

A. Contract # 09-79157-000
 B. Contractor: Mental Health Association in California
 Address: 1127 11th Street, Suite 925
 City/Zip: Sacramento, CA 95814
 Phone: (916) 557-1167

Mail Completed Invoice To:
 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: 09/30/11

E. Invoice Date: 11/29/11

(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 1 meeting)

Is deliverable attached? YES NO

G. \$16,000.00

If no, please explain:

H. Program Component 2: Establish Emerging Community Leaders Mentorships

(a. Work Plan, yr 1)
 Is deliverable attached? YES NO

I. \$30,000.00

If no, please explain:

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

Is deliverable attached? YES NO

K. \$10,000.00

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
 (b. written reports, yr 1)

Is deliverable attached? YES NO

O. \$5,000.00

If no, please explain:

P. Program Component 6: Compliance with Monitoring and Reporting Requirements

(a. Quarter 1 Progress Report)
 Is deliverable attached? YES NO

Q. \$3,000.00

If no, please explain:

R. Invoice Total:

64,000.00

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 _____


 Contractor's Original Signature _____ Date 11-30-11

FOR DMH's ACCOUNTING OFFICE USE ONLY

Stacie Hiramoto
 Contact Person (Please Print or Type)

TC # _____ FY _____

(916) 557-1167
 Telephone #

INDEX _____ PCA _____ OBJ _____

VENDOR# _____ Contract # _____

**CALIFORNIA DEPARTMENT OF MENTAL HEALTH
CALIFORNIA REDUCING DISPARITIES PROJECT
1600 Ninth Street, Room 153
ATTENTION: Contract Manager
SACRAMENTO, CA 95814
(916) 651-9524**

Following the instructions, please provide the information as indicated. Attach additional pages as necessary.

SUBMIT THREE (3) COPIES OF THE REPORT TO THE ABOVE ADDRESS:

- A] Project Title: California Multicultural MHSA Coalition (CMMC) B] Contract # 09-79157-000
C] Contractor: Mental Health Association in California D] Contract Period: June 30, 2010 - June 30th, 2015
E] Address: 1127 11th Street Suite 925 Sacramento, CA 95814 F] Report Period: July 2011 – September 2011
G] Project Director: Stacie Hiramoto H] Telephone: 916.557.1167
I] Report Prepared By: Stacie Hiramoto J] Title: Project Director K] Telephone: 916.557.1167
L] Report Information
 1st Progress Report: Covers months (1-3) of the contract period. Specify dates: July - Sept 2011
 2nd Progress Report: Covers months (4-6) of the contract period. Specify dates: _____
 3rd Progress Report: Covers months (7-9) of the contract period. Specify dates: _____
 Annual Report

Contractor is required to submit a minimum of three Quarterly Progress Reports during each contract year as well as an Annual Report at the end of year 1 and year 2. Deliverables must be submitted as per the claim reimbursement.

M] BUDGET

- a. Total Contract Amount: \$ 1,000,000
b. Total funds Expended to date: \$ 222,000
c. Contract Award balance: \$ 778,000
d. Month of most recently submitted claim reimbursement: June 2011
e. Are funds being expended at the anticipated rate: Yes No If no, please explain below.

REVIEWERS COMMENTS (For DMH Contract Manager use only):

CONTRACT MANAGER

Date

NJ. DELIVERABLES

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
1. b. ix.	Agendas, Minutes, and Materials for each Meeting and Conference Call in Quarter 1	Sept 2011	Nov 2011	
2. a. i-vii.	Work plan to establish Emerging Community Leaders Mentorships	Sept 2011	Nov 2011	
3. a.	Documentation of CMMC – Communication/collaboration with 5 Strategic Planning Workgroups	Sept 2011	Nov 2011	
3. c.	Documentation of CMMC – Communication/collaboration with CRDP Facilitator/Writer	Sept 2011	Nov 2011	
5. a.	Written "State of the State" report	Sept 2011	Nov 2011	
6 a.	Quarterly Report – Quarter 1	Sept 2011	Nov 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?

YES NO If yes, discuss technical assistance needed.
