



Bond BHCIP Round 1: Launch Ready

Form 1: Application Questions Guide

Note: The Bond BHCIP Round 1: Launch Ready Grant Application Portal will open on August 9, 2024. Form 1 is intended to be used as a guide; final questions in the application portal may differ slightly.

Please refer to the [Request for Applications \(RFA\)](#) for Bond BHCIP Round 1: Launch Ready, Forms 1–10, and Attachments A and B, located on the [BHCIP Website](#). A complete list of required documents is included at the end of this form.

Bond BHCIP Round 1: Launch Ready applicants are required to complete and submit applications through the online application portal. **Form 1 (Application Questions Guide) must be answered in the application portal; you may use this form to prepare for the pre-application consultation and application submission.** Please note: When completing questions in the application portal, you may receive prompts for additional information. Form 1 is intended to be used as a guide; final questions in the application portal may differ slightly.

All applicants are required to complete a single application for each proposed project in a separate location. Applicants will have an opportunity to access the application portal to add or amend information up to the time of formal application submission. It is the applicant's responsibility to ensure that the submitted application is accurate. No edits can be made after the application has been submitted. Reviewers may request additional clarifying information from applicants at any time after application submission.

Bond BHCIP Round 1: Launch Ready grant applications must be submitted no later than December 13, 2024, at 5 p.m. Pacific Time (PT).

Regional models or collaborative partnerships aimed at construction, renovation, and/or expansion of community-based services are eligible and projects using a campus-type model that collocates multiple levels of care on the continuum are strongly encouraged to apply. Additional funding decisions will be based on a variety of factors, including the phase of development at the time of application and the degree to which the project addresses gaps in services for the population.

The first step in the application process is scheduling a request for a pre-application consultation (PAC). To complete the PAC request, visit the [Pre-Application Consultations and Technical Assistance webpage](#). For additional information, refer to Attachment A. During the PAC, applicants are encouraged to ask their assigned technical assistance specialist questions relating to their proposed project. Your assigned technical assistance specialist will not participate in the review process of your application. To schedule a required pre-application consultation, **please complete a request for a pre-application consultation between July 18, 2024, and October 15, 2024.** Pre-application consultations may take place any time between August 9, 2024, and November 14, 2024.

For questions regarding the BHCIP grant application, please email BHCIP@dhcs.ca.gov. For assistance with technical difficulties related to your online application, please email bondbhcipround1@ahpnet.com.

Section 1: “Launch Ready” Minimum Requirements Confirmation

1. To be eligible, projects must meet the minimum threshold requirements (listed below) that indicate they are “launch ready” at the time of application. In addition, as proof of launch readiness, applicants will be expected to submit all relevant documents listed here with their completed application.

Review the following list, also found in RFA Section 2.1, and answer the confirmation question that follows.

1. **Site control**, proven by any of the following: (1) title vested to applicant demonstrated with title report (ownership); (2) executed purchase and sale agreement (PSA); (3) mutually executed Letter of Intent (LOI); (4) preexisting long-term lease (acceptance of a Bond BHCIP Round 1: Launch Ready award will require a lease extension of no fewer than 30 years); or (5) executed Exclusive Negotiation Agreement.
2. **Preliminary title report.**
3. **A sustainable business plan** (pro forma) with five-year projections (income and expenses) of future objectives and strategies for achieving them.
4. **A conceptual/schematic site plan** with a forecast of the property’s development potential.
5. **A full and complete project budget**, based on schematic site plan, including all costs for planning, permitting insurance, consultants, and construction; based on prevailing wage labor rates for all engineering and construction trades.
6. **An established preliminary development team:** architect, construction manager, real estate attorney, civil engineer, or project manager, as needed.
7. **Stakeholder support** as demonstrated by letters of support from internal boards of directors, tribal councils or advisory boards, and professional/community partners, as relevant. City, nonprofit, or for-profit applicants must also include a letter of support from their county behavioral health agency.
8. **Demonstration of county and Medi-Cal investments** to support ongoing sustainability.
9. **Match amount** and source identified.
10. **Board Authorizing Resolution (BAR)** to confirm signing authority for the Program Funding Agreement (PFA). (Eligible entities may use the BAR template provided [Form 10]. Local government entities can use their specific authorizing resolution document.)

Does the proposed project meet all 10 minimum requirements, indicating it has met the “minimum project threshold”?

[IF YES, APPLICATION WILL ADVANCE TO SECTION 2. IF NO, A MESSAGE WILL ALERT THE APPLICANT AS FOLLOWS: “THANK YOU FOR TAKING THE TIME TO APPLY. BASED ON THE INFORMATION PROVIDED IT APPEARS YOUR PROJECT DOES NOT MEET THE MINIMUM ELIGIBILITY REQUIREMENTS TO PROCEED WITH THIS APPLICATION, WE APPRECIATE YOUR TIME AND EFFORTS. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US AT BHCIP@dhcs.ca.gov.”]

Section 2: Key Information

2. Proposed **project title** for Bond BHCIP Round 1: Launch Ready grant funding.

Example: Pacific Recovery Center

Note: If awarded, the project title will be used in the project’s PFA and will be displayed in communications. Any requested changes will require a PFA modification.

3. Proposed **population(s) of focus:** Indicate which population(s) the proposed project will serve. For each population indicated, summarize the applicant’s related prior experience, describing the successful development, ownership, or operation of a comparable size and type of project for individuals who qualify as members of the population(s) of focus. You will be asked to provide additional information related to populations served in Section 3.

Populations	Will serve	Briefly describe prior experience and plans for serving
Children (newborn–age 15)		
Transition-Age Youth (TAY; age 16–25)		
Adults (age 26+)		
Perinatal (pregnant and postpartum women and their children)		
Older adults (age 65+)		

4. Amount of **Bond BHCIP Round 1: Launch Ready grant funding requested** (must align with Total Bond BHCIP Round 1: Launch Ready Grant Funding Request of development budget).
5. Name and contact information of **individual completing the application.**
6. Key information for the **lead applicant applying for Bond BHCIP Round 1: Launch Ready grant funding:**

Note: Nonprofit and for-profit applicants will be required to submit a Certificate of Good Standing in Section 6 of this application.

- a. Lead applicant’s legal name as registered with the California Secretary of State and used on legal documents. If not applicable (e.g., for government entities), enter the name that should be listed on official agreements (this will be used for verification purposes and for executing the PFA).
- b. Specify any legal “doing business as” (DBA) names under which the organization operates. Do not include an abbreviated name or acronym that is not registered as a DBA.
- c. Type of applicant
 1. County
 2. City
 3. Tribal entity

- Federally recognized tribe
 - Tribal clinic
 - Urban Indian clinic
 - Other tribal entity (specify)
4. Nonprofit organization
5. For-profit organization
- Is your corporation/LLC/general partnership owned by individuals or natural persons?
 - Do you have prior behavioral health service experience?
 - [IF YES] Provide a narrative description of related prior experience with behavioral health services, including the successful development, ownership, or operation of a project of a comparable size and type for individuals who qualify as members of the population(s) of focus. (text box, 250-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 or other agreement with the nonprofit organization, tribal entity, city, or county must be provided to confirm the for-profit organization's role in the project, including that they are working on behalf of the service provider (upload file, accepted formats: .pdf, .doc, .docx)
 - Primary business address of legal entity as listed on official websites.
- d. Primary business phone.
- e. Website.
- f. Federal Tax ID (EIN). *Note:* Applicants will be required to submit a completed Form W-9 in Section 6 of this application ([details](#)).
- g. Unique Entity Identifier number ([details](#)).
- h. Provide details of all current behavioral health licenses, certifications, and accreditations your entity holds at the state and/or local level to operate any existing programs (excluding any related to the new or expanded facility). Include the following information for each:
1. Type of license or certification
 2. Issuing authority
 3. License or certification number
7. 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.
1. **Primary LAR:**
Name and contact information for the Primary LAR
 2. **Secondary LAR:**
Name and contact information for the Secondary LAR (if applicable)
8. 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. Persons with signing authority usually sit on

the board of directors or hold C-level positions. If your organization is awarded, the person you identify as a LAS will be required to submit a BAR confirming signing authority and will be required to execute the PFA on behalf of your organization.

9. Key information for the proposed **Project Director**:

The **Project Director** is the person responsible for the day-to-day management of the project and the primary point of contact for project-related questions and communications.

10. Key information for the lead applicant's **Attorney**. (If awarded, this individual will be contacted during the contract process.)

11. Is there a **co-applicant** for this Bond BHCIP Round 1: Launch Ready application?

- a. [IF YES] What **type of entity is the co-applicant**?
- b. Provide the following information for the co-applicant:
 - o Organization, address, and primary contact

12. Is this a **regional collaboration** regarding service delivery?

[IF YES]

- a. Collaborator name/type
- b. Describe how your regional collaboration will be structured/operated (500-word limit)

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

13. Project Information

- a. Describe how the proposed project fits into and bolsters the community's behavioral health continuum of care. What gaps in the continuum does it address? (500-word limit)
- b. Describe how the proposed project will expand behavioral health services in the community or region. (500-word limit)
- c. Describe the type of service(s) and level of care designation(s) to be offered in the facility after project completion. (500-word limit)
- d. Describe how the proposed project will receive referrals into the program. (500-word limit)
- e. Is the proposed project connected to step-up/down services?
 - o [IF YES] Describe. (250-word limit)
 - o [IF NO] Explain why not. (250-word limit)
- f. Describe the priority considerations or unmet needs that will be addressed by the proposed project; reference state or local needs assessments as applicable. (500-word limit)

14. Additional Information on Population(s) of Focus

- a. Estimate the percentages of the **racial and ethnic populations** that the proposed project will serve (whole numbers only; percentages must add up to 100 percent).

Racial and Ethnic Populations	Estimated Percentage
African American/Black	
Asian American/Pacific Islander	
Hispanic	
Latinx	
Native American/Alaska Native	
White	
Mixed race	
Other	
Total	

- Describe the other populations being served, including the estimated percentage (if applicable).

- b. Indicate which **special or priority population(s)** the project will serve (CHECK ALL THAT APPLY). For each population indicated, summarize the applicant’s related prior experience and explain how the proposed project will serve that population.

Special or Priority Populations	Will Serve	Prior Experience and Plans for Serving
People with disabilities		
People experiencing homelessness or housing instability		
People who are justice involved		
People who identify as LGBTQ+ (sexual orientation and gender-identity minorities)		
Black, Indigenous, and people of color (BIPOC) or other racial/ethnic minorities		
People living with serious/severe mental or behavioral health conditions		

- [IF ‘PEOPLE WHO ARE JUSTICE INVOLVED’ IS SELECTED]
 - Indicate which of the following partnerships apply:
 - California Department of Corrections and Rehabilitation (CDCR)
 - Local/county drug or other specialty courts
 - Local/county probation
 - Federal criminal justice
 - Other
 - Indicate which justice-involved age groups the project will serve:
 - Children (age 15 and younger)
 - Transition-Age Youth (TAY; age 16–25)

- Adults (age 26+)
- Older Adults (age 65+)
- How will those who are justice involved be referred to the facility? (250-word limit)

15. Indicate which of the **State Priorities** the lead applicant’s proposed project aligns with (RFA Section 1.1) and describe how the project will meet each of the priorities indicated. Use a distinctive description for each priority selected.

Priority	Aligned	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.		(250-word limit)
Invest in behavioral health and community care options that advance health equity of behavioral health care and community options.		(250-word limit)
Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization.		(250-word limit)
Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing unsheltered homelessness and justice involvement.		(250-word limit)
Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy.		(250-word limit)
Leverage county and Medi-Cal investments to support ongoing sustainability.		(250-word limit)
Leverage the historic state investments in housing and homelessness.		(250-word limit)

16. Services Payors

- a. Describe how the behavioral health services to be delivered at this project site will be funded upon completion of the construction/expansion. (500-word limit)
- b. Describe how the behavioral health services to be delivered at this facility will be funded for the full duration of the 30-year service use restriction period. (500-word limit)
- c. Include 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 (the entire facility, including the portion that would receive Bond BHCIP Round 1: Launch Ready grant funding). Enter whole numbers only. Enter 0 if a payor category does not apply. The total must equal 100 percent.

Payors	Anticipated Percentage
Private insurance or employer-provided	
Medi-Cal	

Private pay	
Mental Health Services Act (MHSA)	
Behavioral Health Services Act (BHSA)	
Substance Abuse and Mental Health Services Administration (SAMHSA)	
Other	
Total	

a. [IF "OTHER"] Explain. (250-word limit)

17. Facility Details

a. How many facility types are part of this request for Bond BHCIP Round 1: Launch Ready grant funding?

Respond to the following questions by providing information for each facility type included in this request for Bond BHCIP Round 1: Launch Ready grant funding. For guidance on eligible facility types, refer to RFA Section 2.4: Eligible Facility Types.

Additional lines will automatically appear to allow for additional facilities, as needed.

Important Considerations:

- **Square Footage:** Ensure that the combined square footage for all facilities matches the total project square footage listed in cell 5J of Form 8: Schematic Design Checklist. Input numeric values only (e.g., enter 1,354 square feet as "1354").
 - *Example 1:* An outpatient treatment program currently serves 1,000 individuals per year in a 10,000-square-foot building and will use Bond BHCIP Round 1: Launch Ready grant funds to expand the size of their facility to 15,000 square feet. The total square footage being constructed with Bond BHCIP Round 1: Launch Ready grant funds is 5,000 square feet (entered as "5000").
 - *Example 2:* An existing 10,000-square-foot building will be rehabilitated using Bond BHCIP Round 1: Launch Ready grant funds to become a new Mental Health Rehabilitation Center. The total square footage being constructed with Bond BHCIP Round 1: Launch Ready grant funds is 10,000 square feet (entered as "10000").
- **Beds and Treatment Slots:** Avoid duplicate counts.
 - **"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.
 - **"Treatment Slot"** (aka "chair") refers to the total number of BHCIP funded slots expanded in the outpatient facility during any given time. Slots (chairs) will typically serve multiple individuals a day. Slots (chairs) should be counted for individual and group services. (Note: Questions below will apply to each outpatient facility type of the BHCIP funded project. BHCIP projects may have

multiple modalities.)

b. Facility type

- Acute Psychiatric Hospital
- Adolescent Residential Substance Use Disorder (SUD) Treatment Facility
- Adult Residential SUD Treatment Facility
- Behavioral Health Urgent Care (BHUC)/Mental Health Urgent Care (MHUC)
- Chemical Dependency Recovery Hospital
- Children’s Crisis Residential Program (CCRP)
- Community Mental Health Clinic (outpatient)
- Community Residential Treatment System (CRTS)/Social Rehabilitation Program (SRP)
- Community Treatment Facility (CTF)
- Community Wellness/Prevention Center (tribal entities only)
- Crisis Stabilization Unit (CSU)
- General Acute Care Hospital (GACH) for behavioral health services only
- Hospital-Based Outpatient Treatment (outpatient detoxification/withdrawal management)
- Mental Health Rehabilitation Center (MHRC)
- Narcotic Treatment Program (NTP)
- NTP Medication Unit
- Office-based Opioid Treatment
- Outpatient Treatment for SUD
- Partial Hospitalization Program
- Peer Respite
- Perinatal Residential SUD Facility
- Psychiatric Health Facility (PHF)
- Psychiatric Residential Treatment Facility (PRTF)
- Short-term Residential Therapeutic Program (STRTP)
- Skilled Nursing Facility with Special Treatment Program (SNF/STP)
- Sobering Center (funded under the Drug Medi-Cal Organized Delivery System [DMC-ODS] and/or Community Supports)
- Social Rehabilitation Facility (SRF)

c. Construction type

- New ground-up 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 a grocery store) *that requires a building permit*
- Turnkey acquisition of an existing facility/building, ready for operations *that does not require a building permit*

d. Total square footage being constructed, added, rehabilitated, or acquired

- e. [OUTPATIENT FACILITIES ONLY] How many outpatient slots (aka “chairs”) are currently available during any given time? If none, enter 0.
- f. [OUTPATIENT FACILITIES ONLY] How many outpatient slots (aka “chairs”) are anticipated to be available during any given time after the expansion with Bond BHCIP Round 1: Launch Ready grant funds is complete?
- g. [OUTPATIENT FACILITIES ONLY] Based on the slot count provided, how many individuals are anticipated to be served annually?
- h. [RESIDENTIAL FACILITIES ONLY] How many beds are currently available? If none, enter 0.
- i. [RESIDENTIAL FACILITIES ONLY] How many beds are anticipated to be available after expansion with Bond BHCIP Round 1: Launch Ready grant funds is complete?
- j. Special population(s) facility will focus on/serve:
 - Adults with disabilities
 - BIPOC
 - Children (ages newborn–15)
 - Former foster care
 - Individuals experiencing homelessness
 - Individuals with serious mental illness
 - Justice involved adults
 - Justice involved youth
 - LGBTQ+
 - Seniors
 - TAY (ages 16–25)
 - Veterans
 - Women
 - Youth
- k. Amount of requested funds that will be applied to the development of this facility
- l. Will this facility be part of an existing campus that collocates multiple levels of care on the continuum?
 - [IF NO] Will this facility be part of a new campus?
 - [IF YES TO EITHER]
 - Will the proposed Bond BHCIP Round 1: Launch Ready grant funded facility(ies) on this campus be braiding in other non-Bond BHCIP Round 1: Launch Ready grant funding?
 - [IF YES] List the other non-Bond BHCIP Round 1: Launch Ready grant funding source(s) and describe the associated use towards the proposed Bond BHCIP Round 1: Launch Ready grant funded facility(ies).
 - List all existing and planned behavioral health (BH) facility types and/or housing support that will not be funded from Bond BHCIP Round 1: Launch Ready grant funding. For each BH facility type or housing support: (1) Identify if status is existing and/or planned, (2) identify the existing and/or planned bed/slot counts, and (3) identify the funding source(s).

- Describe how the services will be integrated and coordinated across facilities to enhance the continuum of care and achieve desired health outcomes.
 - What is the anticipated date of completion for this campus?
- m. Will this facility operate as a locked facility?
 - [IF YES] Explain why this facility will operate as a locked facility. (250-word limit)

18. Project Site/Property

Provide details about the project site/property using the fields below.

- a. Have you identified a project site/property?
 - [IF NO] Explain.
 - [IF YES]
 - Is there an address for the identified project site/property?
 - Assessor's parcel number (APN)
- b. Select one of the options below to indicate the status of the proposed project site/property. *Note: All Bond BHCIP Round 1: Launch Ready-funded grantees must agree to a 30-year encumbrance on the awarded facility property's APN.*
 - Lead applicant currently owns the site and is the vested owner on the title.
 - Lead applicant plans to acquire the site at a near future date.
 - [IF Selected] What is the anticipated closing date?
 - Lead applicant currently leases the site.
 - [IF SELECTED] 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 1: Launch Ready 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, with lead applicant as buyer, and is in escrow.
 - Other (specify).
- c. Full legal name of the current owner of the proposed property
- d. Are there currently any loans on the property?
 - [IF YES] What is the amount of the existing loan DHCS would subordinate to?
- e. Would the Department of Health Care Services (DHCS) need to subordinate the lease?
- f. Are there any existing deeds of trust?
 - [IF YES] Does the lead applicant plan to pay off the deed of trust with grant funds?
- g. Are there any current encumbrances or use-restrictions recorded on the title to the proposed property site that conflict with Bond BHCIP Round 1: Launch Ready use?
 - [IF YES] Explain.
- h. Has a member of the applicant's real estate or legal team reviewed the preliminary title report?

- i. Is this an addition to an existing property being constructed using BHCIP (Round 3, 4, or 5) funds?
- j. Is the property located on federally recognized tribal land?
- k. Is the property located on a federal trust rancheria or reservation?
- l. Is the property owned by a county?
 - [IF YES] Select the name of the county that owns the property.

19. Provide a high-quality abstract summarizing the project (limited to 250 words). If you are awarded Bond BHCIP Round 1: Launch Ready grant funds, this abstract may appear in public materials.

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

- Name of lead applicant
- Project title
- Projected date of project completion
- Type(s) of construction (e.g., new ground-up 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)
- Funding sources if more than Bond BHCIP Rounds 1: Launch Ready grant funds, indicating where funds will be expended
- Geographic area(s) (e.g., county, city) and identification of multicounty collaboration, if applicable
- Phase of project development (planning and pre-development, design development, shovel ready, construction) and projected time to completion
 - Organization's experience serving population(s) of focus
 - Priority population(s) to be served by the facility (e.g., individuals who are justice involved, individuals experiencing homelessness, and/or youth in foster care)
 - Co-applicants or collaborators involved in the project, if any
 - Priority considerations or unmet needs addressed by the proposed project; refer to state or local needs assessments as applicable

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 2025. 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 centers designed to serve children and youth in this area.

Section 4: Development Plans and Financing

20. Which phase of development describes the current project status? (Refer to RFA Section 2.2.)
- Phase 1: Planning and pre-development
 - Phase 2: Design development
 - Phase 3: Shovel ready
 - Final Phase: Construction
21. Describe how the proposed project fits in the phase of development selected above. (500-word limit)
22. List all 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 1: Launch Ready PFA. (500-word limit)
23. What is the estimated “total development cost” to acquire, plan, permit, insure, construct, license, and open services at the completed facility?
24. Will the application budget cover 100 percent of the estimated total development cost of the proposed project?
- [IF NO]
 - a. Is the lead applicant seeking additional funding for this project through another grant?
 - [IF YES] For what percentage of the total development cost?
 - b. Is the lead applicant seeking additional funding for this project through a loan?
 - [IF YES] For what percentage of the total development cost?
 - [IF YES] What is the requested dollar amount of the loan?
 - Will such lender subordinate to the Performance Deed of Trust from DHCS?
 - c. Is the lead applicant seeking any other sources of bond investments for this project?
 - [IF YES] For what percentage of the total development cost?
 - [IF YES] Describe these other sources of bond investments. (250-word limit)
 - d. Is the lead organization/entity seeking any other sources of funding for this project?
 - [IF YES] For what percentage of the total development cost?
 - [IF YES] Describe the other sources of funding (bonds, debt, tax credits, equity, grants, etc.) not already covered and part of the proposed project’s development/construction capital stack as required for the full development of the project. (500-word limit)
25. Awardees of Bond BHCIP Round: Launch Ready grant funds shall be solely responsible for any cost overruns more than the award amount. Neither DHCS nor Advocates for Human

Potential, Inc. (AHP), the Bond BHCIP Round 1: Launch Ready administrative entity, will be responsible for any cost overruns. Describe your scope and cost containment strategies, as well contingency plans for any project cost overruns. (500-word limit)

26. Describe the 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 may demonstrate conservative fiscal strategies and an industry-standard “responsible use of funds.” (500-word limit)
27. Use the fields below to provide details about the proposed project’s construction and design.
- a. Describe all due diligence, feasibility studies, and site inspections completed to date that indicate site appropriateness for the facility.
 - 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 6: Required Documents) (500-word limit)
 - c. Specify the process used to develop your Bond BHCIP Round 1: Launch Ready application budget, including naming who (company, title, name) produced the budget estimates.
 - d. Describe any site amenities (e.g., community and common areas, laundry, gated access, security, recreational areas, community garden) and sustainable and green building elements. (500-word limit)
 - e. Describe any onsite and offsite improvement requirements and/or complex or costly structural or site/topographical requirements. (500-word limit)
 - f. Describe any needed demolition. (500-word limit)
28. 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 (MM/YYYY)	Location (Street Address, City, Zip Code)	Website URL (if applicable)

29. Match Requirements

Mandatory match guidelines are required by statute and are set according to applicant type. (Refer to RFA Section 2.7.)

Project Funding Awarded	Local Government and Nonprofit Organization	For-Profit Organization
Under \$150 million	10 percent	25 percent
Above \$150 million	10 percent	25 percent
	Higher priority for applicants that include a higher local match	

Select from the table below the sources of all match funds that will be used and indicate amounts and any relevant details.

Note: Match funds cannot originate from another BHCIP project from a prior round.

Source(s)	Funds/Contribution Amount	Funding Source Details
Buildings originally intended for another purpose		
Government and tribal property		
Land trust		
Surplus land		
Other (land must be encumbered)		
Cash		
Local funding		
MHSA funds from Community Services and Supports and Capital Facilities and Technological Needs (CFTN) components		
BHSA funds from the Behavioral Health Services and Supports		
Foundation/philanthropic support		
MHSA/BHSA funds in the three-year plan (considered "other local")		
Opioid settlement funds for SUD facilities		
Loans or investments		
Incentive payments from managed care plans		
Sunk Costs		

Source(s)	Funds/Contribution Amount	Funding Source Details
Other Source		

[IF "OTHER SOURCE"] Identify.

30. If awarded, does the applicant plan to submit sunk costs for reimbursement? (Refer to RFA Section 2.7 for an explanation of sunk costs.)

Note: Sunk costs include expenditures incurred directly for the improvement of the real property on which the project is located. All applicants who indicate they will submit sunk costs must be prepared to do so within seven calendar days of receipt of a Bond BHCIP Round 1: Launch Ready Notice of Award.

Section 5: Letters of Support

31. Provide letters of support and related information for the appropriate categories below, using the following instructions.

- **Label all letters of support as follows: LOS_Project Title_Agency** (e.g., LOS_Wildflower Rehab_ County Name BH Department). Abbreviations are acceptable.
- List the name, affiliation, and title of all providers of letters of support included with this application.
- All letters must be signed and dated no more than six months before the date of application submission.
- For letters that have been requested but not yet received, indicate that they are pending using each applicable checkbox. Add the anticipated submission date for each letter.

32. Refer to RFA Section 2.1 and the Letter of Support Guidelines for additional information.

- Government Officials (e.g., county board of supervisors, city council, mayor)**
- County Behavioral Health and/or Mental Health Director [OPTIONAL IF TRIBAL ENTITY]**
- Tribal Support Documentation (Tribal Council Resolution, Board Resolution) [SKIP IF NOT A TRIBAL ENTITY]**

If the applicant is a federally recognized tribe, a tribal council resolution is required. If it is a Native American nonprofit, urban Indian clinic, or other “non-federally recognized tribe,” a governing board of directors’ resolution is required.

- Applicant’s Board of Directors**
- Community Stakeholders**

Section 6: Required Documents

33. Upon submission, the system will include prompts to upload the files listed below.

Limit each file to 20 MB. Label files as follows: Application ID_Form Name (e.g., 0223784_Form 8). *Note:* The Application ID is located at the top of the screen.

- **Form 1:** Application questions (no additional file to upload)
- **Form 2:** Budget Template (no additional file to upload)
- **Form 3:** Development Team Information
- **Form 4:** Design, Acquisition, and Construction Milestone Schedule
- **Form 5:** Applicant's Certification of Prevailing Wage
- **Form 6:** Applicant's Certification of Funding Terms
- **Form 7:** Community Engagement Tracking
- **Form 8:** Schematic Design Checklist
- **Form 9:** Facility Financial Operating Pro Forma
- **Form 10:** Board Authorizing Resolution (BAR) Template
- **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*

- **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

Label files as follows: *Application ID_Resume Title*

- **Contracts:** A copy of all executed contracts for hire related to the development team (e.g., lawyer, construction manager, development manager, architect, consultants, contractor)

Label files as follows: *Application ID_Title of Drawings/Plans*

- **Preliminary title report** of property APN(s) to be developed with Bond BHCIP Round 1: Launch Ready grant funds

Label files as follows: *Application ID_Preliminary Title Report*

- **Certificate of Good Standing** from the State of California and from the state where the entity is organized (if different) under the applicant's legal entity name (for-profit and nonprofit organizations only)

Label files as follows: *Application ID_Certificate of Good Standing*

- **Corporate Documents by Entity Type**

- **Corporation:** (1) articles of incorporation, (2) bylaws, (3) organizational chart (if applicable), and (4) resolution from the board of directors approving the planned project
- **Limited Liability Company (LLC):** (1) operating or LLC agreement and (2) organizational chart (if applicable) and (3) resolution/consent/written action approving the current planned project
- **General Partnership:** (1) partnership agreement and (2) organizational chart (if applicable)
- **Limited Partnership:** (1) partnership agreement and (2) resolution/consent/written action approving the planned project

Label files as follows: Application ID_Name of Corporate Document

34. **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 lead applicant.
2. I am providing this information in connection with an application for funding from the State of California (the “State”) pursuant to the Behavioral Health Continuum Infrastructure Program for 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.