

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
ANNUAL MHSA OUTREACH & ENGAGEMENT SPENDING PLAN PROPOSAL FORM

(Fill out one form per event)

REQUESTOR INFORMATION

Fiscal Year: _____ New Change/Cancel

Name: _____ Email: _____ Service Area: _____

Requestor Bureau/Division/Unit: _____ Cost Center: _____

Type of Outreach: *(Choose one)* Clergy Engagement Healthy Neighborhood
 SA Community Collaboration SALT WOW (Wellness Outreach Works) Other _____

EVENT INFORMATION

Event Date: _____
 Estimated # of Participants: _____
 Collaborating Partner: *(if any)* _____
 Goal of Event: _____
 Targeted Outreach Population:
(e.g., age group, schools, consumers, peers, families, underserved, clergy, etc.)

ITEMS TO BE FUNDED

Food <i>(grocery)</i>	\$	Trainers	\$
Tableware/Napkins	\$	Honorarium	\$
Venue Rental <i>(including chairs & tables)</i>	\$	Consultants	\$
Audio/Visual	\$	Catering	\$
Other <i>(i.e. awards, certificates, trophies, etc.)</i>	\$	Printing	\$
		Sub-Total:	\$
		Tax: <i>(Enter Manually)</i>	\$
		Service Fees: <i>(Enter Manually)</i>	\$
		GRAND TOTAL:	\$

MHSA O&E GUIDING PRINCIPLES

Which of the following principles does this event comply with? *(Choose all that comply)*

- | | |
|--|---|
| 1. <i>Dedicated Funding</i> | 4. <i>Workforce Development & Retention</i> |
| 2. <i>Expansion/Transformation</i> | 5. <i>Access O&E</i> |
| 3. <i>Involvement, Engagement, Empowerment of Consumers & Families</i> | 6. <i>Cultural Competency</i> |

SERVICE AREA APPROVAL

 DMH Service Area Chief - Signature & Date

 SA Analyst - Signature & Date
Available funds have been verified

 North/South County Lead Analyst Signature & Date
Available funds have been verified

MHSA APPROVAL

 MHSA Administrative Analyst - Signature & Date

 Darlesh K. Horn, DPA - Signature & Date
 MHSA Administration