

COMMUNITY SERVICES INFRASTRUCTURE GRANT PROGRAM



NEXT STEPS FOR GRANTEES

SEPTEMBER 29, 2020



WELCOME AND INTRODUCTIONS



Deputy Executive Director

Carolyn Aboubechara

Program Manager II

Bianca Smith

Program Manager I

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Grant Officers

Cory Mouhasseb

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OVERVIEW



Next Steps After CHFFA Approval

- ☐ Grant Agreement
- ☐ Eligible Project Costs
- ☐ Readiness, Feasibility, Sustainability
- ☐ Requirements for Leased Property
- ☐ Request for Disbursement
- ☐ Actual Expenditures Report
- ☐ Status Reports
- ☐ Certificate of Completion and Final Report
- ☐ Annual Reports

GRANT AGREEMENT

- First funding round grant agreements have all been executed
- Second funding round grant agreements were emailed to each grantee
 - Two certified copies of County's Board of Supervisor's (BOS) Resolution needed (wet signatures required)
 - Accepting the grant
 - BOS delegating an Authorized Officer, or their designee, to sign the Grant Agreement and to act on County's behalf to carry out all grant transactions
 - Print and sign two copies of the grant agreement signature page, if received via email (wet signatures required)
 - Mail CHFFA the two certified copies of the BOS Resolution and the signed signature pages
 - CHFFA will countersign the two signature pages and mail a fully executed grant agreement back to the grantee

ELIGIBLE PROJECT COSTS

All costs must be incurred during the Grant Period

Eligible Project Costs Include:

- Facility Acquisition
- Renovation (project planning, appraisals, inspections, pre-renovation)
 - Includes hardscaping and/or landscaping essential for completion of the Project (not to exceed 5% of the total Grant award)
- Furnishings and/or Equipment
- IT Hardware and Software (not to exceed 3% of the total Grant award)
- 3 Months of Program Startup or Expansion Costs
 - Training, Personnel Salaries, and Personnel Benefits

Grant funds shall be used only for costs directly related to
and essential for the completion of the Project.

READINESS, FEASIBILITY, & SUSTAINABILITY

CHFFA must determine project is ready, feasible, and sustainable within 12 months from Final Allocation

Funding Round	Final Allocation Date	Readiness, Sustainability, Feasibility Deadline
First Funding Round	July 25, 2019	July 25, 2020
Second Funding Round	March 26, 2020	March 26, 2021

Extensions

- Contact your Grant Officer at least one month prior to the deadline
- Case-by-case at the discretion of the Executive Director

Cancellation of Grant

- Failure to demonstrate readiness, feasibility, and sustainability

READINESS, FEASIBILITY, & SUSTAINABILITY



- Detailed Plan & Timeline With Steps needed to Complete The Project
 - Address of Project site and renderings and/or floor plans
 - Necessary approvals to complete the Project (eg. BOS Approval, RFP, etc.)
 - Architectural/renovation contracts (if applicable)
 - CEQA and prevailing wage compliance
 - Building and conditional use permits, MOU's/interagency agreements
 - Project timeline – including Project start date, Project end date, and Program operational date
 - Staffing plan
 - Potential challenges and how those challenges will be mitigated

READINESS, FEASIBILITY, & SUSTAINABILITY



- Proof of community outreach and engagement efforts
- Service provider selection or the process to obtain one (service provider has at least three years of experience with target population)
- License & certification process, if applicable
- Proof of sufficient funding
 - Project budget including any leveraged funding
 - Operational budget including any leveraged funding
 - Internal process to ensure Grant funds will only be used for eligible costs
 - Documentation of budget approvals (funding letters, BOS minutes, etc.)

REQUIREMENTS FOR RENOVATION ON LEASED PROPERTY

For Renovation Projects on Leased Property

- Lease agreement requirements
 - Shall provide the Grantee, as lessee, full access to the site to carry out the Project.
 - Term of the lease agreement shall be equal or greater than the useful life of the Project determined by County Counsel
 - Any subsequent encumbrance or sale of the property shall be subject to the lease agreement [Section 7426(a)(3)]
 - Remedy for default must include language that conforms to Regulatory language [Section 7426(a)(4)]
- Current title report
 - No delinquent taxes, assessments, or easements
 - Restrictive covenant recorded in the chain of title
 - Fee title is subject to the lease agreement and recorded in the chain of title

REQUIREMENTS FOR RENOVATION ON LEASED PROPERTY

For Renovation Projects on Leased Property (Cont.)

- Certification letter that the lease agreement conforms to Section 7426, including a statement of the projected useful life of the Project
- Early termination must include language that conforms to Regulatory language [Section 7426(b)]
- Proportionate costs of the project

REQUEST FOR DISBURSEMENT



1. Executed Grant Agreement
2. CHFFA has determined Project is Ready, Feasible, and Sustainable
3. Disbursement
 - A. 1st Disbursement
 - Request for Disbursement Form with required documentation
 - B. 2nd Disbursement (and so on...)
 - Request for Disbursement Form with required documentation
 - Actual Expenditures Report for previous disbursement with required documentation

REQUEST FOR DISBURSEMENT



Required Supporting Documentation

■ Renovation

- Building plans, costs, and timelines
- Executed contracts (if not yet provided to CHFFA)
- Architect, design and engineering contracts, if applicable
- Building permits and conditional use permits, if applicable
- Evidence of compliance with CEQA and prevailing wage law
- Evidence of property ownership, such as grant deed, title report, or lease agreement and title report (section 7426)

■ Facility Acquisition

- Recent appraisal (within 6 months)
- Zoning Approval

REQUEST FOR DISBURSEMENT

Required Documentation (cont.)

- **Acquisition of Furnishings and/or Equipment**
 - List of items to be purchased with related purchase orders
- **3-Months of Program Startup or Expansion Costs (Training, personnel salaries, and personnel benefits)**
 - Staffing plans (detailed job descriptions/duty statements and documentation of salary or hourly wage rates including benefits)
 - Payroll projections or payroll expenditure schedule/report with certification language
 - Training sessions (purchase orders or invoices)

REQUEST FOR DISBURSEMENT

Form # CHFFA 9 CSI-02 (09/2018)

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

Facility acquisition:

\$ _____

\$ _____

Renovation:

\$ _____

\$ _____

Furnishings and/or equipment:

\$ _____

\$ _____

Information technology hardware and software:

\$ _____

\$ _____

Program startup or expansion costs:

\$ _____

\$ _____

Total - Previous Disbursements:

\$ _____

FOR CHFFA USE ONLY

Approved Disbursement

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

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.

TOTAL DISBURSEMENT REQUEST: \$ _____

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.

Form # CHFFA 9 CSI-02 (09/2018)

Attach a spreadsheet listing projected expenditures as well as all documentation used to establish this projection. Your analyst will provide an electronic version of your spreadsheet.

It is important to indicate if the scope of the Project has changed from the description in your Agreement. Material changes require pre-approval from the Authority.

REQUEST FOR DISBURSEMENT

Form # CHFFA 9 CSI-03 (09/2018)

ATTACHMENT 1

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.

If you would like to move funds between categories (renovation, acquisition, furniture, equipment, IT, 3-month startup), please fill out your approved amounts in the 1st column, your requested changes to the approved amounts, and what the final approved amounts would be.

REQUEST FOR DISBURSEMENT

Form #CHFFA 9 CSI-03 (09/2018)

SAMPLE SPREADSHEET

ATTACHMENT 2

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

Grant #: _____ Lead
Date: _____ Grantee: _____

	Project Cost Category	Payee	Description	Required for Disbursements		Required for Actual Verification				
				Purchase Order/Contract*		Invoice and Canceled Check/Proof of Wire Transfer				
				Number	Amount	Date	Invoice Number	Amount	Check 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

List all eligible expenditures and include the appropriate documentation, contracts, or purchase orders to support the request

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

Form # CHFFA 9 CSI-03 (09/2018)

ACTUAL EXPENDITURES REPORT

▪ **Actual Expenditures Reports are Due**

- Within 60 days of Project Completion and upon Authorities request
 - Prior to a subsequent disbursement
- or
- If Grantee received advance disbursement of the entire Grant amount, an Actual Expenditure Report is due within 45 days following completion of the periods ending June 30 and December 31 of each year during the Grant period, and upon the Authorities request

▪ **Required documentation (if applicable)**

- Purchase and sales agreement, proof of title, invoices, and canceled checks, proof of wire transfers, and receipts
- For Salaries and Benefits please include a Payroll Schedule along with a Signed Certification on County letterhead

“Grantee represents and warrants that the attached payroll expenditure schedule is a complete and accurate summary of the performed activities for the project. Grantee represents and warrants that each line item detailed in the attached payroll expenditure schedule is for incurred costs related to the project schedule.”

ACTUAL EXPENDITURES REPORT

Form # CHFFA 9 CSI-03 (09/2018)

California Health Facilities Financing Authority ("CHFFA")
Community Services Infrastructure Grant Program
Actual Expenditures Report
SUMMARY SHEET

Report #: _____
Grant #: _____
Award Amount: _____

Project Name or Description:

Lead Grantee: _____

CHFFA Project Officer

Phone: (916) _____

E-Mail: _____

Project Cost Categories

Actual Expenditures

Facility acquisition:

\$ _____

Renovation:

\$ _____

Furnishings and/or equipment:

\$ _____

Information technology hardware and software:

\$ _____

Program startup or expansion costs:

\$ _____

TOTAL:

\$ _____

FOR CHFFA USE ONLY

Amount Verified as Eligible

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Documentation to Accompany Form:

Please attach and email a spreadsheet that summarizes all the included supporting documentation provided. Please follow formatting of Attachment 1.

I certify that to the best of my knowledge, the information contained in this report 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:

Attach the spreadsheet listing all expenditures, as well as documentation used, to acquire the expenses.

Form # CHFFA 9 CSI-03 (09/2018)

ACTUAL EXPENDITURES REPORT

Form # CHFFA 9 CSI-03 (09/2018)

SAMPLE SPREADSHEET

ATTACHMENT 1

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

Grant #: _____ Lead
Date: _____ Grantee: _____

	Project Cost Category	Payee	Description	Required for Disbursements		Required for Actual Verification				
				Purchase Order/Contract*		Invoice and Canceled Check/Proof of Wire Transfer				
				Number	Amount	Date	Invoice Number	Amount	Check 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				

You will need to attach the appropriate documentation to verify each expense (see slide 15)

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

Form # CHFFA 9 CSI-03 (09/2018)

STATUS REPORTS

Within 45 days following the completion periods ending June 30th and December 31st of each year and upon Authority's request

Summarize

1. Activities performed and populations served
2. Incurred costs and expenditures consistent with application; if none or different, explain
3. Data or preliminary results on outcomes and any challenges in obtaining data
4. Other funding sources utilized for the Project
5. Remaining work and an estimated completion timeline
6. If Project is within the proposed budget and, if not, describe why and the actions taken to ensure sufficient funding

CERTIFICATE OF COMPLETION AND FINAL REPORT

Due within 60 days after Project completion

Required documentation (if applicable or not already submitted)

- License and/or certification of Programs, as applicable
- Summary of sources and uses of funds, that show that the Grant and any interest earnings on Grant funds did not exceed the cost of the Project
- Project outcomes, key milestones, and accomplishments
- Facility Acquisition Projects: Final closing statement with certification by title company
- Renovation Projects: Certificate of Occupancy

After submission of the Certificate of Completion and Final Report,
the County will no longer need to submit Status Reports

ANNUAL REPORTS

Annual Reports are due by September 30 each year, for 5 years* following submission of the Certificate of Completion

Summarize

- Annual Program capacity implemented and currently in operation
- Types of treatment and/or services provided
- Reduction of individuals receiving treatment and/or services in jails and/or prisons
- Reduction in the need of treatment and/or services in jails and/or prisons
- Number and demographics of clients who completed the treatment and/or services
- Number and demographics of clients who did not complete treatment and/or services and returned to jail or prison
- Value of the program, such as cost savings of the Program(s) compared to the cost of providing treatment/services in jails and/or prisons

Annual Reports need to be certified and authorized by the Authorized Officer identified in the grant.

*CHFFA may request additional Annual Reports after 5 years to continue tracking accomplishments, outcomes, and populations served to ensure Program operations and sustainability.

HELPFUL TIPS

- Refer to the Program Regulations and CHFFA website for Program information and updates
- Stay in frequent contact with your Grant Officer
- If the Project has a proportionate share (is part of a larger project where invoicing and budgets cannot be separated), work with your Grant Officer to determine up front what percentage(s) will be applied to future invoices
- Collect contracts, purchase orders, invoices, and proof of payment as you go
- Utilize spreadsheets supplied by CHFFA to track expenditures as they are incurred
- Keep Project and financial records for at least three years after Grant completion for audits, requests from CHFFA, and site visits
- Ensure Project is providing the services to the target population for the useful life of the project (if not, grant funds may need to be returned)

CHFFA's WEBSITE

[HTTP://WWW.TREASURER.CA.GOV/CHFFA](http://www.treasurer.ca.gov/CHFFA)

Quick Links

[CHFFA Overview](#)

[Mission Statement](#)

[Authority Members](#)

[Meeting Schedule, Agendas,
Materials, and TEFRAs Notices](#)

[For PPE donations, please visit
State of California COVID-19
Medical Supply Contributions](#)

[Programs Fact Sheet](#)

[Applications Available for
Downloading](#)

[Program Fee Schedules](#)

[CHFFA Act](#)

[Audits/Financial Disclosure
Reports](#)

[Fast Facts](#)

[Make a Payment](#)

[Sign Up to Receive CHFFA
Information](#)

Highlights

[Children's Hospital Program of
2018: Currently Accepting
Applications from Children's
Hospitals](#)
4/22/19

Did You Know?

Since January 2015, CHFFA's Bond Financing Program has issued \$2,257,750,000 to 12 hospitals. In addition, the HELP II Loan Program has issued \$5,415,000 to eight non-profit health care facilities. Also, the Investment in Mental Health Wellness Grant Program has awarded over \$55 million to 21 counties.

The California Health Facilities Financing Authority (CHFFA) was established to be the State's vehicle for providing financial assistance to public and non-profit health care providers through loans, grants and tax-exempt bonds.

Here's what we offer:

COVID-19 FINANCIAL ASSISTANCE PROGRAMS

COVID-19
Emergency HELP
Loan Program

HELP II Loan Program
Debt Service
Payment Deferral



Bond Financing
Program



Tax-Exempt
Equipment Financing
Program



HELP II
Loan Program



Children's Hospital
Program



Mental Health
Wellness Grants



Community Services
Infrastructure Grant
Program



Lifeline Grant
Program



Peer Respite
Care Program



CA Health Access
Model Program



CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

Community Services Infrastructure (CSI) Grant Program

Creates and expands community alternatives to incarceration in the form of mental health treatment, substance use disorder treatment, and trauma-centered services.



Contact Information

If you have any questions about the CSI Grant Program, please contact [CHFFA](#).

CSI Grant Program

[Statute](#)

[Regulations](#)

[Previous Meeting Materials & Webinars](#)

[Frequently Asked Questions \(FAQs\)](#)

[Program One Pager](#)

Program Description

Senate Bill 843 (2016), Section 52 established a competitive grant program to disburse funds for the purpose of creating and expanding community alternatives to incarceration. The CSI Grant Program intends to expand access to jail and prison diversion programs and services; create or expand mental health treatment facilities, substance use disorder treatment facilities, and trauma-centered service facilities in local communities; and reduce the need of mental health treatment, substance use disorder treatment, and trauma-centered services in jails and prisons. The 2017-2018 budget bill appropriated \$65,813,000 to fund capital projects under the CSI Grant Program.

All grant funding was awarded over two funding rounds for 16 projects in 10 counties. The following counties have received CSI grant awards: Contra Costa, Los Angeles, Nevada, Riverside, Sacramento, San Joaquin, San Luis Obispo, Solano, Sonoma, and Yolo.

This program is no longer accepting applications. No future allocations or funding rounds are scheduled.

For further questions, please email CHFFA@treasurer.ca.gov or call (916) 653-2799.

**Regulations -
your handbook**

[Sign Up to Receive CHFFA Information](#)

Connect With Us



Community Services Infrastructure Grant Program awardees must comply with California's wage law under Labor Code section 1720, et seq. for public works projects. The California Health Facilities Financing Authority recommends applicants and awardees consult with their legal counsel.



CONTACT INFORMATION

Address	915 Capitol Mall, Room 435 Sacramento, CA 95814
Phone	(916) 653-2799
Email	CHFFA@TREASURER.CA.GOV