ATTACHMENT A-1: COUNTY APPLICATION TEMPLATE

Applicants must complete all fields applicable to their applicant category. Responses must be complete and consistent with the information submitted in the applicable budget template.

Section 1. Applicant Information

- County Name:
- County Behavioral Health Program Name:
- Service Area:
- Primary Contact:
- Primary Contact Email:
- Alternate Contact:
- Alternative Contact Email:
- Authorized Signatory Name:
- Requested County Funding Amount:

Section 2. Eligibility Information and Required Documentation

Provide the information and documentation requested below. If an eligibility requirement may be completed after award, indicate the applicant's **current status** and **planned completion date**.

Eligibility Requirement	Response Instruction	Applicant Response	Required Documentation ***Please attach all required documentation with the submission of the RFA template***
Data Exchange Framework Data Sharing Agreement	» Executed » Not yet executed		If executed, provide a copy of the applicant's fully executed DxF Data Sharing Agreement (e.g., the signed signature page). If not executed, provide a signed commitment to execute the DSA within 90 days of the award date and identify the anticipated completion date.
Data Exchange Framework Participant Directory	» Entry completed » Not yet completed		If completed, provide a copy of the applicant's entry from the DxF Participant Directory's weekly publication, or confirmation from the TPA verifying the entry. If not completed, provide a signed commitment to complete the entry within 90 days of the award date and identify the anticipated completion date.
ASCMI Form	Date implemented:	Click or tap to enter a date.	1. Submit evidence demonstrating the county's operational use of the ASCMI Form, such as a screenshot of the Form as integrated within the county's EHR system, a sample completed Form, or other documentation showing active use. A copy

Eligibility Requirement	Response Instruction	Applicant Response	Required Documentation ***Please attach all required documentation with the submission of the RFA template***
			of the blank ASCMI Form template alone (e.g., the PDF available on the DHCS website) is not sufficient. 2. Submit the county's current policies and procedures governing use of the ASCMI Form and associated workflow. If policies and procedures are being updated at the time of application, finalized versions may be submitted within 90 days of award. 3. Submit an excerpt of the county's boilerplate provider contract that includes the requirement that the county's contracted behavioral health providers adopt the ASCMI form as the standardized consent to release protected information form as of 1/1/27. If the contract language is currently being updated, the ASCMI contract excerpt may be submitted within 90 days of the award date.
Electronic health record	EHR system name and vendor	[Enter response]	Provide documentation identifying the county's current EHR system, such as a system

Eligibility Requirement	Response Instruction	Applicant Response	Required Documentation ***Please attach all required documentation with the submission of the RFA template***
			record, vendor agreement, or screenshot showing the system name.

Section 3. Preliminary County Milestone Workplan

Awarded grantees must complete the Milestone Workplan below within 90 days post award date, outlining the key activities they will undertake to complete each milestone.

Milestone	Key Activities	Target Date
0		Click or tap to enter a date.
		Click or tap to enter a date.
		Click or tap to enter a date.
1		Click or tap to enter a date.
		Click or tap to enter a date.
		Click or tap to enter a date.

Milestone	Key Activities	Target Date
2		Click or tap to enter a date.
		Click or tap to enter a date.
		Click or tap to enter a date.
3		Click or tap to enter a date.
		Click or tap to enter a date.
		Click or tap to enter a date.
4		Click or tap to enter a date.
		Click or tap to enter a date.
		Click or tap to enter a date.

If awarded, the county must submit a final implementation workplan within 90 days post award date for approval as part of Milestone 0.

Section 4. Funding-Use Summary (250 words maximum)

Briefly summarize how the requested funding will support achievement of the county milestones. Do not provide a detailed line-item cost narrative:

[Enter response]

Section 5. Provider EHR Information (if known)

Provider Type	Total Number of Providers	Percentage Using an EHR	Percentage Using County's EHR	Other EHR System(s) Used
County-operated behavioral health providers				
County-contracted behavioral health providers				