

**California Health Facilities Financing Authority ("CHFFA")  
Investment in Mental Health Wellness Grant Program  
Actual Expenditures Report  
SUMMARY SHEET**

Grant # \_\_\_\_\_  
Award Amount \_\_\_\_\_

Project Name or Description	<input type="checkbox"/> Crisis Residential
	<input type="checkbox"/> Crisis Stabilization
	<input type="checkbox"/> Mobile Crisis Support Team

CHFFA Project Officer \_\_\_\_\_  
Phone: (916) \_\_\_\_\_  
Fax: (916) 654-5362  
E-Mail: \_\_\_\_\_

Lead Grantee: \_\_\_\_\_

Date of Expenditures  
From \_\_\_\_\_ to \_\_\_\_\_

**FOR CHFFA USE ONLY**

Cost Type(s)	Actual Expenditures	Verified as Eligible	Budget Remaining
Purchase of real property (Attachment A):	\$ _____	\$ _____	\$ _____
Construction or renovation (Attachment B):	\$ _____	\$ _____	\$ _____
Furnishings or equipment including vehicles (Attachment C):	\$ _____	\$ _____	\$ _____
Information technology hardware and software (Attachment D):	\$ _____	\$ _____	\$ _____
Program startup or expansion costs (Attachment E):	\$ _____	\$ _____	\$ _____
Personnel Funding (Attachment F):	\$ _____	\$ _____	\$ _____
<b>TOTAL:</b>	\$ _____	\$ _____	\$ _____

*I certify that to the best of my knowledge, the information contained in this report form and the accompanying materials is true and accurate. I understand that misrepresentation may result in the cancellation of the grant and other actions which the Authority is authorized to take.*

By (Print Name of Authorized Officer) \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

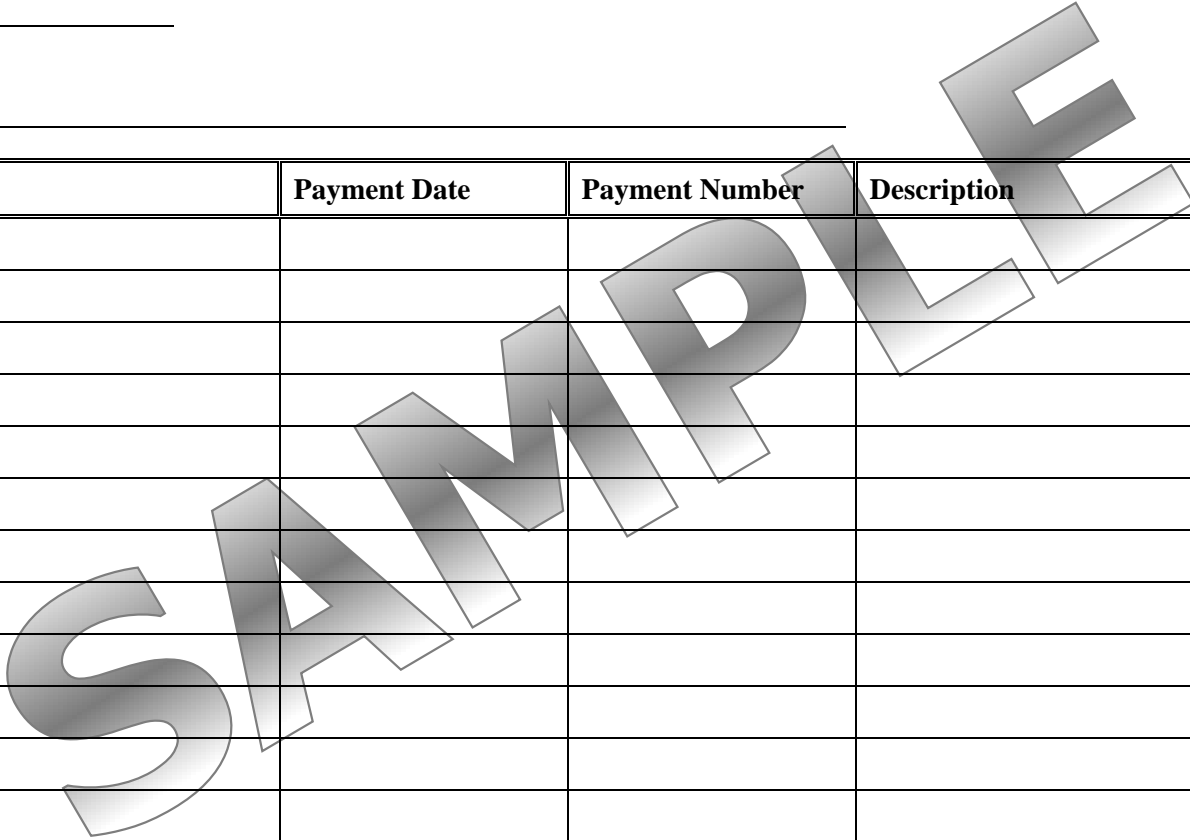
- Please check applicable status report submitted with this form:
- Mid-year Due within 45 days following June 30
  - End of year Due within 45 days following December 31
  - Supplemental Upon CHFFA Request

California Health Facilities Financing Authority ("CHFFA")  
Investment in Mental Health Wellness Grant Program  
Actual Expenditures Form – Purchase of Real Property

Grant #: \_\_\_\_\_

Date: \_\_\_\_\_

Lead Grantee \_\_\_\_\_



	Payee	Payment Date	Payment Number	Description	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	TOTAL EXPENDITURES REQUEST – PURCHASE OF REAL PROPERTY (All pages):				

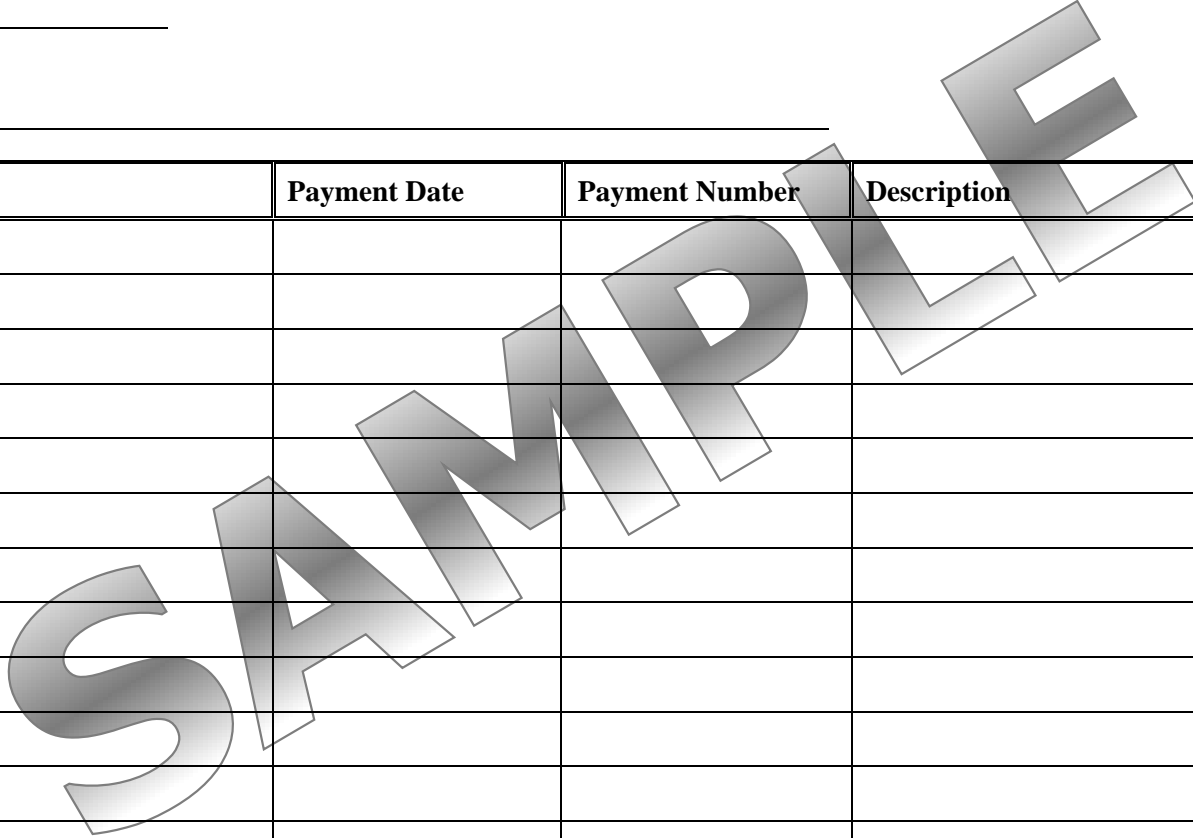
- NOTE:**
- 1. Attach supporting documentation behind this form in list order and number documents in list order.
  - 2. If more than 15 items are to be listed, copy this form for additional pages and please note total number of pages included \_\_\_\_\_.

California Health Facilities Financing Authority ("CHFFA")  
Investment in Mental Health Wellness Grant Program  
Actual Expenditures Form – Construction or Renovation

Grant #: \_\_\_\_\_

Date: \_\_\_\_\_

Lead Grantee \_\_\_\_\_



	Payee	Payment Date	Payment Number	Description	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	TOTAL EXPENDITURES REQUEST – CONSTRUCTION OR RENOVATION (All pages):				

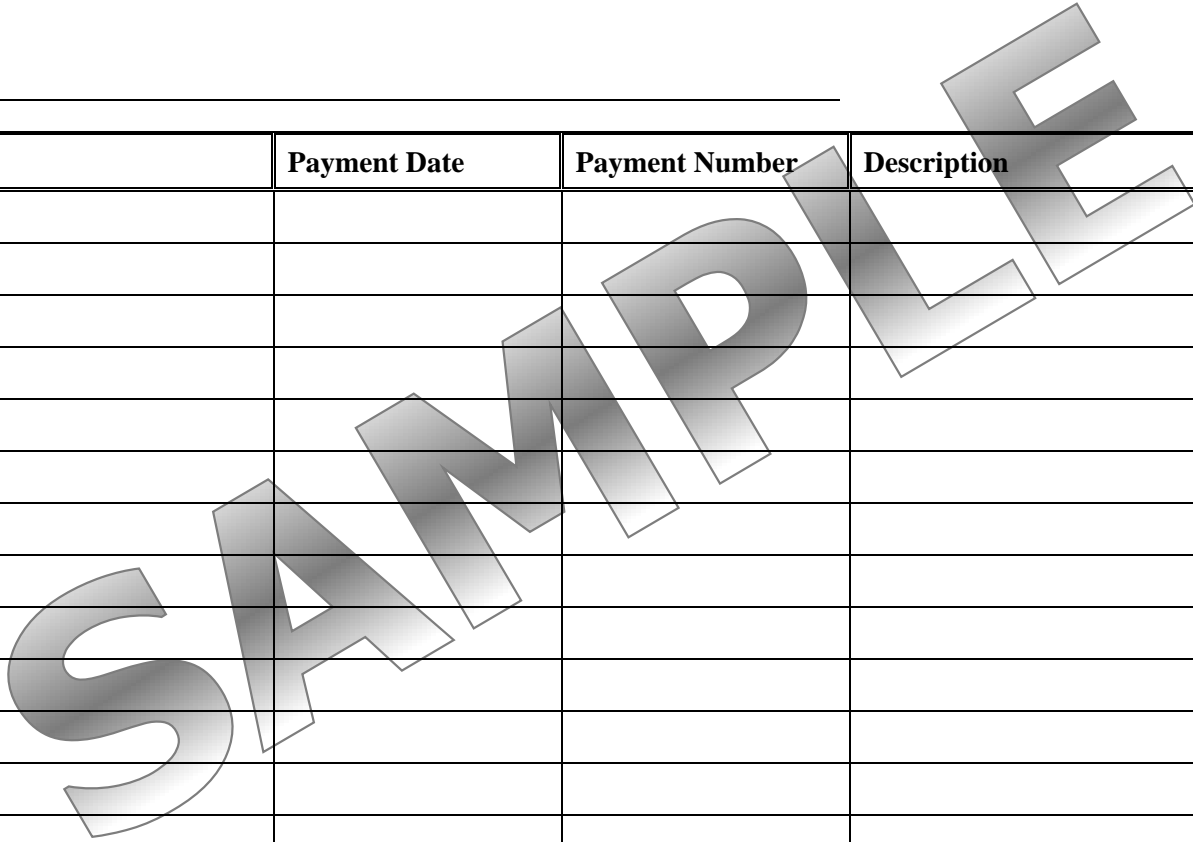
**NOTE:** 1. Attach supporting documentation behind this form in list order and number documents in list order. 2. If more than 15 items are to be listed, copy this form for additional pages and please note total number of pages included \_\_\_\_\_.

California Health Facilities Financing Authority ("CHFFA")  
Investment in Mental Health Wellness Grant Program  
Actual Expenditures Form – Furnishings or Equipment

Grant #: \_\_\_\_\_

Date: \_\_\_\_\_

Lead Grantee \_\_\_\_\_



	Payee	Payment Date	Payment Number	Description	Amount
1					
2					
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4					
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12					
13					
14					
15					
	TOTAL EXPENDITURES REQUEST – FURNISHINGS OR EQUIPMENT (All Pages):				

- NOTE:**
- 1. Attach supporting documentation behind this form in list order and number documents in list order.
  - 2. If more than 15 items are to be listed, copy this form for additional pages and please note total number of pages included \_\_\_\_\_.

California Health Facilities Financing Authority ("CHFFA")
Investment in Mental Health Wellness Grant Program
Actual Expenditures Form – Information Technology Hardware and Software

Grant #: \_\_\_\_\_

Date: \_\_\_\_\_

Lead Grantee \_\_\_\_\_

Table with 5 columns: Payee, Payment Date, Payment Number, Description, Amount. Rows 1-15. Includes a large 'SAMPLE' watermark and a 'TOTAL EXPENDITURES REQUEST' row at the bottom.

- NOTE: 1. Attach supporting documentation behind this form in list order and number documents in list order. 2. If more than 15 items are to be listed, copy this form for additional pages and please note total number of pages included \_\_\_\_\_.

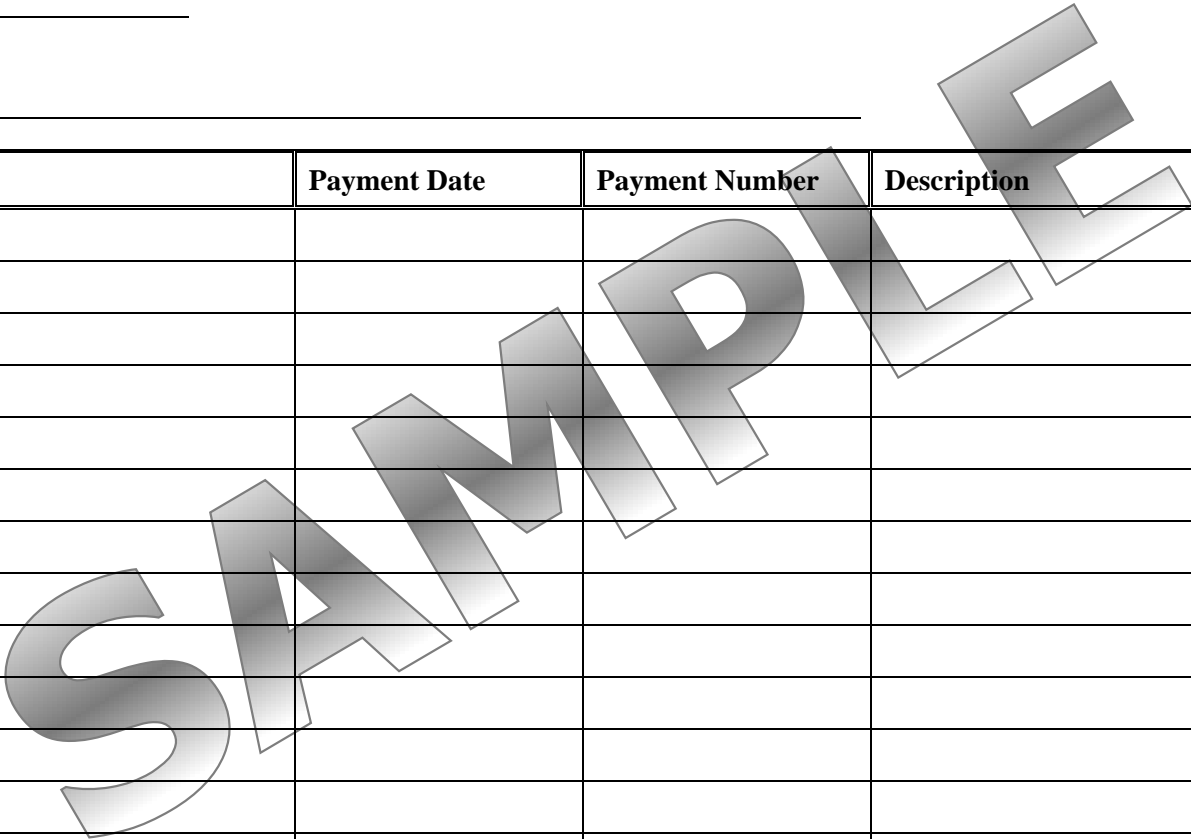
California Health Facilities Financing Authority ("CHFFA")  
Investment in Mental Health Wellness Grant Program

Actual Expenditures Form – Program Startup or Expansion Costs

Grant #: \_\_\_\_\_

Date: \_\_\_\_\_

Lead Grantee \_\_\_\_\_



	Payee	Payment Date	Payment Number	Description	Amount	
1						
2						
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14						
15						
	TOTAL EXPENDITURES REQUEST – PROGRAM STARTUP OR EXPANSION COSTS (All Pages):					

- NOTE:**
- 1. Attach supporting documentation behind this form in list order and number documents in list order.
  - 2. If more than 15 items are to be listed, copy this form for additional pages and please note total number of pages included \_\_\_\_\_.

California Health Facilities Financing Authority ("CHFFA")  
Investment in Mental Health Wellness Grant Program  
Actual Expenditures Form – Personnel Funding

Grant #: \_\_\_\_\_

Date: \_\_\_\_\_

Lead Grantee \_\_\_\_\_

Payee	Payment Date	Payment Number	Description	Amount
1				
2				
3				
4				
5				
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11				
12				
13				
14				
15				
TOTAL EXPENDITURES REQUEST – PERSONNEL FUNDING (All Pages):				

- NOTE:**
- 1. Attach supporting documentation behind this form in list order and number documents in list order.
  - 2. If more than 15 items are to be listed, copy this form for additional pages and please note total number of pages included \_\_\_\_\_.