Investment in Mental Health Wellness Grant Program

NEXT STEPS FOR GRANTEES

May 15, 2014

10:00 A.M. – 11:00 A.M. (PST)

For any technical issues, please contact
GO-TO-MEETINGS at 1-800-263-6317 or
HTTP://SUPPORT.CITRIXONLINE.COM/GOTOMEETING/

PRESENTERS

CHFFA

Barbara Liebert, Executive Director
Rosalind Brewer, Deputy Executive Director
Barbara Webster-Hawkins, Program Manager
Janae Davis, Program Officer
Margrit Lockett, Program Officer

Contact Information

CHFFA@TREASURER.CA.GOV
(916) 653-2799

CONGRATULATIONS!

- Congratulations!
- Regulations
- Next steps in the process ($)

NEXT STEPS IN THE PROCESS

- Grant Award Letter (Done)
- Grant Agreement (In process)
- Documentation or detailed statement of status
- CHFFA must determine Project readiness and feasibility
- **Projected Six Months of Expenditures Form**
- **Actual Expenditures Report Form**
- Reporting requirements
- Some helpful tips
- Questions

THE GRANT AGREEMENT

- Board of Supervisors' resolution authorizing an official to accept the Grant and delegating responsibilities
- Two copies signed by Grantee official and CHFFA's Executive Director
- One copy sent back to Grantee for records

DOCUMENTATION OR DETAILED STATEMENT - *Sections 7125(a) & 7126*

As soon as practicable, please submit to your grant officer:

- ❑ Documentation for all of the following *(as it may apply)* <u>or</u>
- ❑ Detailed statement regarding the status of obtaining this documentation
  - ✓ Construction or renovation
  - ✓ Acquisition of real property
  - ✓ Acquisition of supplies, furniture and equipment, including vehicles
  - ✓ Personnel costs
  - ✓ Other eligible costs
- ❑ For construction Projects on leased property
  - ✓ Lease agreement requirements
  - ✓ Current title report

CHFFA MUST DETERMINE PROJECT IS READY & FEASIBLE

- Within six months of Final Allocation
- Limited extension on case-by-case basis for good cause
- Cancellation of Grant
- Updated information – *Section 7125(a)(3)(B)*
  - Grant officer may request
  - Evaluation criteria for Project feasibility, sustainability and readiness – *Section 7119(a)(4)*

PROJECTED SIX MONTHS OF EXPENDITURES FORM

- First time submission – as soon as practicable to your grant officer
- Next submission – must be accompanied by status reports pursuant to *Section 7128(a)*
- See next slide for detailed form

EXPENDITURE FORM
PROJECTED SIX MONTH OF EXPENDITURES

Form No. CHFFA 7 MH-02 (10/2013)

California Health Facilities Financing Authority ("CHFFA")
Investment in Mental Health Wellness Grant Program
Projected Six Months of Expenditures Form

Grant # MH- _____
Award Amount _____

Project Name or Description:	❑ Crisis Residential ❑ Crisis Stabilization ❑ 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)	Total of previous disbursement	Projected Expenditure Amount	FOR CHFFA USE ONLY Disbursement: This Disbursement	Total to Date
Capital Funding except vehicle purchase:	$	$	$	$
Vehicle Purchase:	$	$	$	$
Personnel Funding:	$	$	$	$
Total - Previous Disbursement:	$			
TOTAL DISBURSEMENT REQUEST:		$	$	$

Documentation to Accompany Form:
Please attach a spreadsheet and other documentation used to establish this projection.

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) _____ **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

Form # CHFFA 7 MH-02 (10/2013)

Please attach a spreadsheet listing projected expenditures as well as all documentation used to establish this projection. Your analyst may contact you for an electronic copy of your spreadsheet.

Total Disbursement Request should include Capital Funding, Vehicle Purchase and Personnel Funding, as applicable.

It is especially important to indicate if the scope of the Project has changed from the description in your Agreement. Material changes require pre-approval from CHFFA.

EXPENDITURE FORM
PROJECTED SIX MONTH OF EXPENDITURES

Form No. CHFFA 7 MH-02 (10/2013)

ATTACHMENT 1

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

Grant # MH- _____
Date Submitted: _____

Projected Six Months of Expenditures Form
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.

Form # CHFFA 7 MH-02 (10/2013)

ACTUAL EXPENDITURES REPORT FORM *SECTION 7125(b)* – RECONCILIATION!

- Within six months after each disbursement of Grant funds, regulations require submission of **Actual Expenditures Report**

- Evidence of payment and documentation to establish eligibility of costs

- See next slide for detailed form

EXPENDITURE FORM
ACTUAL EXPENDITURES REPORT

Form No. CHFFA 7 MH-03 (10/2013)

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

- ❑ Crisis Residential
- ❑ Crisis Stablization
- ❑ Mobile Crisis Support Team
- ❑ Other:

Lead Grantee: _____

CHFFA Project Officer

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

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

REPORTING ON ACTUAL EXPENDITURES BY CATEGORY

Form No. CHFFA 7 MH-03 (10/2013)

ATTACHMENT C

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 _____.

CHFFA has separate sheets for construction or renovation, purchase of real property, furnishings or equipment, IT hardware and software, program start up costs, personnel and other costs

ON-GOING REPORTING REQUIREMENTS

- **Initial submissions of Projected 6 Months of Expenditures Form (Request for Disbursements) do not require status reports**
- **Subsequent submissions do**
- **What to include in your status reports**
  - ✓ Within 45 days after June 30 and December 31
  - ✓ Activities performed and populations served
  - ✓ A summary of incurred costs and expenditures consistent with costs identified in the application and an explanation of any variances
  - ✓ A summary of data or preliminary results regarding outcomes and a description of any challenges in obtaining data
  - ✓ A summary of other funding sources
  - ✓ A description of remaining work to be completed and an estimated timeline or schedule for completion of that work
  - ✓ A description of whether the Project is within the proposed budget and, if not, reasons for any differences and the actions to be taken to ensure there is sufficient funding
- **Final Reports and Certificates of Completion and Annual Reports – stay tuned!**

HELPFUL TIPS

- ✓ Collect contracts, invoices and purchase orders as you go
- ✓ Develop and maintain electronic spreadsheets to track expenditures
- ✓ Keep your Project and financial records handy for audits, requests from CHFFA and site visits
- ✓ Stay in frequent contact with you grant officer - *the only bad question is the one that isn't asked!*

CHFFA's Website

HTTP://WWW.TREASURER.CA.GOV/CHFFA

- **Link to statute & regulations**

- Investment in Mental Health Wellness Act of 2013: A grant program for California counties supporting the development of programs that increase access to and capacity for crisis mental health services

- **Link to regulations - your handbook**

QUESTIONS

If you think of questions later, call or email your grant officer or email CHFFA@TREASURER.CA.GOV

THANK YOU FOR PARTICIPATING TODAY!