



BHCIP Launch Ready and CCE Program Joint RFA Application

Applicants will need to complete a *separate application for each project planned*. You may close your online application and return to it later from the same computer; your entry will be saved. You may also move backward in the document and change your responses before submitting. No edits can be made after you have submitted the application.

Part One applications for BHCIP Launch Ready grants must be submitted no later than March 31, 2022, at 5:00 p.m. PT. All Part Two applications for BHCIP Launch Ready must be submitted no later than May 31, 2022, at 5:00 p.m. PT.

Applications for CCE Capital Expansion project funding will be accepted on a project-by-project basis through this joint RFA and funded on a rolling basis until funds are exhausted. However, projects that cannot be funded prior to applicable obligation and liquidation deadlines may not be funded. A portion of the CCE budget includes Home and Community-Based Services (HCBS) funding that must be obligated by December 2023 and liquidated by June 2026, as well as State Fiscal Recovery Funds (SFRF) that must be obligated by June 2024 and liquidated by December 2026. The exact timeline for obligation and liquidation of funds for each funded project will be provided in the grant award announcement.

Applications cannot be edited once submitted. It is the applicant's responsibility to ensure that the submitted application is accurate. Reviewers may request additional clarifying information from the applicant.

For questions regarding this application, budget, and its submission, please email bhcip.cce.info@ahpnet.com. If you are having any technical difficulties with your online application and require assistance, please contact webevents@ahpnet.com.



APPLICANT AND SITE INFORMATION

1. Project title and proposed project location, including county:

2.

a. What type of entity is the lead applicant?

- County
- City
- Tribal Entity
- Nonprofit Corporation (please provide evidence of nonprofit status)
- For-Profit Corporation
- Individual or Other Private Organization

b. If applicable, what type of entity is the co-applicant?

- County
- City
- Tribal Entity
- Nonprofit Corporation (please provide evidence of nonprofit status)
- For-Profit Corporation
- Individual or Other Private Organization

3.

Information	
Name of City, County, Agency, Tribal Entity, or Organization	
Street Address	
City, State, ZIP	
Email Address	
Telephone Number	
Website	
Lead Authorized Representative	
Name (First and Last)	
Title	

Email Address	
Telephone Number	
Applicant Tax ID #	
DUNS #	
Project Director (indicate if different from Lead Authorized Representative)	
Name (First and Last)	
Agency or Tribal Entity Name	
Email Address	
Telephone Number	

Please note: additional information necessary for underwriting will be due at the time of application.

4. Are you applying for BHCIP or CCE funding, or both?

- BHCIP
- CCE
- Both

5. If the applicant is a private for-profit organization that does not have prior experience, it must collaborate with a nonprofit organization, tribal entity, city, or county, and provide the following (see RFA Section 3.1):

- Memorandum of understanding (MOU) or other agreement with the nonprofit organization, tribal entity, city, or county to confirm the developer's role in the project, including that they are working on behalf of the service provider
- Related prior experience reflected in the successful development, ownership, or operation of a similar size and type of project for individuals who qualify as members of the target population (describe below)
- Not applicable

[Submit docs]

6. Please use the attached form to describe the applicant's or developer's experience relevant to acquiring and/or rehabilitating and operating the project. (Limit 500 words.)



PRE-APPLICATION CONSULTATION

7. Have you scheduled or undertaken a pre-application consultation for BHCIP Launch Ready and/or CCE? (This is a required activity. If you have not scheduled this consultation, please do so before submitting the application.)

- Yes
- No

PROJECT INFORMATION

8. Please select the type of project according to requirements of eligible projects outlined in the RFA in Section 3.2: Eligible Uses. Interested applicants should discuss project types during the pre-application consultation.

- Outpatient services
- Residential clinical program
- Residential support program

If more than one, please explain: _____

9. Does your project support efforts to ensure care can be provided in most appropriate and least restrictive settings to support community integration, choice, and autonomy and/or reduce homelessness?

- Yes
- No

Please describe: _____

10. Identify each of the States Priorities your project is targeting (RFA Section 1.2), and describe how the project will meet these priorities.

- Invest in behavioral health and community care options that advance racial equity
- Seek geographic equity of behavioral health and community care options
- Address urgent gaps in the care continuum for people with behavioral health conditions, including seniors, adults with disabilities, and children and youth
- 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 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

Please describe: _____

11. Describe how the proposed project will expand community capacity for serving the target populations and address urgent gaps in the care continuum. For BHCIP, this includes the behavioral health (mental health and substance use disorder) population. Under CCE, this includes seniors and adults with disabilities who require long-term care supports, giving priority to applicants and recipients of Supplemental Security Income/State Supplementary Payment (SSI/SSP) and/or Cash Assistance Program for Immigrants (CAPI) benefits who are at risk of or experiencing homelessness. Please include data that demonstrates the project’s need. This may include, for example, a county needs assessment, a facility wait list, the number of comparable facilities in the area, or other quantifiable documentation. (Limit 500 words.)

12. (BHCIP only) Does the proposed project make a commitment to serve Medi-Cal beneficiaries?

- Yes
- No



13. (BHCIP only) Of the population that will be served by your project, what is the projected percentage of Medi-Cal beneficiaries?

14. (CCE only) Does the proposed project commit to serving applicants and recipients of SSI/SSP or CAPI benefits?

Yes

No

15. (CCE only) Of the population that will be served by your project, what is the projected percentage of SSI/SSP or CAPI applicants or recipients?

16. Which of the following best describes the project?

New construction

Addition to an existing structure

Renovation to expand capacity

Adaptive re-use of an existing property (example: repurposing a grocery store)

17. Will the applicant need to purchase land for the proposed project?

Yes

No

18. Please check the box(es) that apply to the current application request and include the funding amount requested for each phase:

Feasibility (CCE only) amount requested: \$ _____

Examples include:

- Architect: scope, budget, schedule
- Business plan

- Underwriting

Pre-Development (CCE only) amount requested: \$ _____

Examples include:

- Hiring development team: director, attorney, architect and construction manager, consultants
- Soft costs of pre-development team
- Schematic design

Development planning amount requested: \$ _____

Acquisition amount requested: \$ _____

Rehabilitation of existing facility for expansion amount requested: \$ _____

New construction amount requested: \$ _____

TOTAL \$ _____

19. Does the facility already exist?

Yes

No

20. If yes, is the facility licensed and in good standing?

Yes

No

If the answer is no, please explain (100 words): _____

21. If the project is new construction (i.e., a new facility or new setting being built), how many individuals from the target populations will it serve annually? As applicable, provide the number of beds.

22. If the project is an expansion (addition, renovation, or adaptive reuse) of an existing facility or setting, how many more individuals from the target populations will it serve than at present, and what is the percentage increase in numbers served? As applicable, provide the number of beds.



23. If the applicant is renovating a facility that is providing services to existing clients and the clients must be temporarily relocated during the renovation, does the applicant certify that they are adhering to all applicable relocation plan requirements and licensing and/or certification requirements?

- Yes
- No
- Does not apply

24. Describe the planned facility, including the types of services that will be offered. (Limit 500 words.)

25. Please identify the source(s) and amount of cash and/or in-kind contributions—such as land or existing structures—that fulfill the match requirement. Services are not allowed as match. (See RFA Section 3.3.)

SITE READINESS

26. Does the applicant have evidence of site control? Site control must include one of the following:

- Clear title with no encumbrances or limitations that would preclude the proposed use (fee title)
- An existing long-term lease with provisions to make improvements on the property
- A leasehold estate held by a tribal entity in federal tribal trust lands property, or a valid sublease thereof that has been or will be approved by the Bureau of Indian Affairs

- A fully executed option to purchase, sales contract, or other enforceable agreement to acquire the property
- A Letter of Intent (LOI) that outlines the terms of a sale or lease contract, providing that a fully executed option will be completed within 60 days
- A fully executed option to lease, or similar binding commitment from the property owner to agree to a long-term lease
- No (see question 27)

Please submit the supporting documents here.

27. If the applicant does not have evidence of site control, please describe the plan and timeline for obtaining site control, and provide supporting evidence and a memorandum of understanding (MOU) or partnership agreement between site owner/applicant. (Limit 500 words.)

28. Does the applicant have all needed local, regional, and state approvals, will-serve letters, and building permits?

- Yes
- No

29. List all approvals and permits that will be required to complete the project, and describe your strategy for obtaining them. (Limit 500 words.)



30. Does the applicant have documentation of all required behavioral health facilities and services certifications/licenses, including those required by the appropriate state department?

- Yes
- No (see question 31)

31. If the project can't be licensed/certified by the state or at the local level until it is completed, please list the relevant licensing/certification timelines and requirements. (Limit 500 words.)

Please note: As part of the technical assistance that will be made available, applicants will be guided through the licensure and certification process to prepare them for the possibility of being successfully licensed or certified.

32. Please provide a detailed narrative description of the proposed project's construction and design, including how the design will serve the target population(s). Please describe any preliminary site plans, design drawings, and/or construction plans for the proposed project. This may include cost estimates with valid budgetary numbers from an architect, engineer, or licensed general contractor. If no construction plan is yet in place, please submit a valid Rough Order of Magnitude (ROM) cost estimate from an architect, engineer, or licensed general contractor. Please include a description of site amenities (examples: community and common areas, laundry, gated access, security, recreational areas, pool, community garden, etc.) and sustainable and green building elements. Please describe any site mitigation requirements and complex or costly structural or site/topographical requirements. The narrative should also include an explanation of any required demolition and off-site improvements, as well as a detailed construction breakdown of these expenses. (Limit 1500 words.)

33. Please upload the following documents. If you do not have one or more of the requested documents available, please share your timeline for completing them in the box below.

- a. A completed schematic design checklist

- b. Any preliminary site plans, design drawings, or construction drawings for the proposed project— these may include schematic designs, architectural drawings, construction blueprints, and/or other renderings (please limit each file size to less than 20 MB)
- c. Resumes of the development team that developed the design/construction plans
- d. A copy of all executed contracts for hire related to your project’s development team (lawyer, construction manager, development manager, architect, consultants, contractor, etc.)

34. Please fill out and upload the schedule for design, acquisition of the property, and/or development or rehabilitation. Design, acquisition, or development/rehabilitation should begin within 6 months of funding award, subject to achieving necessary permits and approvals.

COMMUNITY SUPPORT AND ENGAGEMENT

35. To demonstrate support for the proposed project, please attach a letter of support from one or more of the following:

- County board of supervisors, county behavioral health director, or county executive
- City council
- Tribal council (i.e., tribal council resolution)
- Applicant’s CEO and/or board (if applicable)
- Stakeholders or other community-based organizations

36. How will you demonstrate local engagement in the project? Please provide the following:

- Upload the attached tool to record stakeholder engagement, which explains how stakeholders e.g., community-based organizations (CBOs), members of the target population, residents, civic leaders, and frontline staff have been meaningfully involved in the visioning and development of this project.

BHCIP city, nonprofit, for-profit, or other private applicants only: letter of support from the county behavioral health agency or, if a tribal facility, the tribal board at the time of application or within the grant decision period (the letter must indicate that BHCIP grantees that operate Medi-Cal behavioral health services will have in place a contract with their county to ensure the provision of Medi-Cal services once the financed facility's expansion or construction is complete)

TARGET POPULATION(S)/DIVERSITY

37. Describe how the project will address inequities for the target population(s) and meet the needs of individuals from diverse backgrounds. Examples of types of diversity include race, religion, country of origin, language, disabilities, culture, economic background, gender, sex, and behavioral health. The description should include supporting evidence of the strategies' effectiveness, if available. (No more than 1 single-spaced page, no less than 11 pt. font) (Limit 500 words.)

38. For the racial and ethnic populations that will be served, provide your best estimate of the percentage of the total people of each population. (Percentages must add up to 100%.)

- African American/Black: %
- Asian American/Pacific Islander: %
- Latino/Hispanic: %
- Native American/Alaska Native: %
- White: %
- Mixed race: %
- Other: % (please specify below and limit your response to a paragraph)

39. How have you verified that your projected percentages reflect the community you plan to serve, and how will you measure successful utilization? Please include any data sources used for comparison.

REQUIRED DOCUMENTS

40. Please indicate which of the following required documents you have completed and/or uploaded as part of your application.

- Budget
- Schematic design checklist (see question 33)
- Design/acquisition/construction milestone schedule (see question 34)
- Development team description/contact form (see question 6)
- Community engagement form (see question 36)
- Applicant's certification

As applicable:

- Collaboration documents (see question 5)
- Documents of incorporation (see question 2)
- Site readiness documents (see question 26)
- Plan to obtain site control (see question 27)
- Letter of support (see question 36)
- Operating agreement (see question 36)

THANK YOU!

Thank you for completing the BHCIP Launch Ready and CCE online application! An email confirmation has been sent to the lead agency contact's email address listed in the application. If you have any questions, please contact bhcip.cce.info@ahpnet.com.