



CALIFORNIA  
**SCHOOL**  
**FINANCE**  
AUTHORITY

# **State Charter School Facilities Incentive Grants Program (ALN #84.282D)**

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**26-27 Funding Round Award Grant Webinar**

**Wednesday, July 22, 2026 -10 a.m.**

**Opening Remarks by CSFA Executive Director Katrina Johantgen**

# Presenters

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- Katrina Johantgen, Executive Director
- William Jarrell, Supervisor II
- Daniel Madrid, Analyst II
- Fatima Anwar, Analyst II
- Scott Zugnoni, Office Technician



# Housekeeping

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- Mute microphones and turn cameras off
- Use chat to ask questions and limit questions to the current application;
- Unanswered questions responses will be via email
  - Include contact information in chat
- Questions may also be emailed to [incentivegrants@treasurer.ca.gov](mailto:incentivegrants@treasurer.ca.gov)
- This webinar is being recorded and will be available on our website in the next few days



# Purpose of the Webinar

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- Program Changes under 2024 Grant
- Program Eligibility
- Preference Points calculation
- Eligible/Ineligible Costs
- Funding Formulas
- Semi-Annual Certifications
- FI\$CAL and 204 Form.

*This webinar is informational only - program criteria  
will be evaluated in writing by Authority staff.*



# Table of Contents

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# Program Overview

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- Competitive Program
- Awards are determined using preference points
- Funding determinations are formula-based with annual award caps
- Awards for two categories:
  - Base Rent/Lease, Prop 39, Mortgage/Debt Service
  - Purchase/Acquisition, Design, New Construction, Renovation
- Grants are provided as 3-year award, and paid out over 36 months, assuming continued eligibility
- Proposed updated regulations are going through the regulatory process



# Program Changes under 2024 Grant

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- Total Grant Amount - \$30 million
  - \$10 million in each of 3 funding rounds
- Preference Point Criteria Updates and Changes
  - Includes locale codes for top 6 awards
- Disaster Preference
- Build America, Buy America Act (BABAA) requirements
- Charter Authorizer Certification



# Program Eligibility

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## Eligible Applicants

- An approved charter has been awarded and is in place and current at the time of application
- Completed at least one year of operations at time of application
- Classroom-based instruction (at least 80%)
- Demonstrated eligible costs – previous or current year may be used
- For construction/renovation or purchase projects, proof of site control for a minimum of the grant period.



# Program Eligibility (continued)

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## Not-for-Profit Status

- Applicants must operate as a not-for-profit entity as required by EDC 47604

## Other

- Schools participating in the State Charter School Facility Grant Program (SB 740) will not be eligible for the School Finance Incentive Grant.



# Program Eligibility (continued)

## Charter Authorizer Certification

- Failure to meet generally accepted accounting principles, or engaged in fiscal mismanagement by the Applicant (EDC 47607(f)(3))
- Violations of law by the Applicant (EDC 47607(f)(4))
- A written Notice of Violation has been issued to the Applicant (EDC 47607(h))
- A written Notice of Intent to Revoke has been issued to the Applicant (EDC 47607(h))
- Active proceedings to revoke the charter petition (EDC 47607(h))

California School Finance Authority (CSFA)  
Charter Authorizer Certification Form  
[Program]

[SCHOOL] (CDS CODE) has applied to the above CSFA Program(s). CSFA is requesting that the Chartering Authority provide a response below to consider this school's eligibility for Program funds.

[SCHOOL] will not be eligible for funding if any of the following circumstances exist.

Please check all applicable items below:

☐ Failure to meet generally accepted accounting principles or engaged in fiscal mismanagement - EDC 47607(f)(3).

☐ Violations of law - EDC 47607(f)(4).

☐ A written Notice of Violation has been issued - EDC 47607(h).

☐ A written Notice of Intent to Revoke has been issued - EDC 47607(h).

☐ Active revocation proceedings to revoke the charter petition - EDC 47607(h).

Documentation and proof of formal communication related to the checked item(s) are required including any associated dates as well as related documents and/or relevant communications.

I hereby certify that to the best of my knowledge and belief, this information is true and correct. This form was completed based on information as of this date and does not reflect future determinations of compliance or violations.

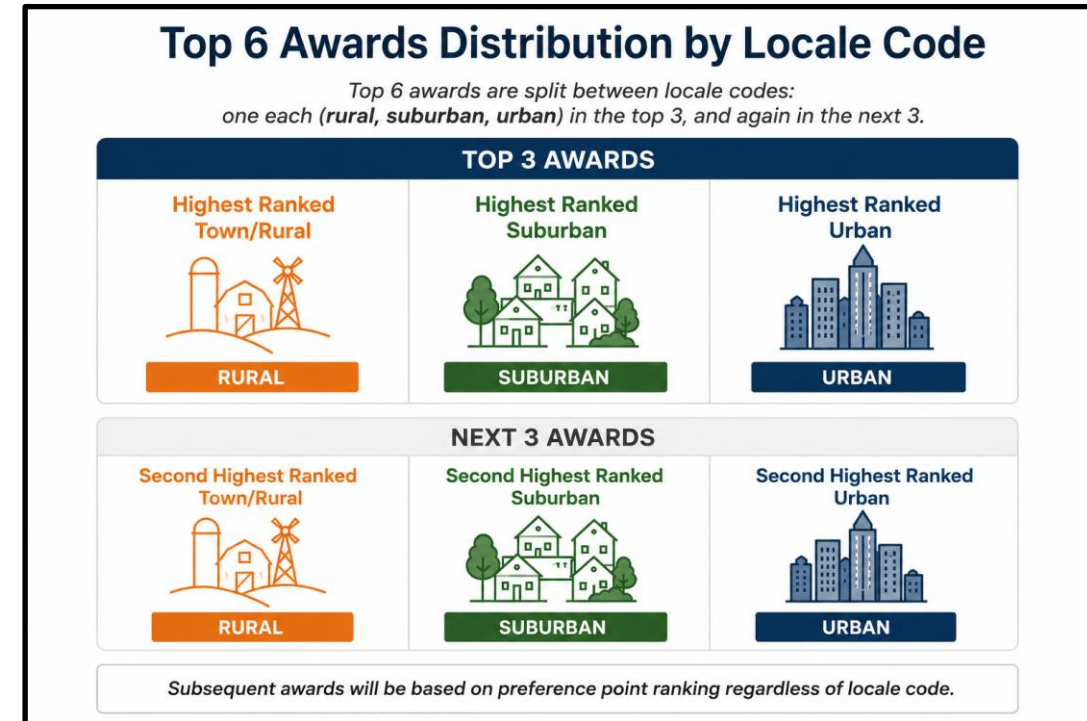
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_

The last version of this form is in addition CSFA Program eligibility based on the date above. This form is for internal use only.  
CSFA Form 05-20, June 2009



# Preference Points - Overview

- As described in Program Regulations Section 10182
- Points used to Rank Applicants, in case of oversubscription
- Even distribution using locale codes for first six awards
- Maximum of 130 points assigned
- If data is not available for an applicant, **points will not be assigned**



# Preference Points – Categories

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- Free and Reduced-Price Meals (60 points)
- Nearby Every Student Succeeds Act Assistance (ESSA) School Site (10 points)
- Other Equity Demographics (10 points)
- Student Performance (20 points)
- School Choice (10 points)
- Disaster Preference (20 points)



# Preference Points - Free and Reduced Priced Meals

- Based on the percentage of pupils at the charter school eligible for Free and Reduced Price Meals.
- Preference points assigned based on data collected and reported and certified by the CDE for grades K-12.
- Points are assigned on a sliding scale (see Program Regulations Section 10182 (a) for the table)
- 60 points possible

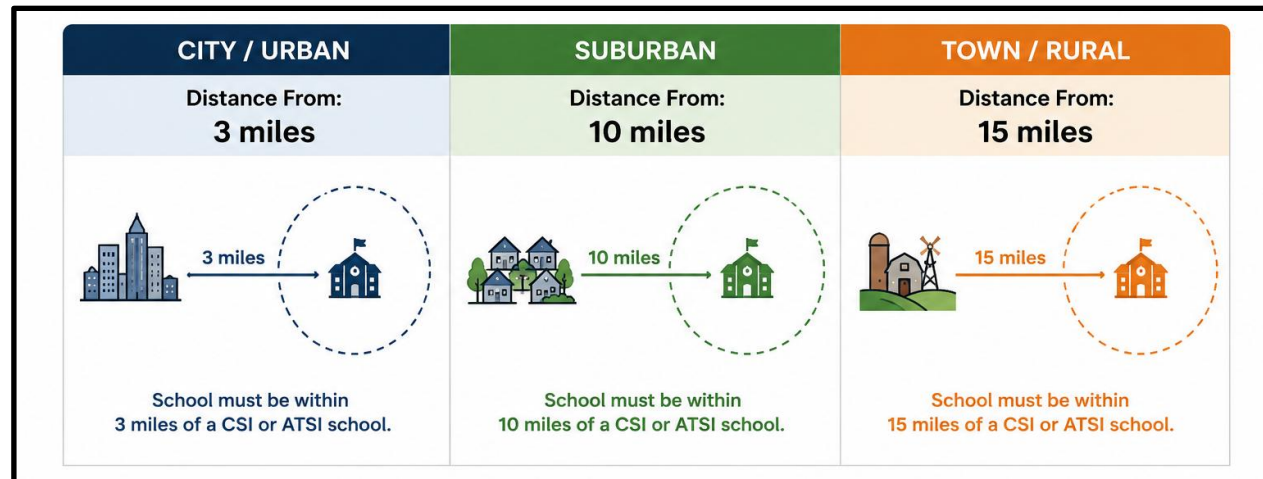
| <i>Percentage Eligible for Free and Reduced-Price Meals</i> | <i>Preference Points Assigned</i> |
|-------------------------------------------------------------|-----------------------------------|
| NA or unestablished                                         | 0                                 |
| 1-15%                                                       | 2                                 |
| 16-25%                                                      | 4                                 |
| 26-30%                                                      | 8                                 |
| 31-35%                                                      | 10                                |
| 36-40%                                                      | 14                                |
| 41-45%                                                      | 18                                |
| 46-50%                                                      | 22                                |
| 51-55%                                                      | 26                                |
| 56-60%                                                      | 28                                |
| 61-65%                                                      | 30                                |
| 66-70%                                                      | 34                                |
| 71-75%                                                      | 38                                |
| 76-80%                                                      | 42                                |
| 81-85%                                                      | 46                                |
| 86-87%                                                      | 50                                |
| 88-89%                                                      | 54                                |
| 90%                                                         | 55                                |
| 91%                                                         | 55.5                              |
| 92%                                                         | 56                                |
| 93%                                                         | 56.5                              |
| 94%                                                         | 57                                |
| 95%                                                         | 57.5                              |
| 96%                                                         | 58                                |
| 97%                                                         | 58.5                              |
| 98%                                                         | 59                                |
| 99%                                                         | 59.5                              |
| 100%                                                        | 60                                |



# Preference Points - Nearby Every Student Succeeds Act Assistance (ESSA) School Site

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- Points are assigned if the charter school is located **within** the driving distance of any public school that serves the same grade level and is eligible for either 1) Comprehensive Support and Improvement (CSI), or 2) the Additional Targeted Support and Improvement (ATSI).
- 10 points possible



# Preference Points - Other Equity Demographics

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- If the charter school serves a larger percentage of one or more of the groups listed below compared to the percentage served by the Applicants Chartering Authority, they will receive 2.5 points for each of the following groups
  - English Learners
  - Foster Youth
  - Homeless/Unhoused
  - Students with Disabilities
- These figures will be based on the State's most recent Census Day Enrollment Data certified by CDE.
- 10 points possible



# Preference Points - Student Performance

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- CDE Certified Data, not website dashboard
- English Language Arts/Literacy and Mathematics achievement levels for the most recent year and progress made, to the extent data is available. Preference points will be calculated using the following:

## Level

- Very High – 5 points
- High – 3 points
- Medium – 1 point
- Low/Very Low – 0 points

## Progress

- Increase Significantly – 5 points
- Increased – 3 points
- Maintained – 1 point
- Declined/ Decreased Significantly – 0 points

- 20 points possible – 10 each subject



# Preference Points - School Choice

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- CDE Certified data, not website dashboard
- Comparison between the charter school's Distance from Standard measure to the Chartering Authority's Distance from Standard measure.
- Charter schools with the greater Distance from Standard measure will receive 5 points regarding English Language Arts / Literacy and 5 points regarding Mathematics.
- 10 possible points



# Preference Points - Disaster Preference

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- Charter school is directly affected by disasters that are declared states of emergency by the Governor's office or a federal agency
- For schools reimbursing lease or rent costs, they will need to have been **permanently displaced** from their previous facility or **lost classroom space due to co-location**.
- For schools reimbursing new construction/renovation/acquisition costs, they will need to have either been **permanently displaced** from their previous facility or are currently in **facilities directly damaged** by the disaster.
- 20 points possible



# Eligible Costs

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- Base rent, lease, mortgage, debt service, and/or Proposition 39 pro-rata payments for existing or new facilities;
- Grant Funds Disbursed in 36 Equal Monthly Disbursements

**OR**

- Purchase, acquisition, design, construction, or renovation of a facility
- Disbursements made as eligible costs are submitted to and approved by CSFA
- May be used to pay current and future facilities costs, for up to a three-year period



# Construction/Renovated Awards

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- Grant funds are disbursed in arrears and are submitted to the Authority with certified labor forms and invoices
- Project = the project description submitted at time of application and is approved by the Authority's Board
- All projects must comply with Build American, Buy American Act (BABAA)
- All non-administrative labor must meet Davis Bacon Prevailing Wage requirements (Federal and State requirement) and paid on the entire project
- Authority staff review certified labor forms to ensure Davis Bacon Prevailing Wage requirements have been met.



# Ineligible Costs

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- Costs incurred prior to the date of the grant award (July 1, 2026)
- Projects for renovation receiving funds from the Charter School Facility Grant Program (CSFP) for the same site;
- Grant funds may not be used to: 1) make Charter School Facilities Program (CSFP) payments to the State or 2) satisfy a CSFP recipient's local matching share.



# Program Formula:

## Base Rent/Lease, Prop 39, Mortgage/Debt Service

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**Annual Award Cap of \$250,000**

**Funding Formula – Lesser of the two:**

1. Current Enrollment multiplied by \$1,500; or
2. 75% of the school's annual facility cost

- XYZ Charter
  - Enrollment:  $121 \times \$1,500.00 = \mathbf{\$181,500}$
  - Lease:  $\$125,000.00 \times 75\% = \mathbf{\$93,750}$ ;
  - The Annual award is **\$93,750** (lesser-of-the-the calculation)
- TOTAL AWARD: Annual award **\$93,750** x 3-years = **\$281,250**



# Program Formula:

## Purchase/Acquisition, Design, New Construction, Renovation

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**Annual Award Cap of \$500,000**

**Funding Formula – Lesser of the two:**

1. Current Enrollment multiplied by \$2,000; or
  2. 75% of the Project cost
- XYZ Charter
    - Enrollment:  $121 \times \$2,000.00 = \textbf{\$242,000}$
    - Project Cost Purchase:  $(\$2,500,000 \div 3) \times 75\% = \textbf{\$625,000}$
    - The Annual award is **\$242,000** (lesser-of-the-three calculation)
    - TOTAL AWARD: Annual award **\$242,000** x 3-years = **\$726,000**



# Semi-Annual Certifications

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- All Subgrantees:
  - Must submit before March 1 and September 1 each year
  - Current, valid charter
  - Current, executed lease, if applicable
  - Signed certification letter
  - Charter authorizer certification
  - Signed Legal Status Questionnaire
  - System for Award Management (SAM) registration: <https://sam.gov/entity-registration>



# Ongoing Grant Requirements

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- Failure to meet the semi-annual certification requirements will result in a loss of funding, as follows:
  - Failure to meet either deadline will result in the loss of the first monthly disbursement of that certification period.
  - Failure to submit the required documentation within 30 calendar days following either deadline will result in the loss of the remaining five monthly disbursements for that certification period.
  - Failure to meet two consecutive certification periods will result in the subgrantee being declared ineligible to receive all remaining disbursements under the grant program.
  - The forfeited funds cannot be disbursed retroactively and will immediately revert back to the Authority.



# Application Access Overview

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- The Online Application will be available on CSFA's website on **Monday, August 3, 2026 at 10:00 am**  
<https://treasurer.ca.gov/csfa/incentive>
- **Application deadline is September 15, 2026 at 5:00 pm**
- Funding determination no earlier than January 2027
- Only Online Applications will be accepted – if you have technical questions or need support submitting your application, contact the Authority early at **[incentivegrants@treasurer.ca.gov](mailto:incentivegrants@treasurer.ca.gov)**



# Payee Data Record - Standard Form 204

## Payee Data Record Standard Form 204 (STD. 204)

- All Awardees must submit STD. 204
- The form is used to add/update the awardee information to the Financial Information System for California (FI\$Cal)
- Available on the CA Department of General Services Website
- <https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>

| STATE OF CALIFORNIA – DEPARTMENT OF FINANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PAYEE DATA RECORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                             |
| (Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                             |
| STD 204 (Rev. 03/2021)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                             |
| <div>Print Form</div> <div>Reset Form</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                             |
| <b>Section 1 – Payee Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                             |
| <b>NAME</b> (This is required. Do not leave this line blank. Must match the payee's federal tax return)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |
| <b>BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME</b> (If different from above)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                             |
| <b>MAILING ADDRESS</b> (number, street, apt. or suite no.) (See instructions on Page 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |
| <b>CITY, STATE, ZIP CODE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>E-MAIL ADDRESS</b>                                                                                                                                       |
| <b>Section 2 – Entity Type</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                             |
| Check one (1) box only that matches the entity type of the Payee listed in Section 1 above. (See instructions on page 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                             |
| <input type="checkbox"/> SOLE PROPRIETOR / INDIVIDUAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> CORPORATION (see instructions on page 2)                                                                                           |
| <input type="checkbox"/> SINGLE MEMBER LLC Disregarded Entity owned by an individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> MEDICAL (e.g., dentistry, chiropractic, etc.)                                                                                      |
| <input type="checkbox"/> PARTNERSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> LEGAL (e.g., attorney services)                                                                                                    |
| <input type="checkbox"/> ESTATE OR TRUST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> EXEMPT (e.g., nonprofit)                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> ALL OTHERS                                                                                                                         |
| <b>Section 3 – Tax Identification Number</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                             |
| Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must match the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. <b>Note:</b> Payment will not be processed without a TIN. <ul style="list-style-type: none"><li>• For Individuals, enter SSN.</li><li>• If you are a Resident Alien, and you do not have and are not eligible to get an SSN, enter your ITIN.</li><li>• Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.</li><li>• For Sole Proprietor or Single Member LLC (disregarded entity), in which the sole member is an individual, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).</li><li>• For Single Member LLC (disregarded entity), in which the sole member is a business entity, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.</li><li>• For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.</li></ul> | <b>Social Security Number (SSN) or Individual Tax Identification Number (ITIN)</b><br><br><b>OR</b><br><b>Federal Employer Identification Number (FEIN)</b> |
| <b>Section 4 – Payee Residency Status</b> (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                             |
| <input type="checkbox"/> CALIFORNIA RESIDENT – Qualified to do business in California or maintains a permanent place of business in California.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |
| <input type="checkbox"/> CALIFORNIA NONRESIDENT – Payments to nonresidents for services may be subject to state income tax withholding.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |
| <input type="checkbox"/> No services performed in California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                             |
| <input type="checkbox"/> Copy of Franchise Tax Board waiver of state withholding is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                             |
| <b>Section 5 – Certification</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                             |



# Fiscal and STD 204 Form (Naming)

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## Section 1 - Payee Information

- **Name** - Enter the name that appears on the payee's federal tax return. The name provided shall be the tax liable party and is subject to IRS TIN matching (when applicable).

- **Business Name** - Enter the schools name or DBA name.

- **Name:** The ABC Charter Company Inc.

- **Business NAME:** The ABC Charter Academy High School

Name on the federal tax return, STD Form 204, and Applicant Information **MUST be identical as delays in payments will result from unresolved name issues.**

### Section 1 - Payee Information

**NAME** (Must match the payee's federal tax return)  
The ABC Charter Company Inc.

**BUSINESS NAME, DBA NAME** (If different from above)  
The ABC Charter Academy High School



# Fiscal and STD 204 Form (Mailing)

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## Section 1 - Payee Information

- **Mailing Address** - The mailing address is the address where the payee will receive its disbursements.
  - Any changes to the back-office provider or if the school moves location a new STD. 204 will be need.
  - Any changes to the mailing address without notifying and submitting an updated STD. 204 to CSFA can result to payment delays due to misrouted payments.
- **Funds cannot be disbursed until a 204 form has been submitted and approved.**

### Section 1 - Payee Information

#### MAILING ADDRESS

123 ABC Streets

#### CITY, STATE, ZIP CODE

Los Angels, CA, 90013





# Appendix: Reference Materials

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1. Program Webpage, includes regulations:  
<https://www.treasurer.ca.gov/csfa/incentive>
2. Payee Data Record (STD 204):  
<https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>
3. Employer Identification Number (EIN) information:  
<https://apps.irs.gov/app/eos/>
4. Join Our Listserv:  
<https://app.e2ma.net/app2/audience/signup/2001989/1974896.545169008/>



300 S. Spring Street, Suite 8500  
Los Angeles, CA 90013  
213-620-4608

915 Capitol Mall, Suite 220  
Sacramento, CA 95814  
Telephone: (916) 651-7710

# Contact Information

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## CSFA Website

William Jarrell, Supervisor II  
[William.Jarrell@treasurer.ca.gov](mailto:William.Jarrell@treasurer.ca.gov)

Ryan Storey, Supervisor I  
[Ryan.Storey@treasurer.ca.gov](mailto:Ryan.Storey@treasurer.ca.gov)

Fatima Anwar, Analyst II  
[Fatima.Anwar@treasurer.ca.gov](mailto:Fatima.Anwar@treasurer.ca.gov)



Katrina Johantgen, Executive Director  
[Katrina.Johantgen@treasurer.ca.gov](mailto:Katrina.Johantgen@treasurer.ca.gov)

## Incentive Grants Website

Daniel Madrid, Analyst II  
[Daniel.Madrid@treasurer.ca.gov](mailto:Daniel.Madrid@treasurer.ca.gov)

Scott Zugnoni, Office Technician  
[Scott.Zugnoni@treasurer.ca.gov](mailto:Scott.Zugnoni@treasurer.ca.gov)

Program Email  
[incentivegrants@treasurer.ca.gov](mailto:incentivegrants@treasurer.ca.gov)



# Reminder: Application Access Overview

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# Thank you for your participation!

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Application will open August 3, 2026

<https://csfaonline.treasurer.ca.gov/>

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