

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY  
PARTICIPATION AGREEMENT AMMENDMENT  
COVER SHEET

1. **San Mateo County** (“Participant”) desires to participate in the Program identified below.

Name of Program: **Third Sector Multi-County FSP Innovation Project (“TSMFIP”)**

2. This Participation Agreement Amendment modifies the original Funding of Participation Agreement No. 595-TSMFIP-2020-SM as follows: This program will increase in funding by \$250,700.00 (\$230,000.00 for Third Sector Technical Assistance and \$20,700.00 for CalMHSA 9% Administrative Fee). The maximum amount payable under this Agreement is \$1,000,700.00.
3. This Participation Agreement Amendment adds the following Scope of Work deliverables for Third Sector to the Appendix I:

**Deliverable No. 5: San Mateo County Additional Support**

Activities:

- 5.1 Conduct Kickoff Meeting for Participant
  - 5.2 Support Adult FSP RFP via project management, content development, cost modeling, training and reference materials development, and data collection and usage improvements.
  - 5.3 Support Child FSP RFP via project management, content development, cost modeling, training and reference materials development, and data collection and usage improvements.
  - 5.4 Submit progress report to BHRS Manager  
*This report is expected to be a written memo (1-3 pages) or brief PowerPoint presentation (4-8 slides), summarizing activities and progress in supporting these three workstreams.*
  - 5.5 Submit final report to BHRS Manager  
*This report is expected to be a written memo (1-3 pages) or brief PowerPoint presentation (4-8 slides), summarizing the final status of these three workstreams, including attached presentation materials, discussion guides, and final reports and deliverables developed with the participating county.*
4. All other terms of Participation Agreement No. 595-TSMFIP-2020-SM, not cited in this Agreement Amendment, shall remain in full force and effect.

5. Authorized Signatures

**CalMHSA**

Signed: \_\_\_\_\_ Name (Printed): Amie Miller, Psy.D., MFT

Title: Executive Director Date: \_\_\_\_\_

**Participant: San Mateo County**

Signed: \_\_\_\_\_ Name (Printed): \_\_\_\_\_

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