

A. Contract # 09-79157-000

Mail Completed Invoice To:

B. Contractor: Mental Health Association in California  
 Address: 1127 11th Street, Suite 925  
 City/Zip: Sacramento, CA 95814  
 Phone: (916) 557-1167

Dept. of Mental Health  
 ATTN: Accounting Office  
 1600 Ninth Street, Room 440  
 Sacramento, CA 95814

C. Contract Manager's Name: Autumn Valerio

INVOICES SHALL BE SUBMITTED AS ONE ORIGINAL AND THREE COPIES WITH ORIGINAL SIGNATURE OF PROJECT MANAGER

D. Date Deliverables Completed: 03/31/11

E. Invoice Date: 05/04/11

(Column A)

(Column B)

**DELIVERABLES:**

**BILL AMOUNT:**

(list deliverable completed for each program component)

(Must Match Approved Contract Award)

**F. Program Component 1:** Establish/Convene/Sustain a CA MHSA Multicultural Coalition  
 (b.ix Quarter 3 meeting; c. Resource guide)

Is deliverable attached? YES  NO

G. \$17,500.00

If no, please explain:

**H. Program Component 2:** Establish Emerging Community Leaders Mentorships

Is deliverable attached? YES  NO

I. \$0.00

If no, please explain:

**J. Program Component 3:** Collaboration and Support of the Strategic Planning Workgroups  
 (a. CMMC communication with SPW's; c. CMMC communication with CDRP)

Is deliverable attached? YES  NO

K. \$7,500.00

If no, please explain:

**L. Program Component 4:** Support the implementation of the CA Reducing Disparities Project Strategic Plan

Is deliverable attached? YES  NO

M. \$0.00

If no, please explain:

**N. Program Component 5:** Assessment of MHSA Implementation & Identification of Solution-based Recommendations

Is deliverable attached? YES  NO

O. \$0.00

If no, please explain:

**P. Program Component 6:** Compliance with Monitorind and Reporting Requirements

(a. Quarter 3 Progress Report)

Is deliverable attached? YES  NO

Q. \$3,000.00

If no, please explain:

**R. Invoice Total:** **28,000.00**

FOR DMH USE ONLY

S. CONTRACTOR'S USE

I hereby certify that the required reports for the above billing period have been received and approved.

\* Please use Blue Ink for Signature

I hereby certify that all costs are consistent with the Contract award.

Contract Manager's Approval \_\_\_\_\_ Date \_\_\_\_\_

*Stacie Hiramoto* 5-5-11

Contractor's Original Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR DMH's ACCOUNTING OFFICE USE ONLY**

Stacie Hiramoto  
 Contact Person (Please Print or Type)

TC # \_\_\_\_\_ FY \_\_\_\_\_

(916) 557-1167

INDEX \_\_\_\_\_ PCA \_\_\_\_\_ OBJ \_\_\_\_\_

Telephone #

VENDOR# \_\_\_\_\_ Contract # \_\_\_\_\_



DELIVERABLES COMPLETED THIS REPORTING PERIOD (Please attach a copy of the completed deliverable(s)):

Indicate Program Component	Deliverable Completed	Submission Date	Invoice Date	Payment Status
1b. ix.	Agendas, Minutes, and Materials for each Meeting and Conference Call in Quarter	March 2011	May 2011	
1.c.	Resource guide/database of CMMC membership bios	March 2011	May 2011	
3.a.	Documentation of CMMC – Communication/collaboration with 5 Strategic Planning Workgroups (Jan/Feb/March)	March 2011	May 2011	
3.c.	Documentation of CMMC – Communication/collaboration with CRDP Facilitator/Writer (Jan/Feb/March)	March 2011	May 2011	
6.a.	Quarterly Progress Report – Report 2	March 2011	May 2011	

O] NARRATIVE

Please provide a detailed narrative covering each of the following areas and include supportive documentation.

- **OVERVIEW OF THE CONTRACTOR'S WORK PLAN:**
- **ACCOMPLISHMENTS DURING THIS REPORTING PERIOD:**
- **CHALLENGES and ISSUES:**  
Please provide detailed information regarding problems, or situations, which prevented you from meeting your goals and/or objectives.
- **RESOLUTION TO ADDRESS CONCERNS/ISSUES and LESSONS LEARNED:**
- **DETAILED DESCRIPTION OF ACTIVITIES:**  
Please refer to each Program Component (1-5) and list major activities for this reporting period.
- **ACTIVITIES PLANNED for NEXT REPORTING PERIOD:**
- **PROGRESS TOWARD THE COMPLETION OF THE PROJECT DELIVERABLES:**  
Please explain if any necessary modifications/revisions are necessary at this time.

Is technical assistance needed from DMH staff?

X YES  NO If yes, discuss technical assistance needed.