



Bond BHCIP Round 2: Unmet Needs Form 1: Application Questions Guide

As part of our ongoing commitment to ensuring the highest standards of quality and compliance, the information collected through this application will be utilized primarily for application scoring and, if you are awarded, the development of your Bond Behavioral Health Continuum Infrastructure Program (BHCIP) Program Funding Agreement (PFA, or “contract”). By gathering detailed and accurate information, the Department of Health Care Services (DHCS) and Advocates for Human Potential, Inc. (AHP), the Bond BHCIP administrative entity, aim to mitigate risks, ensure the successful implementation and oversight of funded projects, and safeguard the interests of all stakeholders involved.

Note that the information gathered through this application will be shared with DHCS. Therefore, the submitted applications will be public records that are subject to public review pursuant to the California Public Records Act (CPRA) (Division 10 of Title 1 of the Government Code, commencing with Section 7920.000). After final awards have been issued, DHCS may disclose any materials provided by the applicants to any person making a request under the CPRA.

Section 1: Minimum Requirements Confirmation

To be eligible for funding consideration, projects must meet all nine minimum threshold requirements (listed below) at the time of application. In addition, applicants will be expected to submit all relevant documents, noted with an asterisk, with their completed application.

Review the following list, also found in [RFA Section 2.1](#).

- **Site control*** proven by any one of the following documents:
 - a. Title vested to applicant demonstrated with a current title report (ownership). Note: Title must be vested under the applicant or co-applicant entity’s name to qualify for property match.
 - b. Executed purchase and sale agreement (PSA)
 - c. Mutually executed Letter of Intent (LOI). *Note:* Binding and nonbinding LOIs are both acceptable.
 - d. Executed Exclusive Negotiation Agreement (ENA)

Note: Other documentation demonstrating site control may be submitted for DHCS consideration; be sure to discuss any other proposed site control documentation during your required pre-application consultation (PAC). A memorandum of understanding (MOU) does *not* constitute site control.

- **A preliminary title report*** for the property to be improved or acquired with program funds. The preliminary title report should be dated within 30 days of application submission.
- **A sustainable business plan*** (pro forma) with five-year projections (Form 9) within existing available funding (income and expenses) of future objectives and strategies for achieving them.
- **A conceptual/schematic site plan*** with a forecast of the development potential of the property.
- **Stakeholder support*** as demonstrated by letters of support from internal boards of directors, Tribal councils or advisory boards, and professional/community partners, as relevant. For city, nonprofit, or for-profit applicants, this would be a letter of support from their county behavioral health agency.
- **Demonstration of county and Medi-Cal investments** to support ongoing sustainability.
- **Match** amount and source identified.
- **Board Authorizing Resolution (BAR)*** from the applicant and any co-applicants to confirm signing authority for the contract. Eligible entities may use the BAR template provided (Form 10). Local government entities can use their specific authorizing resolution document.
- **Photo of proposed property*** in pre-BHCIP stage. The high-quality photo should be in a JPG format with a size of 1024x768 pixels or larger, not to exceed 15MB in file size. A PDF will be an acceptable alternative file format.

Does the proposed project include only eligible facility types, as listed in [Section 2.4 of the RFA](#)?
|yes/no|

Does the proposed project meet all nine minimum requirements, indicating it has met the “minimum project threshold”? |yes/no|

[IF YES TO BOTH]

Review the requirements below before continuing your application. By completing and submitting this application, you are indicating your understanding and acceptance of the application and awards process requirements.

- All data for the proposed project must be accurate and consistent across the application. All data and responses submitted should accurately reflect the proposed project and location and indicate how the proposed facility will address unmet behavioral health needs.
- Applicants are discouraged from using AI technology and/or cut-and-paste language.
- Lead applicant and co-applicant information will be final. DHCS will not accept any changes to the applicants identified in the application once it has been submitted. Any requested changes to the applicant(s) will void an application or disqualify the application from the DHCS review process. In the event of a conditional award, any requested changes to the applicant(s) will result in the rescission of the conditional award.
- At their discretion, DHCS or AHP, DHCS' Bond BHCIP administrative entity, may contact applicants about their submitted application at any time during the review process.
- DHCS will not accept any changes, negotiations, or redlining made by conditional awardees to the PFA.
- Conditional awardees are expected to clear title to the subject property to be improved with Bond BHCIP funds and complete PFA execution within 90 days of receipt of the PFA.
- As part of the PFA execution process, conditional awardees must execute a Facility Access Agreement (FAA) stating that DHCS will have access to the Bond BHCIP-funded facility throughout the 30-year encumbrance period.
- All conditional awardees must be prepared to provide match documentation and all supporting documentation upon receipt of the conditional Notice of Award.

IF NO TO EITHER] Thank you for taking the time to apply. Based on the information provided, it appears your project does not meet the minimum eligibility requirements for this round of funding. If you have any questions, please contact us at BHCIP@dhcs.ca.gov.

Section 2: Project Information

1. Type of **lead applicant** | dropdown |

Note: More information will be gathered on the lead applicant in Section 4.

- County
 - [IF SELECTED] Is the applicant a behavioral health agency? | yes/no |
- City
- Tribal Entity
 - Federally Recognized Tribe
 - ii. [IF SELECTED] Provide the name. | text box, 125-word limit
 - Tribal Organization
 - Urban Indian Organization
 - Other Tribal Entity
 - iii. | Please explain. | text box, 125-word limit |
- Nonprofit Corporation

- For-Profit Corporation
 - iv. Is the corporation / LLC / general or limited partnership owned by individuals? | yes/no |
 - [IF YES] Note that you will also be required to upload an organizational chart in Section 3.5.
- Other
 - v. Please explain. | text box, 125-word limit |
- Does the applicant have prior behavioral health experience? | yes/no |
 - Describe related prior experience in behavioral health services, including the successful development, ownership, or operation of a project of a comparable size and type for individuals from populations this project intends to serve. | text box, 125-word limit |
 - Include the number of years providing behavioral health services. | text box, 125-word limit |
 - [IF NO] This application requires a partnership with a nonprofit organization, Tribal entity, city, or county with behavioral health service experience. A memorandum of understanding (MOU) or other agreement with the nonprofit organization, Tribal entity, city, or county must be provided to confirm the primary applicant's role in the project, including confirmation they are working on behalf of the service provider.

2. Is there a **co-applicant** for this Bond BHCIP Round 2: Unmet Needs application? | yes/no |
 [IF YES, UNLOCK S4.Q2]
 [IF NO, SKIP TO S2.Q4 4]

Note: All co-applicants are held to the same expectations and requirements as the lead applicant. Both lead applicants and co-applicants are required to provide the following documents, and, if awarded and applicable, co-applicants must be prepared to co-sign the PFA and Performance Deed of Trust (PDOT) and/or Declaration of Restrictions (DOR).

- Board Authorizing Resolution (BAR)
- Corporate documents, if non- or for-profit organization
- Certificate of Good Standing (COGS)

3. Type of **co-applicant** | dropdown |

Note: More information will be gathered on the co-applicant in Section 4.

- County
 - i. [IF SELECTED] Is the co-applicant a behavioral health agency? | yes/no |
- City
- Tribal Entity
 - Federally Recognized Tribe
 - ii. [IF SELECTED] Provide the name. | text box, 125-word limit |
 - Tribal Organization

- Urban Indian Organization
- Other Tribal Entity | Please explain. | text box, 125-word limit |
- Nonprofit Corporation
- For-Profit Corporation
 - iii. Is the corporation / LLC / general or limited partnership owned by individuals? | yes/no |
 - [IF YES] Note that you will also be required to upload an organizational chart in Section 3.4.
- Other | Please explain. | text box, 125-word limit |

4. Proposed **project title** for Bond BHCIP Round 2: Unmet Needs funding: | text box |

Example: Pacific Recovery Center

Note: If awarded, the project title will be used in the project’s PFA and will be displayed in related communications. Please avoid referencing specific addresses and legislative bills in the project title. Any requested changes to the title will require DHCS approval and PFA modification.

5. Project Information

- a. Describe how the proposed project will address health priorities and unmet needs within the community(ies) to be served. | text box, 250-word limit |
- b. Describe how the proposed project fits into and bolsters the behavioral health continuum of care in the region. Reference appropriate evidence such as the [“Assessing the Continuum of Care for Behavioral Health Services in California”](#) report and any local needs assessments used to justify the proposed construction/expansion. | text box, 250-word limit |
- c. Describe the types of service(s) and level of care designation(s) that will be offered in the facility(ies) once the project has been completed. | text box, 125-word limit |
- d. Describe how the proposed project facility(ies) will receive referrals into the program. | text box, 125-word limit |
- e. Will the proposed facility(ies) have established connections to step-up/-down services? | single-select, Yes/No |
 - i. [IF YES] Describe the connection to step-up/-down services. | text box, 125-word limit |
 - ii. [IF NO] Explain why there will not be a connection to step-up/-down services. | text box, 125-word limit |

6. Provide a high-quality abstract summarizing the project, explaining why it is needed, how it addresses gaps in the statewide behavioral health continuum, and how it addresses the unmet needs identified in the Request for Applications (RFA). If the proposed project were to be awarded Bond BHCIP Round 2: Unmet Needs funds, this abstract may appear in public materials. | text box, 250-word limit |

a. Review the sample below and include, at minimum, the following information in your abstract:

- Project title
- Projected date of project completion (mm/dd/yyyy)
- Type(s) of construction (e.g., ground-up new construction; addition to an existing structure; rehabilitation of an existing facility; acquisition and adaptive reuse of an existing property; acquisition of an existing facility/building, ready for turnkey operations). If an existing structure, please indicate whether it is currently in operation and for what use.
- Geographic area(s) (e.g., county, city) and identification of regional or multi-county collaboration, if applicable
- Phase of project development (planning and predevelopment, design development, shovel-ready, construction)
- Organization's experience and plans for serving population(s) of focus
- Special or priority population(s) to be served by the facility, such as justice-involved persons, people experiencing homelessness, and/or youth in foster care, for example
- Community assets leveraged and/or unmet needs addressed by the proposed project; refer to state or local needs assessments as applicable
- Co-applicants or collaborators involved in the project, if any

b. What date will the proposed project open? |date box, mm/dd/yyyy format validation|

Example: The Omega Organization is requesting funding for its ABC Project, which will repurpose an abandoned grocery store to become a Community Mental Health Clinic that will expand behavioral health capacity for children and youth. This project is in the design development phase, and we anticipate completion of the project by August 2029. The Omega Organization has over 50 years of experience working with children and youth and will partner with Westvale Behavioral Health to build a clinic that will expand behavioral health services for children, youth, and their families. The ABC Project will address the high need for children and youth behavioral health services in the northern region of ___ County and will specifically serve youth who are justice-involved and/or in foster care. As identified in the state's needs assessment, at present there are no Community Mental Health Clinics designed to serve children and youth in this area.

7. Indicate which of the following **State and/or RFA-identified priorities** the proposed project is aligned with ([RFA Section 1.1](#)) and describe how the project will meet each of those priorities. Use a distinct description for each priority indicated and include statistical data when applicable. Select all that apply.

State Priorities	Does the proposed project align with this priority?	Description
Address urgent needs in the care continuum for people with mental health or substance use conditions, including unhoused people, veterans, older adults, adults with disabilities, and children and youth.	[yes/no]	[text box, 125-word limit]
Invest in behavioral health and community care options that advance health equity of behavioral health care and community options.	[yes/no]	[text box, 125-word limit]
Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization.	[yes/no]	[text box, 125-word limit]
Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing unsheltered homelessness and justice involvement.	[yes/no]	[text box, 125-word limit]
Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy.	[yes/no]	[text box, 125-word limit]
Leverage county and Medi-Cal investments to support ongoing sustainability.	[yes/no]	[text box, 125-word limit]
Leverage the historic state investments in housing and homelessness.	[yes/no]	[text box, 125-word limit]
RFA-Identified Priorities	Does the proposed project align with this priority?	Description
Address the remaining gaps in the statewide behavioral health continuum.	[yes/no]	[text box, 125-word limit]
Invest in mental health community residential beds and crisis settings.	[yes/no]	[text box, 125-word limit]
Distribute grant funds to rural and/or remote areas with outstanding behavioral health needs or insufficient behavioral health infrastructure.	[yes/no]	[text box, 125-word limit]
Invest in geographic areas with no prior BHCIP infrastructure projects.	[yes/no]	[text box, 125-word limit]
Project is a regional model that will involve the construction, renovation, and/or expansion of community-based services.	[yes/no]	[text box, 125-word limit]

8. Services Payors

Note: If awarded, conditional grantees must commit to providing behavioral health services for a minimum of 30 years and are expected to operate within the DHCS-approved grant project scope, including the requirement to meet or exceed the Medi-Cal payor percentage identified. Grantees must also agree to a 30-year encumbrance on the awarded facility property's assessor's parcel number(s) (APNs).

Provide the anticipated percentage of funds by payor. **This applies to all facilities that are part of the proposed project**, including the portion that would receive Bond BHCIP Round 2: Unmet Needs funding.

Enter whole numbers only. Enter 0 if a payor category does not apply. The total must equal 100%. | min/max validation rule for estimated % |

Payors	Anticipated Percentage
Private insurance or employer-provided	[number input]%
Medi-Cal	[number input]%
Medicare	[number input]%
Private pay	[number input]%
Mental Health Services Act (MHSA)	[number input]%
Behavioral Health Services Act (BHSA)	[number input]%
Substance Abuse and Mental Health Services Administration (SAMHSA)	[number input]%
Indian Health Services	[number input]%
Other	[number input]%
Total	[auto-calculation]%

- [IF MEDI-CAL % is 0] Indicate why you do not anticipate serving individuals using Medi-Cal as a payor source. | text box, 125-word limit |
- [IF Other % > 0] Describe the other payor sources expected for individuals who will be served by this construction/expansion. | text box, 125-word limit|
- Describe how the behavioral health services to be delivered at the project site(s) will be funded for the full duration of the 30-year service use restriction period. | text box, 125-word limit|

9. Is this a **regional collaboration with regard to service delivery**? For purposes of this application, a regional model is described as counties and/or Tribal entities partnering to create established networks of organized systems of care. This may include two or more counties that propose a facility that will provide behavioral health services to residents of all counties involved. For the complete definition of *regional collaboration*, see [Attachment E: Glossary of Terms](#).

- How many regional collaborators are you working with?

[DROP DOWN SINGLE-SELECT 1-5, ONE ROW PER COLLABORATOR; NUMBER OF COLLABORATORS IS 1-5 UNLOCK S2.Q9a-c]

b. Collaborator information

Collaborator Name	Collaborator Type	Collaborator Description [Include Tribal entity name, if applicable]	County Name
Collaborator 1	[Dropdown – County, City, Tribal Entity, Nonprofit Organization, For-Profit Organization, Service Provider, Other]	[text box, 125-word limit]	[Dropdown – all CA counties]

c. Specify all other collaborator types. | text box, 250-word limit |

d. Describe how your regional collaboration will be structured and operated. | text box, 250-word limit |

10. Facility Details

- a. How many facility types are part of this request for funding? Each facility must be reported separately, regardless of type. | text box, positive integers only | [ALLOW FOR 15 ENTRIES; UNLOCK S2.Q10C-V FOR EACH FACILITY ENTERED – E.G., IF 2 FACILITY TYPES ARE SELECTED, UNLOCK 2 GROUPS OF S2.Q10c-V]
- b. How many buildings are part of this project? | text box, positive integers only and > 0 |

Respond to the following questions by providing information for each facility type included in this request for Bond BHCIP Round 2: Unmet Needs funding. Refer to [RFA Section 2.4: Eligible Facility Types](#) for additional guidance.

Note: Unless otherwise specified, all requested data, projections, and responses should refer only to the Bond BHCIP funding being requested.

- **Square Footage:** Indicate the portion of the facility that would be expanded using Bond BHCIP Round 2: Unmet Needs funds and enter numbers only (e.g., enter 1,354 square feet as “1354”).
 - Example 1: An existing 10,000-square-foot building will be rehabilitated to become a new Mental Health Rehabilitation Center. The total square footage that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 10,000 square feet (entered as “10000”).
 - Example 2: An outpatient treatment program currently operating and providing behavioral health services in a 10,000-square-foot building will expand its facility to 15,000 square feet total. The total square footage **for expansion** that would be

constructed with Bond BHCIP Round 2: Unmet Needs funds is 5,000 square feet (entered as "5000").

- **Treatment Slots and Beds:** Refer to the Bond BHCIP Frequently Asked Questions (FAQs) for further guidance.
- **Outpatient and Residential/Inpatient Individuals Served Annually:** Refer to the [Bond BHCIP FAQs](#) for further guidance.

Note: Questions below apply to each facility type in the prospective Bond BHCIP Round 2: Unmet Needs funded project(s). For additional information and facility type definitions, see the [RFA](#) and [Attachment E: Glossary of Terms](#).

c. Please select the category your facility falls under.

- Mental Health/Residential
- Mental Health/Outpatient
- SUD/Residential
- SUD/Outpatient

i. Facility type | dropdown |

[IF OUTPATIENT FACILITY IS SELECTED, UNLOCK S2.Q10i-L]

[IF RESIDENTIAL FACILITY IS SELECTED, UNLOCK S2.Q10M-P]

- Mental Health Facilities
 - Acute Psychiatric Hospital
 - Behavioral Health Urgent Care (BHUC)/Mental Health Urgent Care (MHUC)
 - Children's Crisis Residential Program (CCRP)
 - Community Mental Health Clinic (outpatient) (CMHC)
 - Community Treatment Facility (CTF)
 - Crisis Stabilization Unit (CSU)
 - General Acute Care Hospital (GACH) for behavioral health services only
 - Mental Health Rehabilitation Center (MHRC)
 - Peer Respite
 - Psychiatric Health Facility (PHF)
 - Psychiatric Residential Treatment Facility (PRTF)
 - Short-Term Residential Therapeutic Program (STRTP)
 - Skilled Nursing Facility with Special Treatment Program (SNF/STP)
 - Social Rehabilitation Facility (SRF)
- Substance Use Disorder (SUD) Facilities
 - Adolescent Residential SUD Treatment Facility
 - Adult Residential SUD Treatment Facility

- Chemical Dependency Recovery Hospital
- Hospital-Based Outpatient Treatment (outpatient detoxification/withdrawal management)
- Narcotic Treatment Program (NTP)
- NTP Medication Unit
- Office-Based Opioid Treatment (OBOT)
- Outpatient Treatment for SUD
- Partial Hospitalization Program
- Perinatal Residential SUD Facility
- Sobering Center (funded by Community Supports)

ii. [IF 'OFFICE-BASED OPIOID TREATMENT' IS SELECTED]

Describe in detail how the proposed facility meets the facility definition (see [Attachment E: Glossary of Terms](#)). | text box, 125-word limit |

iii. [IF 'Community Mental Health Clinic (outpatient) (CMHC)' IS SELECTED]

- Please indicate the type of CMHC.
 - Certified by the California Department of Public Health (CDPH)
 - Certified Community Behavioral Health Clinic (CCBHC)
 - Other
- Please explain the specific population of focus, planned behavioral health services, associated funding of those services, and facility compliance requirements/certifications needed to operate the facility. | text box, 125-word limit

d. Explain how the proposed facility will meet all facility licensing and certification requirements. If the proposed facility does not require licensing or certification, please explain. Refer to the Bond BHCIP FAQs for further guidance. | text box, 125-word limit |

e. Construction type | radio buttons |

- Ground-up new construction (e.g., a new facility or new setting being built)
- Addition to an existing structure (e.g., constructing a new wing or new floor)
- Rehabilitation and “tenant improvements” (building permit required) of an existing facility currently owned by applicant (non-acquisition) that expands service capacity at the current site
- Acquisition and adaptive reuse of an existing property (e.g., new acquisition and repurposing of an apartment building) *that requires a building permit*
- Turnkey acquisition of an existing facility/building that is ready for operations and *does not require a building permit. (Note: Forms 3, 5, and 8 are not required of applicants with turnkey acquisitions.)*

- f. What is the total square footage being constructed, added, rehabilitated, or acquired for this facility? | Whole numbers only. | text box, positive integers only and > 0 |
- g. What is the amount of requested funds that will be applied to the development of this facility? | Whole numbers only. Format: 12345 | text box, positive integer only |
- h. Will funds from other sources, including other grants, loans, other bond investments, or elsewhere, be used to develop this facility? | yes/no |
 - [IF NO, SKIP TO S2.Q10i through S2.Q10l OR S2.Q10m]
 - [IF YES]
 - i. List the amount of other funding source(s). Format: 12345 | text box, positive integers only and > 0 |
 - ii. Describe how these funds will be used in developing the proposed facility. | text box, 125-word limit |

[HEADER: Responses to the following questions should reflect existing capacity at the time of application.]

- i. [OUTPATIENT FACILITIES ONLY] What is the maximum **number of treatment slots** (aka “chairs”) **currently available per day** (not Bond BHCIP funded)? If none, enter 0. | text box, positive integers only |
- j. [OUTPATIENT FACILITIES ONLY] Based on the **current** slot count provided in Question 10i, what is the maximum **number of individuals being served annually**? | text box, positive integers only |

[HEADER: Responses to the following questions should reflect expanded capacity in the event of a Bond BHCIP Round 2 award.]

- k. [OUTPATIENT FACILITIES ONLY] What is the maximum number of **expanded treatment slots** (aka “chairs”) **that will be available per day** after the proposed project is complete? Do not count treatment slots that you included in your response to Question 10i. To ensure accuracy, refer to the Bond BHCIP [FAQs](#) for further guidance. | text box, positive integers only |
- l. [OUTPATIENT FACILITIES ONLY] Based on the slot count, what is the maximum number of **additional** individuals you anticipate serving annually after the proposed project is complete? Do not count individuals who were included in your response to Question 10j. To ensure accuracy, refer to the Bond BHCIP [FAQs](#) for further guidance. | text box, positive integers only |

[HEADER: Responses to the following questions should reflect existing capacity at the time of application.]

- m. [RESIDENTIAL FACILITIES ONLY] What is the maximum **number of beds currently available at any given time**? If none, enter 0. | text box, positive integers only |
- n. [RESIDENTIAL FACILITIES ONLY] Based on the **current** bed count provided in Question 10m, what is the maximum **number of individuals being served annually**? | text box, positive integers only |

[HEADER: Responses to the following questions should reflect expanded capacity in the event of a Bond BHCIP Round 2 award.]

- o. [RESIDENTIAL FACILITIES ONLY] What is the maximum number of **expanded beds** that will be available at any given time after the proposed project is complete? Do not count beds that you included in your response to Question 10m. To ensure accuracy, refer to the Bond BHCIP [FAQs](#) for further guidance. | text box, positive integers only |
- p. [RESIDENTIAL FACILITIES ONLY] Based on the bed count provided in Question 10o, what is the maximum number of **additional** individuals you anticipate serving annually after the proposed project is complete? To ensure accuracy, refer to the Bond BHCIP [FAQs](#) for further guidance.
- q. Please indicate the population(s) of focus whose unique needs will be met by the facility's **specific, tailored programming**. | dropdown, select all that apply |
- Children and youth, ages 15 and younger
 - Transition-age youth, ages 16–20
 - Transition-age youth, ages 21–25
 - Adults, ages 18–64
 - Perinatal (pregnant/postpartum women and their children)
 - Older adults, ages 65 and older
- r. Please indicate the special or priority population(s) whose unique needs will be met by the facility's **specific, tailored programming**. | dropdown, select all that apply |
- People with disabilities
 - People experiencing homelessness or housing instability
 - People who identify as LGBTQ+ (sexual orientation and gender identity minorities)
 - People living with serious/severe mental or behavioral health conditions
 - People who are justice-involved
 - Women
 - Children and youth in foster care
 - Veterans of U.S. armed forces
- s. Please indicate the racial and ethnic populations for whom **culturally competent services** will be provided in this facility. | dropdown, select all that apply |
- American Indian or Alaska Native

- Asian Indian
- Black or African American
- Cambodian
- Chinese
- Filipino
- Guamanian or Chamorro
- Hispanic, Latino, or Spanish Origin
- Hmong
- Japanese
- Korean
- Laotian
- Native Hawaiian
- Samoan
- Vietnamese
- White
- Other

[If Other is selected] Describe the population. | text box, 125-word limit |

- t. Will the proposed facility be part of a campus that collocates multiple levels of care on the behavioral health continuum? [IF YES, UNLOCK S2.Q10t.1-10t.5, IF NO, SKIP TO 10U]

“Campus” is defined as three or more eligible behavioral health facilities that are collocated at the same site, including existing facilities (non-BHCIP/Bond BHCIP funded) and Bond BHCIP Round 2 proposed facilities.

- Yes, as part of an existing campus
- Yes, as part of a new campus
- No

[IF YES]

- i. Identify all existing and proposed behavioral health facility types that make up the campus model proposed and identify all funding sources that are or will be needed to construct each proposed facility type. | text box, 125-word limit |
- ii. Describe how the services will be integrated and coordinated across facilities to enhance the continuum of care and achieve desired health outcomes. | text box, 250-word limit |
- iii. Will the proposed facility on this campus include housing (non-Bond BHCIP funding)? |yes/no|
 1. [IF YES] Describe the proposed housing and explain how it relates to the campus. | text box, 250-word limit |
 2. Is the status of the housing support existing or planned?
|Existing/Planned |

- i. [IF EXISTING] What is the existing housing bed count? | text box, positive integers only, > 0 |
 - ii. [IF PLANNED] What is the planned bed count? | text box, positive integers only, > 0 |
- iv. What is the anticipated date of completion for this campus? | date box, with MM/DD/YYYY format validation |
- v. Will this campus be co-located with other housing-focused projects (e.g., Behavioral Health Bridge Housing (BHBH), Homekey)? | yes/no |
 - 1. [IF YES] Please explain. | text box, 125-word limit |
- u. Will this facility operate as a locked facility? | yes/no |
 - i. [IF YES] Explain why this will operate as a locked facility in accordance with your anticipated plan of operation (as defined by the relevant licensing requirements, based on the facility type). | text box, 125-word limit |
- v. What is the anticipated completion date for this facility? | date box, with mm/dd/yyyy format validation |

11. Is the applicant willing to receive bond grant funding for part of the proposed project? | yes/no |

12. Specify the services, treatments, and/or evidence-based practices that will be offered to meet the unique needs of the populations that will be served by the proposed facility(ies).

a. [UNLOCK POPULATIONS CHOSEN IN S2.Q10Q, FOR ALL PROPOSED FACILITIES]

Populations of Focus	Plans to meet the population's unique needs
Children and youth, ages 15 and younger	250-word text box
Transition-age youth, ages 16–20	250-word text box
Transition-age youth, ages 21–25	250-word text box
Adults, ages 18–64	250-word text box
Perinatal (pregnant/postpartum women and their children)	250-word text box
Older adults, ages 65 and older	250-word text box

b. [UNLOCK POPULATIONS CHOSEN IN S2.Q10R, FOR ALL PROPOSED FACILITIES]

Special or Priority Populations	Plans to meet the population's unique needs
People with disabilities	250-word text box
People experiencing homelessness or housing instability	250-word text box
People who identify as LGBTQ+ (sexual orientation and gender identity minorities)	250-word text box

People living with serious/severe mental or behavioral health conditions	250-word text box
People who are justice-involved	250-word text box
Women	250-word text box
Children and youth in foster care	250-word text box
Veterans of the U.S. armed forces	250-word text box

c. [UNLOCK IF 'PEOPLE WHO ARE JUSTICE-INVOLVED' IS SELECTED IN S2.Q10R]

i. Indicate which of the following partnerships will apply to working with people who are justice-involved. Check all that apply: | check boxes |

- California Department of Corrections and Rehabilitation (CDCR)
- Local/County Drug or Other Specialty Courts
- Local/County Probation
- Federal Criminal Justice
- Other | Please explain. | text box, 125-word limit |

ii. Indicate which justice-involved groups the facility will serve. Check all that apply.

- Children and youth, ages 15 and younger
- Transition-age youth, ages 16–20
- Transition-age youth, ages 21–25
- Adults, ages 18–64
- Perinatal (pregnant/postpartum women and their children)
- Older adults, ages 65 and older

iii. How will those who are justice-involved be referred to the facility? | text box, 125-word limit |

d. Specify the culturally competent services that will be developed and tailored to racial and ethnic populations identified.

[UNLOCK POPULATIONS CHOSEN IN S2.Q10S, FOR ALL *PROPOSED FACILITIES*]

Racial and Ethnic Populations	Plans for culturally competent services [75-word limit text box]
American Indian or Alaska Native	
Asian Indian	
Black or African American	
Cambodian	
Chinese	

Filipino	
Guamanian or Chamorro	
Hispanic, Latino, or Spanish Origin	
Hmong	
Japanese	
Korean	
Laotian	
Native Hawaiian	
Samoan	
Vietnamese	
White	
Other	

Please confirm the amounts entered in the following questions are correct before moving on:

- **Section 2, Question 10g (funds requested per facility)**
- **Section 2, question 10h (non-BHCIP funds per facility)**

Important: Please confirm the accuracy of all responses to questions in Section 2 before selecting “Mark as Complete.” This section will no longer be accessible after you have moved on to Section 3. Although you are welcome to contact the Bond BHCIP support desk in the event that you need to correct information in Section 2 at a later point in the application process, please be advised that only in exceptional circumstances will access be permitted.

Section 3: Property, Budget, and Letters of Support Information

3.1 Project Site/Property

Please ensure you have completed Section 2: Project Information before moving on to this section.

1. Provide details about the project site/property using the fields below. When entering an address, write out all place names fully (e.g., Road, Street, Place, Boulevard), as abbreviations are not acceptable for PFA purposes.
 - a. Have you identified a project site/property? | yes/no |
 - [IF NO]
 - i. Please explain. | text box, 250-word limit |

- ii. Provide the proposed project site/property city. | text box |
- iii. Provide the proposed project site/property county. | dropdown, all CA counties |
[SKIP TO Q3]

- [IF YES]

- iv. Is there an address for the identified project site/property? | yes/no |

Note: If the project has multiple addresses (e.g., 123, 124, and 125 Main Street), input each address separately.

- a. [IF NO] Please explain. | text box, 125-word limit | [AFTER EACH ADDRESS ENTRY, SMA SYSTEM MUST ALLOW FOR ADDITIONAL ADDRESSES]
 - i. Provide the identified project site/property city. | text box |
 - ii. Provide the identified project site/property county. | dropdown, all CA counties |
- b. [IF YES] How many addresses have you identified? | drop down 1-10 | [unlock same number of 1.a.4c (block of address info) as number selected]
- c.
 - Street Address | text box |
 - Address Line 2 | text box |
 - City | text box |
 - County | dropdown, all CA counties |
 - State | text box, CA pre-populated |
 - Zip Code | text box
 - *Format: 12345-6789 (latter four digits are optional)*
 - Assessor's Parcel Number (APN) | text box |

2.

- a. Please select the appropriate status of the proposed project site/property.

Note: All Bond BHCIP Round 2: Unmet Needs-funded grantees must agree to a 30-year encumbrance on the awarded facility property's APN(s). | radio buttons |

- Lead applicant currently owns the site and is the vested owner on title.
- Co-applicant currently owns the site and is the vested owner on title. [UNLOCK IF S2.Q2 == Yes]
- Lead applicant plans to acquire the site at a near future date. |
 - i. Please explain plans to acquire site. | text box, 250-word limit |
 - ii. What is the anticipated closing date? *Help text: Please enter a date between April 2026 and June 2031 in the MM/DD/YYYY format.* | date box, with mm/dd/yyyy format validation |
- Co-applicant plans to acquire the site at a near future date. [UNLOCK IF S2.Q2 == Yes] |
 - iii. Please explain plans to acquire site. | text box, 250-word limit |

- iv. [IF SELECTED] What is the anticipated closing date? | date box, with mm/dd/yyyy format validation |
- o Lead applicant currently leases the site.
 - v. [IF SELECTED] Provide a copy of the lease for verification. | File Upload – Accepted formats: .pdf, .doc, .docx | *Label files as follows: Application ID_LEASE*
- o Co-applicant currently leases the site. [UNLOCK IF S2.Q2 == Yes]
 - vi. [IF SELECTED] Provide a copy of the lease for verification. | File Upload – Accepted formats: .pdf, .doc, .docx | *Label files as follows: Application ID_LEASE*
- o Lead applicant plans to lease the site for at least 30 years. Recipients of Bond BHCIP Round 2: Unmet Needs awards must commit to operating services in the financed facility for the awarded and intended purpose for a minimum of 30 years after construction is complete.
- o Co-applicant plans to lease the site for at least 30 years. Recipients of Bond BHCIP Round 2: Unmet Needs awards must commit to operating services in the financed facility for the awarded and intended purpose for a minimum of 30 years after construction is complete. [UNLOCK IF S2Q2 == YES IF SELECTED]
- o Property is currently under contract, with an executed purchase and sale contract listing lead applicant or co-applicant as buyer, and is in escrow. You may upload the contract in Section 3.5 Required Documents.
- o Other
 - vii. Please explain. | text box, 125-word limit |

Leaseholder help text: Leaseholder recipients of Bond BHCIP Round 2: Unmet Needs awards will also be required to sign the Performance Deed of Trust (PDOT) and Declaration of Restrictions (DOR).

- b. Provide the full legal name of the current owner of the proposed property. | text box |
- c. Does the applicant plan to obtain any new loans for the proposed property? | yes/no |
 - i. [IF YES] Please explain, including the plan and timeline. | text box, 125-word limit |
- d. Are there currently any loans on the property? | yes/no |
 - i. [IF YES] What is the amount of the existing loan DHCS would subordinate to? | text box, positive integers only |
 - ii. [IF YES] How many existing deeds of trust do you possess? [DROP DOWN MENU, OPTION 1-10]
 - iii. For each existing deed of trust, provide the current balance due and indicate whether the lead applicant plans to pay off the deed of trust with Bond

BHCIP Round 2: Unmet Needs funds. [UNLOCK NEW ROW W/ EACH ENTRY, LIMIT TO 10 ENTRIES]

	Current Balance Due	Lead applicant plans to pay off with grant funds
1	[text box, positive integers only]	[check box]

- iv. Upload all existing deeds of trust. | upload file, accepted formats: .pdf, .doc, .docx | *Label files as follows: Application ID_DEED*
- e. Would DHCS need to subordinate on a lease? If there is no lease, select not applicable. | yes/no/not applicable |
- f. Are there any current encumbrances or use restrictions recorded on title to the proposed property that conflict with Bond BHCIP Round 2: Unmet Needs use? | yes/no |
 - i. [IF YES] Please explain and include detail on potential conflict with Bond BHCIP Round 2: Unmet Needs use. | text box, 250-word limit |
- g. Conditionally awarded Bond BHCIP Round 2: Unmet Needs projects will need to clear the title of the proposed property. Has a member of the applicant's real estate or legal team reviewed the preliminary title report? | yes/no |
 - i. [IF NO] Indicate why the preliminary title report has not been reviewed by a real estate or legal team. Select all that apply. | MULTI-SELECT
 - Applicant does not have a real estate team or advisor.
 - Applicant does not have a legal team or advisor.
 - Applicant did not have a preliminary title report at the time of application.
 - Applicant does not currently own the property.
 - Other
 - a. Please explain | text box, 250-word limit |
- h. Is this an addition to an existing property constructed or being constructed using BHCIP (Rounds 3, 4, or 5) or Bond BHCIP Round 1: Launch Ready funds? | yes/no |
- i. Is the property located on federally recognized Tribal land? | yes/no |
 - i. [IF YES] Select the specific type of land. | Radio buttons, Federal trust land/Reservation/Rancheria |
 - ii. [IF YES] List the name of the federal trust land, reservation, or rancheria | text box, 125-word limit |
- j. Is the property owned by a county? | yes/no |
 - i. [IF YES] Select the county that owns the property. | dropdown, all CA counties |

- k. Is the property owned by a city? | yes/no |
 - i. [IF YES] Enter the name of the city that owns the property. | text box |
- l. Does the proposed site have any additional owners or additional leases not listed above?
 - viii. [IF YES] Please explain. | text box, 250-word limit
- m. Will any of the proposed project properties that are or will be owned by the applicant or co-applicant include plans to lease at any point within 30 years of construction completion? If the applicant or co-applicant does not or will not own the property, select not applicable. | Yes/No/Not applicable |

[UNLOCK IF S3.1.Q2m = “Yes”]

- i. When will the planned lease start? *Help text: Please enter a date between April 2026 and June 2031 in the MM/DD/YYYY format.* | numeric field, positive integers only |
- ii. Describe details of the planned lease that support meeting the 30-year encumbrance requirement. | text box, 250-word maximum |
- iii. What is the current/anticipated monthly dollar amount of the planned lease? | text box, positive integers only |
- iv. Describe the terms and conditions associated with the planned lease. | text box, 250-word maximum |
- v. Explain how the sale of the site might impact the planned lease. | text box, 250-word maximum |
- vi. Upload documentation related to the planned lease.
 - a. File Upload – Accepted formats: .pdf, .doc, .docx | *Label files as follows: Application ID_OWNANDPLANTOLEASEDETAILS*
- n. [UNLOCK IF S3.1.Q2a== “Lead applicant plans to lease the site for at least 30 years” OR “Co-applicant plans to lease the site for at least 30 years.”]

Please respond to the following questions about the planned lease.

- i. If you are awarded, what is the anticipated date the 30-year lease will be signed and submitted? *Help text: Please enter a date between April 2026 and June 2031 in the MM/DD/YYYY format.* | text box with date validation, MM/DD/YYYY |
- ii. How many years will the planned lease last? | numeric field, positive integers only |
- iii. What is the anticipated monthly dollar amount of the planned lease? | text box, positive integers only |
- iv. Describe the terms and conditions associated with the planned lease. | text box, 250-word maximum |
- v. Describe any contingency plans in the event of a change to the leaseholder or the lease terms. | text box, 250-word maximum |

- vi. Explain how the sale of a site might impact the planned lease. | text box, 250-word maximum |
 - vii. Upload documentation related to the planned lease.
 - a. File Upload – Accepted formats: .pdf, .doc, .docx | *Label files as follows:*
Application ID_PLANTOLEASEDETAILS
3. For the proposed project or proposed project location, list all public and private ceremonial events that have occurred over the past year or are planned for the near future (e.g., groundbreaking, cleansing, ribbon cutting). | text box, 250-word limit |
 4. Has the proposed project or proposed project location received any publicity (positive or negative) over the past year? | yes/no |
 - a. [IF YES] Please explain. | text box, 125-word limit |

3.2 Development Plans and Financing

Please ensure you have completed Section 2: Project Information before moving on to this section.

1. Which **phase of development** describes the project's current status? Refer to [RFA Section 2.2](#) for additional guidance. | radio buttons |
 - Phase 1: Planning and predevelopment
 - Phase 2: Design development
 - Phase 3: Shovel ready
 - Final Phase: Construction
2. Describe how the proposed project fits in the phase of development selected. | text box, 250-word limit |
3. List all outstanding construction approvals, will serve letters, and building permits required to complete each facility type referenced in this application and describe your strategy for applying for each within six months of fully executing a Bond BHCIP Round 2: Unmet Needs PFA. | text box, 250-word limit |
4. Conditional awardees shall be solely responsible for any cost overruns beyond the award amount. Neither DHCS nor AHP will be responsible for any cost overruns. Describe your scope and cost-containment strategies, as well as any contingency plans for project cost overruns and fiscal strategies for managing the proposed project. Include specific examples of potential project cost savings, cost efficiencies, and cost leveraging. | text box, 250-word limit |
5. Use the fields below to provide details about the proposed project's construction and design.

Note: Forms 3, 5, and 8 are not required of applicants with turnkey acquisitions.

- a. Describe all due diligence, feasibility studies, and site inspections completed to date that indicate site appropriateness for the facility. | text box, 125-word limit |
 - b. Describe any preliminary site plans, design drawings, and/or construction plans. If no construction plan is yet in place, plan to submit a valid rough order of magnitude (ROM) cost estimate from an architect, engineer, or licensed general contractor (Section 3.5 Required Documents). | text box, 125-word limit |
 - c. Describe any planned site amenities (e.g., community and common areas, laundry, gated access, security, recreational areas, community garden) and sustainable and green building elements. | text box, 125-word limit |
 - d. Describe any onsite and offsite improvement requirements and/or complex or costly structural or site/topographical requirements. | text box, 125-word limit |
 - e. Describe any needed demolition. | text box, 125-word limit |
 - f. Describe the process used to develop your Bond BHCIP Round 2: Unmet Needs application budget, including naming the individual (name, title, company) who produced the budget estimates. | text box, 125-word limit |
6. What is the estimated total development cost to acquire, plan, permit, insure, construct, license, and open services at the completed facility? This amount should include both match and program funds. | text box, positive integers only |
7. a. How many similar health care construction projects has the proposed development team completed? | drop down 0-10 | [rows unlock based on number chosen on dropdown]
- b. For each completed project, provide a brief description, the completion date, the physical address, and a website URL (if applicable).

Note: A development team may include an architect, construction manager, civil engineer, project manager, and real estate attorney, among others.

Brief Name of Completed Project [text box]	Description [text box, 125-word limit]	Completion Date [date box, mm/dd/yyyy format validation]	Location (Address, City, Zip Code) [text box]	BHCIP-Funded Project [yes/no]	Website URL (if not applicable, enter N/A) [text box]
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8. Will the application budget cover 100 percent of the estimated total development cost of the proposed project? | yes/no | [IF YES, SKIP TO S3.2.Q9]
- [IF NO]

- a. Is the lead applicant or co-applicant seeking, but has not yet secured, additional funding for this project through another grant? | yes/no |
 - i. [IF YES] What is the dollar amount of the prospective grant? | text box, positive integers only |
 - ii. [IF YES] Describe any other prospective grant funding sources the applicant or co-applicant has not yet secured, and explain any potential conflicts with Bond BHCIP provisions. | text box, 125-word limit |
- b. Has the lead applicant or co-applicant already secured additional funding for this project through another grant? | yes/no |
 - i. [IF YES] What is the dollar amount of the additional grant? | text box, positive integers only |
 - ii. [IF YES] Describe any other grant funding sources the applicant or co-applicant has secured, and explain any potential conflicts with Bond BHCIP provisions. | text box, 125-word limit |
- c. Is the lead applicant or co-applicant seeking, but has not yet secured, additional funding for this project through a loan? | yes/no |
 - i. [IF YES] What is the requested dollar amount of the loan? | text box, positive integers only |
 - ii. [IF YES] Will the lender subordinate to the DHCS Performance Deed of Trust (PDOT) if this loan is secured? | yes/no |
- d. Has the lead applicant or co-applicant secured additional funding for this project through a loan? | yes/no |
 - i. [IF YES] What is the dollar amount? | text box, positive integers only |
 - ii. [IF YES] Will the lender subordinate to the DHCS Performance Deed of Trust (PDOT)? | yes/no |
- e. Is the lead applicant or co-applicant seeking, but has not yet secured, other sources of bond investments for this project? | yes/no |
 - i. [IF YES] What is the dollar amount? | text box, positive integers only |
 - ii. [IF YES] Describe these other sources of bond investments. | text box, 125-word limit |
- f. Has the lead applicant or co-applicant secured any other sources of bond investments for this project? | yes/no |
 - i. [IF YES] What is the dollar amount? | text box, positive integers only |
 - ii. [IF YES] Describe the other sources of bond investments that have been secured. | text box, 125-word limit |
- g. Is the lead applicant or co-applicant seeking, but has not yet secured, any other sources of funding for this project? | yes/no |
 - i. [IF YES] What is the dollar amount? | text box, positive integers only |
 - ii. [IF YES] Describe the other sources of funding (e.g., bonds, debt, tax credits, equity) that are part of the proposed project's development/construction

capital stack as required for the full development of the project. | text box, 125-word limit |

- h. Has the lead applicant or co-applicant secured any other sources of funding for this project? | yes/no |
- i. [IF YES] What is the dollar amount? | text box, positive integers only |
 - ii. [IF YES] Describe the other sources of funding (e.g., bonds, debt, tax credits, equity) that have been secured and are part of the proposed project's development/construction capital stack as required for its full development. | text box, 125-word limit |

9. If awarded, do you plan to submit allowable expenditures toward sunk costs to meet the match requirement? Refer to [RFA Section 2.7c](#) for additional guidance on sunk costs. | yes/no |

- *Note:* Sunk costs include allowable expenditures incurred directly for the improvement of the real property on which the project is located. No sunk costs exceeding one year prior to the date of the Bond BHCIP Round 2: Unmet Needs Notice of Award (anticipated in late spring 2026) may be claimed. Sunk costs pledged by applicants must be fully documented and approved by DHCS. All applicants that indicate they will submit sunk costs must be prepared to do so within seven calendar days of receipt of a Bond BHCIP Round 2: Unmet Needs Notice of Award.

3.3 Budget

Please ensure you have completed Section 2: Project Information and Section 3.2: Development Plans and Financing before moving on to this section.

Match Requirements

Keep the following points in mind as you complete the match section of your project budget. The match amount is based on the amount of funding requested and, if the project is awarded, will be finalized based on the total amount awarded. Refer to the Bond BHCIP [FAQs](#) for further guidance.

- Match type may not be changed.
- Sunk cost match is not reimbursable.
- Mandatory match guidelines are required by statute and are set according to applicant type. Refer to [RFA Section 2.7](#) for additional guidance.

Local Government and Nonprofit Organizations	For-Profit Organizations	Tribal Entities
10 percent	25 percent	5 percent
Higher priority for applicants that include a higher local cash match		

- Match funds may not originate from a BHCIP- or Bond BHCIP-funded project. Likewise, sponsors from previous BHCIP or Bond BHCIP rounds may not use their equity in that property as Bond BHCIP Round 2 property match.
- Fund amounts must be positive numbers only, with no commas (format: 1234567).
- Applicants can pledge the in-kind equity value of a proposed project property. The property being pledged must be the actual project-site property that will be encumbered for 30 years (Welfare and Institutions Code [WIC] Section 5960.15), and the entire APN of the property to be pledged for match must be dedicated to the proposed development project.
- Only the APNs that will be encumbered by the 30-year service restriction can count as an in-kind property match source and must be validated by a certified appraisal of that specific APN.
- Applicants with property consisting of multiple parcels, such as a campus, may count only those parcels that will be encumbered by the 30-year Declaration of Restrictions (DOR) and/or Performance Deed of Trust (PDOT).
- For property match, the entire property equity amount does not have to be used.
- Applicants pledging property match may not use a Bond BHCIP Round 2: Unmet Needs award to fund or reimburse the acquisition of that property. Applicants that are unable to demonstrate ownership of the property may not pledge the property as match. In addition, leasehold interest on existing land and buildings is not permitted as property match.

Please confirm the amounts entered in the following questions are correct before moving on:

- **Section 3.1, Question 2d (current loans)**
- **Section 3.2, Question 6 (estimated development costs)**
- **Section 3.2, Question 8 (application budget covers 100 percent of costs)**
- **Section 3.3, match information**

3.4 Letters of Support

Please ensure you have completed Section 2: Project Information before moving on to this section.

Using the instructions below, provide letters of support (LOS) from internal boards of directors, Tribal councils or advisory boards, your county behavioral health agency, and community partners, as appropriate. All letters must be uploaded with this application. If you have requested but not yet received a letter of support, indicate it is pending using the applicable checkbox and provide the anticipated date you expect to submit it. Letters received after you have submitted your application should be sent to the [Bond BHCIP Round 2](#) Support Desk **but not later than November 28, 2025**. No letters of support will be accepted after that date.

[SYSTEM WILL AUTOMATICALLY ALLOW FOR MULTIPLE ENTRIES WITHIN EACH CATEGORY]

LOS Details

- County applicants are welcome to provide an LOS but are not required to do so. County applicants building on Tribal land must submit a Tribal resolution or Tribal Leadership

Representative LOS. This is a written document that signifies an official decision or stance taken by a Tribal governing body. Examples include a Tribal resolution or a letter of support from a Tribal representative such as the chairperson, business counsel, or other Tribal authority.

- (Required if building on Tribal land) Tribal Resolution or Tribal Leadership Representative LOS
 - (Required) Board of Directors LOS
 - (Optional) County Behavioral Health Director or County Mental Health Director LOS
 - (Optional) Government Official LOS
 - (Optional) Community Stakeholder LOS
- City applicants are required to provide a County Behavioral Health Agency LOS. City applicants building on Tribal land must submit a Tribal Resolution or Tribal Leadership Representative LOS.
 - (Required if building on Tribal land) Tribal Resolution or Tribal Leadership Representative LOS
 - (Required) County Behavioral Health Director or County Mental Health Director LOS
 - (Required) Board of Directors LOS
 - (Optional) Government Official LOS
 - (Optional) Community Stakeholder LOS
- Tribal applicants are required to provide a Tribal Resolution or Tribal Leadership Representative LOS.
 - (Required) Tribal Resolution or Tribal Leadership Representative LOS
 - (Optional) County Behavioral Health Director or County Mental Health Director LOS
 - (Optional) Government Official LOS
 - (Optional) Community Stakeholder LOS
- Nonprofit corporations are required to provide a County Behavioral Health Director or County Mental Health Director LOS. Nonprofit corporations building on Tribal land must submit a Tribal Resolution or Tribal Leadership Representative LOS.
 - (Required if building on Tribal land) Tribal Resolution or Tribal Leadership Representative LOS
 - (Required) County Behavioral Health Agency LOS
 - (Required) Board of Directors LOS
 - (Optional) Government Official LOS
 - (Optional) Community Stakeholder LOS

- For-profit corporations are required to provide a County Behavioral Health Director or County Mental Health Director LOS. For-profit corporations building on Tribal land must submit a Tribal Resolution or Tribal Leadership Representative LOS.
 - (Required if building on Tribal land) Tribal Resolution or Tribal Leadership Representative LOS
 - (Required) County Behavioral Health Agency LOS
 - (Required) Board of Directors LOS
 - (Optional) Government Official LOS
 - (Optional) Community Stakeholder LOS

LOS Priorities

The following should be included in letters of support, when possible:

- Whether the writer of the LOS will be working with the applicant and/or co-applicant to provide services or client referral programs
- Whether the facility or program being funded with Bond BHCIP funds will address the State SB 43 mandate, Proposition 36, or the CARE Act
- Whether the LOS is from a state contractor that administers Medi-Cal benefits through local providers (e.g., Partnership Health Plan of California)
- If the LOS is from an association, whether the applicant or co-applicant is a member

Acceptable LOS

Any letter of support submitted is **considered sufficient** if it meets the following criteria:

- Addressed to the applicant, DHCS, or AHP with the subject line indicating support of the project; “To whom it may concern” is acceptable if the rest of the letter shows specific support for the applicant and includes project details
- Includes the name, title, and organization of the individual providing the letter
- Is dated no more than six months before the date of application submission
- Relates to and indicates Bond BHCIP Round 2: Unmet Needs funding is being sought
- Clearly references the project for which the applicant is seeking Bond BHCIP Round 2: Unmet Needs funding and indicates support for it (for example, provides project details, such as the type of behavioral health facility that is being constructed and the types of services it will provide)

Unacceptable LOS

The following will be **considered insufficient**:

- A letter of support from an application used for a prior round of BHCIP or Bond BHCIP funding

- A letter of support that is signed and dated more than six months before the date of application submission
- A letter of support from an employee of a county behavioral health agency, rather than the director
- Letters that do not specifically reference Bond BHCIP Round 2: Unmet Needs or the project for which the applicant is seeking Bond BHCIP Round 2: Unmet Needs funding

Additional Details

- **Label all letters of support as follows: LOS_Project Title_Agency Providing the Letter** (example: LOS_Wildflower Rehab_County Name BH Department). Abbreviations are acceptable.
- List the name, affiliation, and title of all providers of LOS included with this application.
- Refer to [RFA Section 2.1](#) and [Attachment C](#) for additional guidance.

Government Officials (e.g., county board of supervisors, city council, mayor, Tribal leadership)

[UNLOCK FOR ALL ENTITY TYPES; OPTIONAL FOR ALL TYPES]

Note: If your request for a county letter of support was declined, please select “Pending” and summarize the reason(s) given by the county for doing so.

1. How many Government Official letters of support do you have to report? [0-10]

[If 0] Please explain why you do not have any Government Official letters of support.

[If 1-10]

Letter #1: Have you received this letter of support? [YES/Letter requested but not yet received/Other]

a) [IF YES]

i) **Letter Details |table|**

Title (Mr., Ms., Dr., etc.) | text box |

First Name | text box |

Last Name | text box |

Organization or Entity Name | text box |

Job Title/Role | text box |

ii) Upload file | upload file button | accepted formats: .pdf, .doc, .docx

iii) Letter requested but not yet received | check box |

- [IF LETTER REQUESTED] Anticipated date of receipt and submission (required by November 28, 2025) | date box, with mm/dd/yyyy format validation |

iv) Other |check box|

- [IF OTHER] Please explain. | textbox, 125-word limit

County Behavioral Health and/or Mental Health Director [UNLOCK FOR ALL ENTITY TYPES; REQUIRED IF 'CITY', 'NONPROFIT', FOR-PROFIT' IS SELECTED IN S2.Q1; OPTIONAL FOR COUNTY, TRIBAL]

2. How many County BH and/or MH Director letters of support do you have to report? [0-10]

[If 0] Please explain why you do not have any County BH and/or MH Director letters of support.

[If 1-10]

Letter #1: Have you received this letter of support? [YES/Letter requested but not yet received/Other]

b) [IF YES]

i) **Letter Details |table|**

Title (Mr., Ms., Dr., etc.) | text box |

First Name | text box |

Last Name | text box |

Organization or Entity Name | text box |

Job Title/Role | text box |

ii) Upload file | upload file button | accepted formats: .pdf, .doc, .docx

iii) Letter requested but not yet received | check box |

- [IF LETTER REQUESTED] Anticipated date of receipt and submission (required by November 28, 2025) | date box, with mm/dd/yyyy format validation |

iv) Other |check box|

- [IF OTHER] Please explain. | textbox, 125-word limit

Tribal Resolution or Tribal Leadership Representative [UNLOCK FOR ALL ENTITY TYPES; REQUIRED IF 'TRIBAL ENTITIES' IS SELECTED IN S2.1 OR IF S3.1.Q2i == YES]

Note: If the applicant is a federally recognized Tribe, a Tribal council resolution is required. This is a written document that signifies an official decision or stance taken by a Tribal governing body. Examples include a Tribal resolution or a letter of support from a Tribal representative such as the chairperson, business counsel, or other Tribal authority. If the applicant is a Native American nonprofit, urban Indian organization, or other "non-federally recognized Tribe," a governing board of directors' resolution is required. In addition, any applicant building on Tribal land must provide documentation of Tribal support.

3. How many Tribal Resolution or Tribal Leadership Representative letters of support do you have to report? [0-10]

[If 0] Please explain why you do not have any Tribal Resolution or Tribal Leadership Representative letters of support.

[If 1-10]

Letter #1: Have you received this letter of support? [YES/Letter requested but not yet received/Other]

c) [IF YES]

i) **Letter Details |table|**

Title (Mr., Ms., Dr., etc.) | text box |

First Name | text box |

Last Name | text box |

Organization or Entity Name | text box |

Job Title/Role | text box |

ii) Upload file | upload file button | accepted formats: .pdf, .doc, .docx

iii) Letter requested but not yet received | check box |

- [IF LETTER REQUESTED] Anticipated date of receipt and submission (required by November 28, 2025) | date box, with mm/dd/yyyy format validation |

iv) Other |check box|

- [IF OTHER] Please explain. | textbox, 125-word limit

Board of Directors [UNLOCK FOR ALL ENTITY TYPES; REQUIRED FOR CITY, COUNTY, NONPROFIT, FOR-PROFIT CORPORATION selected in S2.1 UNLESS S3.1.Q2i == YES, OPTIONAL FOR ALL OTHER APPLICANTS]

4. How many Board of Director letters of support do you have to report? [0-10]

[If 0] Please explain why you do not have any Board of Director letters of support.

[If 1-10]

Letter #1: Have you received this letter of support? [YES/Letter requested but not yet received/Other]

d) [IF YES]

i) **Letter Details |table|**

Title (Mr., Ms., Dr., etc.) | text box |

First Name | text box |

Last Name | text box |

Organization or Entity Name | text box |

Job Title/Role | text box |

ii) Upload file | upload file button | accepted formats: .pdf, .doc, .docx

iii) Letter requested but not yet received | check box |

- [IF LETTER REQUESTED] Anticipated date of receipt and submission (required by November 28, 2025) | date box, with mm/dd/yyyy format validation |

iv) Other |check box|

- [IF OTHER] Please explain. | textbox, 125-word limit

Community Stakeholders [UNLOCK FOR ALL ENTITY TYPES; OPTIONAL FOR ALL ENTITY TYPES]

5. How many Community Stakeholder letters of support do you have to report? [0-10]

[If 0] Please explain why you do not have any Community Stakeholder letters of support.

[If 1-10]

Letter #1: Have you received this letter of support? [YES/Letter requested but not yet received/Other]

e) [IF YES]

i) **Letter Details |table|**

Title (Mr., Ms., Dr., etc.) | text box |

First Name | text box |

Last Name | text box |

Organization or Entity Name | text box |

Job Title/Role | text box |

ii) Upload file | upload file button | accepted formats: .pdf, .doc, .docx

iii) Letter requested but not yet received | check box |

- [IF LETTER REQUESTED] Anticipated date of receipt and submission (required by November 28, 2025) | date box, with mm/dd/yyyy format validation |

iv) Other |check box|

- [IF OTHER] Please explain. | textbox, 125-word limit

3.5 Required Documents

Please ensure you have completed Section 2: Project Information before moving on to this section.

Upload completed forms, as listed below.

Note: Tribal entity applicants must submit all documents listed here that are relevant to their application and project, with the exception of the organizational chart, which is recommended but not required. Relevant resumes are required of all applicants.

Limit each file to 20 MB. Label files as follows: Application ID_Form Name (example: 0223_Form 8). *Note:* The Application ID is visible at the top of the screen.

Forms 1 and 2 are for your reference in preparing your application only.

- Form 1 is the application questions. There is no additional file to upload.
 - Form 2 is the budget template and is intended for use as a worksheet as you prepare your development budget. [Click here](#) to view the budget template.
1. Form 3: Development Team Information [PRIMARY APP ONLY]
 - Applicants in Development Phase 1: Planning and Predevelopment must include executed contracts for hire and resumes for current members of their development team.
 - Check here if all facilities are turnkey acquisitions. [check box]
 2. Form 4: Design, Acquisition, and Construction Milestone Schedule [REQUIRED – PRIMARY APP ONLY]

3. Form 5: Applicant's Certification of Prevailing Wage (inclusion in estimated budget) [REQUIRED – PRIMARY ONLY]
 - Check here if all facilities are turnkey acquisitions. [check box]
4. Form 6: Applicant's Certification of Funding Terms [REQUIRED – PRIMARY APP ONLY]
5. Form 7: Community Engagement [REQUIRED – PRIMARY APP ONLY]
6. Form 8: Schematic Design Checklist [REQUIRED – PRIMARY APP ONLY]
 - Check here if all facilities are turnkey acquisitions. [check box]
7. Form 9: Facility Financial Operating Pro Forma [REQUIRED – PRIMARY APP ONLY]
8. Form 10: Board Authorizing Resolution (BAR) [REQUIRED – PRIMARY AND CO-APP]
 - The BAR and a letter of support from the applicant's board of directors are two distinct documents. Applicants may not submit a letter of support from their board of directors in place of a BAR.
 - All co-applicants must also submit a BAR.
 - Any BAR received after you have submitted your application should be sent to [Support: Bond BHCIP Round 2: Unmet Needs](#) no later than November 28, 2025. No BARs will be accepted after this date.
9. **Drawings:** Preliminary site plans, design drawings, or construction drawings for the proposed project—these may include schematic designs, architectural drawings, construction blueprints, or other renderings [REQUIRED – PRIMARY APP ONLY]

Label files as follows: Application ID_ Title of Drawings/Plans
10. **Rough order of magnitude (ROM)** cost estimate from an architect, engineer, or licensed general contractor [OPTIONAL – PRIMARY APP ONLY]

Label files as follows: Application ID_ROM
11. **Resumes:** Resumes of the development team that developed the design/construction plans [REQUIRED – PRIMARY APP ONLY]

Note: Applicants in Development Phase 1: Planning and Predevelopment must include resumes for all current members of the development team.

Label files as follows: Application ID_Resume Title
12. **Contracts:** A copy of all executed contracts for hire related to the development team (e.g., attorney, construction manager, development manager, architect, consultants, contractor) [REQUIRED – PRIMARY APP ONLY]

Note: Applicants in Development Phase 1: Planning and Predevelopment must include executed hiring contracts for all current members of the development team.

Label files as follows: Application ID_Contracts
13. **Preliminary title report** of property APN(s) to be developed with Bond BHCIP Round 2: Unmet Needs funds [REQUIRED – PRIMARY APP ONLY]

Label files as follows: Application ID_Preliminary Title Report
14. **Certified appraisal** and bank loan document for property selected as match source [REQUIRED IF PROPERTY IS SELECTED AS MATCH SOURCE IN BUDGET – PRIMARY APP ONLY]

Label files as follows: Application ID_Certified Appraisal [UNLOCK IF APPLICANT RECORDS PROPERTY MATCH IN BUDGET]

15. **Site control** documents, which may include any or all of the following: (1) title vested to applicant demonstrated with title report (ownership); (2) executed Purchase and Sale agreement (PSA); (3) mutually executed LOI; (4) pre-existing long-term lease (acceptance of a Bond BHCIP Round 2: Unmet Needs award will require a lease extension of no fewer than 30 years); or (5) executed ENA. [REQUIRED – PRIMARY APP ONLY]

Note: Title must be vested under the applicant or co-applicant entity's name to qualify for property match. Match verification will be required within seven days of the date of the Notice of Award. Binding and nonbinding LOIs are both acceptable.

Label files as follows: Application ID_Name of Site Control Document

16. **Corporate Documents by Entity Type** [REQUIRED IF S2Q1 IS FOR-PROFIT OR NONPROFIT]

- **Corporation:** (1) Articles of Incorporation, (2) Bylaws, (3) organizational chart, and (4) resolution from the board of directors approving the planned project.
- **Limited Liability Company (LLC):** (1) Operating or LLC Agreement, (2) organizational chart, (3) Articles of Organization, and (4) resolution/ consent/written action approving the planned project.
- **General Partnership:** (1) Partnership Agreement, (2) Statement of Partnership Authority, and (3) organizational chart.
- **Limited Partnership:** (1) Partnership Agreement, (2) Certificate of Partnership, and (3) resolution/consent/written action approving the planned project.

Label files as follows: Application ID_Name of Corporate Document

17. **Photo of Proposed Property** in pre-BHCIP stage. High-quality photo should be in a JPG format with size of 1024x768 pixels or larger, but not to exceed 15MB in file size. A PDF will be an acceptable alternative file format. Upload file, accepted formats: .jpg, .pdf [REQUIRED]

Label files as follows: Application ID_Property Photo

[UNLOCK IF 'YES' SELECTED IN S2.Q2]

18. Form 10: **Board Authorizing Resolution (BAR)** [REQUIRED FROM ALL CO-APPS]

19. Co-Applicant Corporate Documents by Entity Type [REQUIRED IF CO-APP TYPE IS FOR-PROFIT OR NONPROFIT]

- **Corporation:** (1) Articles of Incorporation, (2) Bylaws, (3) organizational chart, and (4) resolution from the board of directors approving the planned project.
- **LLC:** (1) Operating or LLC Agreement, (2) organizational chart, (3) Articles of Organization, and (4) resolution/consent/written action approving the planned project.
- **General Partnership:** (1) Partnership Agreement, (2) Statement of Partnership Authority, and (3) organizational chart.
- **Limited Partnership:** (1) Partnership Agreement, (2) Certificate of Partnership, and (3) resolution/consent/written action approving the planned project.

Label files as follows: Application ID_co-applicant Name of Corporate Document

Section 4: Key Contacts, Forms and Attachments, Certification

Please note: to access Section 5, all Bond BHCIP Round 2: Unmet Needs applicants are required to complete a pre-application consultation (PAC). If you have scheduled a PAC but it has not yet taken place, please click the “Save & Continue Editing” button. After you have completed the PAC, you will be able to access Section 5 and complete your application. The deadline for all applicants to complete a required PAC is October 1, 2025. All completed applications are due on or before October 28, 2025, at 5:00 p.m.

4.1 Lead Applicant Key Contacts

1. Name and contact information of the **individual completing the application**:

Please do not include credentials.

- a. Title (Mr., Ms., Dr., etc.) | text box |
- b. First Name | text box |
- c. Last Name | text box |
- d. Job Title | text box |
- e. Organization or Entity Name | text box |
- f. Street Address | text box |
- g. Address Line 2 | text box |
- h. City | text box |
- i. County | dropdown, all CA counties |
- j. State | text box, with CA already input and logic preventing text changes |
- k. Zip Code | text box, 9-digit validation
Format: 12345-6789 (latter four digits are optional)
- l. Email | text box, with email validation |
- m. Primary Business Phone | text box, 10 digits plus optional extension validation
Format: 123-456-7890-ext.

2. Key information for the **lead applicant** applying for Bond BHCIP Round 2: Unmet Needs funding:

- a. Lead applicant’s legal organization/entity name, as registered with the California Secretary of State and used in legal documents. If not applicable (e.g., for government or Tribal entities), enter the entity name that would be listed on official agreements (this will be used for verification purposes and for executing the PFA). | text box, 125-word limit |
Note: No changes to entities will be allowed after application submission.
- b. If the organization/entity operates under a “doing business as” (DBA) name, please provide it. If there is more than one, list only the primary DBA. The DBA must be current, unexpired, registered, and recorded in the county in which the proposed project is or will be located. Do not include abbreviations or acronyms that are not registered as a DBA.
What is the DBA name? | Text box, 125-word limit |

| Not applicable. | check box [IF SELECTED, SKIP TO 2c] |

- c. Primary business address of the legal organization/entity as listed on official websites. Provide the current primary operating address. Write out all place names fully (e.g., Road, Street, Place, Boulevard), as abbreviations cannot be used for PFA purposes.

- i. Street Address | text box |
- ii. Address Line 2 | text box |
- iii. City | text box
- iv. County | dropdown |
- v. State | text box, with CA already input and logic so the text cannot be changed |
- vi. Zip Code | text box, 9-digit validation

Format: 12345-6789 (latter four digits are optional)

- d. Primary Business Phone | text box, 10 digits plus optional extension validation

Format: 123-456-7890-ext.

- e. Website | text box, URL validation

Format: URL must begin with http:// or https://

- f. Federal Tax ID (EIN) | text box

Format: 00-0000000. Please [click here](#) for additional information.

- g. Unique Entity ID (UEI) Number (optional) | text box, 12-digit alphanumeric validation

Format: 12 digits, letters and numbers only. Please [click here](#) for additional information.

- h. How many current state-level behavioral health facility licenses and certifications to operate existing programs (excluding any related to the new or expanded facility) does the applicant hold? | drop down 0 through 10 |

- i. Provide details of all current behavioral health facility licenses and certifications your entity holds at the state level to operate existing programs (excluding any related to the new or expanded facility). Include the identification of license or certification, the oversight agency (DHCS, the California Department of Social Services [CDSS], the California Department of Public Health [CDPH], or the Department of Health Care Access and Information [HCAI]), and the license or certification number for each. Do not include licenses or certifications for clinical staff.

[UNLOCK NEW ROW W/ EACH ENTRY, LIMIT 10 ENTRIES]

Example:

Types of licenses: 1. SUD, 2. CCF

Issuing authority: 1. DHCS, 2. DSS

License numbers: 1. 123456AB, 2. 123456789

	License or Certification	Issuing Authority	License/ Certification Number
1		[DROP DOWN - DHCS, CDSS, CDPH, HCAI]	

- i. If any existing behavioral health facilities do not require licensing or certification at the state or national level to operate existing programs (excluding any related to the new or expanded facility), please explain. | text box, 125-word limit |
- j. Provide a **Certificate of Good Standing** from the State of California, dated within the past 30 days, under the applicant's legal entity name (for-profit and nonprofit organizations only).
FILE UPLOAD NEEDED | upload file, accepted formats: .pdf, .doc, .docx |
Label files as follows: Application ID_Certificate of Good Standing

3. Key information for the lead applicant's **Lead Authorized Representative(s)**:

The Lead Authorized Representative (LAR) is an individual who has the authority to communicate and make decisions on behalf of the lead applicant. Applicants may designate up to two LARs.

a. Primary LAR

Same as individual completing this application. | check box | [IF CHECKED, PRE-POPULATE USING S4.1.Q1 RESPONSES AND SKIP TO S4.1Q3b(Secondary LAR)]

Please do not include credentials.

- i. Title (Mr., Ms., Dr., etc.) | text box |
- ii. First Name | text box |
- iii. Last Name | text box |
- iv. Job Title | text box |
- v. Organization or Entity Name | text box |
- vi. Email | text box, with email validation |
- vii. Primary Business Phone | text box, 10 digits plus optional extension validation
Format: 123-456-7890-ext.
- viii. Street Address | text box |
- ix. Address Line 2 | text box |
- x. City | text box |
- xi. County | dropdown, all CA counties |
- xii. State | text box, with CA already input and logic so the text cannot be changed |
- xiii. Zip Code | text box, 9-digit validation
Format: 12345-6789 (latter four digits are optional)

b. Secondary LAR

Not applicable. | check box |[IF CHECKED, SKIP TO S4.1.Q4]

Please do not include credentials.

- i. Title (Mr., Ms., Dr., etc.) | text box |
- ii. First Name | text box |
- iii. Last Name | text box |
- iv. Job Title | text box |
- v. Organization or Entity Name | text box |
- vi. Email | text box, with email validation |
- vii. Primary Business Phone | text box, 10 digits plus optional extension validation |
Format: 123-456-7890-ext.
- viii. Street Address | text box |
- ix. Address Line 2 | text box |
- x. City | text box |
- xi. County | dropdown, all CA counties |
- xii. State | text box, with CA already input and logic so the text cannot be changed |
- xiii. Zip Code | text box, 9-digit validation
Format: 12345-6789 (latter four digits are optional)

4. Key information for the lead applicant's **Lead Authorized Signatory:**

The Lead Authorized Signatory (LAS) is an individual with the authority to sign legal documents on behalf of the lead applicant. Individuals with signing authority usually sit on the board of directors or hold C-level positions. *Note:* The person you identify as your LAS must be the same person named on the BAR confirming signing authority and will be required to execute the PFA on behalf of the organization.

Please do not include credentials.

- a. Title (Mr., Ms., Dr., etc.) | text box |
- b. First Name | text box |
- c. Last Name | text box |
- d. Job Title | text box |
- e. Organization or Entity Name | text box |
- f. Email | text box, with email validation |
- g. Primary Business Phone | text box, 10 digits plus optional extension validation
Format: 123-456-7890-ext.
- h. Street Address | text box |
- i. Address Line 2 | text box |
- j. City | text box |

- k. County | dropdown, all CA counties |
- l. State | text box, with CA already input and logic so the text cannot be changed |
- m. Zip Code | text box, 9-digit validation
Format: 12345-6789 (latter four digits are optional)

5. Key information for the lead applicant's proposed **Project Director**:

The Project Director (PD) is the person responsible for the day-to-day management of the project and serves as the primary point of contact for project-related questions and communications.

Please do not include credentials.

- a. Title (Mr., Ms., Dr., etc.) | text box |
- b. First Name | text box |
- c. Last Name | text box |
- d. Job Title | text box |
- e. Organization or Entity Name | text box |
- f. Email | text box, with email validation |
- g. Primary Business Phone | text box, 10 digits plus optional extension validation
Format: 123-456-7890-ext.
- h. Street Address | text box |
- i. Address Line 2 | text box |
- j. City | text box |
- k. County | dropdown, all CA counties |
- l. State | text box, with CA already input and logic so the text cannot be changed |
- m. Zip Code | text box, 9-digit validation |
Format: 12345-6789 (latter four digits are optional)

6. Key information for the lead applicant's **Attorney, if applicable**. If the applicant is awarded, this individual will be contacted during the contracting process.

Not applicable | check box | [IF SELECTED, SKIP TO S4.2 (if S2.Q2 == YES) or S5.1 (if S2.Q2 == NO)]

Please do not include credentials.

- a. Title (Mr., Ms., Dr., etc.) | text box |
- b. First Name | text box |
- c. Last Name | text box |
- d. Job Title | text box |
- e. Organization or Entity Name | text box |
- f. Email | text box, with email validation |
- g. Primary Business Phone | text box, 10 digits plus optional extension validation |
Format: 123-456-7890-ext.
- h. Street Address | text box |

- i. Address Line 2 | text box |
- j. City | text box |
- k. County | dropdown, all CA counties |
- l. State | text box, with CA already input and logic so the text cannot be changed |
- m. Zip Code | text box, 9-digit validation |

Format: 12345-6789 (latter four digits are optional)

4.2 Co-Applicant Key Contacts [UNLOCK IF “CO-APPLICANT” = YES IN S2.Q2]

1. Co-applicant’s legal organization/entity name as registered with the California Secretary of State and used on legal documents. If not applicable (e.g., for government or Tribal entities), enter the entity name that would be listed on official agreements (this will be used for verification purposes). | text box, 125-word limit |

Note: No changes to entities will be allowed after application submission.

2. If the co-applicant operates under a DBA, please provide it. If there is more than one, list only the primary DBA. The DBA must be current, unexpired, and registered and recorded in the county where the proposed project is or will be located. Do not include abbreviations or acronyms that are not registered as a DBA.

| text box, 125-word limit |

Not applicable. | check box [IF SELECTED, PROCEED TO S4.2.Q3 |

3. Does the co-applicant have prior behavioral health service experience? | yes/no |

[IF YES]

- i. Describe related prior provider experience in behavioral health services, including the successful development, ownership, or operation of a project of comparable size and type for individuals from populations this project is intended to serve. | text box, 125-word limit |
- ii. Include the number of years providing behavioral health services. | text box |

4. Primary Contact

Please do not include credentials.

- a. Title (Mr., Ms., Dr., etc.) | text box |
- b. First Name | text box |
- c. Last Name | text box |
- d. Job title | text box |
- e. Email | text box, with email validation |
- f. Primary business address of the legal organization/entity as listed on official websites. Provide the current primary operating address. Write out all place names fully (e.g., Road, Street, Place, Boulevard), as abbreviations cannot be used for PFA purposes.

- i. Street Address | text box |
- ii. Address Line 2 | text box |
- iii. City | text box |
- iv. County | dropdown |
- v. State | text box, with CA already input and logic so the text cannot be changed |
- vi. Zip Code | text box |
Format: 12345-6789 (latter four digits are optional)
- g. Primary Business Phone | text box, 10 digits plus optional extension validation |
Format: 123-456-7890-ext.
- h. Website | text box, with URL validation |
Format: URL must begin with http:// or https://
- i. Federal Tax ID (EIN) | text box |
Format: 00-0000000. Please [click here](#) for additional information.
- j. Unique Entity ID (UEI) Number (optional) | text box, 12-digit alphanumeric validation |
Format: 12 digits, letters and numbers only. Please [click here](#) for additional information.
- k. How many current state-level behavioral health facility licenses and certifications to operate existing programs (excluding any related to the new or expanded facility) does the applicant hold? [DROP DOWN BOX 0-10]
- l. Provide details of all current behavioral health facility licenses and certifications your entity holds at the state level to operate existing programs (excluding any related to the new or expanded facility). Identify the license or certification, the oversight agency (DHCS, the California Department of Social Services [CDSS], the California Department of Public Health [CDPH], or the Department of Health Care Access and Information [HCAI]), and the license or certification number for each. Do not include licenses or certifications for clinical staff.

[UNLOCK NUMBER OF ROWS BASED ON RESPONSE TO Q4k]

Example:

Types of licenses: 1. SUD, 2. CCF

Issuing authority: 1. DHCS, 2. DSS

License numbers: 1. 123456AB, 2. 123456789

	License or Certification	Issuing Authority	License/Certification Number
1		[DROP DOWN - DHCS, CDSS, CDPH, HCAI]	

- m. If any existing behavioral health facilities do not require licensing or certification at the state or national level to operate existing programs (excluding any related to the new or expanded facility), please explain. | text box, 125-word limit |
- n. Provide a **Certificate of Good Standing** from the State of California dated no more than 30 days before the application's submission, under the co-applicant's legal entity name (for-profit and nonprofit organizations only).

FILE UPLOAD NEEDED | upload file, accepted formats: .pdf, .doc, .docx |

Label files as follows: Application ID_Coapplicant_Certificate of Good Standing

5. Key information for the co-applicant's **Lead Authorized Representative(s)**:

The co-applicant's Lead Authorized Representative (LAR) is an individual who has the authority to communicate and make decisions on behalf of that entity. Co-applicants may designate up to two LARs.

a. Primary LAR

Please do not include credentials.

- i. Title (Mr., Ms., Dr., etc.) | text box |
- ii. First Name | text box |
- iii. Last Name | text box |
- iv. Job Title | text box |
- v. Organization or Entity Name | text box |
- vi. Email | text box, with email validation |
- vii. Primary Business Phone | text box, 10 digits plus optional extension validation
Format: 123-456-7890-ext.
- viii. Street Address | text box |
- ix. Address Line 2 | text box |
- x. City | text box |
- xi. County | dropdown, all CA counties |
- xii. State | text box, with CA already input and logic so the text cannot be changed |
- xiii. Zip Code | text box, 9-digit validation
Format: 12345-6789 (latter four digits are optional)

b. Secondary LAR

Not applicable | check box |

Please do not include credentials.

- i. Title (Mr., Ms., Dr., etc.) | text box |
- ii. First Name | text box |
- iii. Last Name | text box |
- iv. Job Title | text box |

- v. Organization or Entity Name | text box |
- vi. Email | text box, with email validation |
- vii. Primary Business Phone | text box, 10 digits plus optional extension validation
Format: 123-456-7890-ext.
- viii. Street Address | text box |
- ix. Address Line 2 | text box |
- x. City | text box |
- xi. County | dropdown, all CA counties |
- xii. State | text box, with CA already input and logic so the text cannot be changed |
- xiii. Zip Code | text box, 9-digit validation
Format: 12345-6789 (latter four digits are optional)

6. Key information for the co-applicant's **Lead Authorized Signatory:**

The Lead Authorized Signatory (LAS) is an individual with the authority to sign legal documents on behalf of the co-applicant. Individuals with signing authority usually sit on the board of directors or hold C-level positions. The person identified as an LAS must be the same person named on the co-applicant's BAR confirming signing authority and will be required to execute the PFA on behalf of the organization.

Please do not include credentials.

- a. Title (Mr., Ms., Dr., etc.) | text box |
- b. First Name | text box |
- c. Last Name | text box |
- d. Job Title | text box |
- e. Organization or Entity Name | text box |
- f. Email | text box, with email validation |
- g. Primary Business Phone | text box, 10 digits plus optional extension validation
Format: 123-456-7890-ext
- h. Street Address | text box |
- i. Address Line 2 | text box |
- j. City | text box |
- k. County | dropdown, all CA counties |
- l. State | text box, with CA already input and logic so the text cannot be changed |
- m. Zip Code | text box, 9-digit validation
Format: 12345-6789 (latter four digits are optional)

7. Key information for the co-applicant's proposed **Project Director (PD):**

The PD is the person who is responsible for the day-to-day management of the project and the primary point of contact.

Please do not include credentials.

- a. Title (Mr., Ms., Dr., etc.) | text box |
- b. First Name | text box |
- c. Last Name | text box |
- d. Job Title | text box |
- e. Organization or Entity Name | text box |
- f. Email | text box, with email validation |
- g. Primary Business Phone | text box, 10 digits plus optional extension validation
Format: 123-456-7890-ext.
- h. Website | text box |
 - o URL must begin with http:// or https://
- i. Street Address | text box |
- j. Address Line 2 | text box |
- k. City | text box |
- l. County | dropdown, all CA counties |
- m. State | text box, with CA already input and logic so the text cannot be changed |
- n. Zip Code | text box, 9-digit validation
Format: 12345-6789 (latter four digits are optional)

8. Key information for the co-applicant's **Attorney, if applicable**. If the applicant is awarded, this individual will be contacted during the contracting process.

Not applicable | check box | [IF SELECTED, SKIP TO S5]

Please do not include credentials.

- a. Title (Mr., Ms., Dr., etc.) | text box |
- b. First Name | text box |
- c. Last Name | text box |
- d. Job Title | text box |
- e. Organization or Entity Name | text box |
- f. Email | text box, with email validation |
- g. Primary Business Phone | text box, 10 digits plus optional extension validation
Format: 123-456-7890-ext.
- h. Street Address | text box |
- i. Address Line 2 | text box |
- j. City | text box |
- k. County | dropdown, all CA counties |
- l. State | text box, with CA already input and logic so the text cannot be changed |
- m. Zip Code | text box, 9-digit validation
Format: 12345-6789 (latter four digits are optional)

Section 5: Privacy Notice and Certification

5.1 Privacy Notice on Collection of Personal Information

Section 1798.17 of the Civil Code requires this notice be provided when collecting personal or confidential information from individuals, and periodically furnished to all individuals at intervals not exceeding one year. All information furnished by you is subject to the California Information Practices Act and State policy.

Information collected through this application may be subject to public disclosure under the California Public Records Act (CPRA; Government Code §§ 7920.000 et seq.). Once final awards have been issued, DHCS may disclose submitted application materials in response to public records requests. Applicants should provide business information for phone numbers, emails, and addresses. Applicants should avoid providing personal information such as phone numbers and home addresses, as submission constitutes consent to potential disclosure under CPRA.

Agency Name: Advocates for Human Potential, Inc. (AHP), acting under contract with the California Department of Health Care Services (DHCS)

DHCS Division: Community Service Division

Title, business address, and telephone number of officials responsible for the system of records where the information is maintained and who, upon request, can provide details regarding the location of the records obtained and the categories of persons who use the information:

Terri Tobin, Vice President, Research and Evaluation, Advocates for Human Potential, Inc., 490-B Boston Post Road, Sudbury, MA 01776, BR2@ahpnet.com, (978) 261-1436.

Laurice Artap, Section Chief, or designee, Community Services Division, Behavioral Health Expansion Branch, Behavioral Health Continuum Infrastructure Program, 1501 Capitol Ave., Sacramento, CA 95814, BHCIP@DHCS.ca.gov, (916) 345-8512.

Authority for DHCS to collect and maintain the information: California Welfare and Institutions Code sections 5965–5965.20, as established by Assembly Bill 531 (2023). AHP collects and maintains this information under a business agreement with DHCS.

Providing Information: Unless specifically noted as optional, all items of information requested are mandatory for the purposes of application scoring, funding administration, and development of the Bond BHCIP Program Funding Agreement (PFA). Do not provide any personal information other than what is requested.

The consequences, if any, of not providing all or any part of the required information: Failure to provide the requested information could result in the termination of your application review or affect your eligibility for program funding. You acknowledge that the State and its contract manager, Advocates for Human Potential, Inc. (“AHP”), are relying on this information in awarding Program Funds.

The principal purpose(s) within the agency for which the information is to be used: To score applications, administer program funding, monitor project implementation, and develop the conditional awardee's Bond BHCIP PFA

Information may be shared with: (1) other state agencies to perform their legal duties if compatible with the purpose for which it was collected, (2) government entities if required by state or federal law, and (3) other entities as permitted by state or federal law, as outlined in DHCS' Notice of Privacy Practices.

Right of Access: You have a right to access your personal information, maintained by AHP, upon written request by contacting the individuals identified above.

AHP's policies regarding personal information are available online in [AHP's Privacy Policy](#).

DHCS' policies regarding personal information are available online in DHCS' Notice of Privacy Practices and Privacy Policy Statement:

- <https://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx>
- <https://www.dhcs.ca.gov/pages/privacy.aspx>

5.2 Certification

I, **[pre-populated applicant name from S4.1.Q1A-C,]**, as an authorized representative of **[pre-populated entity name; S4.1.Q2A]**, ("Applicant"), hereby certify that:

1. I possess the authority to submit this certification on behalf of the Applicant (and co-applicant, if applicable).
2. I am providing this information in connection with an application for funding from the State of California (the "State") through the Department of Health Care Services ("DHCS") pursuant to the Bond Behavioral Health Continuum Infrastructure Program (BHCIP) Round 2: Unmet Needs RFA.
3. I acknowledge that the State and its contract manager, Advocates for Human Potential, Inc. ("AHP"), are relying on this information in awarding Program Funds.
4. I acknowledge the Privacy Notice on Collection of Personal Information.
5. I certify that the information, statements, and attachments included in this application are, to the best of my knowledge and belief, true and correct.

Once you have confirmed and certified the application is complete, click the "SUBMIT" button on the left side of the screen to submit the entire application package.

For questions or concerns, please contact [Support: Bond BHCIP Round 2: Unmet Needs](#).

Thank you.

By submitting your application, you consent to the collection, use, storage, and potential disclosure of the information contained in your application. Information provided in this application is a public record that is subject to disclosure under the California Public Records Act (Division 10 of Title 1 of the Government Code, commencing with section 7920.000). The information provided will be used for application scoring and, if you are awarded, the development of your Bond Behavioral Health Continuum Infrastructure Program (BHCIP) contract (Program Funding Agreement).