

**California Health Facilities Financing Authority ("CHFFA")
Investment in Mental Health Wellness Grant Program for Children and Youth
Request for Disbursement Form**

Request #: _____

Grant #: _____

Award Amount: _____

Project Name or Description:	<input type="checkbox"/> Crisis Residential
	<input type="checkbox"/> Crisis Stabilization
	<input type="checkbox"/> Mobile Crisis Support Team
	<input type="checkbox"/> Family Respite Care

CHFFA Project Officer

Phone: _____

E-Mail: _____

Lead Grantee: _____

FOR CHFFA USE ONLY

Project Cost Categories	Total of Previous Disbursements	Disbursement Request	Approved Disbursement
Purchase of real property:	\$ _____	\$ _____	\$ _____
Construction or renovation:	\$ _____	\$ _____	\$ _____
Furnishings and/or equipment:	\$ _____	\$ _____	\$ _____
Information technology hardware and software:	\$ _____	\$ _____	\$ _____
Program startup or expansion costs:	\$ _____	\$ _____	\$ _____
Purchase of Vehicle:	\$ _____	\$ _____	\$ _____
Personnel Funding:	\$ _____	\$ _____	\$ _____
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 the formatting of Attachment 2.

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 form and the accompanying material are 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:

**California Health Facilities Financing Authority (“CHFFA”)
Investment in Mental Health Wellness Grant Program
for Children and Youth**

Grant # _____
Date Submitted: _____

REQUEST FOR CHANGE

Lead Grantee _____

1) Please detail the requested Project budget change or changes in the table below.

Project Cost Categories	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

**California Health Facilities Financing Authority (“CHFFA”)
Investment in Mental Health Wellness Grant Program
for Children and Youth**

Grant #: _____
Date: _____

Lead Grantee: _____

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							

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