

**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
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):	\$ _____
TOTAL:	\$ _____

Verified as Eligible	Budget Remaining
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

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)

Title

Phone:

Signature

Date

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 _____

Table with 5 columns: Payee, Payment Date, Payment Number, Description, Amount. Rows 1-15 for individual entries, and a final row for '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					
3					
4					
5					
6					
7					
8					
9					
10					
11					
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 for data entry, and a final row for '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 _____.

**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					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
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					
6					
7					
8					
9					
10					
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 _____.