CERTIFICATE OF COMPLETION & FINAL REPORT
Community Services Infrastructure Grant Program

California Health Facilities Financing Authority (CHFFA)

Grantee:	
Grant Award #:	**Grant Amount:**
CHFFA Approval Date:	**Grant Period End Date:**
Project Address:	
Project Description:	

PART I: NARRATIVE

Please attach a narrative in response to the following questions.

1) Summary of Project Implentation

Please provide a summary of all activities completed in order to implement the Project.

2) Key Milestones

a) When did the Project start?

b) When was the Project completed, and when did Program services begin?

c) What were the key milestones or notable events, including approvals, licensing and/or certification (if applicable)?

d) What challenges, if any, were encountered during the implementation of the Program(s), and how were they overcome?

PART II: DOCUMENTATION

Please provide the following documents as applicable to your Project if they have not already been provided:

1. For all Projects: License and/or certification of Program(s), as applicable.
2. For Projects that include facility acquisition: Final closing statement with certification by the title company.
3. For Projects that include building renovation: Certificate of Occupancy.

PART III: PROGRAM OUTCOMES (IF AVAILABLE)

Please provide descriptions and data that demonstrate how the Program contributes to each of the following key outcomes:

a) Reduced number of individuals with mental health disorders, individuals with substance use disorders, and who are victims of trauma in jails and/or prisons; and reduced need for mental health treatment, substance use disorder treatment, and/or trauma-centered services in jails and/or prisons.

b) Number and demographics of individuals within the Target Population(s) (as defined in Section 7413 (z)) who utilize mental health treatment, substance use disorder treatment, and/or trauma-centered services.

c) Number and demographics of individuals who complete treatment and/or services.

d) Number and demographics of individuals who did not complete treatment and/or services and were returned to jail and/or prison.

e) Cost savings of the Program(s) compared to the cost of providing mental health treatment, substance use disorder treatment, and/or trauma-centered services in jails and/or prisons.

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PART III: ACTUAL PROJECT SOURCES & USES

Please provide a summary of actual sources and uses of the Project in the format provided below. Provide an "as of" date. Community Services Infrastructure Program grants cannot exceed the total cost of the Project. Total sources must equal total uses.

Sources of Funds – as of (date) _____:

CHFFA grant(s)	$ _____
Mental Health Services Act (MHSA) funds	$ _____
Realignment funds	$ _____
Medi-Cal, Federal Financial Participation	$ _____
Interest earnings from advanced funds	$ _____
Other sources, list (e.g., bank loans, other grants)	
_____	$ _____
_____	$ _____
_____	$ _____
Total Sources	$ _____

Uses of Funds (from all sources) – as of (date) _____:

Facility acquisition	$ _____
Renovation	$ _____
Furnishings and/or equipment	$ _____
Information technology hardware and software	$ _____
Program startup or expansion costs	$ _____
Other costs:	
_____	$ _____
_____	$ _____
_____	$ _____
Total Uses	$ _____

PART IV: CERTIFICATION

I hereby certify that, to the best of my knowledge, all Grant funds were expended on the above named Project, the Project is complete, the Grant did not exceed the total Project costs, all interest earnings have been reported to CHFFA, and this report and all accompanying documents are true and correct. I understand that the Grant Agreement includes valid and binding obligations that extend beyond the term of the Grant.

Signature: _____ Date: _____

Name: _____ Title: _____

Additional Contact:

Name: _____ Title: _____

Email: _____ Phone: _____