

NEW/REVISED PROGRAM DESCRIPTION
Workforce Education and Training

County: _____

Program Number/Name: _____

Date: _____

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Program Narrative

<p>1. Provide a description of the work detail or activities, including the objectives and outcomes to be achieved.</p>
<p>2. Explain how the program is consistent with the priorities identified in the Community Program Planning Process.</p>
<p>3. Provide a description of how the proposed program relates to the General Standards of the MHSA (Cal. Code Regs., title 9, § 3320).</p>
<p>4. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) The rationale for the decision to consolidate programs. c) Explain how the objectives identified in the previously approved program will be achieved.

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C. Provide an estimated annual program budget, utilizing the following line items.

NEW/REVISED PROGRAM BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Personnel Expenditures				
2.	Operating Expenditures				
3.	Training Expenditures				
4.	Contract Services (Training Consultant Contracts)				
5.	Residency Expenditures				
6.	Internship Expenditures				
7.	Mental Health Career Pathway Expenditures				
8.	Stipend Funds				
9.	Scholarship Funds				
10.	Loan Repayment Funds				
11.	Non-recurring Expenditures				
12.	Other Expenditures				
	Total Proposed Expenditures				
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues				
C. TOTAL FUNDING REQUESTED					

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include the number of FTE personnel positions/classifications and a brief description of each FTE's functions. Please include a brief description of operating costs, contract services, residency expenditures, internship expenditures, mental health career pathway expenditures, stipend funds, scholarship funds, loan repayment funds, non-recurring expenditures, and other expenditures associated with this WET Program.