

**California Health Facilities Financing Authority ("CHFFA")  
Peer Respite Care Grant Program  
Request for Disbursement Form**

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

Project Name or Description:	<input type="checkbox"/> Peer Respite Care
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\_\_\_\_\_  
CHFFA Project Officer  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

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

Cost Type(s)	Total of previous disbursement	Projected Expenditure Amount
Capital Funding:	\$ _____	\$ _____
Total - Previous Disbursement:	\$ _____	\$ _____

FOR CHFFA USE ONLY	
Disbursement	
This Disbursement	Total to Date
\$ _____	\$ _____
\$ _____	\$ _____

**Documentation to Accompany Form:**

Please attach a spreadsheet and other documentation used to establish this projection.

**TOTAL DISBURSEMENT REQUEST:** \$ \_\_\_\_\_

**Has the scope of the Project changed from the description in your grant agreement? YES or NO (circle one) If yes, use Attachment 1 to request approval of and explain any line item changes needed.**

*I certify that to the best of my knowledge, the information contained in this projection 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)  
  
\_\_\_\_\_  
Title  
  
\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Email:

Except for the initial submission of this form, please attach status report in accordance with Section 7225(a)(4) and 7228 in the regulations.

California Health Facilities Financing Authority (“CHFFA”)  
Peer Respite Care Grant Program

Grant # \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

REQUEST FOR CHANGE

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

1) Please detail the requested change or changes in the table below.

Line/Category	Approved Amount	Change Requested	Amount, if approved

2) Explain budget change requested above. Why is the change needed?

3) Does the change affect the scope of the project as shown in your grant agreement? YES or NO (circle one)  
If yes, please explain in detail.

4) Request change of Grant Period end date from \_\_\_\_\_ to \_\_\_\_\_  
Please explain.