

**EXHIBIT G**  
(Optional)

**Innovation Component**  
**Request for Funding for Community Program Planning**

Date: June 26, 2009

County: Santa Clara County

Total Amount Requested: \$310,000

**Funding Purposes**

Please briefly describe the purpose and amount for which the requested funding will be used.

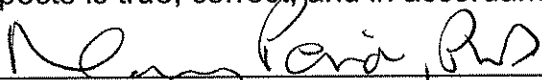
Community Program Planning funds will be used for staff, consultants, stipends and operating expenses to develop Innovation work plans. The County's stakeholders have identified three focus areas for the County's Innovation component:

- Strategies to Improve Treatment of Co-Occurring Disorders;
- Strategies to Increase Access to Services focusing on Medi-Cal Penetration Rates; and,
- Strategies to emphasize and increase the involvement of consumers and family members in service delivery.

The County may develop work plans outside of the focus areas. The County anticipates completion of the work plans before December 31, 2009.

**Certification**

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County and the following statements are true. I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements listed above represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures. The proposed activities are consistent with the Mental Health Services Act, the Department's regulations governing the MHSA, and draft proposed guidelines for the Innovation component of the Three-Year Program and Expenditure Plan; and to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.

  
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Signature (Director/Designee, County Mental Health Department)