

**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:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Authorized Officer

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_