

**State of California  
Office of Administrative Law**

**In re:**  
**California Health Facilities Financing  
Authority**

**Regulatory Action:**

**Title 04, California Code of Regulations**

**Adopt sections:** 7213, 7214, 7215, 7216,  
7218, 7219, 7220, 7221,  
7222, 7223, 7224, 7225,  
7227, 7228, 7229

**Amend sections:**

**Repeal sections:**

**NOTICE OF APPROVAL OF EMERGENCY  
REGULATORY ACTION**

**Government Code Sections 11346.1 and  
11349.6**

**OAL Matter Number: 2018-0813-01**

**OAL Matter Type: Emergency Readopt (EE)**

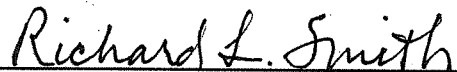
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The California Health Facilities Financing Authority submitted this emergency readoption action to keep in effect emergency regulations adopted on February 23, 2018 to implement the Clinic Lifeline Act of 2017, enacted in Government Code section 15438.11. The emergency regulations established the Lifeline Grant Program. The proposed regulations provide eligibility and evaluation criteria, eligible costs, and an application procedure and related procedures for specified small and rural health facilities to receive grants through the program.

OAL approves this emergency regulatory action pursuant to sections 11346.1 and 11349.6 of the Government Code.

This emergency regulatory action is effective on 8/22/2018 and will expire on 11/21/2018. The Certificate of Compliance for this action is due no later than 11/20/2018.

**Date:** August 22, 2018



**Richard L. Smith  
Senior Attorney**

**For:** Debra M. Cornez  
Director

**Original:** Diane Stanton, Executive  
Director

**Copy:** Rosalind Brewer

# EMERGENCY

See instructions on reverse

For use by Secretary of State only

STD. 400 (REV. 01-2013)

<b>OAL FILE NUMBERS</b>	NOTICE FILE NUMBER <b>Z-</b>	REGULATORY ACTION NUMBER <b>2018-0813-01EE</b>	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

**ENDORSED - FILED**  
 In the office of the Secretary of State  
 of the State of California

**AUG 22 2018**  
**3:07 PM**

2018 AUG 13 A 11:03  
 OFFICE OF  
 ADMINISTRATIVE LAW

<b>AGENCY WITH RULEMAKING AUTHORITY</b> CA Health Facilities Financing Authority	AGENCY FILE NUMBER (if any)
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**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
<b>OAL USE ONLY</b>	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER
			PUBLICATION DATE

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Lifeline Grant Program	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2018-0213-05E
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.) ADOPT: 7213, 7214, 7215, 7216, 7218, 7219, 7220, 7221, 7222, 7223, 7224, 7225, 7227, 7228, 7229 AMEND: _____ per agency request REPEAL: _____
TITLE(S) 4	

3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input checked="" type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

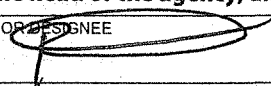
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal	
<input type="checkbox"/> Other (Specify) _____			

7. CONTACT PERSON Rosalind Brewer	TELEPHONE NUMBER 1/9166538243	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 8/13/18
TYPED NAME AND TITLE OF SIGNATORY Ronald L. Washington, Executive Director, CA Health Facilities Financing Authority	

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**  
**AUG 22 2018**  
 Office of Administrative Law

**CALIFORNIA CODE OF REGULATIONS**  
**Title 4, Division 10**  
**Chapter 6. LIFELINE GRANT PROGRAM**

**Add Section 7213 to read:**

**Section 7213. Definitions.**

- (a) "Act" means the Clinic Lifeline Act of 2017, as codified in Section 15438.11 of the Government Code.
- (b) "Applicant" means an entity that meets the eligibility requirement as further described in Section 7214 for submission of an Application and submits an Application.
- (c) "Application" means the written request for a Grant under the Lifeline Grant Program in the form and format of the Lifeline Grant Program Application Form No. CHFFA 8 LGP-01 (Rev. 04/2018), hereby incorporated by reference, including all supporting information and documents, as further described in Section 7216.
- (d) "Authority" means the California Health Facilities Financing Authority.
- (e) "Authority Staff" means employees of the Authority.
- (f) "Central/Coast Region" means the counties of Mendocino, Sonoma, Marin, Napa, Solano, Contra Costa, Alameda, Santa Clara, San Benito, Monterey, Santa Cruz, San Mateo, and San Francisco.
- (g) "Completed Application" means the Applicant has submitted and the Authority has received all required materials, including the ~~Lifeline Grant Program Application Form No. CHFFA 8 LGP-01 (Rev. 01/2018)~~ and all supporting information and documents to commit the Health Facility to the conditions of the Grant Agreement.
- (h) "Executive Director" means the executive director of the Authority.
- (i) "Federal Poverty Level" means the measure of income issued every year by the U.S. Department of Health and Human Services.
- (j) "Federal Trigger" means any federal executive, administrative or legislative action or inaction that impacts any reimbursement or eligibility for participation in any federal program or initiative.

- (jk) "Federally Qualified Health Center" means community-based health care providers that receive funds from the U.S. Health Resources and Services Administration, Health Center Program to provide primary care services in underserved areas.
- (kl) "Federally Qualified Health Center Look-Alike" means health centers that have been certified by the federal government as meeting all the Federally Qualified Health Center program requirements, but do not receive funding under the program.
- (lm) "Final Allocation" means the Grant amount approved by the Authority.
- ~~(m) "First Funding Round" means the initial time period during which Applications may be submitted for consideration of funding by the Authority.~~
- (n) "Grant" means a Final Allocation approved by the Authority.
- (o) "Grant Agreement" means a written agreement between the Authority and a Grantee that consists of the terms and conditions of the Grant.
- (p) "Grant Period" means the time period from the date of Final Allocation to the date set by the Authority for the Grant to end.
- (q) "Grantee" means a Health Facility that has been awarded or designated to receive Grant funds.
- (r) "Health Facility" or "Facility" means a health facility as defined in Government Code Section 15432, subdivision (d).
- (s) "Initial Allocation" means the Grant amount the Authority Staff recommends the Authority approve for Final Allocation as further described in Section 7222.
- (t) "Los Angeles/Ventura Region" means the counties of Los Angeles and Ventura.
- (u) "Medical Health Services" means the services provided by a Health Facility to persons for prevention, diagnosis, or treatment of illness or injury limited to reproductive services, family planning, sexual health services such as testing and treatment for sexually transmitted diseases, geriatric services, or chronic disease prevention, diagnosis and treatment.
- (v) "Northern/Central Region" means the counties of Del Norte, Humboldt, Siskiyou, Trinity, Shasta, Modoc, Lassen, Tehama, Glenn, Butte, Plumas, Sierra, Yuba, Sutter, Lake, Colusa, Yolo, Sacramento, El Dorado, Placer, Nevada, Amador, Alpine, Calaveras, San Joaquin, Stanislaus, Tuolumne, Mono, Mariposa, Merced, Madera, Fresno, Kings, Tulare, and Inyo.

(w) "Rural Medical Service Study Area" means an area defined by the California Healthcare Workforce Policy Commission as having a population density of less than 250 persons per square mile. A population center, which is an area within an individual county that is most densely populated, may not exceed 50,000 persons. A Rural Medical Service Study Area includes a Frontier Medical Service Study Area defined by the California Healthcare Workforce Policy Commission as having a population density of less than 11 persons per square mile.

(x) "Southern Region" means the counties of San Luis Obispo, Santa Barbara, Kern, San Bernardino, Orange, Riverside, San Diego, and Imperial.

~~(y) "Subsequent Funding Rounds" means any specified time period after the First Funding Round during which Applications may be submitted to be considered for funding by the Authority, subject to the availability of funds.~~

(yz) "Vulnerable Populations" means Indigent Populations, Underinsured Populations, Uninsured Populations, Underserved Populations, or Undocumented Immigrant Populations.

(aa~~z~~) "Working Capital" means working capital as defined in Government Code Section 15432, subdivision (h).

~~(bbaa)~~ "Indigent Populations" means those that do not have health insurance and are not eligible for other health insurance coverage such as Medicaid, Medicare, or private health insurance; or those whose health insurance does not provide full coverage for all of their medical expenses and their medical expenses, in relationship to their income, would make them indigent if they were forced to pay full charges for their medical expenses.

~~(eebb)~~ "Underinsured Populations" means those having partial health insurance coverage and required to self-pay or pay on a sliding scale for all or part of their health care services not provided by their health insurance program or plan.

~~(ddcc)~~ "Uninsured Populations" means those who have no health insurance.

~~(eedd)~~ "Underserved Populations" means those residing in one of the following areas:

(1) Medically Underserved Area (MUA) as designated by the Secretary of the Department of Health and Human Services, United States Government.

(2) Critical Health Manpower Shortage Area (CHMSA) as designated by the Secretary of the Department of Health and Human Services, United States Government.

(3) Primary Care Physician Shortage Area (PCPSA) as designated by the California Health Manpower Policy Commission.

(4) A census tract with morbidity and mortality rates that indicate high risk factors which establish the health status as below that of the majority population.

(f) "Undocumented Immigrant Populations" means those individuals who are foreign-born and do not have a legal right to be in or remain in the United States.

Note: Authority cited: Section 15438.11, Government Code. Reference: Sections 15432 and 15438.11, Government Code.

**Add Section 7214 to read:**

**Section 7214. Eligibility.**

(a) The Health Facility shall meet at least one of the following conditions:

(1) The Health Facility is operated by a tax exempt nonprofit corporation that is licensed to operate the Health Facility by the State of California, and the annual gross revenue of the Health Facility does not exceed ten million dollars (\$10,000,000).

(2) The Health Facility is operated by a tax-exempt nonprofit corporation that is licensed to operate the Health Facility by the State of California, and the Health Facility is located in a Rural Medical Service Study Area.

(3) The Health Facility is a clinic operated by a district hospital or health care district.

(b) The Health Facility shall meet all of the following conditions:

(1) Provision of a minimum of two of the five as described in Section 7213, subdivision (u).

(2) Fifty percent (50%) or more of the persons served have income levels equal to or below two hundred percent (200%) of the Federal Poverty Level.

(3) Populations served includes Vulnerable Populations.

(c) Health Facilities located in a Rural Medical Service Study Area shall be eligible to apply for a Grant if the Health Facility meets the requirements specified in subdivisions (a)(2) and (b)(1).

(d) No more than one Grant award shall be made to a Health Facility.

Note: Authority cited: Section 15438.11, Government Code. Reference: Section 15438.11, Government Code.

**Add Section 7215 to read:**

**Section 7215. Eligible Costs.**

Grant funds shall only be used for Working Capital costs as further described in a Grant Agreement pursuant to Section 7224, subdivision (a)(2).

Note: Authority cited: Section 15438.11, Government Code. Reference: Section 15438.11, Government Code.

**Add Section 7216 to read:**

**Section 7216. Grant Application.**

(a) A Health Facility that meets the requirements specified in Section 7214, may apply for a Grant funds by filing an Application with the California Health Facilities Financing Authority, if the Health Facility meets the requirements specified in Section 7214.

(1) Each eligible Health Facility applying for Grant funds shall submit a separate Application.

(b) An Application may be submitted upon the occurrence of a Federal Trigger as defined in Section 7213, subdivision (j).

(1) A Health Facility shall provide documentation that a Federal Trigger occurred prior to submission of an Application for Grant funds. The date of the Federal Trigger shall be no earlier than July 10, 2017, the effective date of the Act.

(c) A Health Facility shall not request Grant funds in an amount greater than the federal government assistance reduction or elimination.

(d) On the first working day after the effective date of these regulations, the Application form shall be available on the Authority's website at [www.treasurer.ca.gov/chffa](http://www.treasurer.ca.gov/chffa), and will be referred to as the Lifeline Grant Program Application Form No. CHFFA 8-LGP-01 (Rev.01/2018), which is hereby incorporated by reference.

(1)(e) Applicants shall submit an An original and two copies of the Application must be received by the Authority no later than 5:00 p.m. (Pacific Time) on the deadline date posted on the Authority's website at [www.treasurer.ca.gov/chffa](http://www.treasurer.ca.gov/chffa) and may be mailed or delivered either by mail or delivery to:

California Health Facilities Financing Authority  
915 Capitol Mall, Room 435

or the Application may be emailed as a Portable Document Format (PDF) attachment to [chffa@treasurer.ca.gov](mailto:chffa@treasurer.ca.gov). The Authority is not responsible for email transmittal delays or failures of any kind.

~~(2) Only completed Applications received on or before the deadline date and time shall be accepted by the Authority for consideration.~~

~~(1)(3) Incomplete Applications, or illegible Applications and Applications received by the Authority after the deadline date and time shall not be accepted for consideration and will be returned to the Applicant.~~

~~(4) No additional information or documents shall be accepted by the Authority after the deadline date and time.~~

~~(2)(5) An affirmative response or combination of affirmative responses to the Legal Status Questionnaire in the Application may be cause for rejection of the Application.~~

~~(3)(6) A response or combination of responses to the Religious Affiliation Due Diligence portion of the Application may be cause for rejection of the Application if the response(s) indicates discrimination or bias based on religious affiliation.~~

(f) Applications shall be reviewed and evaluated within 60 days from receipt by Authority staff according to the evaluation criteria described in Section 7219.

(1) Applications are due the first business day of each month, with the following exceptions:

(A) For October, Applications are due on October 7.

(B) Applications are not accepted in November.

Note: Authority cited: Section 15438.11, Government Code. Reference: Section 15438.11, Government Code.

**Add Section 7218 to read:**

**Section 7218. Maximum Grant Amount.**

(a) No single Grant shall exceed two hundred fifty thousand dollars (\$250,000) per Health Facility.



(b) The Authority shall award Grants totaling no more than the following maximums per region:

(1)	Central/Coast	\$4,500,000
(2)	Los Angeles/Ventura	\$6,000,000
(3)	Northern/Central	\$4,000,000
(4)	Southern	\$5,500,000

(c) If funds remain for Working Capital after June 30, 2019, Applications may be submitted without regard to maximum Grant amounts per region, and Grant awards for Working Capital shall be made on a statewide basis.

Note: Authority cited: Section 15438.11, Government Code. Reference: Section 15438.11, Government Code.

**Add Section 7219 to read:**

**Section 7219. Evaluation Criteria.**

(a) Applications shall be scored on the following:

(1) A description of the Health Facility and its operation as it currently exists. Description must include, at a minimum, the geographical area served, the Vulnerable Populations served, services provided, day-to-day operations including hours/days of operation, staff qualifications and number of staff, how long the Health Facility has been in operation, and sources of current revenue. (Required, zero points)

(2) Describe the effects to the Health Facility and its operations as a result of any federal government reduction or elimination of funds that impact any reimbursement or eligibility for participation in any federal program or initiative. Describe how the Grant funds will be used to maintain the operation of the Health Facility and a projection of how long the Grant funds will sustain the Health Facility. Describe each of the items below as it relates to the reduction or elimination of federal government assistance and how the Grant funds will be utilized to positively impact the effects of a federal government reduction or elimination of funds. (50 points)

(A) Financial Impact. Provide specifics, i.e., the current amount of federal government assistance received, the amount of reduction or elimination, and the percent of the revenue and expenses this reduction or elimination represents to the total operating budget.

(B) Services Provided. May include elimination of one or more of the Medical Health Services specified in Section 7213, subdivision (u).

(C) **Vulnerable Populations Served.** If the federal government reduction or elimination affects Vulnerable Populations, specify the population(s) affected; i.e., the specific effects to that population, percentage of Health Facility patients impacted, and the impact on the community.

(D) **Day-to-Day Operations.** If the federal government reduction or elimination affects day-to-day operations, specify that effect [i.e., number of staff impacted (may include staff layoffs, classification and duties of impacted staff; salary/hourly rate cuts) and decrease in days and hours of Health Facility operation].

(b) Additional points will be given as follows:

(1) ~~Five-Three~~ points to a Health Facility located in a Rural or Frontier Medical Service Study Areas.

(2) ~~Five-Two~~ points to Federally Qualified Health Center ("FQHC") or FQHC Look-Alike facilities.

Note: Authority cited: Section 15438.11, Government Code. Reference: Section 15438.11, Government Code.

**Add Section 7220 to read:**

**Section 7220. Initial Allocation.**

(a) Authority Staff will evaluate Application completeness, responsiveness, and clarity in addressing the evaluation criteria described in Section 7219.

(b) The scores from each reviewer of the Authority Staff will be added and the average of the scores will be calculated. The average score will be the final score assigned to the Application.

(c) The Authority Staff will make Initial Allocations based on the final score assigned to each Application, and present the Initial Allocations to the Authority for Final Allocations.

(d) Notification of Initial Allocations will be sent to Applicants before the public meeting at which the Authority will determine Final Allocations.

(e) Initial Allocations shall be limited to Applications which receive a minimum of 25 points under Section 7219.

(f) Initial Allocations may be less than the amount requested in the Application to fund more Grants and ensure that total Initial Allocations do not exceed twenty million dollars (\$20,000,000).

Note: Authority cited: Section 15438.11, Government Code. Reference: Section 15438.11, Government Code.

**Add Section 7221 to read:**

**Section 7221. Appeals.**

(a) Availability.

(1) The Applicant may appeal the amount of the Initial Allocation recommended by Authority Staff for that Application. No Applicant may appeal an Initial Allocation made to another Applicant.

(b) Timing.

(1) The appeal shall be submitted to the Executive Director no later than five (5) working days following the date of the notification of Initial Allocation.

(2) Appeals may be submitted to the Executive Director by email, mail or delivery to:

California Health Facilities Financing Authority  
915 Capitol Mall, Room 435  
Sacramento, California 95814

Email address: [chffa@treasurer.ca.gov](mailto:chffa@treasurer.ca.gov)

(c) Review.

(1) The Executive Director shall review the appeal based on the Application as originally submitted. Any new or revised Application or additional documentation or information that was not submitted in the Application shall not be considered.

(2) The Executive Director shall make a decision on the merit of the appeal and notify the Applicant of the decision no later than five (5) working days after receipt of the appeal.

(3) The decision of the Executive Director may be appealed to the Authority by written notification to the Executive Director within five (5) working days of the date of the Executive Director's decision.

(4) The Authority shall make a final decision on an appeal of the Executive Director's decision at a public meeting.

(d) Successful appeals.

(1) An Initial Allocation to an Applicant based on the appeal may result in a reduction or elimination of Initial Allocations to other Applicants that would have otherwise received an Initial Allocation.

(2) Adjustments to any Initial Allocations following any appeals may not be appealed.

Note: Authority cited: Section 15438.11, Government Code. Reference: Section 15438.11, Government Code.

**Add Section 7222 to read:**

**Section 7222. Final Allocation.**

(a) Final Allocations shall be determined by the Authority at a public meeting.

(b) Any Final Allocations approved by the Authority shall be awarded as Grants.

(c) A Grant award letter, the official notification of Grant approval by the Authority, shall be sent within five (5) working days to all Applicants approved for a Final Allocation and include the following:

(1) Name(s) of the Grantee.

(2) Grant amount.

(3) The Grant Period.

(4) A description of the costs to be funded by the Grant.

(5) A request for a resolution of the governing board authorizing an official to accept the Grant and all responsibilities flowing therefrom.

(6) Notification that the funds for a Grant under this Chapter are subject to the availability of funds.

(7) A statement that the Authority reserves the right to modify or cancel the commitment upon failure of the Applicant to execute a Grant Agreement or failure to comply with this Chapter, or if the Authority becomes aware of any matter which, if known at the time of Application review and approval, would have resulted in the rejection of the Application or the Grant not being approved.

Note: Authority cited: Section 15438.11, Government Code. Reference: Section 15438.11, Government Code

**Add Section 7223 to read:**

**Section 7223. Use of the Grant Funds.**

- (a) Grant funds shall only be used for the purposes described in the Grant Agreement.
- (b) Grant funds shall not be used for the following:
  - (1) To pay the costs associated with inflation of programs and/or services.
  - (2) To provide any services or programs unrelated to those services or programs provided prior to the reduction or elimination of the federal government assistance.
  - (3) For any service, program or expenditure beyond what was specified in the Application and Grant Agreement.
- (c) Grantee may request an extension of the Grant Period by submitting a written request to the Authority that documents the reason(s) the change is needed and demonstrates it is consistent with the Act and this Chapter.
  - (1) No Health Facility may request more than one extension of the Grant Period.

Note: Authority cited: Section 15438.11, Government Code. Reference: Section 15438.11, Government Code

**Add Section 7224 to read:**

**Section 7224. Grant Agreement.**

- (a) The terms and conditions of a Grant shall be set forth in a Grant Agreement which shall include the following:
  - (1) The Grant amount.
  - (2) A description of how the funds will be used.
  - (3) Release of Grant funds procedures in accordance with Section 7225 as applicable.

(4) Agreement that the Grantee shall comply with the Act and this Chapter.

(5) The Grantee shall defend, indemnify and hold harmless the Authority and the State of California, and all officers, trustees, agents and employees of the same, from and against any and all claims, losses, costs, damages or liabilities of any kind or nature, whether direct or indirect, arising from or relating to the Grant.

(6) The Grantee shall comply with state and federal laws prohibiting discrimination, including those prohibiting discrimination because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status.

(7) Grantee shall cooperate in inspections and audits.

(8) Notification that subject to the availability of funds, the Grant may be rescinded or reduced.

(9) Resolution of the Authority authorizing the Grant.

(10) Resolution of the Grantee's governing board accepting the Grant and delegating authority to an officer to act on its behalf.

(11) Provision regarding default and its remedies, including forfeiture and return of the Grant funds to the Authority.

(12) Provision requiring Grantee to provide updated information upon request from Authority Staff to determine the continued appropriate use of Working Capital.

(13) Other terms and conditions that may be required by the Authority related to the Grant.

Note: Authority cited: Section 15438.11, Government Code. Reference: Section 15438.11, Government Code

**Add Section 7225 to read:**

**Section 7225. Release of Grant Funds.**

(a) Grant funds shall not be released until the following requirements have been met:

(1) A Grant Agreement has been executed by the Authority and the Grantee.

(2) The Grantee has submitted to the Authority the documentation specified in subdivision (b) below. If not available, Grantee has submitted a detailed statement

concerning the status of obtaining any or all of this documentation for use of Grant funds for Working Capital.

(b) Grant funds will be disbursed to the Grantee upon receipt of the following:

(1) A completed Request for Disbursement Form No. CHFFA 8 LGP-02 (Rev.047/2018), hereby incorporated by reference.

(2) Proof of expenditures shall accompany the Request for Disbursement Form No. CHFFA 8 LGP-02 (Rev.047/2018). Proof of expenditures may include, but are not limited to, contracts, payroll reports, purchase orders, and invoices.

Note: Authority cited: Section 15438.11, Government Code. Reference: Section 15438.11, Government Code

**Add Section 7227 to read:**

**Section 7227. Recovery of Funds for Non-Performance and Unused Grant Funds; Remedies.**

(a) If the Authority determines that Grant funds were not used consistent with the Act, this Chapter or the Grant Agreement, the Authority may invoke remedies, including forfeiture and return of the Grant funds to the Authority, unless the Authority determines the Grantee had good cause.

(b) Unused Grant funds shall be returned by the Grantee to the Authority no later than June 30, 2022.

Note: Authority cited: Section 15438.11, Government Code. Reference: Section 15438.11, Government Code

**Add Section 7228 to read:**

**Section 7228. Reporting Requirements.**

(a) The Grantee shall submit a Final Report Form No. CHFFA 8 LGP-03 (Rev.047/2018), which is hereby incorporated by reference, within forty-five (45) days following disbursement of Grant funds and upon the Authority's request.

(b) The Final Report Form No. CHFFA 8 LGP-03 (Rev.047/2018), shall include:

(1) A narrative description of how the Grant funds were used.

(2) An explanation of any variances from the Application.

Note: Authority cited: Section 15438.11, Government Code. Reference: Section 15438.11, Government Code

**Add Section 7229 to read:**

**Section 7229. Records Retention, Inspections and Audits.**

(a) The Bureau of State Audits and Authority staff may conduct audits to ensure Grantees used Grant funds consistent with the Act, this Chapter or the Grant Agreement.

(b) Grantees shall retain all Grant fund financial records necessary to substantiate the purpose for which the Grant funds were spent for a period of three (3) years after notification to the Authority that all reports required for Grant fund expenditures have been submitted.

Note: Authority cited: Section 15438.11, Government Code. Reference: Section 15438.11, Government Code



# CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

John Chiang, Chairman  
*CA State Treasurer*

## Lifeline Grant Program Application Form

GRANT FUNDS  
FOR CALIFORNIA'S  
HEALTH FACILITIES

915 Capitol Mall, Suite 435  
Sacramento, California 95814  
Phone: (916) 653-2799  
Fax: (916) 654-5362

## General Instructions

Applications submitted via mail or in person:

Applicant must submit an original and two copies of the completed application. Completed applications can be submitted to the California Health Facilities Financing Authority (the "Authority") either by mail or in person to:

**California Health Facilities Financing Authority**  
915 Capitol Mall, Suite 435  
Sacramento, California 95814  
Attn: Operations Manager

**OR**

Applications submitted via email:

Applicant must submit one ~~By email as a~~ Portable Document Format (PDF) attachment to [chffa@treasurer.ca.gov](mailto:chffa@treasurer.ca.gov).

Applications ~~must be received~~ will be due the first business day of each month, with the following exceptions:

- For October, Applications are due on October 7.
- Applications are not accepted in November no later than 5:00 p.m. (Pacific Time) on the deadline posted by the Authority on its website.

Applications shall be reviewed and evaluated within 60 days from receipt by Authority Staff according to the evaluation criteria described in Section 7219 of Title 4 of the California Code of Regulations.

Each eligible Health Facility applying for Grant funds shall submit a separate Application.

**The Health Facility must provide documentation with this Application that substantiates the Federal Trigger as defined in Section 7213, subdivision (j) of Title 4 of the California Code of Regulations and indicates that the Federal Trigger has occurred prior to the submission of the Application for Grant funds. The Federal Trigger cannot be earlier than July 10, 2017.**

**The Health Facility must also provide documentation showing the effect of the Federal Trigger on the Health Facility, which could include, but is not limited to, internal operating budgets, patient utilization statistics, and internal memos.**

*Please note:*

- *Incomplete or illegible applications will not be accepted for consideration and will be returned to the Applicant.* ~~or reviewed.~~
- *The Authority is not responsible for email transmittal delays or failures of any kind.*
- *On the answers under Evaluation Criteria, font size must not be smaller than 10pt.*
- ~~*To be considered for a grant, supporting documentation is required under Evaluation Criteria, Section B: Use of Grant Funds, Question 2, Sub Questions a-d, in order to substantiate the impact of the reduction or elimination of federal government assistance.*~~

## LIFELINE GRANT PROGRAM APPLICATION FORM

### ELIGIBILITY

#### SECTION A

The Health Facility shall meet one of the following requirements. Please confirm eligibility by checking one that applies to your Facility:

- A tax-exempt nonprofit corporation, licensed to operate the Health Facility by the State of California, and an annual gross revenue not exceed ten million dollars (\$10,000,000).
- A tax-exempt nonprofit corporation, licensed to operate the Health Facility by the State of California, which is located in a Rural Medical Service Study Area, as defined in Section 7213 subdivision (w) of the regulations.
- A clinic operated by a district hospital or health care district.

#### SECTION B

The Health Facility must meet all of the following conditions.\* Please confirm eligibility by checking all that apply:

- The Health Facility must provide a minimum of two (2) of the five (5) Medical Health Services as defined for purposes of this program.
- 50% or more of the persons served must be equal to or below 200% of the Federal Poverty Level.
- The Health Facility serves persons identified as the vulnerable populations which includes the indigent, underinsured, uninsured, underserved, and undocumented immigrant populations.

**\*Notwithstanding the above requirements, a Health Facility located in a Rural Medical Service Study Area shall meet the requirements of Section 7214, subdivision (c) of Title 4, California Code of Regulations.**



**If one or more of these requirements cannot be met,  
the Health Facility is not eligible to participate in this Grant program.**



### CERTIFICATION

The Executive Director of the Health Facility, Board Chairperson, or other individual with the authority to commit the Health Facility to contract must complete the following certification:

*I certify that to the best of my knowledge, the information contained in this Application and the accompanying supplemental 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)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

APPLICANT INFORMATION			
Health Facility Name			
Parent Health Facility Name <i>[If different from above]</i>			
Street Address		City, State & Zip	
County	Federal Tax I.D. Number	Contact Person / Title	
Telephone Number		E-mail Address	

FEDERAL TRIGGER INFORMATION
FEDERAL TRIGGER EXPERIENCED: <i>[Please explain the Federal Trigger below]</i>

GRANT INFORMATION
AMOUNT REQUESTED: <i>[Max. \$250,000 per Health Facility]</i> <i>Request cannot exceed the federal government assistance reduction or elimination.</i>
\$

ELIGIBLE AND INELIGIBLE USE OF GRANT FUNDS
<p><b>Eligible use of Grant funds: is</b></p> <p><b>“wWorking capital” for core operating support.</b></p> <p><i>In the CHFFA Act, Government Code Section 15432, subdivision (h), “working capital” means moneys to be used by, or on behalf of, a participating health institution to pay or prepay maintenance or operation expenses or any other costs that would be treated as an expense item, under generally accepted accounting principles, in connection with the ownership or operation of a health facility, including, but not limited to, reserves for maintenance or operation expenses, interest for not to exceed one year on any loan for working capital made pursuant to this part, and reserves for debt service with respect to, and any costs necessary or incidental to, that financing.</i></p> <p><b>Ineligible use of Grant funds:</b></p> <ul style="list-style-type: none"> <li>• <u>To pay the costs associated with inflation of programs and/or services.</u></li> <li>• <u>To provide any services or programs unrelated to those services or programs provided prior to the reduction or elimination of the federal government assistance.</u></li> <li>• <u>For any service, program or expenditure beyond what was specified in the Application.</u></li> </ul>
<p><b>USE OF GRANT FUNDS:</b> <i>[Please describe what the Grant funds will be used for according to eligible uses.]</i></p>

**HEALTH FACILITY TYPE**

Check the one that applies (if applicable).

- Federally Qualified Health Center  
 Federally Qualified Health Center Look-Alike

**SERVICE AREA**

Check the one that applies (if applicable).

- Rural Medical Service Study Area  
 Frontier Medical Service Study Area

**POPULATION SERVED**

Check all that apply.

- |   | Percent of Total<br>Population Served |
|---|---------------------------------------|
| <input type="checkbox"/> Indigent Populations               | _____ %                               |
| <input type="checkbox"/> Underinsured Populations           | _____ %                               |
| <input type="checkbox"/> Uninsured Populations              | _____ %                               |
| <input type="checkbox"/> Underserved Populations            | _____ %                               |
| <input type="checkbox"/> Undocumented Immigrant Populations | _____ %                               |

**SERVICES PROVIDED**

Check all that apply. To be eligible, the Health Facility must currently provide a minimum of two (2) of the five (5) Medical Health Services listed below:

- |  | Percentage of Patients<br>Accessing the Service |
|--|---|
| <input type="checkbox"/> Reproductive Services                               | _____ %   |
| <input type="checkbox"/> Family Planning                                     | _____ %   |
| <input type="checkbox"/> Sexual Health Services                              | _____ %   |
| <input type="checkbox"/> Geriatric Services                                  | _____ %   |
| <input type="checkbox"/> Chronic Disease Prevention, Diagnosis and Treatment | _____ %   |

Distance of closest Health Facility providing like services \_\_\_\_\_ miles

**EVALUATION CRITERIA**

*(NO MORE THAN TWO-ONE (21) SINGLE SIDED PAGES FOR SECTION A; FONT SIZE NO SMALLER THAN 10PT)*

**A. HEALTH FACILITY PROFILE**

1. Describe your Health Facility and its operation as it currently exists. Description must include, at a minimum, the geographical area served, the vulnerable populations served, services provided, day-to-day operations including hours/days of operation, staff qualifications and number of staff, how long the Health Facility has been in operations, and sources of current revenue. **(Required, zero points)**

**B. USE OF GRANT FUNDS**

**(NO MORE THAN A TOTAL OF THREE (3) SINGLE SIDED PAGES FOR SECTION B; FONT SIZE NO SMALLER THAN 10PT)**

*Applications shall be scored on the following question addressing all four (4) criteria below (50 points possible):*

2. Describe the effects to your Health Facility and its operation as a result of any federal government reduction or elimination of funds that impact any reimbursement or eligibility for participation in any federal program or initiative. Describe how the Grant funds will be used to maintain the operation of the Health Facility and a projection of how long the Grant funds will sustain the Health Facility. **Describe each of the items below as it relates to the reduction or elimination of federal government assistance and how the Grant funds will be utilized to positively impact the effects of a federal government reduction or elimination of funds.**  
*Example: Effects may include, but are not limited to, a reduction in operations, staff, and vulnerable population(s) served. (50 points)*

- a. **Financial Impact.** Provide specifics; i.e., the current amount of federal government assistance received, the amount of reduction or elimination, and the percent of the revenue and expenses this reduction or elimination represents to the total operating budget. *(substantiate with supporting documentation)*

Describe the effects to your Facility and its operation as a result of any federal government reduction or elimination of funds that impact any reimbursement or eligibility for participation in any federal program or initiative.

Describe how the Grant funds will be used to maintain the operation of the Facility and a projection of how long the Grant funds will sustain the Facility.

Describe the financial impact as it relates to the reduction or elimination of federal government assistance and how the Grant funds will be utilized to positively impact the effects of a federal government reduction or elimination of funds.

- b. **Services Provided.** May include elimination of one or more of the Medical Health Services as specified in Section 7213 subdivision (u) of the regulations. *(substantiate with supporting documentation)*

Describe the effects to your Facility and its operation as a result of any federal government reduction or elimination of funds that impact any reimbursement or eligibility for participation in any federal program or initiative.

Describe how the Grant funds will be used to maintain the operation of the Facility and a projection of how long the Grant funds will sustain the Facility.

Describe services provided as it relates to the reduction or elimination of federal government assistance and how the Grant funds will be utilized to positively impact the effects of a federal government reduction or elimination of funds.

c. **Vulnerable Populations Served.** If the federal government reduction or elimination affects the populations defined as vulnerable, specify the vulnerable population(s) affected; i.e., the specific effects to that population, percentage of Health Facility patients impacted, and the impact on the community. *(substantiate with supporting documentation)*  
Describe the effects to your Facility and its operation as a result of any federal government reduction or elimination of funds that impact any reimbursement or eligibility for participation in any federal program or initiative.

Describe how the Grant funds will be used to maintain the operation of the Facility and a projection of how long the Grant funds will sustain the Facility.

Describe vulnerable populations served as it relates to the reduction or elimination of federal government assistance and how the Grant funds will be utilized to positively impact the effects of a federal government reduction or elimination of funds.

d. **Day-to-Day Operations.** If the federal government reduction or elimination affects the day-to-day operations, specify that effect; i.e., number of staff impacted (may include staff layoffs, classification and duties of impacted staff; salary/hourly rate cuts) and decrease in days and hours of Health Facility operation. *(substantiate with supporting documentation)*  
Describe the effects to your Facility and its operation as a result of any federal government reduction or elimination of funds that impact any reimbursement or eligibility for participation in any federal program or initiative.

Describe how the Grant funds will be used to maintain the operation of the Facility and a projection of how long the Grant funds will sustain the Facility.

Describe day-to-day operations as it relates to the reduction or elimination of federal government assistance and how the Grant funds will be utilized to positively impact the effects of a federal government reduction or elimination of funds.



## Legal Status Questionnaire

### Applicant Name:

#### 1. Financial Viability

Disclose any legal or regulatory action or investigation that may have a material impact on the financial viability of the project or the applicant. The disclosure should be limited to actions or investigations in which the applicant or the applicant's parent, subsidiary, or affiliate involved in the management, operation, or development of the project has been named a party.

Response:

#### 2. Fraud, Corruption, or Serious Harm

Disclose any legal or regulatory action or investigation involving fraud or corruption, or health and safety where there are allegations of serious harm to employees, the public, or the environment. The disclosure should be limited to actions or investigations in which the applicant or the applicant's current board member (except for volunteer board members of non-profit entities), partner, limited liability corporation member, senior officer, or senior management personnel has been named a defendant within the past ten years.

Response:

*Disclosures should include civil or criminal cases filed in state or federal court; civil or criminal investigations by local, state, or federal law enforcement authorities; and enforcement proceedings or investigations by local, state or federal regulatory agencies. The information provided must include relevant dates, the nature of the allegation(s), charges, complaint or filing, and the outcome.*

**Religious Affiliation Due Diligence:**

**Note:** Evidence (e.g., written admission policy, patient/resident application form, written hiring policies, codes of conduct, website information, statistical information, etc.) of each stated fact should be included in this tab.

QUESTIONS	ANSWER (Yes or No) Please provide explanations as requested – Attach additional pages as needed
<b>Admission Policies</b>	
<ul style="list-style-type: none"> <li>Does the facility admit patients or residents of all religions and faiths?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No (please explain)
<ul style="list-style-type: none"> <li>Are patients/residents ever turned away because of their religious affiliation?</li> </ul>	<input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Does the facility grant any preference, priority or special treatment with respect to admission, treatment, payment, etc., based on religion or faith?</li> </ul>	<input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Does the facility focus on the needs of, market to, or target, a particular religious population?</li> </ul>	<input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Does the facility discourage individuals from seeking admission to the facility on the basis of religion?</li> </ul>	<input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Is it the facility's mission to serve patients/residents of a particular religion?</li> </ul>	<input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>What percentage of the patients/residents admitted and treated at the facility are of the same religious denomination as the facility's religious affiliation?</li> </ul>	
<b>Hiring and Employment Practices</b>	
<ul style="list-style-type: none"> <li>Does the facility hire employees and medical staff that are of all religions and faiths?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No (please explain)
<ul style="list-style-type: none"> <li>In hiring employees and medical staff, does the facility give preference to applicants of a particular religion?</li> </ul>	<input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No

**Religious Affiliation Due Diligence (Continued):**

**Note:** Evidence (e.g., written admission policy, patient/resident application form, written hiring policies, codes of conduct, website information, statistical information, etc.) of each stated fact should be included in this tab.

QUESTIONS	ANSWER (Yes or No) Please provide explanations as requested – Attach additional pages as needed
<ul style="list-style-type: none"> <li>• What percentage of the facility’s staff (professional and non-professional) is of the same religious denomination as the facility’s religious affiliation?</li> </ul>	
<ul style="list-style-type: none"> <li>• Does the facility place any religious-based restrictions on how medical staff performs its duties or what medical procedures can be performed?</li> </ul>	<input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• Are employees or medical staff required to sign or abide by a statement of faith or religious beliefs or similar document?</li> </ul>	<input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No
<p><b>To what degree does the health care facility enjoy institutional harmony apart from the affiliated church or religion?</b></p>	
<ul style="list-style-type: none"> <li>• Is the facility sponsored by a church or religion?</li> </ul>	<input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• Must members of the governing board of the facility be members of a particular religion or church? Does the church elect the board members?</li> </ul>	<input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• Does the church dictate how the health care facility allocates its resources?</li> </ul>	<input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• Does the church approve the facility’s financial transactions?</li> </ul>	<input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No
<p><b>Will loan proceeds be used to finance any building or facility that will be used for religious worship?</b></p>	<input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No

**Provide the following as attachments:**

**Attachment A – Financial Information**

- Provide a copy of your most current audited financial statement.  
*This information will be used to verify that the Health Facility's annual gross revenue does not exceed ten million dollars (\$10,000,000), with exception to Health Facilities located in a Rural Medical Service Study Area, where this requirement does not apply.*

*Note: the most current audited financial statement must be within six months of the most current fiscal year end.*

*"Audited Financial Statements" means an examination and report of an independent accounting firm on the financial activities of a public agency or private nonprofit corporation.*

*Note: audited financials must be free of going concern language.*

*"Going Concern" means an opinion of an independent accounting firm auditor that there is substantial doubt regarding the entity's ability to continue into the future, generally defined as the following year.*

**Attachment B – Background**

- Provide a copy of your Health Facility's mission and history (i.e. brochure, website literature).

**Attachment C – Management/Facility Information**

- Provide a copy of the State of California operating license for the Health Facility.
- Provide copies of Health Facility's certified Articles of Incorporation and Bylaws, and any Amendments.

## Checklist - Grant Application

Please use this checklist to determine if the application is complete. *(Incomplete or illegible applications will not be considered and will be returned to the Applicant).*

### **Eligibility & Certification**

(Page 1)  - Complete Sections A & B re: eligibility and sign the certification section

### **Applicant, Federal Trigger & Grant Information**

- (Page 2)  - Complete Applicant Information  
 - Complete Federal Trigger Information  
 - Complete Grant Information

### **Health Facility Type & Service Area**

- (Page 23)  - Complete Health Facility Type *(if applicable)*  
 - Complete Service Area *(if applicable)*

### **Population Served & Services Provided**

- (Page 3)  - Complete Population Served Information  
 - Complete Services Provided

### **Evaluation Criteria**

- (Page 34)  - Complete Health Facility Profile, question 1\*
- (Page 45)  - Complete Use of Grant Funds, question 2a (*Financial Impact*)\*\*  
 - Complete Use of Grant Funds, question 2b (*Services Provided*)\*\*
- (Page 56)  - Complete Use of Grant Funds, question 2c (*Vulnerable Populations Served*)\*\*  
 - Complete Use of Grant Funds, question 2d (*Day-to-Day Operations*)\*\*

### **Legal Status Questionnaire**

- (Page 67)  - Complete Legal Status Questionnaire (with an explanation for all “yes” answers)

### **Religious Affiliation Due Diligence**

- (Page 7-8-9)  - Complete Religious Affiliation Due Diligence

### **Attachment A – Financial Information**

- Provide a copy of most current audited financial statement

### **Attachment B – Background**

- Provide Health Facility’s background information

### **Attachment C – Management/Health Facility Information**

- Provided operating license for the Health Facility ~~receiving~~ requesting funding  
 - Provided copies of certified Articles of Incorporation, Bylaws, and any Amendments

**\*NO MORE THAN ONE (1) SINGLE SIDED PAGE FOR QUESTION 1, FONT SIZE NO SMALLER THAN 10PT.**

**\*\*NO MORE THAN A TOTAL OF THREE (3) SINGLE SIDED PAGES FOR QUESTIONS 2A-2D, FONT SIZE NO SMALLER THAN 10PT.**

**CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY**  
915 Capitol Mall, Suite 435, Sacramento, CA 95814

**The Lifeline Grant Program**  
**Request for Disbursement**

Date: \_\_\_\_\_

Request #: \_\_\_\_\_

Name of Grantee: \_\_\_\_\_

Grantee requests the following disbursement of grant proceeds ~~from CHFFA~~ for reimbursement purposes:

Amount requested

Date funds are needed \*

\$ \_\_\_\_\_

*\*Note: Date must be a minimum of three weeks from CHFFA's receipt of this disbursement request.*

Description of how the Grant Funds will be used \*\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*\*Note: Attach additional pages as needed*

**Documentation to Accompany Request**

~~Please attach contracts, payroll reports, purchase orders, invoices and proof of payment of those invoices as documentation to substantiate this disbursement request.~~

Attach documentation substantiating payment of Working Capital expenses.

By: \_\_\_\_\_  
(Authorized Officer)

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**For CHFFA Use Only:**

Approved Grant Amount \$ \_\_\_\_\_

Disbursement Request \_\_\_\_\_

Balance Remaining \$ \_\_\_\_\_

\_\_\_\_\_  
Analyst Signature

\_\_\_\_\_  
Project Manager Signature

\_\_\_\_\_  
Executive Director Signature

**CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY**

915 Capitol Mall, Suite 435, Sacramento, CA 95814

**The Lifeline Grant Program**

**Final Report**

**Grantee's Name:** \_\_\_\_\_

This Final Report is being provided pursuant to the requirements in Section 7228, subdivision (a), which requires: ~~"the Grantee shall submit a Final Report Form No. CHFFA 8 LGP-03 (01/2018), within forty five (45) days following disbursement of Grant funds and upon the Authority's request."~~

**GRANT FUNDS INFORMATION**

**Grant Agreement Date/Resolution #:** \_\_\_\_\_

**Provide a narrative description of how the Grant funds were used:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**An explanation of any variance(s) from the Grant Agreement:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the Grant funds have been disbursed and spent in accordance with the regulations and grant agreement.

**Signature:** \_\_\_\_\_  
Authorized Officer

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_