



REQUEST FOR APPLICATION (RFA)

Innovation Partnership Fund

RFA IPF-001

(FOR CALIFORNIA SERVICES ONLY)

ADDENDUM 3

March 20, 2026

Behavioral Health Services
Oversight and Accountability Commission
1812 9th Street
Sacramento, CA 95811

<https://www.bhsoac.ca.gov>

ATTACHMENT 1: APPLICATION COVER SHEET

Provide the information below.

Applicant Name	
City of Redondo Beach	
Applicant Address and Phone Number	
415 Diamond Street Redondo Beach, CA 90277 310.691.3000	
Name of Authorized Signor (Print)	
Mike Witzansky, City Manager	
Signature of Authorized Signor	Date

I HEREBY CERTIFY under penalty of perjury that I have the authority to sign this application on behalf of the named Applicant above and that all information provided in this application is true and accurate.

I further understand and agree to accept and comply with all the requirements in the RFA and related documents. In addition, if there is any false information in the application that it is grounds for the application to be rejected, and if any false information comes to light after contract award, that it is grounds for the contract to be terminated immediately.

Program Coordinator Contact Information

Name:	Stephanie W. Johnson
Title:	Quality of Life Prosecutor
Email:	stephanie.johnson@redondo.org
Phone Number:	310.691.3056

Grant category being applied for (Select one):

Category 1 - Small Grants

Category 2 - Large Grants

ATTACHMENT 11: FINAL SUBMISSION CHECKLIST

A responsive application shall consist of all the required items identified below. Complete this checklist by marking the box with an “X” for each item you are submitting to the Commission

Check	DESCRIPTION
	ATTACHMENT 1: Application Cover Sheet
	ATTACHMENT 2: Minimum Qualifications
	ATTACHMENT 3: Applicant Background
	ATTACHMENT 4: Proposed Innovation
	ATTACHMENT 4-1: Letter of Support
	ATTACHMENT 5: Cost Sheet
	ATTACHMENT 6: References
	ATTACHMENT 7: Bidder Declaration Attachment
	ATTACHMENT 8: Contractor Certification Clauses (CCC-307)
	ATTACHMENT 9: Darfur Contracting Act Certification (if applicable)
	ATTACHMENT 10: Payee Data Record (STD 204)
	ATTACHMENT 11: Final Submission Checklist
	Exhibit D: Budget and Narrative – Addendum 3