

# Application: BR2-0000000993

Erin Jones - ejones@fresnocountyca.gov  
Bond BHCIP Round 2: Unmet Needs

## Summary

ID: BR2-0000000993  
Status: PAC Session Complete

## Bond Round 2 Pre-Application Consultation Request Section

Completed - Aug 29 2025

## Bond BHCIP Round 2 Pre-Application Consultation Request Section

### Bond BHCIP Round 2: Unmet Needs Pre-Application Consultation Request Form

Please complete this Pre-Application Consultation (PAC) Request Form as accurately as possible. Estimates are acceptable. The submitted information will be used for informational purposes only. It is not considered part of your application and will not be used in scoring.

In preparing to apply for Bond BHCIP Round 2: Unmet Needs funds, follow these six key steps in the order they are listed:

1. [Read the RFA](#) in its entirety, along with all attachments.
2. Review the brief self-paced modules, accessible through the [BHCIP website](#): Application Submission, Navigating the General Match Requirements, and Real Estate Overview.
3. Prepare any general questions that you have in advance of the PAC. Please note that because this is a competitive process, we will not be able to answer project-specific questions.
4. Participate in the PAC. The PAC meeting is designed to support applicants in grasping key questions and definitions that are part of the application process.
5. A PAC Request Form must be completed for each project, but you are only required to schedule one PAC session, which will address all submitted projects. You must submit your PAC Request Form(s) no later than August 29, 2025.
6. Start the Bond BHCIP Round 2: Unmet Needs application and submit it no later than October 28, 2025.

**The deadline to submit a PAC request form is MIDNIGHT TONIGHT (Friday, August 29, 2025). Submissions after midnight are not eligible to apply for Bond BHCIP Round 2 funding.**

# Key Information

1. What is the name of the proposed project?

Supportive Short Stay

2. Please provide your contact information.

*Please do not include credentials.*

2a. Title

Mrs.

2b. First Name

Erin

2c. Last Name

Jones

2d. Organization or entity name

County of Fresno

**2e. Job title**

Staff Analyst

**2f. Telephone**

Format: 123-456-7890-extension

559-600-9599

**2g. Email**

[ejones@fresnocountyca.gov](mailto:ejones@fresnocountyca.gov)

**3. Please provide the following information about the organization that will be the lead applicant on the Bond BHCIP Round 2: Unmet Needs application.**

**3a. Legal entity name as registered with the [California Secretary of State](#)**

County of Fresno

**3b. Street address—write out all place names fully (e.g., Road, Street, Place, Boulevard)**

1925 E Dakota Ave

**3c. Address line 2**

(No response)

**3d. City**

Fresno

**3e. County**

Fresno

**3f. State**

California

**3g. Zip Code**

5 digits only

93726

**3h. Primary Business Phone**

Format: 123-456-7890-extension

559-600-9180

**3i. Website**

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

<https://www.fresnocountyca.gov/Home>

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Please use the "Save & Continue Editing" button to save your work and remain on this page.

Please use the "Next" button to move to the next page. If you press the "Next" button but still have incomplete answers to required questions, this page will not advance until you have completed all the required questions.

**4. What type of entity is the lead applicant?**

County

**4a. Is the lead applicant a county behavioral health agency?**

Yes

**5. What is the anticipated amount in Bond BHCIP Round 2: Unmet Needs funds that will be requested?**

\$ 9,230,000

**6. Mandatory match guidelines and match types are set by statute and determined according to applicant type. (Refer to [RFA Section 2.7](#))**

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

Based on the response to Question 5, what is the anticipated match amount for this project?

\$ 923,000

6a. How does the applicant anticipate meeting the match requirement? Select all that apply.

**Responses Selected:**

Cash

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Please use the "Next" button to move to the next page. If you press the "Next" button but still have incomplete answers to required questions, this page will not advance until you have completed all the required questions.

7. Will this project include a co-applicant?

No

8. 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.

No

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Please use the "Next" button to move to the next page. If you press the "Next" button but still have incomplete answers to required questions, this page will not advance until you have completed all the required questions.

**Facility Information**

Q9. How many facility types are anticipated in the application for Bond BHCIP Round 2: Unmet Needs funding?

The minimum number of facilities per project is 1, the maximum number of facilities per project is 15.

1

PAC\_facility\_01

Facility #1 Information

9a. What Type is Facility #1?

Mental Health Facility

9b. Please select the Mental Health facility type for Facility #1

Peer Respite

**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. Avoid duplicate counts.

**Residential Individuals Served** is the 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 slots by the maximum number of patients who could be served in that bed over the course of a year.

9k. What is the maximum number of beds currently available at any given time? If none, enter 0.

10

9l. Based on the current bed count provided in question 9k, what is the maximum number of individuals being served annually?

311

9m. What is the maximum number of additional beds that will be available at any given time after the proposed project is complete? Please do not count beds that are already included in your response to 9k.

*Example:* An SUD residential treatment program currently has 10 beds available (Question 9k) and proposes to use Bond BHCIP Round 2: Unmet Needs funds to expand the size and service capacity of the facility to have a total of 15 beds. The number of additional beds available after expansion with Bond BHCIP Round 2: Unmet Needs funds would be 5.

10

9n. Based on the expanded bed count provided in Question 9m, what is the maximum number of additional individuals you anticipate serving annually?

*Example:* An SUD residential treatment program currently has 10 beds available (Question 9l) and proposes to use Bond BHCIP Round 2: Unmet Needs funds to expand the size and service capacity of the facility by 5 beds (Question 9m). The maximum number of patients they can serve in each bed is 5 per year. The anticipated count of additional individuals to be served annually is 25 (5 new beds x 5 individuals per year= 25 individuals in increased capacity). This is the count of additional individuals served annually.

100



## 9o. Facility #1 Construction type

Please select one of the following construction types for this facility.

- **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” of an existing facility** currently owned by applicant that requires a building permit (non-acquisition) and expands service capacity at the current site
- **Acquisition and adaptive reuse of an existing property** that requires a building permit (e.g., new acquisition and repurposing of an apartment building)
- **Turnkey acquisition of an existing facility/building** that is ready for operations that does not require a building permit

Rehabilitation and “tenant improvements” of an existing facility

## 9s. Will this proposed facility be part of a campus that collocates multiple levels of care on the behavioral health continuum?

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

Yes, as part of an existing campus

Please use the "Save & Continue Editing" button to save your work and remain on this page.

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## Additional Project Information

**9t. Identify all existing and proposed behavioral health facility types that make up the campus model proposed and identify all funding sources being utilized or necessary to construct each facility type identified.**

For the Bond BHCIP Round 1 launch-ready grant applications, the County of Fresno applied for and was conditionally awarded funding for the Olive project. Through rehabilitation of the Olive facility, the County of Fresno will expand, co-locate, and integrate the Adult and Children's Behavioral Health Divisions to better serve our community. The Olive project will be utilizing a primary care model physical layout for clinical and medical treatment services within a large facility. For the Bond BHCIP Round 2 unmet needs application, the County is proposing to rehabilitate another building at the Olive location to add a supportive short stay facility to be operated as a Peer Respite.

**9u. Will the proposed facility on this campus include housing (non-Bond BHCIP funding)?**

No

**9v. Will this campus be co-located with other housing projects (e.g. BHBH, Homekey, etc.)?**

No

**10. What is the projected construction completion date for the project? Please enter as MM/DD/YYYY**

02/01/2029

**11. Describe how the proposed project will address behavioral health priorities and unmet needs within the community(ies) to be served. Reference appropriate evidence such as county health assessments and state health disparities reports.**

The Department of Behavioral Health (DBH) is a Fresno County government agency responsible for ensuring services are provided to the residents of Fresno County who may be experiencing mental health or substance use disorders. DBH has been providing direct services to children, adults, and families experiencing behavioral health challenges at multiple facilities. DBH services through our system of care include assessment, therapy, medication, case management, crisis intervention, treatment, and other services. There is an urgent need to provide more alternatives to hospitalization for adults and older adults who are experiencing severe mental health crises but are not in need of medical services and do not require a 5150 hold. Counties are in need of more peer respite services. For instance, less than 17% of California counties report operating a peer respite center or service, according to the "Assessing the Continuum of Care for Behavioral Health Services in California" (DHCS, p.88). This will expand the behavioral health workforce, engage people in care, and contribute to equity efforts with the blend of peer and professional support. "California needs a comprehensive approach to crisis services that emphasizes community-based treatment and prevention and connects people to ongoing services" (DHCS, p.123). Awarded funding would assist the County in the rehabilitation of another facility at the Olive campus. This new facility would house a supportive short stay peer respite program. The renovation of the Hedges location would allow the County to provide additional supportive short stay services as an alternative to hospitalization for adults and older adults who are experiencing severe mental health crises but are not in need of medical services and do not require a 5150 hold. The facility would also proactively divert individuals from acute crisis by providing a supportive short stay peer-driven environment designed to reduce homelessness and reduce reliance on more costly acute care settings. Services include but are not limited to overnight stay services, clinical response services, peer support services, crisis intervention and assessments, discharge services, transportation, and linkage to appropriate mental health programs.

**12. Please provide the following information about the proposed project location.**

**12a. Proposed project site/property city**

Fresno

**12b. Proposed project site/property county**

Fresno

**12c. Does the proposed project site/property have a specific address or addresses?**

Yes

**12d. Proposed street address**

5520 E Hedges Ave, Fresno, CA 93727

Please use the "Save & Continue Editing" button to save your work and remain on this page.

Please use the "Next" button to move to the next page. If you press the "Next" button but still have incomplete answers to required questions, this page will not advance until you have completed all the required questions.

**PAC Questions**

**Q13. Are you submitting an application for more than one project?**

Yes

**13a. Would you prefer to address all of your projects in one PAC session?**

*If you select "Yes" to both of these questions (Q13 and Q13a.), please complete a PAC Request form for each project you plan to submit for Bond BHCIP Round 2. Someone from the AHP Team will be reaching out to you to schedule a longer 90 minute PAC session. You do not need to schedule a call once you submit this form.*

Yes

**14. Are there specific questions you would like to share in anticipation of the PAC?**

Not at the moment

Please use the "Save & Continue Editing" button to save your work and remain on this page.

Please use the "Next" button to move to the next page. If you press the "Next" button but still have incomplete answers to required questions, this page will not advance until you have completed all the required questions.

I 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.

3) 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 Pre-Application Consultation Request Form is complete, click the "MARK AS COMPLETE" button below followed by the "SUBMIT" button on the left side of the screen to submit the Pre-Application Consultation Request Form. For questions or concerns, please contact the [Bond BHCIP Support Desk](#). Thank you.

## **Bond Round 2 - Section 1: Minimum Requirements Confirmation**

Incomplete

# Bond BHCIP Round 2 - Section 1: Minimum Requirements Confirmation

*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.*

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## 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](#)):

**1. Site control\*** proven by any one of the following documents:

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

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

**2. 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.

**3. 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.

**4. A conceptual/schematic site plan\*** with a forecast of the development potential of the property.

**5. 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.

**6. Demonstration of county and Medi-Cal investments** to support ongoing sustainability.

**7. Match** amount and source identified.

**8. Board Authorizing Resolution (BAR)\*** from the applicant and any co-applicants to confirm signing authority for the contract. Eligible entities may use the BAR template provided (Form 10). Local government entities can use their specific authorizing resolution document.

**9. Photo of proposed property\*** in pre-BHCIP stage. The high-quality photo should be in a JPG format with a size of 1024x768 pixels or larger, not to exceed 15MB in file size. A PDF will be an acceptable alternative file format.

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**1. Does the proposed project include only eligible facility types, as listed in [Section 2.4 of the RFA](#)?**

(No response)

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**2. Does the proposed project meet all nine minimum requirements, indicating it has met the “minimum project threshold”?**

(No response)

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## **Bond Round 2 - Section 2: Project Information**

Incomplete

## **Bond Round 2 - Section 2: Project Information**

### **Section 2: Project Information**

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#### **1. Type of lead applicant**

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

(No response)

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

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

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

(No response)

## 4. 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. Please avoid referencing specific addresses and legislative bills in the project title. Any requested changes to the title will require DHCS approval and PFA modification.

(No response)

## 5. Project Information

**a. Describe how the proposed project will address health priorities and unmet needs within the community(ies) to be served.**

*250-word limit*

(No response)

**b. Describe how the proposed project fits into and bolsters the behavioral health continuum of care in the region. Reference appropriate evidence such as the “[Assessing the Continuum of Care for Behavioral Health Services in California](#)” report and any local needs assessments used to justify the proposed construction/expansion.**

*250-word limit*

(No response)

**c. Describe the types of service(s) and level of care designation(s) that will be offered in the facility(ies) once the project has been completed.**

*125-word limit*

(No response)

**d. Describe how the proposed project facility(ies) will receive referrals into the program.**

*125-word limit*

(No response)

**e. Will the proposed facility(ies) have established connections to step-up/-down services?**

(No response)

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

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

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

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

*250-word limit*

(No response)

**b. What date will the proposed project open?**

*To continue with the application, please enter a date between April 2026 and June 2030 in the MM/DD/YYYY format.*

(No response)

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

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## State Priorities

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.		

## RFA-Identified Priorities

Priority	Does the proposed project align with this priority?	Description:
Address the remaining gaps in the statewide behavioral health continuum.		
Invest in mental health community residential beds and crisis settings.		
Distribute grant funds to rural and/or remote area(s) with outstanding behavioral health needs or insufficient behavioral health infrastructure.		
Invest in geographic areas with no prior BHCIP infrastructure projects.		
Project is a regional model that will involve the construction, renovation, and/or expansion of community-based services.		

## 8. Services Payors

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

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

Enter whole numbers only. Enter 0 if a payor category does not apply. The total must equal 100%.

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)	
Indian Health Services	
Other	
Total	0

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.

125-word limit

(No response)

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

(No response)

## 10. Facility Details

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10a. How many facility types are part of this request for funding?

*Each facility must be reported separately, regardless of type.*

(No response)

10b. How many buildings are part of this project?

(No response)



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

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

- **Square Footage:** Indicate the portion of the facility that would be expanded using Bond BHCIP Round 2: Unmet Needs funds and enter numbers only (e.g., enter 1,354 square feet as "1354").
  - *Example 1:* An existing 10,000-square-foot building will be rehabilitated to become a new Mental Health Rehabilitation Center. The total square footage that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 10,000 square feet (entered as "10000").
  - *Example 2:* An outpatient treatment program currently operating and providing behavioral health services in a 10,000-square-foot building will expand its facility to 15,000 square feet total. The total square footage **for expansion** that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 5,000 square feet (entered as "5000").
- **Treatment Slots and Beds:** Refer to the Bond BHCIP [Frequently Asked Questions](#) (FAQs) for further guidance.
- **Outpatient and Residential/Inpatient Individuals Served Annually:** Refer to the Bond BHCIP [FAQs](#) for further guidance.

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

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#### Facility 1

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**10c. Please select the category your facility falls under.**

(No response)

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**10d. Explain how the proposed facility will meet all licensing and certification requirements. If the proposed facility does not require licensing or certification, please explain. Refer to the Bond BHCIP [FAQs](#) for further guidance.**

*125-word limit*

(No response)

**10e. Construction type**

(No response)

**10f. What is the total square footage being constructed, added, rehabilitated, or acquired for this facility?**

*Whole numbers only.*

(No response)

**10g. What is the amount of requested funds that will be applied to the development of this facility?**

*Whole numbers only. Format: 12345*

(No response)

**10h. Will funds from other sources, including other grants, loans, other bond investments, or elsewhere, be used to develop this facility?**

(No response)

10q. Please indicate the population(s) of focus whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10r. Please indicate the special or priority population(s) whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10s. Please indicate the racial and ethnic populations for whom culturally competent services will be provided in this facility.

**No Responses Selected**

10t. Will the proposed facility be part of a campus that collocates multiple levels of care on the behavioral health continuum?

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

(No response)

10u. Will this facility operate as a locked facility?

(No response)

10v. What is the anticipated date of completion for this facility?

*To continue with the application, please enter a date between April 2026 and June 2030 in the MM/DD/YYYY format.*

(No response)

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

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

- **Square Footage:** Indicate the portion of the facility that would be expanded using Bond BHCIP Round 2: Unmet Needs funds and enter numbers only (e.g., enter 1,354 square feet as "1354").
  - Example 1: An existing 10,000-square-foot building will be rehabilitated to become a new Mental Health Rehabilitation Center. The total square footage that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 10,000 square feet (entered as "10000").
  - Example 2: An outpatient treatment program currently operating and providing behavioral health services in a 10,000-square-foot building will expand its facility to 15,000 square feet total. The total square footage for expansion that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 5,000 square feet (entered as "5000").
- **Treatment Slots and Beds:** Refer to the Bond BHCIP [Frequently Asked Questions](#) (FAQs) for further guidance.
- **Outpatient and Residential/Inpatient Individuals Served Annually:** Refer to the Bond BHCIP Frequently Asked Questions ([FAQs](#)) for further guidance.

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

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## Facility 2

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**10c. Please select the category your facility falls under.**

(No response)

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**10d. Explain how the proposed facility will meet all licensing and certification requirements. If the proposed facility does not require licensing or certification, please explain. Refer to the Bond BHCIP [FAQs](#) for further guidance.**

*125-word limit*

(No response)

**10e. Construction type**

(No response)

**10f. What is the total square footage being constructed, added, rehabilitated, or acquired?**

Whole numbers only.

(No response)

**10g. What is the amount of requested funds that will be applied to the development of this facility?**

Whole numbers only. Format: 12345

(No response)

**10h. Will funds from other sources, including other grants, loans, other bond investments, or elsewhere, be used to develop this facility?**

(No response)

10q. Please indicate the population(s) of focus whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10r. Please indicate the special or priority population(s) whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10s. Please indicate the racial and ethnic populations for whom culturally competent services will be provided in this facility.

**No Responses Selected**

10t. Will the proposed facility be part of a campus that collocates multiple levels of care on the behavioral health continuum?

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

(No response)

10u. Will this facility operate as a locked facility?

(No response)

10v. What is the anticipated completion date for this facility?

*To continue with the application, please enter a date between April 2026 and June 2030 in the MM/DD/YYYY format.*

(No response)

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

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

- **Square Footage:** Indicate the portion of the facility that would be expanded using Bond BHCIP Round 2: Unmet Needs funds and enter numbers only (e.g., enter 1,354 square feet as "1354").
  - *Example 1:* An existing 10,000-square-foot building will be rehabilitated to become a new Mental Health Rehabilitation Center. The total square footage that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 10,000 square feet (entered as "10000").
  - *Example 2:* An outpatient treatment program currently 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:** Refer to the Bond BHCIP [Frequently Asked Questions](#) (FAQs) for further guidance.
- **Outpatient and Residential/Inpatient Individuals Served Annually:** Refer to the Bond BHCIP Frequently Asked Questions ([FAQs](#)) for further guidance.

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

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### Facility 3

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**10c. Please select the category your facility falls under.**

(No response)

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**10d. Explain how the proposed facility will meet all licensing and certification requirements. If the proposed facility does not require licensing or certification, please explain. Refer to the Bond BHCIP [FAQs](#) for further guidance.**

*125-word limit*

(No response)

**10e. Construction type**

(No response)

**10f. What is the total square footage being constructed, added, rehabilitated, or acquired?**

Whole numbers only.

(No response)

**10g. What is the amount of requested funds that will be applied to the development of this facility?**

Whole numbers only. Format: 12345

(No response)

**10h. Will funds from other sources, including other grants, loans, other bond investments, or elsewhere, be used to develop this facility?**

(No response)



10q. Please indicate the population(s) of focus whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10r. Please indicate the special or priority population(s) whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10s. Please indicate the racial and ethnic populations for whom culturally competent services will be provided in this facility.

**No Responses Selected**

10t. Will the proposed facility be part of a campus that collocates multiple levels of care on the behavioral health continuum?

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

(No response)

10u. Will this facility operate as a locked facility?

(No response)

10v. What is the anticipated completion date for this facility?

*To continue with the application, please enter a date between April 2026 and June 2030 in the MM/DD/YYYY format.*

(No response)

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

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

- **Square Footage:** Indicate the portion of the facility that would be expanded using Bond BHCIP Round 2: Unmet Needs funds and enter numbers only (e.g., enter 1,354 square feet as "1354").
  - *Example 1:* An existing 10,000-square-foot building will be rehabilitated to become a new Mental Health Rehabilitation Center. The total square footage that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 10,000 square feet (entered as "10000").
  - *Example 2:* An outpatient treatment program currently 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:** Refer to the Bond BHCIP [Frequently Asked Questions](#) (FAQs) for further guidance.
- **Outpatient and Residential/Inpatient Individuals Served Annually:** Refer to the Bond BHCIP Frequently Asked Questions ([FAQs](#)) for further guidance.

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

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#### Facility 4

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**10c. Please select the category your facility falls under.**

(No response)

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**10d. Explain how the proposed facility will meet all licensing and certification requirements. If the proposed facility does not require licensing or certification, please explain. Refer to the Bond BHCIP [FAQs](#) for further guidance.**

*125-word limit*

(No response)

**10e. Construction type**

(No response)

**10f. What is the total square footage being constructed, added, rehabilitated, or acquired?**

Whole numbers only.

(No response)

**10g. What is the amount of requested funds that will be applied to the development of this facility?**

Whole numbers only. Format: 12345

(No response)

**10h. Will funds from other sources, including other grants, loans, other bond investments, or elsewhere, be used to develop this facility?**

(No response)

10q. Please indicate the population(s) of focus whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10r. Please indicate the special or priority population(s) whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10s. Please indicate the racial and ethnic populations for whom culturally competent services will be provided in this facility.

**No Responses Selected**

10t. Will the proposed facility be part of a campus that collocates multiple levels of care on the behavioral health continuum?

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

(No response)

10u. Will this facility operate as a locked facility?

(No response)

10v. What is the anticipated completion date for this facility?

*To continue with the application, please enter a date between April 2026 and June 2030 in the MM/DD/YYYY format.*

(No response)

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

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

- **Square Footage:** Indicate the portion of the facility that would be expanded using Bond BHCIP Round 2: Unmet Needs funds and enter numbers only (e.g., enter 1,354 square feet as "1354").
  - *Example 1:* An existing 10,000-square-foot building will be rehabilitated to become a new Mental Health Rehabilitation Center. The total square footage that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 10,000 square feet (entered as "10000").
  - *Example 2:* An outpatient treatment program currently 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:** Refer to the Bond BHCIP [Frequently Asked Questions](#) (FAQs) for further guidance.
- **Outpatient and Residential/Inpatient Individuals Served Annually:** Refer to the Bond BHCIP Frequently Asked Questions ([FAQs](#)) for further guidance.

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

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## Facility 5

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**10c. Please select the category your facility falls under.**

(No response)

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**10d. Explain how the proposed facility will meet all licensing and certification requirements. If the proposed facility does not require licensing or certification, please explain. Refer to the Bond BHCIP [FAQs](#) for further guidance.**

*125-word limit*

(No response)

**10e. Construction type**

(No response)

**10f. What is the total square footage being constructed, added, rehabilitated, or acquired?**

Whole numbers only.

(No response)

**10g. What is the amount of requested funds that will be applied to the development of this facility?**

Whole numbers only. Format: 12345

(No response)

**10h. Will funds from other sources, including other grants, loans, other bond investments, or elsewhere, be used to develop this facility?**

(No response)

10q. Please indicate the population(s) of focus whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10r. Please indicate the special or priority population(s) whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10s. Please indicate the racial and ethnic populations for whom culturally competent services will be provided in this facility.

**No Responses Selected**

10t. Will the proposed facility be part of a campus that collocates multiple levels of care on the behavioral health continuum?

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

(No response)

10u. Will this facility operate as a locked facility?

(No response)

10v. What is the anticipated completion date for this facility?

*To continue with the application, please enter a date between April 2026 and June 2030 in the MM/DD/YYYY format.*

(No response)

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

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

- **Square Footage:** Indicate the portion of the facility that would be expanded using Bond BHCIP Round 2: Unmet Needs funds and enter numbers only (e.g., enter 1,354 square feet as "1354").
  - *Example 1:* An existing 10,000-square-foot building will be rehabilitated to become a new Mental Health Rehabilitation Center. The total square footage that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 10,000 square feet (entered as "10000").
  - *Example 2:* An outpatient treatment program currently 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:** Refer to the Bond BHCIP [Frequently Asked Questions](#) (FAQs) for further guidance.
- **Outpatient and Residential/Inpatient Individuals Served Annually:** Refer to the Bond BHCIP Frequently Asked Questions ([FAQs](#)) for further guidance.

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

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## Facility 6

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**10c. Please select the category your facility falls under.**

(No response)

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**10d. Explain how the proposed facility will meet all licensing and certification requirements. If the proposed facility does not require licensing or certification, please explain. Refer to the Bond BHCIP [FAQs](#) for further guidance.**

*125-word limit*

(No response)

**10e. Construction type**

(No response)

**10f. What is the total square footage being constructed, added, rehabilitated, or acquired?**

Whole numbers only.

(No response)

**10g. What is the amount of requested funds that will be applied to the development of this facility?**

Whole numbers only. Format: 12345

(No response)

**10h. Will funds from other sources, including other grants, loans, other bond investments, or elsewhere, be used to develop this facility?**

(No response)

10q. Please indicate the population(s) of focus whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10r. Please indicate the special or priority population(s) whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10s. Please indicate the racial and ethnic populations for whom culturally competent services will be provided in this facility.

**No Responses Selected**

10t. Will the proposed facility be part of a campus that collocates multiple levels of care on the behavioral health continuum?

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

(No response)

10u. Will this facility operate as a locked facility?

(No response)

10v. What is the anticipated completion date for this facility?

*To continue with the application, please enter a date between April 2026 and June 2030 in the MM/DD/YYYY format.*

(No response)

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

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

- **Square Footage:** Indicate the portion of the facility that would be expanded using Bond BHCIP Round 2: Unmet Needs funds and enter numbers only (e.g., enter 1,354 square feet as "1354").
  - *Example 1:* An existing 10,000-square-foot building will be rehabilitated to become a new Mental Health Rehabilitation Center. The total square footage that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 10,000 square feet (entered as "10000").
  - *Example 2:* An outpatient treatment program currently 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:** Refer to the Bond BHCIP [Frequently Asked Questions](#) (FAQs) for further guidance.
- **Outpatient and Residential/Inpatient Individuals Served Annually:** Refer to the Bond BHCIP Frequently Asked Questions ([FAQs](#)) for further guidance.

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

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## Facility 7

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**10c. Please select the category your facility falls under.**

(No response)

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**10d. Explain how the proposed facility will meet all licensing and certification requirements. If the proposed facility does not require licensing or certification, please explain. Refer to the Bond BHCIP [FAQs](#) for further guidance.**

*125-word limit*

(No response)

**10e. Construction type**

(No response)

**10f. What is the total square footage being constructed, added, rehabilitated, or acquired?**

Whole numbers only.

(No response)

**10g. What is the amount of requested funds that will be applied to the development of this facility?**

Whole numbers only. Format: 12345

(No response)

**10h. Will funds from other sources, including other grants, loans, other bond investments, or elsewhere, be used to develop this facility?**

(No response)

10q. Please indicate the population(s) of focus whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10r. Please indicate the special or priority population(s) whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10s. Please indicate the racial and ethnic populations for whom culturally competent services will be provided in this facility.

**No Responses Selected**

10t. Will the proposed facility be part of a campus that collocates multiple levels of care on the behavioral health continuum?

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

(No response)

10u. Will this facility operate as a locked facility?

(No response)

10v. What is the anticipated completion date for this facility?

*To continue with the application, please enter a date between April 2026 and June 2030 in the MM/DD/YYYY format.*

(No response)

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

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

- **Square Footage:** Indicate the portion of the facility that would be expanded using Bond BHCIP Round 2: Unmet Needs funds and enter numbers only (e.g., enter 1,354 square feet as "1354").
  - *Example 1:* An existing 10,000-square-foot building will be rehabilitated to become a new Mental Health Rehabilitation Center. The total square footage that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 10,000 square feet (entered as "10000").
  - *Example 2:* An outpatient treatment program currently operating and providing behavioral health services in a 10,000-square-foot building will expand its facility to 15,000 square feet total. The total square footage **for expansion** that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 5,000 square feet (entered as "5000").
- **Treatment Slots and Beds:** Refer to the Bond BHCIP [Frequently Asked Questions](#) (FAQs) for further guidance.
- **Additional Outpatient and Residential/Inpatient Individuals Served:** Refer to the Bond BHCIP [FAQs](#) for further guidance.

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

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## Facility 8

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10c. Please select the category your facility falls under.

(No response)

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**10d. Explain how the proposed facility will meet all licensing and certification requirements. If the proposed facility does not require licensing or certification, please explain. Refer to the Bond BHCIP [FAQs](#) for further guidance.**

*125-word limit*

(No response)

**10e. Construction type**

(No response)

**10f. What is the total square footage being constructed, added, rehabilitated, or acquired for this facility?**

*Whole numbers only.*

(No response)

**10g. What is the amount of requested funds that will be applied to the development of this facility?**

*Whole numbers only. Format: 12345*

(No response)

**10h. Will funds from other sources, including other grants, loans, other bond investments, or elsewhere, be used to develop this facility?**

(No response)

10q. Please indicate the population(s) of focus whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10r. Please indicate the special or priority population(s) whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10s. Please indicate the racial and ethnic populations for whom culturally competent services will be provided in this facility.

**No Responses Selected**

10t. Will the proposed facility be part of a campus that collocates multiple levels of care on the behavioral health continuum?

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

(No response)

10u. Will this facility operate as a locked facility?

(No response)

10v. What is the anticipated completion date for this facility?

*To continue with the application, please enter a date between April 2026 and June 2030 in the MM/DD/YYYY format.*

(No response)



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

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

- **Square Footage:** Indicate the portion of the facility that would be expanded using Bond BHCIP Round 2: Unmet Needs funds and enter numbers only (e.g., enter 1,354 square feet as "1354").
  - *Example 1:* An existing 10,000-square-foot building will be rehabilitated to become a new Mental Health Rehabilitation Center. The total square footage that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 10,000 square feet (entered as "10000").
  - *Example 2:* An outpatient treatment program currently operating and providing behavioral health services in a 10,000-square-foot building will expand its facility to 15,000 square feet total. The total square footage **for expansion** that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 5,000 square feet (entered as "5000").
- **Treatment Slots and Beds:** Refer to the Bond BHCIP [Frequently Asked Questions](#) (FAQs) for further guidance.
- **Additional Outpatient and Residential/Inpatient Individuals Served:** Refer to the Bond BHCIP [FAQs](#) for further guidance.

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

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## Facility 9

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10c. Please select the category your facility falls under.

(No response)

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**10d. Explain how the proposed facility will meet all licensing and certification requirements. If the proposed facility does not require licensing or certification, please explain. Refer to the Bond BHCIP [FAQs](#) for further guidance.**

*125-word limit*

(No response)

**10e. Construction type**

(No response)

**10f. What is the total square footage being constructed, added, rehabilitated, or acquired for this facility?**

*Whole numbers only.*

(No response)

**10g. What is the amount of requested funds that will be applied to the development of this facility?**

*Whole numbers only. Format: 12345*

(No response)

**10h. Will funds from other sources, including other grants, loans, other bond investments, or elsewhere, be used to develop this facility?**

(No response)

10q. Please indicate the population(s) of focus whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10r. Please indicate the special or priority population(s) whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10s. Please indicate the racial and ethnic populations for whom culturally competent services will be provided in this facility.

**No Responses Selected**

10t. Will the proposed facility be part of a campus that collocates multiple levels of care on the behavioral health continuum?

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

(No response)

10u. Will this facility operate as a locked facility?

(No response)

10v. What is the anticipated completion date for this facility?

*To continue with the application, please enter a date between April 2026 and June 2030 in the MM/DD/YYYY format.*

(No response)

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

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

- **Square Footage:** Indicate the portion of the facility that would be expanded using Bond BHCIP Round 2: Unmet Needs funds and enter numbers only (e.g., enter 1,354 square feet as "1354").
  - *Example 1:* An existing 10,000-square-foot building will be rehabilitated to become a new Mental Health Rehabilitation Center. The total square footage that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 10,000 square feet (entered as "10000").
  - *Example 2:* An outpatient treatment program currently operating and providing behavioral health services in a 10,000-square-foot building will expand its facility to 15,000 square feet total. The total square footage **for expansion** that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 5,000 square feet (entered as "5000").
- **Treatment Slots and Beds:** Refer to the Bond BHCIP [Frequently Asked Questions](#) (FAQs) for further guidance.
- **Additional Outpatient and Residential/Inpatient Individuals Served:** Refer to the Bond BHCIP [FAQs](#) for further guidance.

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

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## Facility 10

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**10c. Please select the category your facility falls under.**

(No response)

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**10d. Explain how the proposed facility will meet all licensing and certification requirements. If the proposed facility does not require licensing or certification, please explain. Refer to the Bond BHCIP [FAQs](#) for further guidance.**

*125-word limit*

(No response)

**10e. Construction type**

(No response)

**10f. What is the total square footage being constructed, added, rehabilitated, or acquired for this facility?**

*Whole numbers only.*

(No response)

**10g. What is the amount of requested funds that will be applied to the development of this facility?**

*Whole numbers only. Format: 12345*

(No response)

**10h. Will funds from other sources, including other grants, loans, other bond investments, or elsewhere, be used to develop this facility?**

(No response)

10q. Please indicate the population(s) of focus whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10r. Please indicate the special or priority population(s) whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10s. Please indicate the racial and ethnic populations for whom culturally competent services will be provided in this facility.

**No Responses Selected**

10t. Will the proposed facility be part of a campus that collocates multiple levels of care on the behavioral health continuum?

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

(No response)

10u. Will this facility operate as a locked facility?

(No response)

10v. What is the anticipated completion date for this facility?

*To continue with the application, please enter a date between April 2026 and June 2030 in the MM/DD/YYYY format.*

(No response)

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

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

- **Square Footage:** Indicate the portion of the facility that would be expanded using Bond BHCIP Round 2: Unmet Needs funds and enter numbers only (e.g., enter 1,354 square feet as "1354").
  - *Example 1:* An existing 10,000-square-foot building will be rehabilitated to become a new Mental Health Rehabilitation Center. The total square footage that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 10,000 square feet (entered as "10000").
  - *Example 2:* An outpatient treatment program currently operating and providing behavioral health services in a 10,000-square-foot building will expand its facility to 15,000 square feet total. The total square footage **for expansion** that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 5,000 square feet (entered as "5000").
- **Treatment Slots and Beds:** Refer to the Bond BHCIP [Frequently Asked Questions](#) (FAQs) for further guidance.
- **Additional Outpatient and Residential/Inpatient Individuals Served:** Refer to the Bond BHCIP [FAQs](#) for further guidance.

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

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## Facility 11

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10c. Please select the category your facility falls under.

(No response)

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**10d. Explain how the proposed facility will meet all licensing and certification requirements. If the proposed facility does not require licensing or certification, please explain. Refer to the Bond BHCIP [FAQs](#) for further guidance.**

*125-word limit*

(No response)

**10e. Construction type**

(No response)

**10f. What is the total square footage being constructed, added, rehabilitated, or acquired for this facility?**

*Whole numbers only.*

(No response)

**10g. What is the amount of requested funds that will be applied to the development of this facility?**

*Whole numbers only. Format: 12345*

(No response)

**10h. Will funds from other sources, including other grants, loans, other bond investments, or elsewhere, be used to develop this facility?**

(No response)



10q. Please indicate the population(s) of focus whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10r. Please indicate the special or priority population(s) whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10s. Please indicate the racial and ethnic populations for whom culturally competent services will be provided in this facility.

**No Responses Selected**

10t. Will the proposed facility be part of a campus that collocates multiple levels of care on the behavioral health continuum?

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

(No response)

10u. Will this facility operate as a locked facility?

(No response)

10v. What is the anticipated completion date for this facility?

*To continue with the application, please enter a date between April 2026 and June 2030 in the MM/DD/YYYY format.*

(No response)

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

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

- **Square Footage:** Indicate the portion of the facility that would be expanded using Bond BHCIP Round 2: Unmet Needs funds and enter numbers only (e.g., enter 1,354 square feet as "1354").
  - *Example 1:* An existing 10,000-square-foot building will be rehabilitated to become a new Mental Health Rehabilitation Center. The total square footage that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 10,000 square feet (entered as "10000").
  - *Example 2:* An outpatient treatment program currently operating and providing behavioral health services in a 10,000-square-foot building will expand its facility to 15,000 square feet total. The total square footage **for expansion** that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 5,000 square feet (entered as "5000").
- **Treatment Slots and Beds:** Refer to the Bond BHCIP [Frequently Asked Questions](#) (FAQs) for further guidance.
- **Additional Outpatient and Residential/Inpatient Individuals Served:** Refer to the Bond BHCIP [FAQs](#) for further guidance.

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

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## Facility 12

---

10c. Please select the category your facility falls under.

(No response)

---

**10d. Explain how the proposed facility will meet all licensing and certification requirements. If the proposed facility does not require licensing or certification, please explain. Refer to the Bond BHCIP [FAQs](#) for further guidance.**

*125-word limit*

(No response)

**10e. Construction type**

(No response)

**10f. What is the total square footage being constructed, added, rehabilitated, or acquired for this facility?**

*Whole numbers only.*

(No response)

**10g. What is the amount of requested funds that will be applied to the development of this facility?**

*Whole numbers only. Format: 12345*

(No response)

**10h. Will funds from other sources, including other grants, loans, other bond investments, or elsewhere, be used to develop this facility?**

(No response)

10q. Please indicate the population(s) of focus whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10r. Please indicate the special or priority population(s) whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10s. Please indicate the racial and ethnic populations for whom culturally competent services will be provided in this facility.

**No Responses Selected**

10t. Will the proposed facility be part of a campus that collocates multiple levels of care on the behavioral health continuum?

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

(No response)

10u. Will this facility operate as a locked facility?

(No response)

10v. What is the anticipated completion date for this facility?

*To continue with the application, please enter a date between April 2026 and June 2030 in the MM/DD/YYYY format.*

(No response)

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

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

- **Square Footage:** Indicate the portion of the facility that would be expanded using Bond BHCIP Round 2: Unmet Needs funds and enter numbers only (e.g., enter 1,354 square feet as "1354").
  - *Example 1:* An existing 10,000-square-foot building will be rehabilitated to become a new Mental Health Rehabilitation Center. The total square footage that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 10,000 square feet (entered as "10000").
  - *Example 2:* An outpatient treatment program currently operating and providing behavioral health services in a 10,000-square-foot building will expand its facility to 15,000 square feet total. The total square footage **for expansion** that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 5,000 square feet (entered as "5000").
- **Treatment Slots and Beds:** Refer to the Bond BHCIP [Frequently Asked Questions](#) (FAQs) for further guidance.
- **Additional Outpatient and Residential/Inpatient Individuals Served:** Refer to the Bond BHCIP [FAQs](#) for further guidance.

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

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### Facility 13

---

**10c. Please select the category your facility falls under.**

(No response)

---

**10d. Explain how the proposed facility will meet all licensing and certification requirements. If the proposed facility does not require licensing or certification, please explain. Refer to the Bond BHCIP [FAQs](#) for further guidance.**

*125-word limit*

(No response)

**10e. Construction type**

(No response)

**10f. What is the total square footage being constructed, added, rehabilitated, or acquired for this facility?**

*Whole numbers only.*

(No response)

**10g. What is the amount of requested funds that will be applied to the development of this facility?**

*Whole numbers only. Format: 12345*

(No response)

**10h. Will funds from other sources, including other grants, loans, other bond investments, or elsewhere, be used to develop this facility?**

(No response)

10q. Please indicate the population(s) of focus whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10r. Please indicate the special or priority population(s) whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10s. Please indicate the racial and ethnic populations for whom culturally competent services will be provided in this facility.

**No Responses Selected**

10t. Will the proposed facility be part of a campus that collocates multiple levels of care on the behavioral health continuum?

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

(No response)

10u. Will this facility operate as a locked facility?

(No response)

10v. What is the anticipated completion date for this facility?

*To continue with the application, please enter a date between April 2026 and June 2030 in the MM/DD/YYYY format.*

(No response)

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

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

- **Square Footage:** Indicate the portion of the facility that would be expanded using Bond BHCIP Round 2: Unmet Needs funds and enter numbers only (e.g., enter 1,354 square feet as "1354").
  - *Example 1:* An existing 10,000-square-foot building will be rehabilitated to become a new Mental Health Rehabilitation Center. The total square footage that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 10,000 square feet (entered as "10000").
  - *Example 2:* An outpatient treatment program currently operating and providing behavioral health services in a 10,000-square-foot building will expand its facility to 15,000 square feet total. The total square footage **for expansion** that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 5,000 square feet (entered as "5000").
- **Treatment Slots and Beds:** Refer to the Bond BHCIP [Frequently Asked Questions](#) (FAQs) for further guidance.
- **Additional Outpatient and Residential/Inpatient Individuals Served:** Refer to the Bond BHCIP [FAQs](#) for further guidance.

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

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#### Facility 14

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10c. Please select the category your facility falls under.

(No response)

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**10d. Explain how the proposed facility will meet all licensing and certification requirements. If the proposed facility does not require licensing or certification, please explain. Refer to the Bond BHCIP [FAQs](#) for further guidance.**

*125-word limit*

(No response)

**10e. Construction type**

(No response)

**10f. What is the total square footage being constructed, added, rehabilitated, or acquired for this facility?**

*Whole numbers only.*

(No response)

**10g. What is the amount of requested funds that will be applied to the development of this facility?**

*Whole numbers only. Format: 12345*

(No response)

**10h. Will funds from other sources, including other grants, loans, other bond investments, or elsewhere, be used to develop this facility?**

(No response)

10q. Please indicate the population(s) of focus whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10r. Please indicate the special or priority population(s) whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10s. Please indicate the racial and ethnic populations for whom culturally competent services will be provided in this facility.

**No Responses Selected**

10t. Will the proposed facility be part of a campus that collocates multiple levels of care on the behavioral health continuum?

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

(No response)

10u. Will this facility operate as a locked facility?

(No response)

10v. What is the anticipated completion date for this facility?

*To continue with the application, please enter a date between April 2026 and June 2030 in the MM/DD/YYYY format.*

(No response)

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

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

- **Square Footage:** Indicate the portion of the facility that would be expanded using Bond BHCIP Round 2: Unmet Needs funds and enter numbers only (e.g., enter 1,354 square feet as "1354").
  - *Example 1:* An existing 10,000-square-foot building will be rehabilitated to become a new Mental Health Rehabilitation Center. The total square footage that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 10,000 square feet (entered as "10000").
  - *Example 2:* An outpatient treatment program currently operating and providing behavioral health services in a 10,000-square-foot building will expand its facility to 15,000 square feet total. The total square footage **for expansion** that would be constructed with Bond BHCIP Round 2: Unmet Needs funds is 5,000 square feet (entered as "5000").
- **Treatment Slots and Beds:** Refer to the Bond BHCIP [Frequently Asked Questions](#) (FAQs) for further guidance.
- **Additional Outpatient and Residential/Inpatient Individuals Served:** Refer to the Bond BHCIP [FAQs](#) for further guidance.

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

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## Facility 15

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10c. Please select the category your facility falls under.

(No response)

---

**10d. Explain how the proposed facility will meet all licensing and certification requirements. If the proposed facility does not require licensing or certification, please explain. Refer to the Bond BHCIP [FAQs](#) for further guidance.**

*125-word limit*

(No response)

**10e. Construction type**

(No response)

**10f. What is the total square footage being constructed, added, rehabilitated, or acquired for this facility?**

*Whole numbers only.*

(No response)

**10g. What is the amount of requested funds that will be applied to the development of this facility?**

*Whole numbers only. Format: 12345*

(No response)

**10h. Will funds from other sources, including other grants, loans, other bond investments, or elsewhere, be used to develop this facility?**

(No response)

10q. Please indicate the population(s) of focus whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10r. Please indicate the special or priority population(s) whose unique needs will be met by the facility's specific, tailored programming.

**No Responses Selected**

10s. Please indicate the racial and ethnic populations for whom culturally competent services will be provided in this facility.

**No Responses Selected**

10t. Will the proposed facility be part of a campus that collocates multiple levels of care on the behavioral health continuum?

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

(No response)

10u. Will this facility operate as a locked facility?

(No response)

10v. What is the anticipated completion date for this facility?

*To continue with the application, please enter a date between April 2026 and June 2030 in the MM/DD/YYYY format.*

(No response)

Facilities Summary

Please use this page to confirm the following proposed facility information.

*To ensure that data are updated, click 'Save and Continue Editing'. Once you have done so, if you need to make changes to facility data, please click 'Previous'.*

# Facilities Planned:

## fac\_population\_info

children_and_youth	(No response)
tay_1620	(No response)
tay_2125	(No response)
adults	(No response)
perinatal	(No response)
older_adults	(No response)
with_disabilities	(No response)
exp_homelessness	(No response)
who_identify	(No response)
living_with_mbh	(No response)
justice	(No response)
women	(No response)
foster_care	(No response)
veterans	(No response)
amer_ind_alaska_native	(No response)
asian_ind	(No response)
black_or_afam	(No response)
cambodian	(No response)
chinese	(No response)
filipino	(No response)
guama_or_chamo	(No response)
hispanic_latino_spanish	(No response)
hmong	(No response)

japanese	(No response)
korean	(No response)
laotian	(No response)
hawaiian	(No response)
samoan	(No response)
vietnamese	(No response)
white	(No response)
other	(No response)



## final\_facility\_table\_01

final_facility_type_category_01	(No response)
final_facility_type_mh_res_01	(No response)
final_facility_type_mh_out_01	(No response)
final_facility_type_sud_res_01	(No response)
final_facility_type_sud_out_01	(No response)
final_facility_obot_narrative_01	(No response)
final_facility_cmhc_type_01	(No response)
final_facility_cmhc_nrtv_01	(No response)
final_licensing_requirements_narrative_01	(No response)
final_construction_type_01	(No response)
final_project_sqft_01	(No response)
final_facility_development_funds_requested_01	(No response)
final_facility_funds_other_source_01	(No response)
final_funds_other_source_amount_01	(No response)
final_funds_other_source_narrative_01	(No response)
final_current_slots_01	(No response)
final_served_annually_slots_01	(No response)
final_additional_slots_01	(No response)
final_additional_served_annual_slots_01	(No response)
final_current_beds_01	(No response)
final_served_annually_beds_01	(No response)
final_additional_beds_01	(No response)
final_additional_served_annual_beds_01	(No response)

final_populations_facility_serve_01	(No response)
final_special_priority_populations_serve_01	(No response)
final_race_ethnic_populations_serve_01	(No response)
final_race_ethnic_other_01	(No response)
final_facility_campus_01	(No response)
final_campus_facility_types_01	(No response)
final_integrated_svcs_01	(No response)
final_campus_housing_01	(No response)
final_campus_housing_nrtv_01	(No response)
final_housing_status_01	(No response)
final_existing_beds_01	(No response)
final_planned_beds_01	(No response)
final_campus_closing_date_01	(No response)
final_campus_colocate_housing_01	(No response)
final_campus_colocate_nrtv_01	(No response)
final_locked_facility_01	(No response)
final_locked_facility_narrative_01	(No response)
final_facility_completion_date_01	(No response)

## final\_facility\_table\_02

final_facility_type_category_02	(No response)
final_facility_type_mh_res_02	(No response)
final_facility_type_mh_out_02	(No response)
final_facility_type_sud_res_02	(No response)
final_facility_type_sud_out_02	(No response)
final_facility_obot_narrative_02	(No response)
final_facility_cmhc_type_02	(No response)
final_facility_cmhc_nrtv_02	(No response)
final_licensing_requirements_narrative_02	(No response)
final_construction_type_02	(No response)
final_project_sqft_02	(No response)
final_facility_development_funds_requested_02	(No response)
final_facility_funds_other_source_02	(No response)
final_funds_other_source_amount_02	(No response)
final_funds_other_source_narrative_02	(No response)
final_current_slots_02	(No response)
final_served_annually_slots_02	(No response)
final_additional_slots_02	(No response)
final_additional_served_annual_slots_02	(No response)
final_current_beds_02	(No response)
final_served_annually_beds_02	(No response)
final_additional_beds_02	(No response)
final_additional_served_annual_beds_02	(No response)

final_populations_facility_serve_02	(No response)
final_special_priority_populations_serve_02	(No response)
final_race_ethnic_populations_serve_02	(No response)
final_race_ethnic_other_02	(No response)
final_facility_campus_02	(No response)
final_campus_facility_types_02	(No response)
final_integrated_svcs_02	(No response)
final_campus_housing_02	(No response)
final_campus_housing_nrtv_02	(No response)
final_housing_status_02	(No response)
final_existing_beds_02	(No response)
final_planned_beds_02	(No response)
final_campus_closing_date_02	(No response)
final_campus_colocate_housing_02	(No response)
final_campus_colocate_nrtv_02	(No response)
final_locked_facility_02	(No response)
final_locked_facility_narrative_02	(No response)
final_facility_completion_date_02	(No response)

## final\_facility\_table\_03

final_facility_type_category_03	(No response)
final_facility_type_mh_res_03	(No response)
final_facility_type_mh_out_03	(No response)
final_facility_type_sud_res_03	(No response)
final_facility_type_sud_out_03	(No response)
final_facility_obot_narrative_03	(No response)
final_facility_cmhc_type_03	(No response)
final_facility_cmhc_nrtv_03	(No response)
final_licensing_requirements_narrative_03	(No response)
final_construction_type_03	(No response)
final_project_sqft_03	(No response)
final_facility_development_funds_requested_03	(No response)
final_facility_funds_other_source_03	(No response)
final_funds_other_source_amount_03	(No response)
final_funds_other_source_narrative_03	(No response)
final_current_slots_03	(No response)
final_served_annually_slots_03	(No response)
final_additional_slots_03	(No response)
final_additional_served_annual_slots_03	(No response)
final_current_beds_03	(No response)
final_served_annually_beds_03	(No response)
final_additional_beds_03	(No response)
final_additional_served_annual_beds_03	(No response)

final_populations_facility_serve_03	(No response)
final_special_priority_populations_serve_03	(No response)
final_race_ethnic_populations_serve_03	(No response)
final_race_ethnic_other_03	(No response)
final_facility_campus_03	(No response)
final_campus_facility_types_03	(No response)
final_integrated_svcs_03	(No response)
final_campus_housing_03	(No response)
final_campus_housing_nrtv_03	(No response)
final_housing_status_03	(No response)
final_existing_beds_03	(No response)
final_planned_beds_03	(No response)
final_campus_closing_date_03	(No response)
final_campus_colocate_housing_03	(No response)
final_campus_colocate_nrtv_03	(No response)
final_locked_facility_03	(No response)
final_locked_facility_narrative_03	(No response)
final_facility_completion_date_03	(No response)

## final\_facility\_table\_04

final_facility_type_category_04	(No response)
final_facility_type_mh_res_04	(No response)
final_facility_type_mh_out_04	(No response)
final_facility_type_sud_res_04	(No response)
final_facility_type_sud_out_04	(No response)
final_facility_obot_narrative_04	(No response)
final_facility_cmhc_type_04	(No response)
final_facility_cmhc_nrtv_04	(No response)
final_licensing_requirements_narrative_04	(No response)
final_construction_type_04	(No response)
final_project_sqft_04	(No response)
final_facility_development_funds_requested_04	(No response)
final_facility_funds_other_source_04	(No response)
final_funds_other_source_amount_04	(No response)
final_funds_other_source_narrative_04	(No response)
final_current_slots_04	(No response)
final_served_annually_slots_04	(No response)
final_additional_slots_04	(No response)
final_additional_served_annual_slots_04	(No response)
final_current_beds_04	(No response)
final_served_annually_beds_04	(No response)
final_additional_beds_04	(No response)
final_additional_served_annual_beds_04	(No response)

final_populations_facility_serve_04	(No response)
final_special_priority_populations_serve_04	(No response)
final_race_ethnic_populations_serve_04	(No response)
final_race_ethnic_other_04	(No response)
final_facility_campus_04	(No response)
final_campus_facility_types_04	(No response)
final_integrated_svcs_04	(No response)
final_campus_housing_04	(No response)
final_campus_housing_nrtv_04	(No response)
final_housing_status_04	(No response)
final_existing_beds_04	(No response)
final_planned_beds_04	(No response)
final_campus_closing_date_04	(No response)
final_campus_colocate_housing_04	(No response)
final_campus_colocate_nrtv_04	(No response)
final_locked_facility_04	(No response)
final_locked_facility_narrative_04	(No response)
final_facility_completion_date_04	(No response)



## final\_facility\_table\_05

final_facility_type_category_05	(No response)
final_facility_type_mh_res_05	(No response)
final_facility_type_mh_out_05	(No response)
final_facility_type_sud_res_05	(No response)
final_facility_type_sud_out_05	(No response)
final_facility_obot_narrative_05	(No response)
final_facility_cmhc_type_05	(No response)
final_facility_cmhc_nrtv_05	(No response)
final_licensing_requirements_narrative_05	(No response)
final_construction_type_05	(No response)
final_project_sqft_05	(No response)
final_facility_development_funds_requested_05	(No response)
final_facility_funds_other_source_05	(No response)
final_funds_other_source_amount_05	(No response)
final_funds_other_source_narrative_05	(No response)
final_current_slots_05	(No response)
final_served_annually_slots_05	(No response)
final_additional_slots_05	(No response)
final_additional_served_annual_slots_05	(No response)
final_current_beds_05	(No response)
final_served_annually_beds_05	(No response)
final_additional_beds_05	(No response)
final_additional_served_annual_beds_05	(No response)

final_populations_facility_serve_05	(No response)
final_special_priority_populations_serve_05	(No response)
final_race_ethnic_populations_serve_05	(No response)
final_race_ethnic_other_05	(No response)
final_facility_campus_05	(No response)
final_campus_facility_types_05	(No response)
final_integrated_svcs_05	(No response)
final_campus_housing_05	(No response)
final_campus_housing_nrtv_05	(No response)
final_housing_status_05	(No response)
final_existing_beds_05	(No response)
final_planned_beds_05	(No response)
final_campus_closing_date_05	(No response)
final_campus_colocate_housing_05	(No response)
final_campus_colocate_nrtv_05	(No response)
final_locked_facility_05	(No response)
final_locked_facility_narrative_05	(No response)
final_facility_completion_date_05	(No response)

## final\_facility\_table\_06

final_facility_type_category_06	(No response)
final_facility_type_mh_res_06	(No response)
final_facility_type_mh_out_06	(No response)
final_facility_type_sud_res_06	(No response)
final_facility_type_sud_out_06	(No response)
final_facility_obot_narrative_06	(No response)
final_facility_cmhc_type_06	(No response)
final_facility_cmhc_nrtv_06	(No response)
final_licensing_requirements_narrative_06	(No response)
final_construction_type_06	(No response)
final_project_sqft_06	(No response)
final_facility_development_funds_requested_06	(No response)
final_facility_funds_other_source_06	(No response)
final_funds_other_source_amount_06	(No response)
final_funds_other_source_narrative_06	(No response)
final_current_slots_06	(No response)
final_served_annually_slots_06	(No response)
final_additional_slots_06	(No response)
final_additional_served_annual_slots_06	(No response)
final_current_beds_06	(No response)
final_served_annually_beds_06	(No response)
final_additional_beds_06	(No response)
final_additional_served_annual_beds_06	(No response)

final_populations_facility_serve_06	(No response)
final_special_priority_populations_serve_06	(No response)
final_race_ethnic_populations_serve_06	(No response)
final_race_ethnic_other_06	(No response)
final_facility_campus_06	(No response)
final_campus_facility_types_06	(No response)
final_integrated_svcs_06	(No response)
final_campus_housing_06	(No response)
final_campus_housing_nrtv_06	(No response)
final_housing_status_06	(No response)
final_existing_beds_06	(No response)
final_planned_beds_06	(No response)
final_campus_closing_date_06	(No response)
final_campus_colocate_housing_06	(No response)
final_campus_colocate_nrtv_06	(No response)
final_locked_facility_06	(No response)
final_locked_facility_narrative_06	(No response)
final_facility_completion_date_06	(No response)

## final\_facility\_table\_07

final_facility_type_category_07	(No response)
final_facility_type_mh_res_07	(No response)
final_facility_type_mh_out_07	(No response)
final_facility_type_sud_res_07	(No response)
final_facility_type_sud_out_07	(No response)
final_facility_obot_narrative_07	(No response)
final_facility_cmhc_type_07	(No response)
final_facility_cmhc_nrtv_07	(No response)
final_licensing_requirements_narrative_07	(No response)
final_construction_type_07	(No response)
final_project_sqft_07	(No response)
final_facility_development_funds_requested_07	(No response)
final_facility_funds_other_source_07	(No response)
final_funds_other_source_amount_07	(No response)
final_funds_other_source_narrative_07	(No response)
final_current_slots_07	(No response)
final_served_annually_slots_07	(No response)
final_additional_slots_07	(No response)
final_additional_served_annual_slots_07	(No response)
final_current_beds_07	(No response)
final_served_annually_beds_07	(No response)
final_additional_beds_07	(No response)
final_additional_served_annual_beds_07	(No response)

final_populations_facility_serve_07	(No response)
final_special_priority_populations_serve_07	(No response)
final_race_ethnic_populations_serve_07	(No response)
final_race_ethnic_other_07	(No response)
final_facility_campus_07	(No response)
final_campus_facility_types_07	(No response)
final_integrated_svcs_07	(No response)
final_campus_housing_07	(No response)
final_campus_housing_nrtv_07	(No response)
final_housing_status_07	(No response)
final_existing_beds_07	(No response)
final_planned_beds_07	(No response)
final_campus_closing_date_07	(No response)
final_campus_colocate_housing_07	(No response)
final_campus_colocate_nrtv_07	(No response)
final_locked_facility_07	(No response)
final_locked_facility_narrative_07	(No response)
final_facility_completion_date_07	(No response)

## final\_facility\_table\_08

final_facility_type_category_08	(No response)
final_facility_type_mh_res_08	(No response)
final_facility_type_mh_out_08	(No response)
final_facility_type_sud_res_08	(No response)
final_facility_type_sud_out_08	(No response)
final_facility_obot_narrative_08	(No response)
final_facility_cmhc_type_08	(No response)
final_facility_cmhc_nrtv_08	(No response)
final_licensing_requirements_narrative_08	(No response)
final_construction_type_08	(No response)
final_project_sqft_08	(No response)
final_facility_development_funds_requested_08	(No response)
final_facility_funds_other_source_08	(No response)
final_funds_other_source_amount_08	(No response)
final_funds_other_source_narrative_08	(No response)
final_current_slots_08	(No response)
final_served_annually_slots_08	(No response)
final_additional_slots_08	(No response)
final_additional_served_annual_slots_08	(No response)
final_current_beds_08	(No response)
final_served_annually_beds_08	(No response)
final_additional_beds_08	(No response)
final_additional_served_annual_beds_08	(No response)

final_populations_facility_serve_08	(No response)
final_special_priority_populations_serve_08	(No response)
final_race_ethnic_populations_serve_08	(No response)
final_race_ethnic_other_08	(No response)
final_facility_campus_08	(No response)
final_campus_facility_types_08	(No response)
final_integrated_svcs_08	(No response)
final_campus_housing_08	(No response)
final_campus_housing_nrtv_08	(No response)
final_housing_status_08	(No response)
final_existing_beds_08	(No response)
final_planned_beds_08	(No response)
final_campus_closing_date_08	(No response)
final_campus_colocate_housing_08	(No response)
final_campus_colocate_nrtv_08	(No response)
final_locked_facility_08	(No response)
final_locked_facility_narrative_08	(No response)
final_facility_completion_date_08	(No response)



## final\_facility\_table\_09

final_facility_type_category_09	(No response)
final_facility_type_mh_res_09	(No response)
final_facility_type_mh_out_09	(No response)
final_facility_type_sud_res_09	(No response)
final_facility_type_sud_out_09	(No response)
final_facility_obot_narrative_09	(No response)
final_facility_cmhc_type_09	(No response)
final_facility_cmhc_nrtv_09	(No response)
final_licensing_requirements_narrative_09	(No response)
final_construction_type_09	(No response)
final_project_sqft_09	(No response)
final_facility_development_funds_requested_09	(No response)
final_facility_funds_other_source_09	(No response)
final_funds_other_source_amount_09	(No response)
final_funds_other_source_narrative_09	(No response)
final_current_slots_09	(No response)
final_served_annually_slots_09	(No response)
final_additional_slots_09	(No response)
final_additional_served_annual_slots_09	(No response)
final_current_beds_09	(No response)
final_served_annually_beds_09	(No response)
final_additional_beds_09	(No response)
final_additional_served_annual_beds_09	(No response)

final_populations_facility_serve_09	(No response)
final_special_priority_populations_serve_09	(No response)
final_race_ethnic_populations_serve_09	(No response)
final_race_ethnic_other_09	(No response)
final_facility_campus_09	(No response)
final_campus_facility_types_09	(No response)
final_integrated_svcs_09	(No response)
final_campus_housing_09	(No response)
final_campus_housing_nrtv_09	(No response)
final_housing_status_09	(No response)
final_existing_beds_09	(No response)
final_planned_beds_09	(No response)
final_campus_closing_date_09	(No response)
final_campus_colocate_housing_09	(No response)
final_campus_colocate_nrtv_09	(No response)
final_locked_facility_09	(No response)
final_locked_facility_narrative_09	(No response)
final_facility_completion_date_09	(No response)

## final\_facility\_table\_10

final_facility_type_category_10	(No response)
final_facility_type_mh_res_10	(No response)
final_facility_type_mh_out_10	(No response)
final_facility_type_sud_res_10	(No response)
final_facility_type_sud_out_10	(No response)
final_facility_obot_narrative_10	(No response)
final_facility_cmhc_type_10	(No response)
final_facility_cmhc_nrtv_10	(No response)
final_licensing_requirements_narrative_10	(No response)
final_construction_type_10	(No response)
final_project_sqft_10	(No response)
final_facility_development_funds_requested_10	(No response)
final_facility_funds_other_source_10	(No response)
final_funds_other_source_amount_10	(No response)
final_funds_other_source_narrative_10	(No response)
final_current_slots_10	(No response)
final_served_annually_slots_10	(No response)
final_additional_slots_10	(No response)
final_additional_served_annual_slots_10	(No response)
final_current_beds_10	(No response)
final_served_annually_beds_10	(No response)
final_additional_beds_10	(No response)
final_additional_served_annual_beds_10	(No response)

final_populations_facility_serve_10	(No response)
final_special_priority_populations_serve_10	(No response)
final_race_ethnic_populations_serve_10	(No response)
final_race_ethnic_other_10	(No response)
final_facility_campus_10	(No response)
final_campus_facility_types_10	(No response)
final_integrated_svcs_10	(No response)
final_campus_housing_10	(No response)
final_campus_housing_nrtv_10	(No response)
final_housing_status_10	(No response)
final_existing_beds_10	(No response)
final_planned_beds_10	(No response)
final_campus_closing_date_10	(No response)
final_campus_colocate_housing_10	(No response)
final_campus_colocate_nrtv_10	(No response)
final_locked_facility_10	(No response)
final_locked_facility_narrative_10	(No response)
final_facility_completion_date_10	(No response)

## final\_facility\_table\_11

final_facility_type_category_11	(No response)
final_facility_type_mh_res_11	(No response)
final_facility_type_mh_out_11	(No response)
final_facility_type_sud_res_11	(No response)
final_facility_type_sud_out_11	(No response)
final_facility_obot_narrative_11	(No response)
final_facility_cmhc_type_11	(No response)
final_facility_cmhc_nrtv_11	(No response)
final_licensing_requirements_narrative_11	(No response)
final_construction_type_11	(No response)
final_project_sqft_11	(No response)
final_facility_development_funds_requested_11	(No response)
final_facility_funds_other_source_11	(No response)
final_funds_other_source_amount_11	(No response)
final_funds_other_source_narrative_11	(No response)
final_current_slots_11	(No response)
final_served_annually_slots_11	(No response)
final_additional_slots_11	(No response)
final_additional_served_annual_slots_11	(No response)
final_current_beds_11	(No response)
final_served_annually_beds_11	(No response)
final_additional_beds_11	(No response)
final_additional_served_annual_beds_11	(No response)

final_populations_facility_serve_11	(No response)
final_special_priority_populations_serve_11	(No response)
final_race_ethnic_populations_serve_11	(No response)
final_race_ethnic_other_11	(No response)
final_facility_campus_11	(No response)
final_campus_facility_types_11	(No response)
final_integrated_svcs_11	(No response)
final_campus_housing_11	(No response)
final_campus_housing_nrtv_11	(No response)
final_housing_status_11	(No response)
final_existing_beds_11	(No response)
final_planned_beds_11	(No response)
final_campus_closing_date_11	(No response)
final_campus_colocate_housing_11	(No response)
final_campus_colocate_nrtv_11	(No response)
final_locked_facility_11	(No response)
final_locked_facility_narrative_11	(No response)
final_facility_completion_date_11	(No response)

## final\_facility\_table\_12

final_facility_type_category_12	(No response)
final_facility_type_mh_res_12	(No response)
final_facility_type_mh_out_12	(No response)
final_facility_type_sud_res_12	(No response)
final_facility_type_sud_out_12	(No response)
final_facility_obot_narrative_12	(No response)
final_facility_cmhc_type_12	(No response)
final_facility_cmhc_nrtv_12	(No response)
final_licensing_requirements_narrative_12	(No response)
final_construction_type_12	(No response)
final_project_sqft_12	(No response)
final_facility_development_funds_requested_12	(No response)
final_facility_funds_other_source_12	(No response)
final_funds_other_source_amount_12	(No response)
final_funds_other_source_narrative_12	(No response)
final_current_slots_12	(No response)
final_served_annually_slots_12	(No response)
final_additional_slots_12	(No response)
final_additional_served_annual_slots_12	(No response)
final_current_beds_12	(No response)
final_served_annually_beds_12	(No response)
final_additional_beds_12	(No response)
final_additional_served_annual_beds_12	(No response)

final_populations_facility_serve_12	(No response)
final_special_priority_populations_serve_12	(No response)
final_race_ethnic_populations_serve_12	(No response)
final_race_ethnic_other_12	(No response)
final_facility_campus_12	(No response)
final_campus_facility_types_12	(No response)
final_integrated_svcs_12	(No response)
final_campus_housing_12	(No response)
final_campus_housing_nrtv_12	(No response)
final_housing_status_12	(No response)
final_existing_beds_12	(No response)
final_planned_beds_12	(No response)
final_campus_closing_date_12	(No response)
final_campus_colocate_housing_12	(No response)
final_campus_colocate_nrtv_12	(No response)
final_locked_facility_12	(No response)
final_locked_facility_narrative_12	(No response)
final_facility_completion_date_12	(No response)



## final\_facility\_table\_13

final_facility_type_category_13	(No response)
final_facility_type_mh_res_13	(No response)
final_facility_type_mh_out_13	(No response)
final_facility_type_sud_res_13	(No response)
final_facility_type_sud_out_13	(No response)
final_facility_obot_narrative_13	(No response)
final_facility_cmhc_type_13	(No response)
final_facility_cmhc_nrtv_13	(No response)
final_licensing_requirements_narrative_13	(No response)
final_construction_type_13	(No response)
final_project_sqft_13	(No response)
final_facility_development_funds_requested_13	(No response)
final_facility_funds_other_source_13	(No response)
final_funds_other_source_amount_13	(No response)
final_funds_other_source_narrative_13	(No response)
final_current_slots_13	(No response)
final_served_annually_slots_13	(No response)
final_additional_slots_13	(No response)
final_additional_served_annual_slots_13	(No response)
final_current_beds_13	(No response)
final_served_annually_beds_13	(No response)
final_additional_beds_13	(No response)
final_additional_served_annual_beds_13	(No response)

final_populations_facility_serve_13	(No response)
final_special_priority_populations_serve_13	(No response)
final_race_ethnic_populations_serve_13	(No response)
final_race_ethnic_other_13	(No response)
final_facility_campus_13	(No response)
final_campus_facility_types_13	(No response)
final_integrated_svcs_13	(No response)
final_campus_housing_13	(No response)
final_campus_housing_nrtv_13	(No response)
final_housing_status_13	(No response)
final_existing_beds_13	(No response)
final_planned_beds_13	(No response)
final_campus_closing_date_13	(No response)
final_campus_colocate_housing_13	(No response)
final_campus_colocate_nrtv_13	(No response)
final_locked_facility_13	(No response)
final_locked_facility_narrative_13	(No response)
final_facility_completion_date_13	(No response)

## final\_facility\_table\_14

final_facility_type_category_14	(No response)
final_facility_type_mh_res_14	(No response)
final_facility_type_mh_out_14	(No response)
final_facility_type_sud_res_14	(No response)
final_facility_type_sud_out_14	(No response)
final_facility_obot_narrative_14	(No response)
final_facility_cmhc_type_14	(No response)
final_facility_cmhc_nrtv_14	(No response)
final_licensing_requirements_narrative_14	(No response)
final_construction_type_14	(No response)
final_project_sqft_14	(No response)
final_facility_development_funds_requested_14	(No response)
final_facility_funds_other_source_14	(No response)
final_funds_other_source_amount_14	(No response)
final_funds_other_source_narrative_14	(No response)
final_current_slots_14	(No response)
final_served_annually_slots_14	(No response)
final_additional_slots_14	(No response)
final_additional_served_annual_slots_14	(No response)
final_current_beds_14	(No response)
final_served_annually_beds_14	(No response)
final_additional_beds_14	(No response)
final_additional_served_annual_beds_14	(No response)

final_populations_facility_serve_14	(No response)
final_special_priority_populations_serve_14	(No response)
final_race_ethnic_populations_serve_14	(No response)
final_race_ethnic_other_14	(No response)
final_facility_campus_14	(No response)
final_campus_facility_types_14	(No response)
final_integrated_svcs_14	(No response)
final_campus_housing_14	(No response)
final_campus_housing_nrtv_14	(No response)
final_housing_status_14	(No response)
final_existing_beds_14	(No response)
final_planned_beds_14	(No response)
final_campus_closing_date_14	(No response)
final_campus_colocate_housing_14	(No response)
final_campus_colocate_nrtv_14	(No response)
final_locked_facility_14	(No response)
final_locked_facility_narrative_14	(No response)
final_facility_completion_date_14	(No response)

## final\_facility\_table\_15

final_facility_type_category_15	(No response)
final_facility_type_mh_res_15	(No response)
final_facility_type_mh_out_15	(No response)
final_facility_type_sud_res_15	(No response)
final_facility_type_sud_out_15	(No response)
final_facility_obot_narrative_15	(No response)
final_facility_cmhc_type_15	(No response)
final_facility_cmhc_nrtv_15	(No response)
final_licensing_requirements_narrative_15	(No response)
final_construction_type_15	(No response)
final_project_sqft_15	(No response)
final_facility_development_funds_requested_15	(No response)
final_facility_funds_other_source_15	(No response)
final_funds_other_source_amount_15	(No response)
final_funds_other_source_narrative_15	(No response)
final_current_slots_15	(No response)
final_served_annually_slots_15	(No response)
final_additional_slots_15	(No response)
final_additional_served_annual_slots_15	(No response)
final_current_beds_15	(No response)
final_served_annually_beds_15	(No response)
final_additional_beds_15	(No response)
final_additional_served_annual_beds_15	(No response)

final_populations_facility_serve_15	(No response)
final_special_priority_populations_serve_15	(No response)
final_race_ethnic_populations_serve_15	(No response)
final_race_ethnic_other_15	(No response)
final_facility_campus_15	(No response)
final_campus_facility_types_15	(No response)
final_integrated_svcs_15	(No response)
final_campus_housing_15	(No response)
final_campus_housing_nrtv_15	(No response)
final_housing_status_15	(No response)
final_existing_beds_15	(No response)
final_planned_beds_15	(No response)
final_campus_closing_date_15	(No response)
final_campus_colocate_housing_15	(No response)
final_campus_colocate_nrtv_15	(No response)
final_locked_facility_15	(No response)
final_locked_facility_narrative_15	(No response)
final_facility_completion_date_15	(No response)

## Facility #1

- Type:
- Category:

**Facility #2**

- Type:
  - Category:
- 
- 

**Facility #3**

- Type:
  - Category:
- 
- 

**Facility #4**

- Type:
  - Category:
- 
- 

**Facility #5**

- Type:
  - Category:
- 
- 

**Facility #6**

- Type:
  - Category:
- 
-

**Facility #7**

- Type:
- Category:

**Facility #8**

- Type:
- Category:

**Facility #9**

- Type:
- Category:

**Facility #10**

- Type:
- Category:

**Facility #11**

- Type:
- Category:



#### Facility #12

- Type:
  - Category:
- 

#### Facility #13

- Type:
  - Category:
- 

#### Facility #14

- Type:
  - Category:
- 

#### Facility #15

- Type:
  - Category:
- 

*To ensure that data are updated, click 'Save and Continue Editing'. Once you have done so, if you need to make changes to facility data, please click 'Previous'.*

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

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

**11. Is the applicant willing to receive bond grant funding for part of the proposed project?**

(No response)

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

**12a. Populations of Focus**

	Plans to meet the population's unique needs
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	

**12b. 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	

12c. Indicate which of the following partnerships will apply to working with people who are justice-involved.  
Check all that apply:

No Responses Selected

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

Children and youth, ages 15 and younger	<input checked="" type="checkbox"/>
Transition-age youth, ages 16-20	<input checked="" type="checkbox"/>
Transition-age youth, ages 21-25	<input checked="" type="checkbox"/>
Adults, ages 18-64	<input checked="" type="checkbox"/>
Perinatal (pregnant/postpartum women and their children)	<input checked="" type="checkbox"/>
Older adults, ages 65 and older	<input checked="" type="checkbox"/>

How will those who are justice-involved be referred to the facility?

125-word limit

(No response)

**12d. Specify the culturally competent services that will be developed and tailored to racial and ethnic populations identified.**

	Plans for culturally competent services
American Indian or Alaska Native	
Asian Indian	
Black or African American	
Cambodian	
Chinese	
Filipino	
Guamanian or Chamorro	
Hispanic, Latino, or Spanish Origin	
Hmong	
Japanese	
Korean	
Laotian	
Native Hawaiian	
Samoan	
Vietnamese	
White	
Other	

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

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

## Bond Round 2 - Section 3.1: Project Site/Property

Incomplete

## Bond Round 2 - Section 3.1: Project Site/Property

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

---

### 1. 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.

---

Have you identified a project site/property?

(No response)

---

3. For the proposed project or proposed project location, list all public and private ceremonial events that have occurred over the past year or are planned for the near future (e.g., groundbreaking, cleansing, ribbon cutting).

*250-word limit*

(No response)

---

4. Has the proposed project or proposed project location received any publicity (positive or negative) over the past year?

(No response)

---

## Bond Round 2 - Section 3.2: Development Plans and Financing

Incomplete

## Bond Round 2 - Section 3.2: Development Plans and Financing

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

---

**1. Which phase of development describes the project's current status? Refer to [RFA Section 2.2](#) for additional guidance.**

(No response)

**2. Describe how the proposed project fits in the phase of development selected.**

*250-word limit*

(No response)

**3. List all outstanding construction approvals, will serve letters, and building permits required to complete each facility type referenced in this application and describe your strategy for applying for each within six months of fully executing a Bond BHCIP Round 2: Unmet Needs PFA.**

*250-word limit*

(No response)

**4. Conditional awardees shall be solely responsible for any cost overruns beyond the award amount. Neither DHCS nor AHP will be responsible for any cost overruns. Describe your scope and cost-containment strategies, as well as any contingency plans for project cost overruns and fiscal strategies for managing the proposed project. Include specific examples of potential project cost savings, cost efficiencies, and cost leveraging.**

*250-word limit*

(No response)

**5. Use the fields below to provide details about the proposed project's construction and design.**

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

---

**a. Describe all due diligence, feasibility studies, and site inspections completed to date that indicate site appropriateness for the facility.**

*125-word limit*

(No response)

---

**b. Describe any preliminary site plans, design drawings, and/or construction plans. If no construction plan is yet in place, plan to submit a valid rough order of magnitude (ROM) cost estimate from an architect, engineer, or licensed general contractor (Section 3.5 Required Documents).**

*125-word limit*

(No response)

---

**c. Describe any planned site amenities (e.g., community and common areas, laundry, gated access, security, recreational areas, community garden) and sustainable and green building elements.**

*125-word limit*

(No response)

**d. Describe any onsite and offsite improvement requirements and/or complex or costly structural or site/topographical requirements.**

*125-word limit*

(No response)

**e. Describe any needed demolition.**

*125-word limit*

(No response)

**f. Describe the process used to develop your Bond BHCIP Round 2: Unmet Needs application budget, including naming the individual (name, title, company) who produced the budget estimates.**

*125-word limit*

(No response)

**6. What is the estimated total development cost to acquire, plan, permit, insure, construct, license, and open services at the completed facility? This amount should include both match and program funds.**

(No response)

**7a. How many similar health care construction projects has the proposed development team completed?**

(No response)



**7b. 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.

*Please scroll right to review all columns.*

	Brief Name of Completed Project	Description	Completion Date	Location (Address, City, Zip Code)	BHCIP Funded Project	Website URL (if not applicable, enter N/A)
Project 1						
Project 2						
Project 3						
Project 4						
Project 5						
Project 6						
Project 7						
Project 8						
Project 9						
Project 10						

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

(No response)

9. If awarded, do you plan to submit allowable expenditures toward sunk costs to meet the match requirement? Refer to [RFA Section 2.7c](#) for additional guidance on sunk costs.

*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 late spring 2026) may be claimed. Sunk costs pledged by applicants must be fully documented and approved by DHCS. All applicants that indicate they will submit sunk costs must be prepared to do so within seven calendar days of receipt of a Bond BHCIP Round 2: Unmet Needs Notice of Award.

(No response)

## Bond Round 2 - Section 3.3: Budget

Incomplete

## Bond Round 2 - Section 3.3: Budget

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

---

## Match Requirements

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

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

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

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

- Applicants pledging property match may not use a Bond BHCIP Round 2: Unmet Needs award to fund or reimburse the acquisition of that property. Applicants that are unable to demonstrate ownership of the property may not pledge the property as match. In addition, leasehold interest on existing land and buildings is not permitted as property match.
- 

### Budget Worksheet Instructions

- Reference [Attachment D: Budget Glossary of Terms](#) for line-by-line instructions.
  - Complete all required data fields for your project's financial estimates/funds requested.
  - This budget will be the basis of conditional Bond BHCIP funding, if awarded. When entering amounts, ensure accuracy by providing professional estimates.
  - Seek and include **actual bids or estimates from Department of Industrial Relations (DIR)-registered design-build professionals**, whenever possible.
  - Submit **accurate bids from qualified professionals**, contractors, architects, and engineers for an estimated start of construction in 2026-27.
  - Include California **DIR prevailing wage labor costs** in your region for all relevant onsite construction trades.
  - Include **notes and additional comments** as needed for special circumstances and/or details of funding sought per line item requested.
  - This budget will **autocalculate match, contingencies, and owner administration costs**.
  - Fill in **sources of capital** at the end of the budget.
-

## Feasibility/Due Diligence

Please scroll right to include any notes.

Use of Funds	Funded by Grant	Funded by Cash Match	Notes
Legal			
Architect (schematic drawings/fit study)			
Consultants (Specify)			
Engineering			
Construction Manager/Owner's Representative			
Preliminary Title Report (submitted with application)			
Phase 1 Environmental Report			
Phase 2 Environmental Report, if necessary			
Site Surveys (soils and environmental)			
Other Feasibility/Due Diligence Costs			
Other Feasibility/Due Diligence Costs			

Owner Administration (10% autofill)	(No response)
Contingency (10% autofill, includes Owner Admin)	(No response)
Total Feasibility/Due Diligence - Funded by Grant	(No response)
Total Feasibility/Due Diligence - Funded by Cash Match	(No response)
Total Feasibility/Due Diligence - Overall	(No response)

Owner Administration (10% autofill)	(No response)
Contingency (10% autofill, includes Owner Admin)	(No response)
Total Feasibility/Due Diligence - Funded by Grant	(No response)
Total Feasibility/Due Diligence - Funded by Cash Match	(No response)
Total Feasibility/Due Diligence - Overall	(No response)

## Development Planning

Please scroll right to include any notes.

Use of Funds	Funded by Grant	Funded by Cash Match	Notes
Legal			
Architect (design drawings/construction drawings)			
Construction Manager/Owner's Representative			
Civil Engineer			
Mechanical, Electrical, and Plumbing (MEP) Engineer			
Structural Engineer			
Consultants (Specify)			
Consultants (Specify)			
Consultants (Specify)			
Other Development Planning Costs (Specify)			
Other Development Planning Costs (Specify)			
Other Development Planning Costs (Specify)			
ALTA Lender's Policy (estimate 0.01% of total grant award)			

Owner Administration (10% autofill)	(No response)
Contingency (10% autofill, includes Owner Admin)	(No response)
Total Development Planning - Funded by Grant	(No response)
Total Development Planning - Funded by Cash Match	(No response)
Total Development Planning - Overall	(No response)

Owner Administration (10% autofill)	(No response)
Contingency (10% autofill, includes Owner Admin)	(No response)
Total Development Planning - Funded by Grant	(No response)
Total Development Planning - Funded by Cash Match	(No response)
Total Development Planning - Overall	(No response)



## Construction Permits and Fees

Please scroll right to include any notes.

Use of Funds	Funded by Grant	Funded by Cash Match	Notes
Payment and Performance (P&P) Bonds by General Contractor			
Builder's Risk Insurance			
Building Permit Fees			
Local Development Impact Fees			
DIR Employment Reporting			
Other Construction Permits and Fees (Specify)			
Other Construction Permits and Fees (Specify)			
Other Construction Permits and Fees (Specify)			

Owner Administration (10% autofill)	(No response)
Contingency (10% autofill, includes Owner Admin)	(No response)
Total Construction Permits and Fees - Funded by Grant	(No response)
Total Construction Permits and Fees - Funded by Cash Match	(No response)
Total Construction Permits and Fees - Overall	(No response)

Owner Administration (10% autofill)	(No response)
Contingency (10% autofill, includes Owner Admin)	(No response)
Total Construction Permits and Fees - Funded by Grant	(No response)
Total Construction Permits and Fees - Funded by Cash Match	(No response)
Total Construction Permits and Fees - Overall	(No response)

### Land Costs/Acquisition

Please scroll right to include any notes.

Use of Funds	Funded by Grant	Funded by Cash Match	Notes
Land Cost or Value			
Closing Costs			
Legal			
Broker Fee			
Appraisal Fee			
Property Insurance at Closing			
Construction Manager			
Demolition Involved in Acquisition			
Other Acquisition Costs (Specify)			

## Land Costs/Acquisition (cont.)

Please scroll right to include any notes.

Use of Funds	Funded by Grant	Funded by Cash Match	Notes
Off-Site Improvements (if needed)			

Owner Administration (2% autofill)	(No response)
Contingency (5% autofill, includes Owner Admin)	(No response)
Total Land Costs - Funded by Grant	(No response)
Total Land Costs - Funded by Cash Match	(No response)
Total Land Costs - Overall	(No response)
Total Acquisition Costs - Funded by Grant	(No response)
Total Acquisition Costs - Funded by Cash Match	(No response)
Total Acquisition Costs - Overall	(No response)

Owner Administration (2% autofill)	(No response)
Contingency (5% autofill, includes Owner Admin)	(No response)
Total Land Costs - Funded by Grant	(No response)
Total Land Costs - Funded by Cash Match	(No response)
Total Land Costs - Overall	(No response)
Total Acquisition Costs - Funded by Grant	(No response)
Total Acquisition Costs - Funded by Cash Match	(No response)
Total Acquisition Costs - Overall	(No response)

## Rehabilitation of Existing Facility

Please scroll right to include any notes.

Use of Funds	Funded by Grant	Funded by Cash Match	Notes
Legal			
Construction Manager/Owner's Representative			
Physical Needs Assessment (PNA)			
Asbestos and Lead Paint Survey (required for all rehab)			
Site Work/Grading (materials and labor)			
Hard Costs (materials and labor); labor must include prevailing wages			
Furniture / Fixtures / Equipment (FFE; 10% cap)			
Demolition			
Contractor Overhead			
Contractor Profit			
Prevailing Wages Administration			
Builder's Risk Insurance			
General Liability Insurance			
Project Inspection			
Urban Greening			
Other Rehabilitation (specify)			

Other Rehabilitation (specify)			
Other Rehabilitation (specify)			

Owner Administration (5% autofill)	(No response)
Contingency (20% autofill, includes Owner Admin)	(No response)
Total Rehabilitation of Existing Facility - Funded by Grant	(No response)
Total Rehabilitation of Existing Facility - Funded by Cash Match	(No response)
Total Rehabilitation of Existing Facility - Overall	(No response)

Owner Administration (5% autofill)	(No response)
Contingency (20% autofill, includes Owner Admin)	(No response)
Total Rehabilitation of Existing Facility - Funded by Grant	(No response)
Total Rehabilitation of Existing Facility - Funded by Cash Match	(No response)
Total Rehabilitation of Existing Facility - Overall	(No response)

## Ground-Up New Construction

Please scroll right to include any notes.

Use of Funds	Funded by Grant	Funded by Cash Match	Notes
Legal			
Construction Manager/Owner's Representative			
Site Work (materials and labor)			
Hard Costs (materials and labor; labor must include prevailing wages)			
Furniture / Fixtures / Equipment (FFE; 10% cap)			
Demolition			
General Conditions/Requirements			
Contractor Profit			
Prevailing Wages Administration			
Builder's Risk Insurance			
General Liability Insurance			
Project Inspection			
Urban Greening			
Other New Construction (specify)			
Other New Construction (specify)			
Other New Construction (specify)			

Other New Construction (specify)			
Other New Construction (specify)			

Owner Administration (5% autofill)	(No response)
Contingency (20% autofill, includes Owner Admin)	(No response)
Total Ground-Up New Construction - Funded by Grant	(No response)
Total Ground-Up New Construction - Funded by Cash Match	(No response)
Total Ground-Up New Construction - Overall	(No response)

Owner Administration (5% autofill)	(No response)
Contingency (20% autofill, includes Owner Admin)	(No response)
Total Ground-Up New Construction - Funded by Grant	(No response)
Total Ground-Up New Construction - Funded by Cash Match	(No response)
Total Ground-Up New Construction - Overall	(No response)

## Other Project Costs

Please scroll right to include any notes.

Use of Funds	Funded by Grant	Funded by Cash Match	Notes
Post-Construction Commissioning			
Accounting/Reimbursable			
Other Costs (specify)			
Other Costs (specify)			
Other Costs (specify)			
Other Costs (specify)			

Contingency (10% autofill)	(No response)
Total Other Project Costs - Funded by Grant	(No response)
Total Other Project Costs - Funded by Cash Match	(No response)
Total Other Project Costs - Overall	(No response)

Contingency (10% autofill)	(No response)
Total Other Project Costs - Funded by Grant	(No response)
Total Other Project Costs - Funded by Cash Match	(No response)
Total Other Project Costs - Overall	(No response)



## Developer Costs

Please scroll right to include any notes.

Use of Funds	Funded by Grant	Notes
Developer Overhead		
Consultants/Processing Agents		
Project Administration		
Other Developer Costs (specify)		

Total Developer Costs - Overall	(No response)
---------------------------------	---------------

Total Developer Costs - Overall	(No response)
---------------------------------	---------------

## Total Project Costs

### Funded by Grant

Funded by Grant	(No response)
Funded by Cash Match	(No response)
Total Costs	(No response)

## Total Project Costs

### Funded by Grant

Funded by Grant	(No response)
Funded by Cash Match	(No response)
Total Costs	(No response)

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

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

**Sub-Totals**

**Dollar Amount**

Match Amount	(No response)
Total Contingency	(No response)
Total Administration	(No response)

**Sub-Totals**

**Percentage of Total Project Cost**

Match Amount	(No response)
Total Contingency	(No response)
Total Administration	(No response)

**Sub-Totals**

**Dollar Amount**

Match Amount	(No response)
Total Contingency	(No response)
Total Administration	(No response)

## Sub-Totals

### Percentage of Total Project Cost

Match Amount	(No response)
Total Contingency	(No response)
Total Administration	(No response)

### Total Bond BHCIP Round 2 Funding Request

(No response)

### Total Bond BHCIP Round 2 Funding Request

(No response)

### Breakdown of Funds Requested

Required Match Amount (Tribal only 5%)	(No response)
Required Match Amount (city, county, nonprofit 10%)	(No response)
Required Match Amount (for-profit 25%)	(No response)

### Breakdown of Funds Requested

Required Match Amount (Tribal only 5%)	(No response)
Required Match Amount (city, county, nonprofit 10%)	(No response)
Required Match Amount (for-profit 25%)	(No response)

Sources of Capital

	Amount	Funding Status	Notes
Other Grants			
Other Grants			
Other Bond Investments			
Other Bond Investments			
Equity / Other Funds			
Equity / Other Funds			
Debt			

Sources of Capital Total

(No response)

Sources of Capital Total

(No response)

Source of Match: Cash

	Amount	Funding Status	Notes
Local funding			
MHSA (CFTN)			
BHSA			
Foundation / philanthropic support			
Opioid settlement funds for SUD facilities			
Incentive payments from managed care plans			

Source of Match: Cash Total

(No response)

Source of Match: Cash Total

(No response)

The total cash match amount on your detailed budget was: 0.00

This value is not the same as the total cash match amount in the Sources of Capital section: 0.00

Please review your responses and ensure that these two numbers match to proceed with your application.

No Responses Selected

**Source of Match: Property**

	Amount	Funding Status	Notes
Buildings originally intended for another purpose			
Government and Tribal property			
Land trust			
Surplus land			
Other (land must be encumbered)			

**Source of Match: Property Total**

(No response)

**Source of Match: Property Total**

(No response)

**Source of Match: Sunk Costs**

	Amount	Funding Status	Notes
Sunk Costs			

**Total Sources of Funds**

(No response)

(No response)

## Bond Round 2 - Section 3.4: Letters of Support

Incomplete

## Bond Round 2 - Section 3.4: Letters of Support

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

### Section 3.4: Letters of Support

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

### LOS Priorities

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

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

## **Acceptable LOS**

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

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

---

## **Unacceptable LOS**

**The following will be considered insufficient:**

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



## Additional Details

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

---

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

How many Government Official letters of support do you have to report?

(No response)

### County Behavioral Health and/or Mental Health Director

### 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.

### Board of Directors

### Community Stakeholders

How many Community Stakeholder letters of support do you have to report?

(No response)

## Bond Round 2 - Section 3.5: Required Documents

Incomplete

## Bond Round 2 - Section 3.5: Required Documents

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

---

Upload completed forms, as listed below.

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

*Limit each file to 20 MB. Label files as follows: **Application ID\_Form Name** (example: 0223\_Form 8).*

*Note:* The Application ID is visible at the top of the screen.

---

- Forms 1 and 2 are for your reference in preparing your application only.
  - Form 1 is the application questions. There is no additional file to upload.
  - Form 2 is the budget template and is intended for use as a worksheet as you prepare your development budget. [Click here](#) to view the budget template.
- 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 the Bond BHCIP [Support Desk](#) **no later than November 28, 2025**. No BARs will be accepted after this date.

---

**Are all of your facilities turnkey acquisitions? If no, leave blank.**

## **No Responses Selected**

---

### **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.

---

### **Form 4: Design, Acquisition, and Construction Milestone Schedule**

---

**Form 5: Applicant's Certification of Prevailing Wage**

- 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 the [Bond BHCIP Round 2 Support Desk](#) no later than **November 28, 2025**. 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*

---

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

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

**Label files as follows:** *Application ID\_Name of Site Control Document*

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#### **Corporate Documents by Entity Type (optional)**

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

*Label files as follows: Application ID\_Name of Corporate Document*

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**Photo of Proposed Property in pre-BHCIP stage. The 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.**

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

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## Co-Applicant Corporate Documents by Entity Type (optional)

- **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\_Name of Corporate Document*

## Bond Round 2 - Section 4: Key Contacts

Incomplete

## Bond Round 2 - Section 4: Key Contacts

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

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### Section 4.1: Lead Applicant Key Contacts

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

*Please do not include credentials.*

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**a. Title (Mr., Ms., Dr., etc.)**

(No response)

**b. First Name**

(No response)

**c. Last Name**

(No response)

**d. Job Title**

(No response)

**e. Organization or Entity Name**

(No response)

**f. Street Address**

(No response)

**g. Address Line 2**

(No response)



**h. City**

(No response)

**i. County**

(No response)

**j. State**

(No response)

**k. Zip Code**

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

(No response)

**l. Email**

(No response)

**m. Primary Business Phone**

*Format: 123-456-7890-ext.*

(No response)

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

a. Lead applicant's legal organization/entity name as registered with the California Secretary of State and used in legal documents. If not applicable (e.g., for government or Tribal entities), enter the entity name that would be listed on official agreements (this will be used for verification purposes and for executing the PFA).

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

*125-word limit*

(No response)

b. If the organization/entity operates under a “doing business as” (DBA) name, please provide it. If there is more than one, list only the primary DBA. The DBA must be current, unexpired, registered, and recorded in the county in which the proposed project is or will be located. Do not include abbreviations or acronyms that are not registered as a DBA.

## No Responses Selected

What is the DBA name?

*125-word limit*

(No response)

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

Street Address

(No response)

**Address Line 2**

(No response)

**City**

(No response)

**County**

(No response)

**State**

(No response)

**Zip Code**

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

(No response)

**d. Primary Business Phone**

*Format: 123-456-7890-ext.*

(No response)

**e. Website**

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

(No response)

**f. Federal Tax ID (EIN)**

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

(No response)

**g. Unique Entity ID (UEI) Number**

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

(No response)

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

(No response)

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

Example:

Types of licenses: 1. SUD, 2. CCF

Issuing authorities: 1. DHCS, 2. DSS

License numbers: 1. 123456AB, 2. 123456789

*Please scroll right to review all columns.*

	License or Certification	Issuing Authority	License or Certification Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

i. If any existing behavioral health facilities do not require licensing or certification at the state or national level to operate existing programs (excluding any related to the new or expanded facility), please explain.

125-word limit

(No response)

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

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

**a. Primary LAR**

*Please do not include credentials.*

**No Responses Selected**

**Title (Mr., Ms., Dr., etc.)**

(No response)

**First Name**

(No response)

**Last Name**

(No response)

**Job Title**

(No response)

**Organization or Entity Name**

(No response)

**Email**

(No response)

**Primary Business Phone**

*Format: 123-456-7890-ext.*

(No response)

**Street Address**

(No response)

**Address Line 2**

(No response)

**City**

(No response)

**County**

(No response)

**State**

(No response)

**Zip Code**

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

(No response)

**3b. Secondary LAR**

*Please do not include credentials.*

**No Responses Selected****Title (Mr., Ms., Dr., etc.)**

(No response)

**First Name**

(No response)



**Last Name**

(No response)

**Job Title**

(No response)

**Organization or Entity Name**

(No response)

**Email**

(No response)

**Primary Business Phone**

*Format: 123-456-7890-ext.*

(No response)

**Street Address**

(No response)

**Address Line 2**

(No response)

City

(No response)

County

(No response)

State

(No response)

Zip Code

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

(No response)

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

**The Lead Authorized Signatory (LAS) is an individual with the authority to sign legal documents on behalf of the lead applicant. Individuals with signing authority usually sit on the board of directors or hold C-level positions.**

***Note:* The person you identify as your LAS must be the same person named on the BAR confirming signing authority and will be required to execute the PFA on behalf of the organization.**

*Please do not include credentials.*

**a. Title (Mr., Ms., Dr., etc.)**

(No response)

**b. First Name**

(No response)

**c. Last Name**

(No response)

**d. Job Title**

(No response)

**e. Organization or Entity Name**

(No response)

**f. Email**

(No response)

**g. Primary Business Phone**

*Format: 123-456-7890-ext.*

(No response)

**h. Street Address**

(No response)

**i. Address Line 2**

(No response)

**j. City**

(No response)

**k. County**

(No response)

**l. State**

(No response)

**m. Zip Code**

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

(No response)

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

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

*Please do not include credentials.*

**a. Title (Mr., Ms., Dr., etc.)**

(No response)

**b. First Name**

(No response)

**c. Last Name**

(No response)

**d. Job Title**

(No response)

**e. Organization or Entity Name**

(No response)

**f. Email**

(No response)

**g. Primary Business Phone**

Format: 123-456-7890-ext.

(No response)

**h. Street Address**

(No response)

**i. Address Line 2**

(No response)

**j. City**

(No response)

**k. County**

(No response)

**l. State**

(No response)

**m. Zip Code**

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

(No response)

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

*Please do not include credentials.*

## No Responses Selected

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### a. Title (Mr., Ms., Dr., etc.)

(No response)

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### b. First Name

(No response)

---

### c. Last Name

(No response)

---

### d. Job Title

(No response)

---

### e. Organization or Entity Name

(No response)

---

### f. Email

(No response)

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**g. Primary Business Phone**

*Format: 123-456-7890-ext.*

(No response)

**h. Street Address**

(No response)

**i. Address Line 2**

(No response)

**j. City**

(No response)

**k. County**

(No response)

**l. State**

(No response)



m. Zip Code

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

(No response)

## **Bond Round 2 - Section 5: Privacy Notice & Certification**

Incomplete

## **Bond Round 2 - Section 5: Privacy Notice and Certification**

## 5.1 - Privacy Notice on Collection of Personal Information

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

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

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

DHCS Division: Community Service Division

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

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

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

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

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

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

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

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

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

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

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

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

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## 5.2 - Certification

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I, , as an authorized representative of , ("Applicant"), hereby certify that:

### No Responses Selected

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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](#).

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).*

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Thank you for submitting your Bond BHCIP Round 2: Unmet Needs application. Please be advised that, at their discretion, the Department of Health Care Services (DHCS) and/or Advocates for Human Potential, Inc. (AHP), the Bond BHCIP administrative entity, may contact you with follow-up questions related to your application between October 29, 2025, and January 2, 2026, and note that:

- Follow-up communications will be sent from DHCS or AHP.
- All outreach-related communications will be addressed to the contact person indicated, in response to specific application questions.
- All communications will include a deadline that will require a written response via email within two business days. No exceptions. If a response is not received within the required timeframe, the opportunity to clarify application data may be forfeited.

Thank you again for your commitment to improving behavioral health infrastructure in California.