced contract.

7. **PATENTS/OTHER ISSUES.** By signing this form, Contractor further agrees, in connection with patent matters and with any claims that are not specifically released as set forth above, that it will comply with all of the provisions contained in the above referenced contract, including, but not limited to, those provisions relating to notification to the State and related to the defense or prosecution of litigation.

ONLY SIGN AND DATE THIS DOCUMENT WHEN ATTACHING IT TO THE FINAL INVOICE

Contractor's Legal Name (as on contract): _____

Signature of Contractor or Official Designee: _____ Date: _____

Printed Name/Title of Person Signing: _____

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EXHIBIT F
TRAVEL REIMBURSEMENT INFORMATION
Lodging and Per Diem Reimbursement Increase—Effective for Travel January 1, 2017

1. The following rate policy is to be applied for reimbursing the travel expenses of persons under contract.

- a. Reimbursement for travel and/or per diem shall be at the rates established for nonrepresented/excluded state employees.
- b. Short Term Travel is defined as a 24-hour period, and less than 31 consecutive days, and is at least 50 miles from the main office, headquarters or primary residence. Starting time is whenever a contract or subcontract employee leaves his or her home or headquarters. "Headquarters" is defined as the place where the contracted personnel spends the largest portion of their working time and returns to upon the completion of assignments. Headquarters may be individually established for each traveler and approved verbally or in writing by the program funding the agreement. Verbal approval shall be followed up in writing or email.
- c. All lodging reimbursement claims must be supported by a receipt*. If Contractor does not or cannot present receipts, lodging expenses will not be reimbursed.

(1) Lodging (with receipts*):

Travel Location / Area	Reimbursement Rate
All counties (except the counties identified below)	\$ 90.00 plus tax
Counties of Sacramento, Napa, Riverside	\$ 95.00 plus tax
Marin	\$110.00 plus tax
Counties of Los Angeles (except City of Santa Monica), Orange, Ventura and Edwards AFB	\$120.00 plus tax
Counties of Monterey and San Diego	\$125.00 plus tax
Counties of Alameda, San Mateo, and Santa Clara	\$140.00 plus tax
City of Santa Monica	\$150.00 plus tax
San Francisco	\$250.00 plus tax

*Receipts from Internet lodging reservation services such as Priceline.com which require prepayment for that service, ARE NOT ACCEPTABLE LODGING RECEIPTS and are not reimbursable without a valid lodging receipt from a lodging establishment.

(2) Meal/Supplemental Expenses: With substantiating receipts, Contractor may claim actual expenses incurred up to the following maximum reimbursement rates for each full 24-hour period of travel.

Meal / Expense	Reimbursement Rate
Breakfast	\$7.00
Lunch	\$ 11.00

Dinner \$ 23.00
Incidental expenses \$5.00

2. For transportation expenses, Contractor must retain receipts for parking; taxi, airline, bus, or rail tickets; car rental; or any other travel receipts pertaining to each trip for attachment to an invoice as substantiation for reimbursement. Reimbursement may be requested for commercial carrier fares; private car mileage; parking fees; bridge tolls; taxi, bus, or streetcar fares; and auto rental fees when substantiated by a receipt.

3. Auto mileage reimbursement: If Contractor uses his/her or a company car for transportation, the rate of reimbursement will be 0.535 cents maximum per mile. If a contractor uses his/her or a company car "in lieu of" airfare, the air coach fare will be the maximum paid by the State. The contractor must provide a cost comparison upon request by the State. Gasoline and routine automobile repair expenses are not reimbursable.

4. Contractor is required to furnish details surrounding each period of travel. Travel expense reimbursement detail may include, but not be limited to: purpose of travel, departure and return times, destination points, miles driven, mode of transportation, etc. Reimbursement for travel expenses may be withheld pending receipt of adequate travel documentation.

5. Contractors are to consult with the program funding the contract to obtain specific invoicing procedures.

Per Diem Reimbursement Guide

Length of travel period	And this condition exists...	Meal allowed with receipt
Less than 24 hours	<ul style="list-style-type: none"> ▶ Trip begins at or before 6:00 a.m. and ends at or after 9:00 a.m..... ▶ Trip ends at least one hour after the regularly scheduled workday ends or begins at or before 4:00 p.m. and ends after 7:00 p.m. <p><i>Lunch or incidentals cannot be claimed on one-day trips.</i></p>	<p>Breakfast</p> <p>Dinner</p>
24 hours or more	<ul style="list-style-type: none"> ▶ Trip begins at or before 6:00 a.m. ▶ Trip begins at or before 11:00 a.m. ▶ Trip begins at or before 5:00 p.m. 	<p>Breakfast</p> <p>Lunch</p> <p>dinner</p>
More than 24 hours	<ul style="list-style-type: none"> ▶ Trip ends at or after 8:00 a.m..... ▶ Trip ends at or after 2:00 p.m..... ▶ Trip ends at or after 7:00 p.m..... 	<p>Breakfast</p> <p>Lunch</p> <p>Dinner</p>
<p>The following meals may not be claimed for reimbursement: meals provided by the State, meals included in hotel expenses or conference fees, meals included in transportation costs such as airline tickets, or meals that are otherwise provided. Snacks and/or continental breakfasts such as rolls, juice, and coffee are not considered to be a meal.</p> <p>No meal expense may be claimed for reimbursement more than once in any given 24-hour period.</p>		

