

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

915 Capitol Mall, Suite 435, Sacramento, CA 95814

The Lifeline Grant Program

Final Report

Grantee's Name: _____

This Final Report is being provided pursuant to the requirements in Section 7228, subdivision (a), which requires: ~~“the Grantee shall submit a Final Report Form No. CHFFA 8 LGP-03 (01/2018), within forty five (45) days following disbursement of Grant funds and upon the Authority's request.”~~

GRANT FUNDS INFORMATION

Grant Agreement Date/Resolution #: _____

Provide a narrative description of how the Grant funds were used:

An explanation of any variance(s) from the Grant Agreement:

I hereby certify that the Grant funds have been disbursed and spent in accordance with the regulations and grant agreement.

Signature: _____

Authorized Officer

Date: _____

Print Name: _____

Title: _____