**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. Applicants are therefore cautioned to use discretion in providing personal information, such as personal phone numbers and home addresses. If an applicant does provide such information, they will be waiving any claim of confidentiality and will have consented to the disclosure of submitted material upon request.*

## 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](https://infrastructure.buildingcalhhs.com/bond_bhcip_round_2_rfa), and answer the confirmation questions that follow.

1. **Site control\*** proven by any one of the following documents:
   1. Title vested to applicant demonstrated with current title report (ownership). *Note: Title must be vested under the applicant or co-applicant entity’s name to qualify for property match.*
   2. Executed purchase and sale agreement (PSA)
   3. Mutually executed Letter of Intent (LOI). *Note: Binding and nonbinding LOIs are both acceptable.*
   4. Preexisting long-term lease. *Note: Acceptance of a Bond BHCIP award will require a lease extension of no fewer than 30 years.*
   5. 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. A memorandum of understanding (MOU) *does not* constitute site control.

1. **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.
2. **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.
3. **A conceptual/schematic site plan\*** with a forecast of the developmental potential of the property. The closer the construction drawings are toward “permit ready,” the higher the application will be scored, all other items being equal.
4. **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.
5. **Demonstration of county and Medi-Cal investments** to support ongoing sustainability**.**
6. **Match** amount and source identified.
7. **Board Authorizing Resolution (BAR)\*** from the applicant and any co-applicant(s) 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.
8. **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.

Does the proposed project include only eligible facility types, as listed in RFA Section 2.4? |yes/no|

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

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

* DHCS will not accept any changes, negotiations, or redlining to the PFA.
* Conditional grantees 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 Notice of Award.
* As part of the PFA execution process, conditional grantees must execute a Facility Access Agreement (FAA) that states DHCS will have access to the Bond BHCIP-funded facility throughout the 30-year encumbrance period.
* All conditional grantees must be prepared to provide match documentation upon receipt of the Notice of Award.

## Section 2: Key Information

1. Proposed **project title** for Bond BHCIP Round 2: Unmet Needs funding

*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. Any requested changes to the title will require a PFA modification.

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

1. Key information for the **lead** **applicant** applying for Bond BHCIP Round 2: Unmet Needs funding:
   1. 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 entities), enter the entity name that would be listed on official agreements (this will be used for verification purposes and for executing the PFA).
   2. 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 abbreviated names or acronyms that are not registered as a DBA.

*Note:* The DBA should match the DBA information included on the W-9 that will be uploaded in Section 7.

* 1. Type of applicant
* County
  + Behavioral health agency?
* City
* Tribal Entity
  + Federally Recognized Tribe
  + Tribal Organization
  + Urban Indian Organization
  + Other Tribal entity
* Nonprofit Corporation
* For-Profit Corporation
  + Is the corporation / LLC / general or limited partnership owned by individuals?
    - If yes, note that you will also be required to upload an organizational chart in Section 7.
  + Other
  1. Primary business address of the legal organization/entity as listed on official websites. Provide the current primary operating address.
  2. Does the applicant have prior behavioral health service experience?
     1. [IF YES]
        1. 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.
        2. Include the number of years providing behavioral health services.

ii. [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.

* 1. Primary Business Phone
  2. Website
  3. Federal Tax ID (EIN)

*Note:* Applicants will be required to submit a completed Form W-9 in Section 7 of this application.

* 1. Unique Entity ID (UEI) Number (optional)
  2. Provide details of all current behavioral health licenses, certifications, and accreditations your entity holds at the state and national levels to operate any existing programs (excluding any related to the new or expanded facility). Include the type of license or certification, the issuing authority, and the license or certification number for each.

*Example:*  
Types of licenses: 1. SUD, 2. CCF  
Issuing authority: 1. DHCS, 2. DSS  
License numbers: 1. 123456AB, 2. 123456789

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Type of license or certification | Issuing authority | License or certification number | Certification level |
| License 1 |  |  |  |  |

* 1. If your proposed facility type does not require licensing or certification at the state or national level, please explain.
  2. Provide a **Certificate of Good Standing** from the State of California, or the state where the entity is organized (if different), dated within the past 30 days, under the applicant’s legal entity name (for-profit and nonprofit organizations only).

4. Key information for the lead applicant’s **Lead Authorized Representative(s)**:

* 1. 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.

5. 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. 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.

6. 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.

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

8. Is there a **co-applicant** for this Bond BHCIP Round 2: Unmet Needs application?

Note: The co-applicant must also sign the PFA and Performance Deed of Trust (PDOT) and/or Declaration of Restrictions (DOR), if awarded and applicable.

9. Key information for the **co-applicant:**

* 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 entities), enter the entity name that would be listed on official agreements (this will be used for verification purposes).
  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 abbreviated names or acronyms that are not registered as a DBA.

*Note:* The DBA must match the DBA information included on the co-applicant’s W-9 that will be uploaded in Section 7.

* 1. Type of **co-applicant**
* County
  + Behavioral health agency?
* City
* Tribal Entity
  + Federally Recognized Tribe
  + Tribal Organization
  + Urban Indian Organization
  + Other Tribal Entity
* Nonprofit Corporation
* For-Profit Corporation
  + Is the corporation / LLC / general or limited partnership owned by individuals?
  + If yes, note that you will also be required to upload an organizational chart in Section 7.
  + Other
  1. Does the co-applicant have prior behavioral health service experience?
     + 1. Describe related prior 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 intends to serve.
       2. Include the number of years of providing behavioral health services.
  2. Primary Contact
  3. Primary business address of the legal organization/entity as listed on official websites. Provide the current primary operating address.
  4. Primary Business Phone
  5. Website

1. Federal Tax ID (EIN)

*Note:* Co-applicants will be required to submit a completed Form W-9 in Section 7.

1. Unique Entity ID (UEI) Number (optional)
2. Provide details of all current behavioral health licenses, certifications, and accreditations the co-applicant holds at the state and national levels to operate any existing programs (excluding any related to the new or expanded facility). Include the type of license or certification, the issuing authority, and the license or certification number for each.   
   *Example:*  
   Types of licenses: 1. SUD, 2. CCF  
   Issuing authority: 1. DHCS, 2. DSS  
   License numbers: 1. 123456AB, 2. 123456789

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Type of license or certification | Issuing authority | License or certification number | Certification level |
| License 1 |  |  |  |  |

1. If your proposed facility type does not require licensing or certification at the state or national level, please explain.
2. Provide a Certificate of Good Standing from the State of California and the state where the co-applicant entity is organized (if different), 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)

10. 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.

11. 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 your 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.

12. Key information for the co-applicant’s proposed **Project Director**:

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

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

14. Is this a **regional collaboration with regard to service delivery?** For purposes of this application, a regional model is described as counties 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](https://infrastructure.buildingcalhhs.com/bond_bhcip_round_2_attachmentE_glossary). Collaborator information

|  |  |  |  |
| --- | --- | --- | --- |
|  | Collaborator Description | Collaborator Type | Collaborator County |
| Collaborator 1 |  |  |  |

Specify all other collaborator types.

**b.**  Describe how your regional collaboration will be structured and operated.

## Section 3: Project, Facility, and Property/Site Information

15. **Project Information**

1. Describe how the proposed project will address health priorities and unmet needs within the community(ies) to be served.
2. Describe how the proposed project fits into and bolsters the behavioral health continuum of care, and how it will advance equity in behavioral health services in the community, county, and/or region. Reference appropriate evidence such as “[Assessing the Continuum of Care for Behavioral Health Services in California](https://www.dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf)” report and any local needs assessments used to justify the proposed construction/expansion.
3. 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.
4. Describe how the proposed project facility(ies) will receive referrals into the program.
5. Will the proposed facility(ies) have established connections to step-up/-down services?
   * 1. If yes, describe the connection to step-up/-down services.
     2. If no, explain why there will not be a connection to step-up/ -down services.

16. Indicate which of the **State priorities** the proposed project is aligned with ([RFA Section 1.1](https://infrastructure.buildingcalhhs.com/bond_bhcip_round_2_attachmentE_glossary)) and describe how the project will meet each of those priorities. Use a distinct description for each priority indicated. Select all that apply.

| **Priority** | **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. |  |  |
| Invest in behavioral health and community care options that advance health equity of behavioral health care and community options. |  |  |
| Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization. |  |  |
| Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing unsheltered homelessness and justice involvement. |  |  |
| Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy. |  |  |
| Leverage county and Medi-Cal investments to support ongoing sustainability. |  |  |
| Leverage the historic state investments in housing and homelessness. |  |  |

17. **Services Payors**

1. Describe how the behavioral health services to be delivered at the project site(s) will be funded upon completion of the construction/expansion.
2. 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.

*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).

1. Provide anticipated percentages of individuals to be served by the construction/expansion based on the payor source. This is the anticipated percentage of funds by payor **and applies to all facility(ies) 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%.

|  |  |
| --- | --- |
| **Payors** | **Anticipated Percentage** |
| Private insurance or employer-provided |  |
| Medi-Cal |  |
| Medicare |  |
| Private pay |  |
| Mental Health Services Act (MHSA) |  |
| Behavioral Health Services Act (BHSA) |  |
| Substance Abuse and Mental Health Services Administration (SAMHSA) |  |
| Other |  |
| **Total** |  |

1. If Medi-Cal % is 0, indicate why you do not anticipate serving individuals using Medi-Cal as a payor source.
2. If Other % > 0, describe the other payor sources expected for individuals who will be served by this construction/expansion.

18. **Facility Details**

1. How many facilities are part of this request for funding?

*Note:* Every facility must be reported separately, regardless of type.

1. How many buildings are part of this project?

**Important Considerations:**

Respond to the following questions by providing information for each facility included in this request for Bond BHCIP Round 2: Unmet Needs funding. For guidance on eligible facility types, refer to [RFA Section 2.4: Eligible Facility Types](https://infrastructure.buildingcalhhs.com/bond_bhcip_round_2_attachmentE_glossary).

* **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 serves 1,000 individuals per year in a 10,000-square-foot building and will expand its facility to 15,000 square feet. The total square footage that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 5,000 square feet (entered as “5000”).
* **Treatment Slots and Beds:** Avoid duplicate counts.
* “**Treatment slot**” (aka “chair”) refers to the number of people a facility can treat at one time, based on how many chairs or rooms are available for scheduled behavioral health services (e.g., therapy or counseling). Slots should include chairs in group rooms and private offices for individual sessions.
* “**Bed”** refers to a physical bed in a facility that can accommodate one person per 24-hour period. This figure must reflect the actual number of individual physical beds that will be available after the residential/inpatient facility expansion is complete.
* **Additional Outpatient and Residential/Inpatient Individuals Served**
  + **Outpatient Individuals Served**: Total number of individuals served annually, based on the proposed Bond BHCIP-funded slot count. This number is the planned maximum capacity over the course of a year; to calculate it, multiply the number of slots by the maximum number of patients who could be served in a year.
  + **Residential/Inpatient Individuals Served**: Total number of individuals served annually, based on the proposed Bond BHCIP-funded bed count. This number is the maximum capacity over the course of a year; to calculate it, multiply the number of beds by the maximum number of patients who could be served in a year.

*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](https://infrastructure.buildingcalhhs.com/bond_bhcip_round_2_rfa) and [Attachment E: Glossary of Terms](https://infrastructure.buildingcalhhs.com/bond_bhcip_round_2_attachmentE_glossary).

1. Facility type

* 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)
* 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)
  + - Describe in detail how the proposed facility meets the facility definition (see [Attachment E: Glossary of Terms](https://infrastructure.buildingcalhhs.com/bond_bhcip_round_2_attachmentE_glossary))
* Outpatient Treatment for SUD
* Partial Hospitalization Program
* Perinatal Residential SUD Facility
* Sobering Center

1. Explain how the proposed facility will meet all licensing and certification requirements.
2. Construction type

* 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.

1. What is the total square footage being constructed, added, rehabilitated, or acquired?
2. What is the amount of requested funds that will be applied to the development of this facility?
3. Will funds from other sources, including other grants, loans, other bond investments, or elsewhere, be used to develop this facility?
   * + 1. List the amount of other funding source(s).
       2. Describe how these funds will be used in the proposed facility.
4. [OUTPATIENT FACILITIES ONLY] What is the maximum **number of treatment slots** (aka “chairs”) **currently available at any given time**? If none, enter 0.
5. [OUTPATIENT FACILITIES ONLY] Based on the **current** slot count provided in Question 18i, what is the maximum **number of individuals being served annually**?
6. [OUTPATIENT FACILITIES ONLY] What is the maximum number of **additional** **treatment slots** (aka “chairs”) that will be available at any given time after the proposed project is complete? Do not count treatment slots that you included in your response to Question 18i.
   * + Example*:* An outpatient treatment program currently has 5 slots (Question 18i) available and will use Bond BHCIP Round 2: Unmet Needs funds to expand the size and service capacity to 15 slots. The number of additional treatment slots is 10 (Question 18k).
7. [OUTPATIENT FACILITIES ONLY] Based on the slot count provided in Question 18k, what is the maximum number of **additional** individuals you anticipate serving annually? Do not count individuals that were included in your response to Question 18j.
   * + Example:An outpatient treatment program for SUD currently serves 1,000 individuals per year (Question 18j) and will use Bond BHCIP Round 2: Unmet Needs funds to expand the size and service capacity of the facility to serve a total of 1,600 individuals per year. The anticipated count of additional individuals to be served annually is 600 (Question 18l).
8. [RESIDENTIAL FACILITIES ONLY] What is the maximum **number of beds** **currently** **available at any given time**? If none, enter 0.
9. [RESIDENTIAL FACILITIES ONLY] Based on the **current** bed count provided in Question 18m, what is the maximum **number of individuals being served annually**?
10. [RESIDENTIAL FACILITIES ONLY] What is the maximum number of **additional** **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 18m.
    * + Example: An SUD residential treatment program currently has 10 beds available (Question 18m) and will use Bond BHCIP Round 2: Unmet Needs funds to expand the size and service capacity of the facility to a total of 15 beds. The number of additional beds available after expansion with Bond BHCIP Round 2: Unmet Needs funds is 5 (Question 18o).
11. [RESIDENTIAL FACILITIES ONLY] Based on the bed count provided in Question 18o, what is the maximum number of **additional** individuals you anticipate serving annually? Calculate that number by multiplying the number of planned additional beds by the number of patients each bed will support over the course of a year.
    * + Example: An SUD residential treatment program currently has 10 beds available (Question 18m) and will use Bond BHCIP Round 2: Unmet Needs funds to expand the size and service capacity of the facility to a total of 15 beds. The number of additional beds available after expansion with Bond BHCIP Round 2: Unmet Needs funds is 5 (Question 18o). Given that the average length of stay is 90 days, each bed will be used by approximately 4 patients per year. Multiplying 5 (the number of additional beds) by 4 (the number of patients using each bed) equals 20 additional patients served annually.
12. Please indicate the population(s) of focus whose unique needs will be met by the facility’s **specific, tailored programming**.

* 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

1. Please indicate the special or priority population(s) whose unique needs will be met by the facility’s **specific, tailored programming**.

* 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

1. Please indicate the racial and ethnic populations for whom **culturally competent services** will be provided in this facility.
   * American Indian or Alaskan 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
2. Will this facility operate as a locked facility?
3. 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).
4. What is the anticipated completion date for this facility?

19. Specify the services, treatments, and/or evidence-based practices that will be developed and tailored to the unique needs of the populations being treated in the proposed facility(ies).

a.

|  |  |
| --- | --- |
| **Populations of Focus** | **Plans to meet the population’s unique needs** |
| Children and youth, ages 15 and younger |  |
| Transition-aged youth, ages 16-20 |  |
| Transition-aged youth, ages 21-25 |  |
| Adults, ages 18-64 |  |
| Perinatal (pregnant/postpartum women and their children) |  |
| Older adults, ages 65 and older |  |

b.

|  |  |
| --- | --- |
| **Special or Priority Populations** | **Plans to meet the population’s unique needs** |
| 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 the U.S. armed forces |  |

c.

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

* + - California Department of Corrections and Rehabilitation (CDCR)
    - Local/County Drug or Other Specialty Courts
    - Local/County Probation
    - Federal Criminal Justice
    - Other | Please explain.

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?

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

|  |  |
| --- | --- |
| **Racial and Ethnic Populations** | **Plans for culturally competent services** |
| American Indian or Alaskan 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 |  |

20. **Project Site/Property**

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.

1. Have you identified a project site/property?
   * 1. [IF NO]
   * Please explain.
   * Provide the proposed project site/property city.
   * Provide the proposed project site/property county.
     1. [IF YES]
   * Is there an address for the identified project site/property?
     1. [IF NO] Please explain.
     2. [IF YES] Please provide the address and assessor’s parcel number (APN)
        1. Do you have another address to enter?
2. What is the current 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).
   * 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.
   * Lead applicant plans to acquire the site at a near future date. Please explain.
     1. What is the anticipated closing date?
   * Co-applicant plans to acquire the site at a near future date. Please explain.
     1. What is the anticipated closing date?
   * Lead applicant currently leases the site.
     1. Provide a copy of the lease for verification.
   * Co-applicant currently leases the site.
   1. Provide a copy of the lease for verification.
   * Lead applicant plans to lease the site for at least 30 years. Note that recipients of Bond BHCIP Round 2: Unmet Needs awards will be required to commit to operating services in the financed facility for the awarded and intended purpose for a minimum of 30 years after completion of construction.
   * Co-applicant plans to lease the site for at least 30 years. Note that recipients of Bond BHCIP Round 2: Unmet Needs awards will be required to commit to operating services in the financed facility for the awarded and intended purpose for a minimum of 30 years after completion of construction.
   * 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 7.
   * Other | Please explain.
3. List the full legal name of the current owner of the proposed property.
4. Are there currently any loans on the property?
   * 1. If yes, what is the amount of the existing loan DHCS would subordinate to?
     2. If yes, 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.

|  |  |  |
| --- | --- | --- |
|  | Current Balance Due | Lead applicant plans to pay off with grant funds |
| 1 |  |  |

Upload all existing deeds of trust.

1. Would DHCS need to subordinate on a lease?
2. Are there any current encumbrances or use restrictions recorded on title to the proposed property site that conflict with Bond BHCIP Round 2: Unmet Needs use?
   * 1. Please explain.
3. 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?
   * 1. If no, indicate why the preliminary title has not been reviewed by a real estate or legal team. Select all that apply.
        1. Applicant does not have a real estate team or advisor.
        2. Applicant does not have a legal team or advisor.
        3. Applicant did not have a preliminary title report at the time of application.
        4. Applicant does not currently own the property.
        5. Other.
           1. Please explain
4. 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?
5. Is the property located on federally recognized Tribal land?
   1. If yes, select the specific type of land. Federal trust land/Reservation/Rancheria
   2. If yes, list the name of the federal trust land, reservation, or rancheria
6. Is the property owned by a county?
   1. If yes, select the name of the county that owns the property.
7. Is the property owned by a city?
   1. If yes, enter the name of the city that owns the property.
      * 1. Provide a high-quality abstract summarizing the project (limited to 250 words). If you are awarded Bond BHCIP Round 2: Unmet Needs funds, this abstract may appear in public materials.

Review the sample below and include the following information in your abstract:

1. Name of lead applicant
2. Project title
3. Projected date of project completion
4. 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 existing facility/building, ready for turnkey operations)
5. Geographic area(s) (e.g., county, city) and identification of regional or multi-county collaboration, if applicable
6. Phase of project development (planning and predevelopment, design development, shovel ready, construction)
7. Organization’s experience and plans for serving population(s) of focus
8. 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
9. Community assets leveraged and/or unmet needs addressed by the proposed project; refer to state or local needs assessments as applicable
10. Co-applicants or collaborators involved in the project, if any
11. Funding sources if more than Bond BHCIP Round 2: Unmet Needs funds, and where those funds will be expended

Example:  
The Omega Organization is requesting funding for its ABC Project, which will repurpose a 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. 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.

**Given their importance, confirm the amounts are accurate in Question 18g (funds requested per facility), Question 18h (non-BHCIP funds per facility), and Question 20d (current loans).**

## Section 4: Development Plans and Financing

* + - 1. Which phase of development describes the project’s current status? Refer to [RFA Section 2.2](https://infrastructure.buildingcalhhs.com/bond_bhcip_round_2_rfa) for additional guidance.
  + Phase 1: Planning and predevelopment
  + Phase 2: Design development
  + Phase 3: Shovel ready
  + Final Phase: Construction
    - 1. Describe how the proposed project fits in the phase of development selected.
      2. 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.
      3. 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.
      4. Describe your fiscal strategies for managing the proposed project. Include specific examples of potential project cost savings; cost efficiencies; cost leveraging; braided funding; and additional funding, including other grants, philanthropic contributions, or contingency funding that demonstrate conservative fiscal strategies and an industry-standard responsible use of funds. Ensure the description includes cost-containment strategies and any other plans that may be relied on to ensure completion of the project.
      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.

1. Describe all due diligence, feasibility studies, and site inspections completed to date that indicate site appropriateness for the facility.
2. 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 7).
3. Describe any planned site amenities (e.g., community and common areas, laundry, gated access, security, recreational areas, community garden, etc.) and sustainable and green building elements.
4. Describe any onsite and offsite improvement requirements and/or complex or costly structural or site/topographical requirements.
5. Describe any needed demolition.
6. Describe the process used to develop your Bond BHCIP Round 2: Unmet Needs application budget, including naming the individual who produced the budget estimates. Include name, title, and company.
   * + 1. 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.
       2. List similar health care construction projects the proposed development team has completed. 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** | **Description** | **Completion Date** | **Location**  **(Address, City, Zip Code)** | **Website URL**  (*if not applicable, enter N/A*) |
|  |  |  |  |  |

**Match Requirements**

Keep the following points in mind as you complete the match section of your project budget.

* Mandatory match guidelines are required by statute and are set according to applicant type. Refer to [RFA Section 2.7](https://infrastructure.buildingcalhhs.com/bond_bhcip_round_2_rfa) 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 made up of multiple parcels may count only those parcels that will be encumbered by the 30-year DOR and/or PDOT.
* Applicants that pledge property match may not use 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.

30. Will the application budget cover 100 percent of the estimated total development cost of the proposed project?

* [IF NO]
  1. Is the lead applicant or co-applicant seeking, but has not yet secured, additional funding for this project through another grant?
     1. If yes, what is the dollar amount of the prospective grant?
     2. If yes, describe any other prospective grant funding sources the applicant or co-applicant has not yet secured.
  2. Has the lead applicant or co-applicant already secured additional funding for this project through another grant?

1. If yes, what is the dollar amount of the additional grant?
2. If yes, describe any other grant funding sources the applicant or co-applicant has secured.
   1. Is the lead applicant or co-applicant seeking, but has not yet secured, additional funding for this project through a loan?
3. If yes, what is the requested dollar amount of the loan?
4. If yes, will the lender subordinate to the DHCS PDOT if this loan is secured?
   1. Has the lead applicant or co-applicant secured additional funding for this project through a loan?
5. If yes, what is the dollar amount?
6. If yes, will the lender subordinate to the DHCS PDOT?
   1. Is the lead applicant or co-applicant seeking, but has not yet secured, other sources of bond investments for this project?
7. If yes, what is the dollar amount?
8. If yes, describe these other sources of bond investments.
   1. Has the lead applicant or co-applicant secured any other sources of bond investments for this project?
9. If yes, what is the dollar amount?
10. If yes, describe the other sources of bond investments that have been secured.
    1. Is the lead applicant or co-applicant seeking, but has not yet secured, any other sources of funding for this project?
11. If yes, what is the dollar amount?
12. If yes, describe the other sources of funding (bonds, debt, tax credits, equity, etc.) that are part of the proposed project’s development/construction capital stack as required for the full development of the project.
    1. Has the lead applicant or co-applicant secured any other sources of funding for this project?
13. If yes, what is the dollar amount?
14. If yes, describe the other sources of funding (bonds, debt, tax credits, equity, etc.) that have been secured and are part of the proposed project’s development/construction capital stack as required for its full development.

31. If awarded, do you plan to submit sunk costs for reimbursement? Refer to [RFA Section 2.7c](https://infrastructure.buildingcalhhs.com/bond_bhcip_round_2_rfa) for additional guidance on sunk costs.

* *Note*: Sunk costs include 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 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.

**Given their importance, confirm that the amounts are accurate in Question 28 (estimated development costs) and Question 30 (application budget covers 100 percent of costs), as well as the match information in the budget.**

## Section 5: Budget

## Section 6: Letters of Support

32. 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 have not yet received a letter of support, indicate it is pending using the applicable checkbox and provide the anticipated date you expect to receive and submit it. Letters received after you have submitted your application should be sent to [Support: Bond BHCIP Round 2: Unmet Needs](https://bond-bhcip-r2.freshdesk.com/support/home) **no later than November 28, 2025.** No LOS will be accepted after that date.

**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:

*Note:* 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
  + (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
  + (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
  + (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
  + (Optional) Government Official LOS
  + (Optional) Community Stakeholder LOS

**LOS Priorities**

The following should be included in LOS, 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 employeeof 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](https://infrastructure.buildingcalhhs.com/bond_bhcip_round_2_rfa) and Attachment C for additional guidance.

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

*Note:* If your request for a county letter of support was declined, please select "Pending, Other" and upload a document summarizing the reason(s) given by the county for doing so.

Do you have an LOS to report? [YES/NO/PENDING]

* [IF NO] Please explain.
* [IF YES]
  + **Letter Details**
* Title (Mr., Ms., Dr., etc.)
* First Name
* Last Name
* Organization or Entity Name
* Job Title/Role
* Upload file accepted formats: .pdf, .doc, .docx
* [IF PENDING]
* Letter requested but not yet received
  + [IF LETTER REQUESTED] Anticipated date of receipt and submission (required by November 28, 2025)
  + Other
    - [IF OTHER] Please explain.

**County Behavioral Health Agency**

Do you have an LOS to report? [YES/NO/PENDING]

* [IF NO] Please explain.
* [IF YES]
  + **Letter Details**
* Title (Mr., Mrs., Dr., etc.)
* First Name
* Last Name
* Organization or Entity Name
* Job Title/Role
* Upload file accepted formats: .pdf, .doc, .docx
* [IF PENDING]
  + Letter requested but not yet received
  + [IF LETTER REQUESTED] Anticipated date of receipt and submission (required by November 28, 2025)
* Other
  + [IF OTHER] Please explain.

**Tribal Resolution or Tribal Leadership Representative**

*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.

Do you have an LOS to report? [YES/NO/PENDING]

* [IF NO] Please explain.
* [IF YES]
  + **Letter Details**
* Title (Mr., Ms., Dr., etc.)
* First Name
* Last Name
* Organization or Entity Name
* Job Title/Role
* Upload file accepted formats: .pdf, .doc, .docx
* [IF PENDING]
* Letter requested but not yet received
  + [IF LETTER REQUESTED] Anticipated date of receipt and submission (required by November 28, 2025)
* Other
  + [IF OTHER] Please explain.

**Board of Directors**

Do you have an LOS to report? [YES/NO/PENDING]

* [IF NO] Please explain.
* [IF YES]
  + **Letter Details**
* Title (Mr., Ms., Dr., etc.)
* First Name
* Last Name
* Organization or Entity Name
* Job Title/Role
* Upload file accepted formats: .pdf, .doc, .docx
* [IF PENDING]
* Letter requested but not yet received
  + [IF LETTER REQUESTED] Anticipated date of receipt and submission (required by November 28, 2025)
* Other
* [IF OTHER] Please explain.

**Community Stakeholders**

Do you have an LOS to report? [YES/NO/PENDING]

* [IF NO] Please explain.
* [IF YES]
  + **Letter Details**
* Title (Mr., Ms., Dr., etc.)
* First Name
* Last Name
* Organization or Entity Name
* Job Title/Role
* Upload file accepted formats: .pdf, .doc, .docx
* [IF PENDING]
* Letter requested but not yet received
  + [IF LETTER REQUESTED] Anticipated date of receipt and submission (required by November 28, 2025)
* Other

[IF OTHER] Please explain.

## Section 7: Required Documents

33**. 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](https://infrastructure.buildingcalhhs.com/bond_bhcip_round_2_form2_budget) to view the budget template.
* Form 3: Development Team Information
  + Applicants in Development Phase 1: Planning and Predevelopment must include executed contracts for hire and resumes for current members of their development team.
  + This form is not required of applicants with turnkey acquisitions.
* Form 4: Design, Acquisition, and Construction Milestone Schedule
* Form 5: Applicant’s Certification of Prevailing Wage (inclusion in estimated budget)
  + This form is not required of applicants with turnkey acquisitions.
* Form 6: Applicant’s Certification of Funding Terms
* Form 7: Community Engagement
* Form 8: Schematic Design Checklist
  + This form is not required of applicants with turnkey acquisitions.
* Form 9: Facility Financial Operating Pro Forma
* Form 10: Board Authorizing Resolution (BAR)
  + 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](https://bond-bhcip-r2.freshdesk.com/support/home) **no later than November 28, 2025.** No BARs will be accepted after this date. No BARs will be accepted after this date.
* **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

*Label files as follows****:*** *Application ID\_Title of Drawings/Plans*

* **Rough order of magnitude (ROM)** cost estimate from an architect, engineer, or licensed general contractor

*Label files as follows:**Application ID\_ROM*

* **Resumes:** Resumes of the development team that developed the design/construction plans
  + *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*
* **Contracts:** A copy of all executed contracts for hire related to the development team (e.g., attorney, construction manager, development manager, architect, consultants, contractor)
  + *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*

* **Preliminary title report** of property APN(s) to be developed with Bond BHCIP Round 2: Unmet Needs funds

*Label files as follows:**Application ID\_Preliminary Title Report*

* **Certified appraisal** and bank loan document for property selected as match source

*Label files as follows: Application ID\_Certified Appraisal*

* **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

*Label files as follows:**Application ID\_Property Photo*

* **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) preexisting 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.
  + *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 7 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*

* Do you have another site control document?
* **Corporate Documents by Entity Type**
  + **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 current 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*

* **Co-Applicant Corporate Documents by Entity Type**
  + **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 current 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 8: Certification

I, [applicant name], as an authorized representative of [entity name], (“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 Application for [project name] (“the Project”).

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 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 the [Bond BHCIP Support Desk](https://bond-bhcip-r2.freshdesk.com/support/home).

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).*