

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

Actual Expenditures Report

SUMMARY SHEET

Grant # MH- _____
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) 653-####
Fax: (916) 654-5362
E-Mail: Name@treasurer.ca.gov

Lead Grantee: _____

Cost Type(s)	CHFFA Approved	Actual Expenditures	FOR CHFFA USE ONLY
			Verified as Eligible
Purchase of real property (Attachment A):	\$ _____	\$ _____	\$ _____
Construction or renovation (Attachment B):	\$ _____	\$ _____	\$ _____
Furnishings or equipment (Attachment C)	\$ _____	\$ _____	\$ _____
Information technology hardware and software (Attachment D):	\$ _____	\$ _____	\$ _____
Program startup or expansion costs (Attachment E)	\$ _____	\$ _____	\$ _____
Personnel Funding (Attachment F)	\$ _____	\$ _____	\$ _____
Less: Other funding sources (list) _____	(\$ _____)	(\$ _____)	
_____	(\$ _____)	(\$ _____)	
_____	(\$ _____)	(\$ _____)	
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: _____

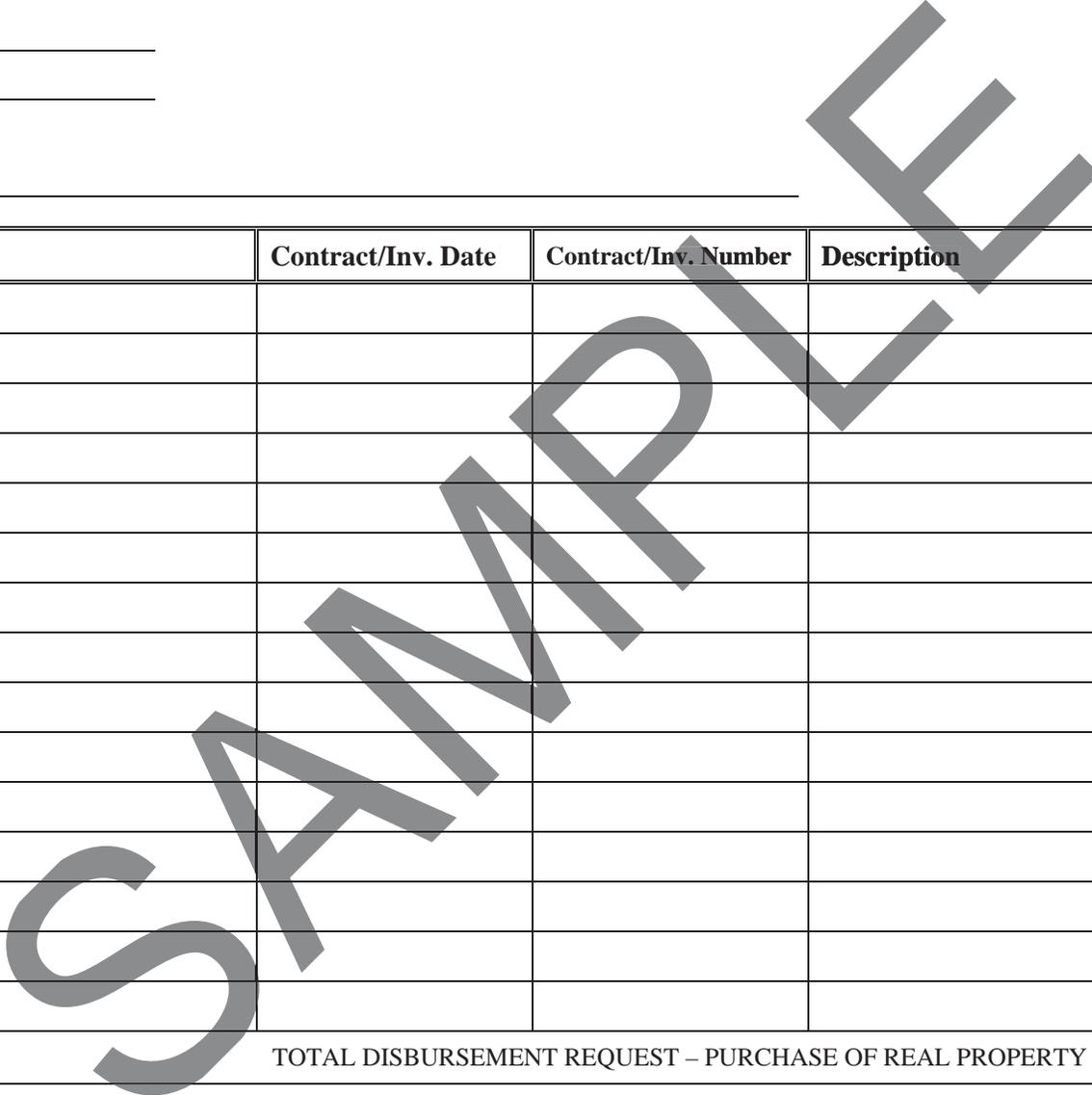
- Please check applicable reporting period
- Mid-year Due within 45 days following June 30
 - End of year Due within 45 days following December 31
 - Final Due within 60 days of project completion

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

Grant # MH-: _____

Date: _____

Lead Grantee _____



	Contractor	Contract/Inv. Date	Contract/Inv. Number	Description	Amount*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	TOTAL DISBURSEMENT REQUEST – PURCHASE OF REAL PROPERTY (All pages):				

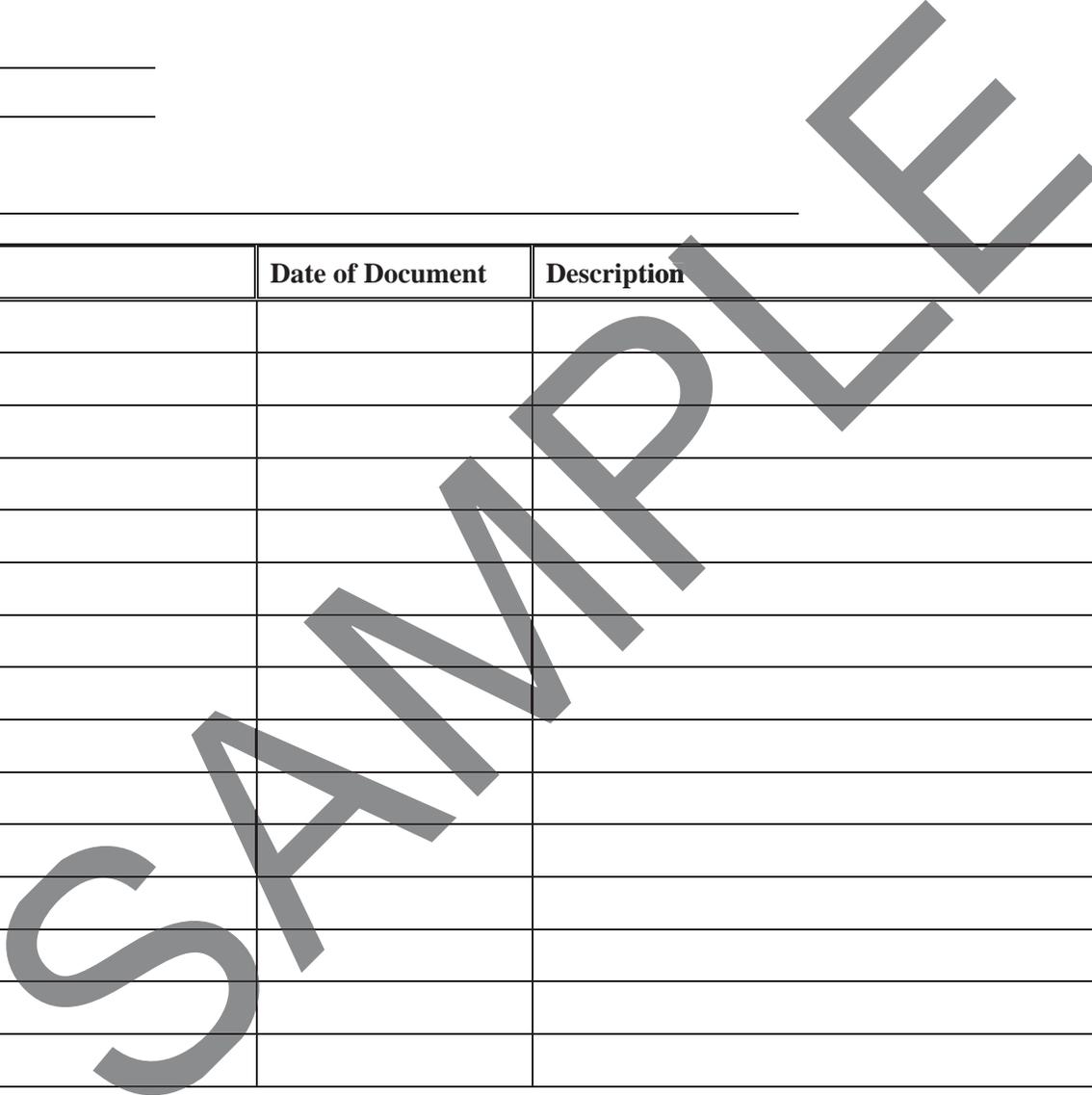
- NOTE:**
- 1. Attach supporting documentation behind this form in the above order and numbered as shown above.
 - 2. If more than 15 invoices are to be listed, copy this form for additional pages and please note total number of pages included _____.

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

Grant # MH-: _____

Date: _____

Lead Grantee _____



	Document Description	Date of Document	Description	Amount, (if applicable)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
	TOTAL DISBURSEMENT REQUEST – CONSTRUCTION OR RENOVATION (All pages):			

NOTE: 1. Attach supporting documentation behind this form in the above order and numbered as shown above.

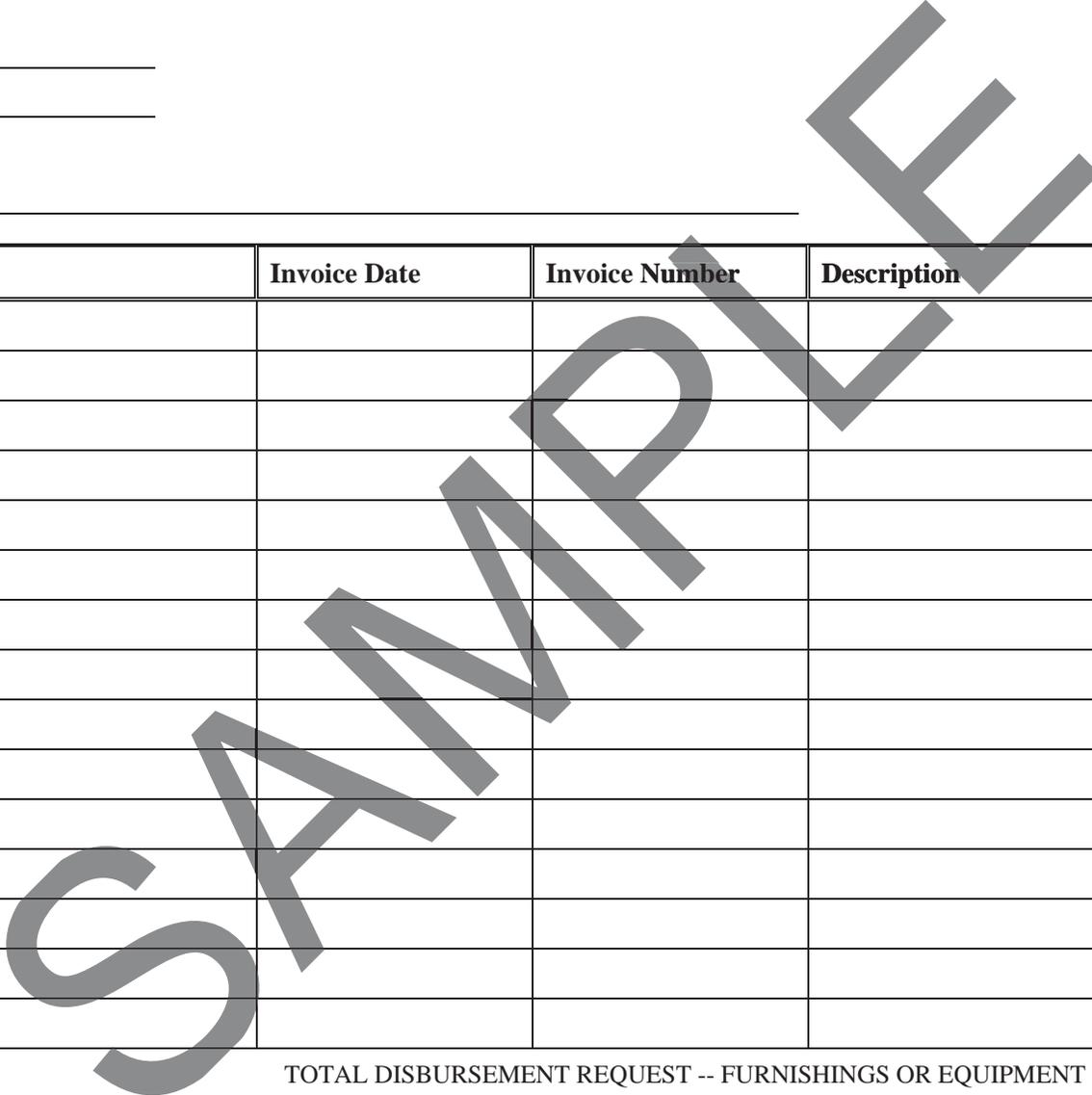
2. If more than 15 items are to be listed, copy this form for additional pages and please note total number of pages included _____.

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

Grant # MH-: _____

Date: _____

Lead Grantee _____



	Vendor	Invoice Date	Invoice Number	Description	Amount*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	TOTAL DISBURSEMENT REQUEST -- FURNISHINGS OR EQUIPMENT (All Pages):				

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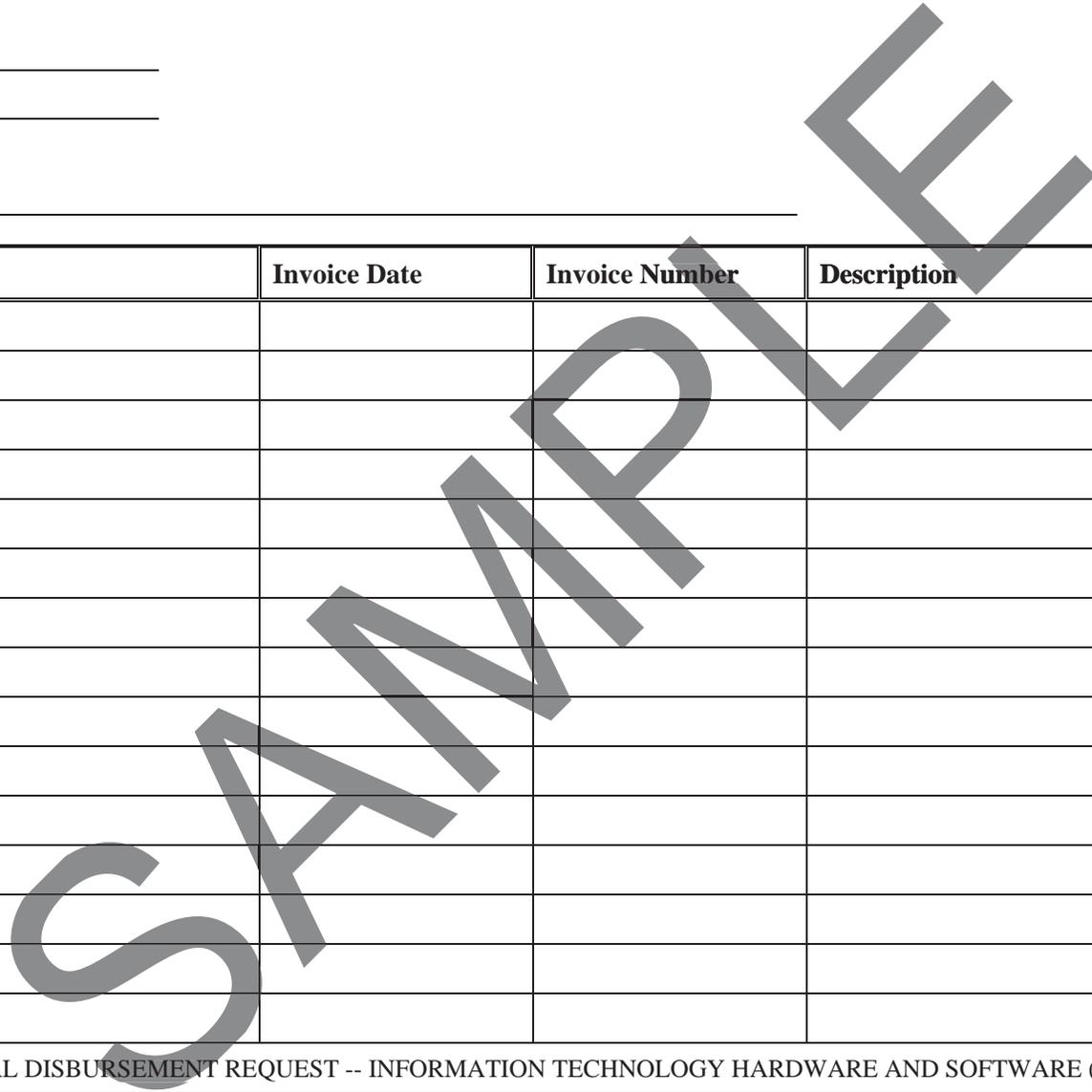
California Health Facilities Financing Authority (“CHFFA”)
 Investment in Mental Health Wellness Grant Program

Actual Expenditures Form – Information Technology Hardware and Software

Grant # MH-: _____

Date: _____

Lead Grantee _____



	Vendor	Invoice Date	Invoice Number	Description	Amount*
1					
2					
3					
4					
5					
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10					
11					
12					
13					
14					
15					
TOTAL DISBURSEMENT REQUEST -- INFORMATION TECHNOLOGY HARDWARE AND SOFTWARE (All Pages):					

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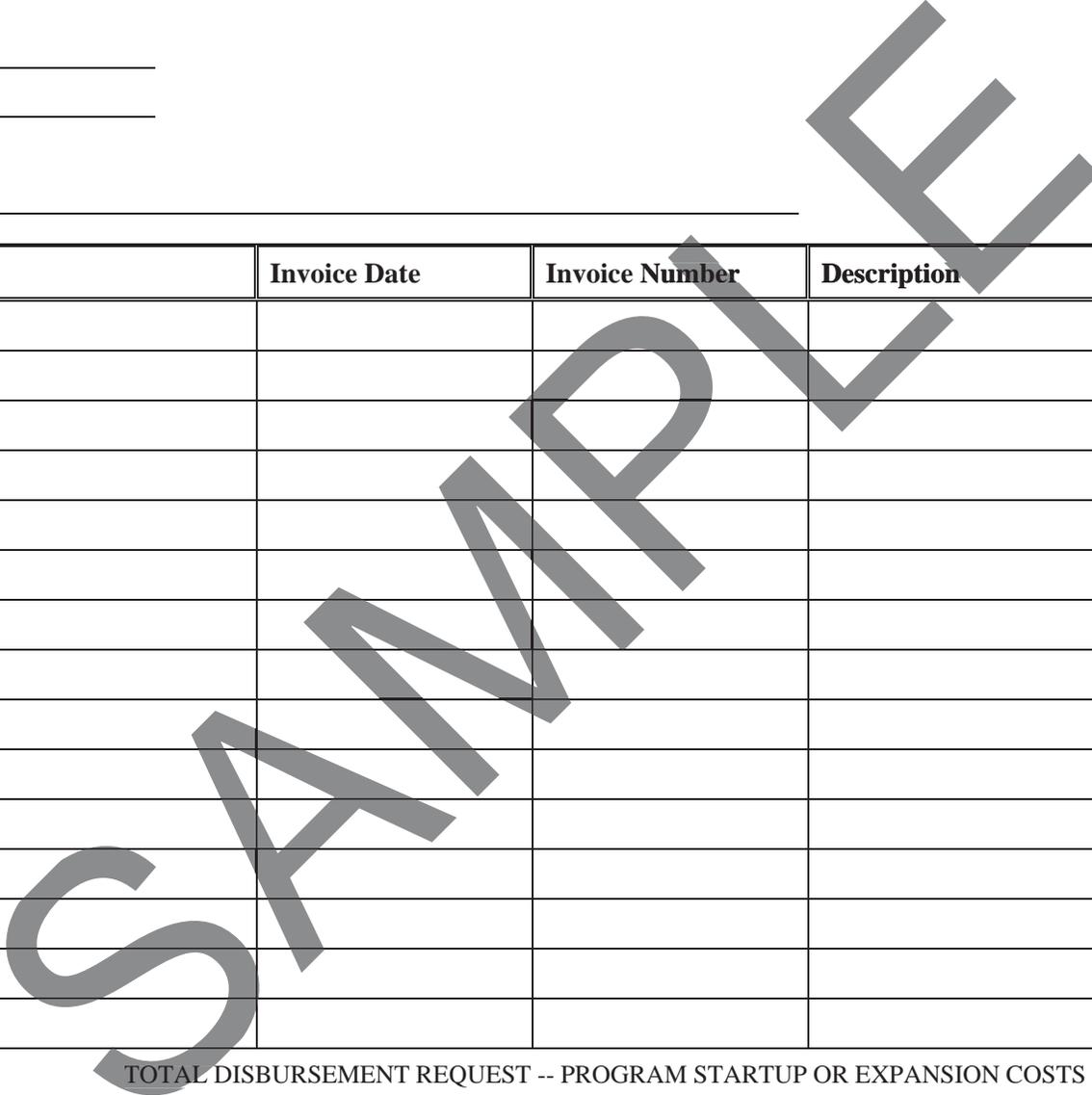
California Health Facilities Financing Authority ("CHFFA")
Investment in Mental Health Wellness Grant Program

Actual Expenditures Form – Program Startup or Expansion Costs

Grant # MH-: _____

Date: _____

Lead Grantee _____



	Vendor	Invoice Date	Invoice Number	Description	Amount*	
1						
2						
3						
4						
5						
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7						
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11						
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15						
	TOTAL DISBURSEMENT REQUEST -- PROGRAM STARTUP OR EXPANSION COSTS (All Pages):					

- NOTE:**
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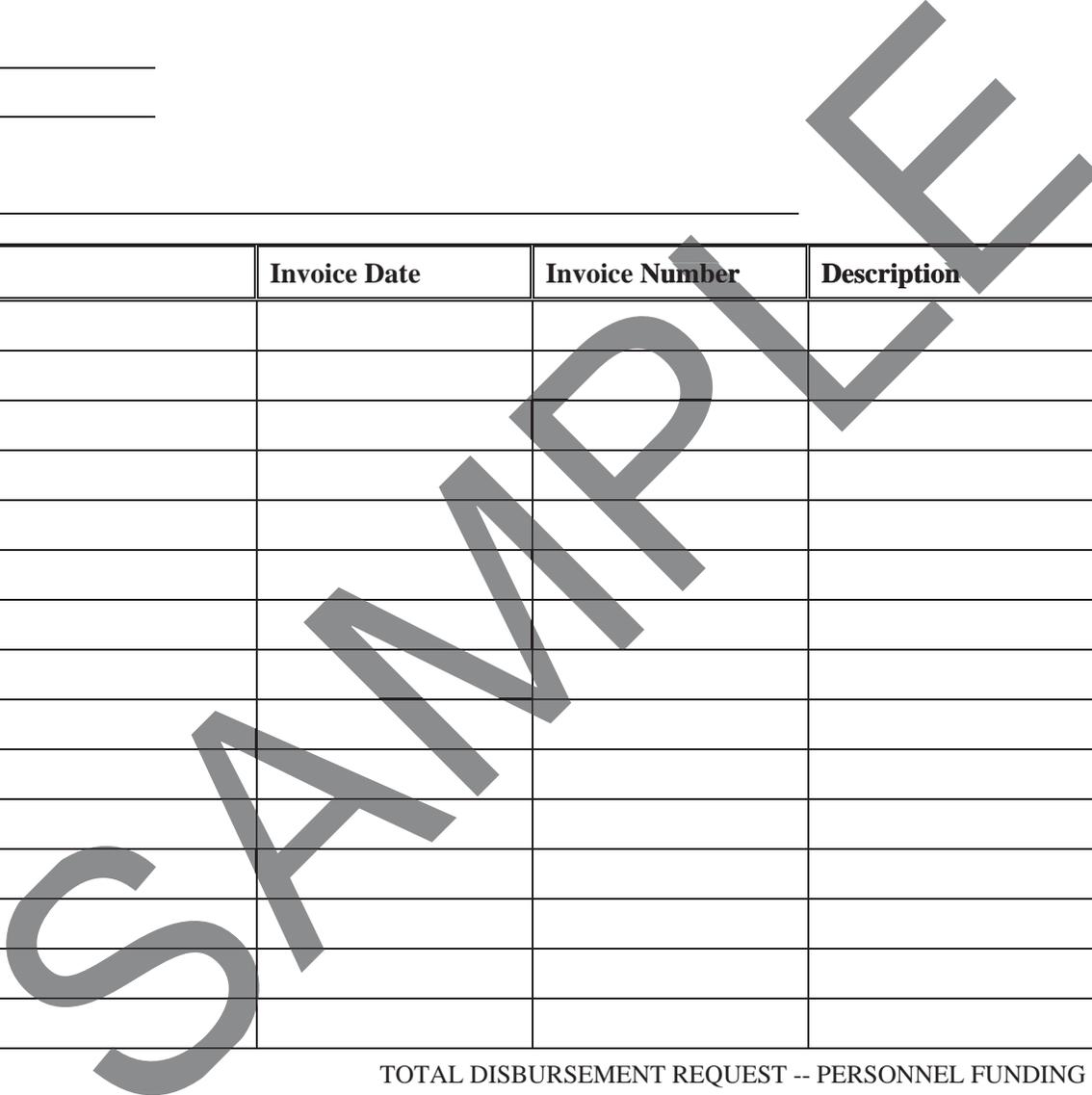
California Health Facilities Financing Authority ("CHFFA")
Investment in Mental Health Wellness Grant Program

Actual Expenditures Form – Personnel Funding

Grant # MH-: _____

Date: _____

Lead Grantee _____



	Vendor	Invoice Date	Invoice Number	Description	Amount*
1					
2					
3					
4					
5					
6					
7					
8					
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12					
13					
14					
15					
	TOTAL DISBURSEMENT REQUEST -- PERSONNEL FUNDING (All Pages):				

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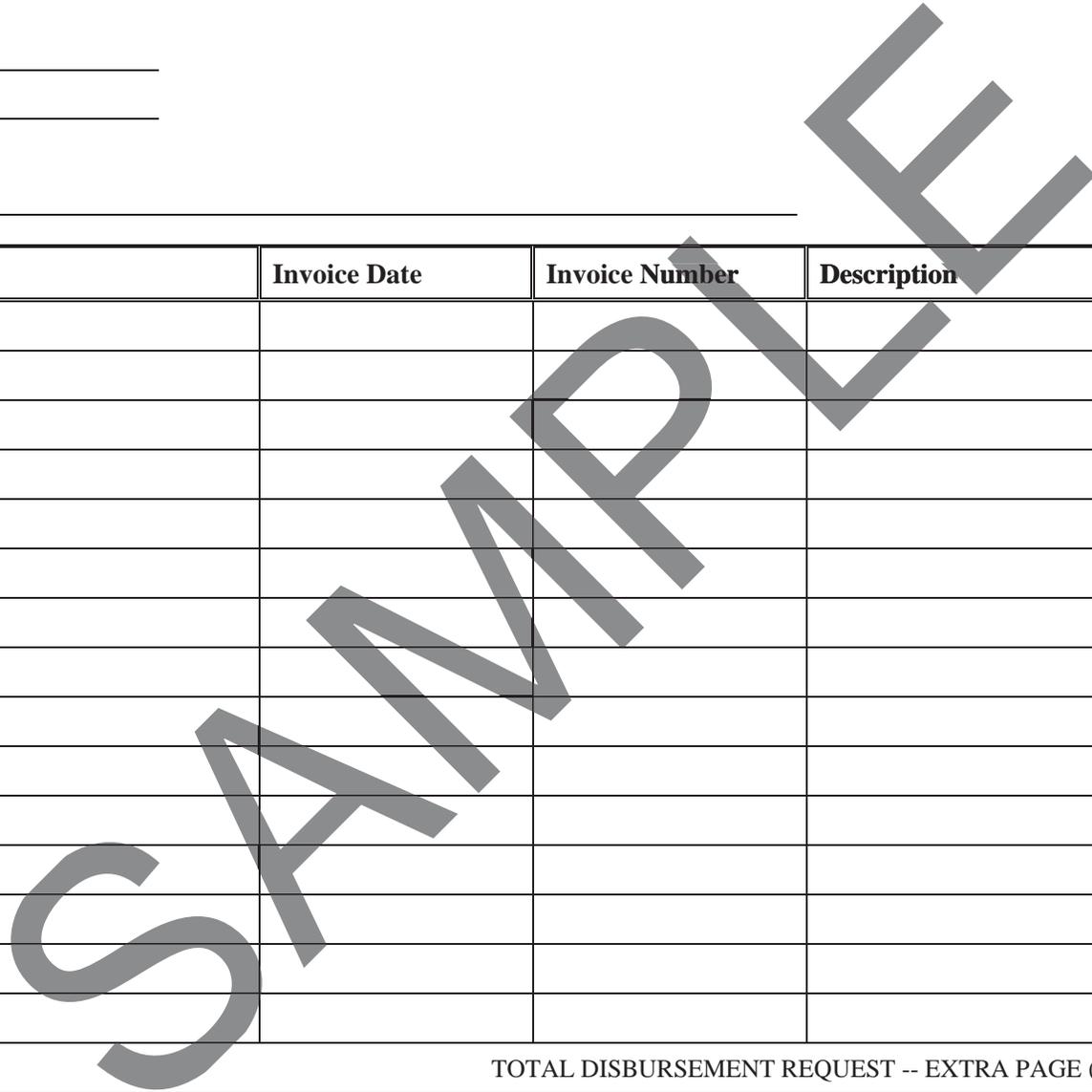
**California Health Facilities Financing Authority (“CHFFA”)
Investment in Mental Health Wellness Grant Program**

Actual Expenditures Form – _____

Grant # MH-: _____

Date: _____

Lead Grantee _____



	Vendor	Invoice Date	Invoice Number	Description	Amount*
1					
2					
3					
4					
5					
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7					
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13					
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15					
	TOTAL DISBURSEMENT REQUEST -- EXTRA PAGE (All Pages):				

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