

CALIFORNIA HEALTH FACILITIES
FINANCING AUTHORITY

The Children's Hospital Program
of 2004
Funding Round 3 and 4 Grant
Application Form

GENERAL OBLIGATION BOND
FINANCING FOR PUBLIC AND PRIVATE
CALIFORNIA CHILDREN'S HOSPITALS

915 Capitol Mall, Suite 435
Sacramento, California 95814
Phone: (916) 653-2799
Fax: (916) 654-5362

**The Children's Hospital Program of 2004
Funding Round 3 and 4 APPLICATION FORM**



Please type all responses. Incomplete or illegible applications will not be considered.

A. Summary Information

Applicant Legal Name: _____

Federal Tax ID #: _____

Street Address: _____

City State Zip _____

County: _____

Address of Project (if different from above): _____

County: _____

Contact Person: _____ **Title:** _____

Phone: _____ **Fax:** _____

E-mail Address: _____

Requested Amount: \$ _____

Date of Application: _____

=====

<Authority Use Only>

Date Received: (stamp below) Allocation Meeting Date: _____

Resolution Number: _____

B. Project Eligibility: Please check one of the boxes, as applicable.

1. The Children’s Hospital would like to use Children’s Hospital Program of 2004 (“CHP 2004”) funds for equipment only.
- *The Applicant must complete all Sections of this Application Form.*
2. The Children’s Hospital would like to add CHP 2004 funds to an existing Children’s Hospital Program of 2008 (“CHP 2008”) grant where the Project costs have exceeded the CHP 2008 grant award amount.
- *The Applicant must complete all Sections of this Application Form, except Sections C and D, and Attachment A. The Authority will review and evaluate this Application Form together with the Applicant’s Children’s Hospital Program of 2008 Application Form so that Applicants do not need to submit duplicative information regarding the Project.*
3. The Children’s Hospital would like to request CHP 2004 funds as an additional funding source to a concurrent CHP 2008 grant application.
- *The Applicant must complete all Sections of this Application Form, except Sections C and D, and Attachment A. The Applicant must also complete the Children’s Hospital Program of 2008 Application Form #CHFFA-6, Rev.01-2009-3 and submit both Application Forms concurrently. The Authority will review and evaluate the Application Forms together so that Applicants do not need to submit duplicative information regarding the Project.*

Note: Reimbursement for equipment acquisition(s) is limited to purchases made no more than six months prior to the Application submission date.

C. Project Description:

1. Describe the Project and explain:
 - (a) How well the Project contributes to both of the following:
 - (1) Expansion or Improvement of Health Care Access by children eligible for Governmental Health Insurance Programs and indigent, underserved, and uninsured children.
 - (2) Improvement of Child Health Care or Improvement of Pediatric Patient Outcomes.
 - (b) How well the Children’s Hospital does any or all of the following:
 - (1) Provides Uncompensated Indigent Care or Undercompensated Care to eligible pediatric patients.
 - (2) Provides services to Vulnerable Pediatric Populations.
 - (3) Promotes Pediatric Teaching Programs or Pediatric Research Programs.
2. To ensure that the tax-exempt status of the General Obligation bonds funding this program conforms to all applicable bond law, please answer the following:

- (a) Was any portion of the Project to be refinanced with the Grant originally funded with the proceeds of a tax-exempt financing? If yes, please describe the tax-exempt financing.
- (b) For any requests by the University of California Children's Hospitals to refinance Projects that have already been completed, when were the expenditures incurred for the Project to be refinanced with the Grant?

D. Project Readiness and Feasibility:

- 1. All Applicants requesting equipment only shall provide a timeline, which describes:
 - (a) When the equipment was/will be purchased.
 - (b) When the equipment was/will be in operation.
 - (c) Any problems anticipated in purchasing and operating the equipment in a timely manner, if applicable.
- 2. All Applicants shall identify and provide supporting documentation as described for the following:
 - (a) For future equipment acquisition, the Applicant shall submit a specific list of equipment to be purchased and purchase orders, and if applicable, cost estimates of installation for such equipment at the time of application submission.
 - (b) For reimbursement on equipment acquisition, the Applicant shall submit a specific list of purchased equipment and copies of purchase orders, invoices, and proof of purchase (cancelled checks or electronic wires) at the time of application submission.
 - (c) If funding sources other than the Grant are required to complete the Project, the Applicant shall provide, at the time of application submission, proof of the other funding source(s), including but not limited to, commitment letters, board approved capital campaign plans or any other documentation acceptable to the Authority. Such documentation shall be in accordance with the Project timeline and budget.

E. Application Submission:

Applications are due the first business day of each month, except October and November, and will be presented to the Authority members the following month. For the month of October, Applications are due on October 7. Applications received on October 7 will be presented for Authority consideration at a regularly scheduled meeting in December or January. Applications are not accepted in November.

Applications must be submitted in duplicate to the Authority. Each Applicant may apply only once in the Third Funding Round and the Fourth Funding Round. Submit completed application by mail to:

California Health Facilities Financing Authority
915 Capitol Mall, Suite 435
Sacramento, CA 95814

LEGAL STATUS QUESTIONNAIRE

1. Disclose material information relating to any legal or regulatory proceeding or investigation in which the Applicant is or has been a party and which might have a material impact on the financial viability of the Project or the Applicant. Such disclosures should include any parent, subsidiary, or affiliate of the Applicant that is involved in the management, operation, or development of the Project.
2. Disclose any civil, criminal, or regulatory action in which the Applicant, or any current board members, partners, limited liability corporation members, senior officers, or senior management personnel has been named a defendant in such action in the past ten years involving fraud or corruption, or matters involving health and safety where there are allegations of serious harm to employees, the public, or the environment.

Disclosures should include civil or criminal cases filed in state or federal court; civil or criminal investigations by local, state, or federal law enforcement authorities; and enforcement proceedings or investigations by local, state or federal regulatory agencies.

The information provided must include relevant dates, the nature of the allegation(s), charges, complaint or filing, and the outcome.

AGREEMENT AND CERTIFICATION

The Chief Executive Officer, Chief Financial Officer or other authorized officer of the Applicant on behalf of the Applicant agrees and certifies to the following terms and conditions:

1. The information contained in the Application Form and attachments is true and correct to the best of my knowledge and belief and I understand that any misrepresentation may result in the cancellation of a Grant and other actions permitted by law and the Grant Agreement.
2. Applicant may be required to return all or a portion of the Grant including any unused investment earnings if the Applicant fails to complete the Project as approved. In cases where the Grant will fund architect, design, or engineering fees or land acquisition costs as part of an approved Project, the Applicant may be required to return all Grant funds and any unused investment earnings if the Authority cannot determine that the associated larger Project has been completed, based on timelines provided within the Application Form.
3. Grant funds will only be used for the Project described in the Application Form unless a change in the Project is approved in writing by the Authority.
4. The Project and financial records of the Applicant’s Project are subject to audit and inspection by the Authority and the Bureau of State Audits.
5. Applicant has disclosed all information requested by the Legal Status questionnaire (if required in Section B of this Application Form).
6. Applicant will notify the Authority in writing at the time of Project completion with evidence of completion included.
7. Applicant will provide all documents and information required by law and will meet all necessary requirements prior to the release of the Grant.
8. Applicant was licensed by the California Department of Public Health as a general acute care hospital prior to January 1, 2003 and the license remains current and valid.
9. The Applicant has no ‘going concern qualification’ language as part of its most recent audit and shall provide its most recent Audited Financial Statements to the Authority upon the Authority’s request.
10. Applicant is, and can demonstrate that Applicant is, an eligible Children’s Hospital under California Code of Regulations, Title 4, Section 7031.

By (Print Name)

Signature

Title

Date