

**California Health Facilities Financing Authority (“CHFFA”)
Community Services Infrastructure Grant Program
Request for Disbursement Form**

Request #: _____
Grant #: _____
Award Amount: _____

Project Name or Description:

CHFFA Project Officer
Phone: (916) _____
E-Mail: _____

Lead Grantee: _____

Project Cost Categories	Total of Previous Disbursements	Disbursement Request	FOR CHFFA USE ONLY Approved Disbursement
Facility acquisition:	\$ _____	\$ _____	\$ _____
Renovation:	\$ _____	\$ _____	\$ _____
Furnishings and/or equipment:	\$ _____	\$ _____	\$ _____
Information technology hardware and software:	\$ _____	\$ _____	\$ _____
Program startup or expansion costs:	\$ _____	\$ _____	\$ _____
Total - Previous Disbursements:	\$ _____		\$ _____
TOTAL DISBURSEMENT REQUEST: \$ _____			\$ _____

Documentation to Accompany Form:

Please attach and email a spreadsheet that summarizes all the included supporting documentation used to establish disbursement amount requested. Please follow formatting of Attachment 2.

**Has the scope or budget 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 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

Except for the initial submission of this form, please attach status report in accordance with Section 7425(a)(4) and 7428 in the regulations.

California Health Facilities Financing Authority ("CHFFA")
Community Services Infrastructure Grant Program

Grant #: _____
Date Submitted: _____

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.

SAMPLE SPREADSHEET

ATTACHMENT 2

**California Health Facilities Financing Authority (“CHFFA”)
Community Services Infrastructure Grant Program**

Grant #: _____

Lead Grantee: _____

Date: _____

Project Cost Category	Payee	Description	Required for Disbursements			Required for Actual Verification	
			Invoice/Contract*			Canceled Check/ACH	
			Number	Date	Amount	Number	Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
Total Disbursements and Actuals					\$0.00	\$0.00	

*If you are requesting an advance, please indicate the contact/agreement number and the disbursement amount requested.