

**California Health Facilities Financing Authority ("CHFFA")
Peer Respite Care Grant Program
Actual Expenditures Report
SUMMARY SHEET**

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: _____

Date of Expenditures
From _____ to _____

Cost Type(s)

Actual Expenditures

FOR CHFFA USE ONLY	
Verified as Eligible	Budget Remaining
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Purchase of real property (Attachment A):	\$	_____
Construction or renovation (Attachment B):	\$	_____
Furnishings or equipment (Attachment C):	\$	_____
Information technology hardware and software (Attachment D):	\$	_____

TOTAL: \$ _____

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")
Peer Respite Care 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")
Peer Respite Care Grant Program
Actual Expenditures Form – Construction or Renovation

Grant #: _____

Date: _____

Lead Grantee: _____

Table with 5 columns: Payee, Payment Date, Payment Number, Description, Amount. Rows 1-15 for data entry, and a final row for '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")
Peer Respite Care Grant Program
Actual Expenditures Form – Furnishings or Equipment

Grant #: _____

Date: _____

Lead Grantee: _____

Table with 5 columns: Payee, Payment Date, Payment Number, Description, Amount. Rows 1-15 for data entry, and a final row for '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”)
Peer Respite Care Grant Program

Actual Expenditures Form – Information Technology Hardware and Software

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 – INFORMATION TECHNOLOGY HARDWARE AND SOFTWARE (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: _____.