



Capital Expansion Program Grant Application Guide



ACCESS THE ONLINE PORTAL

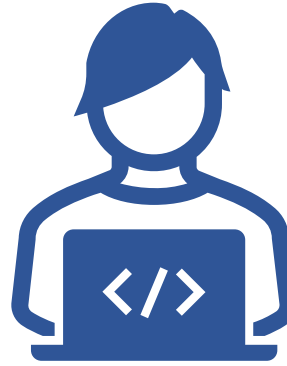
USING THE NEW APPLICATION PORTAL

What Has Changed

- The new Survey Monkey Apply (SMA) has streamlined the questions in the original Lendistry portal.
- We're gathering the same information in fewer questions.
- We're asking the same questions in a clearer structure.
- The new process allows our database engineers to better interpret our data.

What Has Stayed the Same

- All required documents—if you have already prepared the required documents and attachments for this application, you can upload those documents in this platform.
- SMA uses the same templates and requires the same documentation outlined in the RFA as the previous platform.



AHP HELP DESK

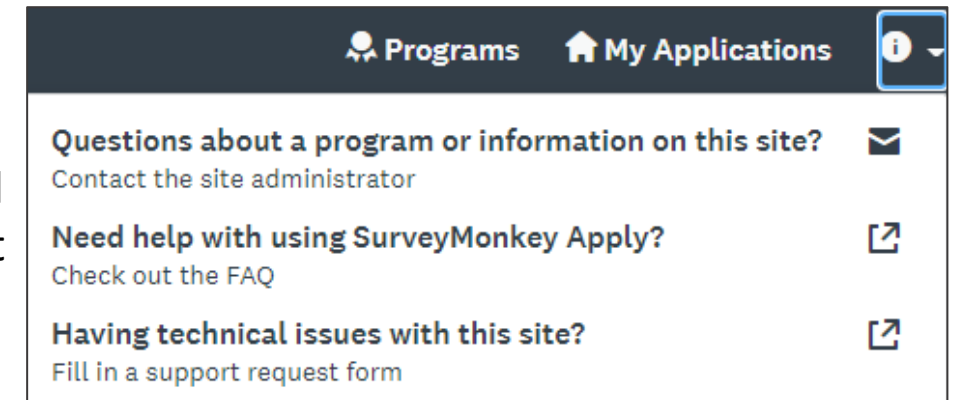
[SUBMIT A TICKET](#)

Application support including:

- Transitioning your application from the previous portal
- Connecting with the AHP technical assistance team concerning questions related to the application

SMA SUPPORT

If you are encountering bugs or errors in the portal itself, contact SMA support using the drop-down options under the information icon in the upper left. If you are unsure whom to contact, reach out to the AHP Help Desk and a technician will guide you.



IMPORTANT RESOURCES

Important Information for Your Application

- This section of the page is dedicated to helping guide you through portions of the application.
- Some application questions are straightforward, and the information included here will be minimal.
- Other questions, such as those related to match, bed count, capacity calculations, etc., require extra guidance. Look here for key details and links to additional resources.
- The CCE Pre-Development and CCE Capital Expansion applications have been combined into a single application.

PRE-APPLICATION TECHNICAL ASSISTANCE

The first step in applying is scheduling a pre-application consultation from AHP. [Learn more here.](#)



ADDITIONAL RESOURCES

[CCE Capital Expansion and Pre-Development Website](#)

[FAQ Database](#)



WHAT IS THE JOINT RFA?

CCE Capital Expansion and Pre-Development funding was originally released as part of a [joint RFA](#) between CDSS and DHCS to maximize funding potential. While DHCS Round 3: Launch Ready is closed, CCE will remain open until funds are spent. Other BHCIP and CCE funding is also available. [Learn more here.](#)

HOW TO: REGISTER AND BEGIN YOUR APPLICATION

Registration

- You can choose to register as either an individual or as an organization; this is a SMA distinction that does not affect your application.


Starting Your Application

- Begin with Application Questions; how you respond will determine which documents are required.

Tips for Applying




- You may download the application as a PDF first to work through the questions with various stakeholders.
- The application questions also align with the questions in [Attachment A](#) of the joint RFA, although some key improvements have been made to help clarify the details applicants are asked to supply.

REGISTER



Register for an applicant account

Register with



OR

☐ Register as an individual

☒ Register as an organization

First name

Last name


Email



Password

Confirm password

By registering for an account, you agree to our [terms of service](#) and [privacy policy](#).

BEGIN

CCE Capital Expansion 

 Preview 













TEST

ID: BHCIP4-1702542159

APPLICATION

ACTIVITY

Your tasks

	Application Questions	>
	Document Upload: Form 3: Schematic Design Checklist	>
	Document Upload: Form 4: Design, Acquisition, and Construction Milestone Schedule	>
	Document Upload: Form 5 Development Team Description/Contact Form	>
	Document Upload: Form 6: Community Engagement Form	>
	Document Upload: Form 7: Applicant's Certification	>
	Document Upload: Site Readiness Documents	>
	Document Upload: Letter(s) of support	>
	Document Upload: Operating Agreement	>
	Document Upload: Preliminary Site Plans, Design Drawings, or Construction Drawings	>
	Document Upload: Development Team Resume	>
	Document Upload: Contracts With Development Teams	>

Section 1: Site & Agency

Select the CCE Funding Type

- Capital Expansion projects include funding for all phases of CCE projects, including pre-development.
- Pre-Development projects have funding only for feasibility and pre-development costs.
- See [Section 3.4 and 3.5 of the RFA](#), and see [Budget Narrative and Glossary of Terms](#) for examples and further definitions.

Project Title and Location

- Parcel/APN# is optional but helpful, and should be supplied if the project includes the purchase of land.

Entity Type

- Nonprofit applicants will verify their status later in the application process.

Which type of funding source are you applying for?

See the application guide and section 3.5 of the Joint RFA

- ☐ Capital Expansion "Full CCE"
- ☐ Pre-Development Funds Only

You can explore which funding source is best for your project during your pre-application consultation with AHP.

1. Project Title and Location

Project Title

Street Address 1

Street Address 2

City

State

Zip

County

Parcel/APN# (optional)

Is there a co-applicant?

- ☒ Yes
- ☐ No

Clear

2. (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
- ☐ Not Applicable

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

Section 1: Site & Agency (cont.)

Prior Related Experience

- See [Section 3.1 of the Joint RFA](#).
- Question 6 originally called for an attachment in the RFA, but applicants now have the option to add the text below the question or upload an attachment. If you have chosen to upload an attachment, please indicate that in your response.

Pre-Application Consultation (PAC)

- If you haven't completed your PAC yet, you can save your application now and continue it after your PAC has been completed.
- [Learn more here](#).
- If you have completed a PAC but have not received your code, email your implementation specialist.

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). Please submit the supporting document(s) when you reach the Documents tab of the application.

If applicable, indicate whether applicant has an MOU or other agreement, or related prior experience, as stated below.

- ☐ 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
- ☐ Not applicable

6. Describe the applicant's or developer's experience relevant to acquiring and/or rehabilitating and operating the project.

Limit 500 words.

7. Enter the PAC confirmation Code as well as the name of the Lead Implementation Specialist assigned to your PAC.

Your AHP Implementation Specialist will provide you with the PAC code; contact them if you require assistance. If you haven't scheduled your PAC, you can save your application now and visit [this page](#) to learn more.

PAC Code

Last name of PAC Implementation Specialist

Section 1: Site & Agency (cont.)

Lead Authorized Representative

- This person will receive all communications from AHP concerning this application.
- For telephone numbers throughout this application, use the following format: 000-111-2222.
- The DUNS number required (as applicable) in the joint RFA has since been changed by the federal government; applicants can learn more about that change and begin the process to acquire their new Unique Entity ID [here](#).

3. Information

This section is for information about the City, County, Agency, Tribal Entity applying for funding. Enter Telephone in xxx-xxx-xxxx format.

Name of Entity	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Email Address	<input type="text"/>
Telephone	<input type="text"/>
Website	<input type="text"/>

Project Director

Enter N/A if this person is the same as Lead Authorized Representative listed above.

First Name	<input type="text"/>
Last Name	<input type="text"/>
Agency or Tribal Entity Name	<input type="text"/>
Telephone Number	<input type="text"/>
Email Address	<input type="text"/>

4. Are you also applying for BHCIP funding?

- ☐ Yes, I have already applied for BHCIP Launch Ready Funding
- ☐ Yes, I plan on applying for BHCIP Round 4: Children and Youth
- ☐ No

NEW [Learn More](#)

Register Your Entity or Get a Unique Entity ID

Register your entity or get a Unique Entity ID to get started doing business with the federal government.

Get Started

Renew Entity



Check Registration Status

Lead Authorized Representative

In this section, enter the Tax ID and UEI/DUNS for the applicant entity; see the application guide for important information regarding the DUNS transition that took place in April. Enter N/A as required.

First Name	<input type="text"/>
Last Name	<input type="text"/>
Title	<input type="text"/>
Email Address	<input type="text"/>
Telephone Number	<input type="text"/>
Applicant Tax ID #	<input type="text"/>
Unique Entity ID # (Formerly DUNS)	<input type="text"/>

Section 2: Project Info

Facility Type

- For question 8, include only actual additional beds or units that will be created by your funded project. Do not calculate annual capacity in this section. There will be a place for annual capacity later in the application.
- **Question 9 (not shown) is not required for CCE applicants.**
- In question 10, for each state priority you intend to meet, provide a brief statement of how the proposed project specifically meets that state priority. Not all required questions are shown.
- See [Attachment A](#) or the application portal for full details.

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. *Using the fillable boxes beside the project types, enter the number of beds being expanded per facility type included in the project. Include expansion numbers only.*

☐ Peer Respite

☐ Recovery Residence/sober living homes

☐ Adult residential facilities (ARFs)

☐ Residential Care facilities for the elderly (RCFEs)

☐ Permanent Supportive Housing that serves the needs of seniors and adults with disabilities (including models that provide site-based care, such as Program for All Inclusive Care for the Elderly [PACE] and the Assisted Living Waiver programs)

☐ Other residential care settings that serve the target population, including recuperative care sites

If more than one project type, please explain below:

If not, please put "NA"

If other was checked, please explain:

If not, please put "NA"

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

State Priorities	Is your project targeting this priority?	If yes, please describe how your project will meet this state priority:
Invest in behavioral health and community care options that advance racial equity	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>	<input type="text"/>
Seek geographic equity of behavioral health and community care options	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>	<input type="text"/>
Address urgent gaps in the care continuum for people with behavioral health conditions, including seniors, adults with disabilities, and children and youth	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>	<input type="text"/>
Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>	<input type="text"/>
Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing homelessness and justice involvement	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>	<input type="text"/>

Section 2: Project Info (cont.)

Information Needed

- The options in question 18 are limited to the application selection type made in question 1.
- For question 18, only whole numbers are allowed (no decimals). This is to aid in the automated match calculation used for question 25.
- Questions 12 and 13 are not required for CCE; applicants should mark as indicated in the survey to bypass the field.
- Pre-Development CCE applications have a more limited choice of purposes for which funding can be requested.
- To minimize clutter on the page, questions 19 and 20 are pop-up boxes for additional information that appear only if applicable.

11. Describe how the proposed project will expand community capacity for serving the target populations and address urgent gaps in the care continuum

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 commit to serving applicants and recipients of Medi-Cal benefits?

- ☐ Yes
☐ No

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

	Current percentages	Projected future percentages
Medi-Cal	<input type="text"/> %	<input type="text"/> %

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

- ☐ Yes
☐ No

15. Of the population that will be served by your project, what is the projected percentage of SSI/SSP or CAPI applicants or recipients? Provide current (if applicable) and projected percentages:

	Current percentages	Projected future percentages
SSI/SSP	<input type="text"/> %	<input type="text"/> %
CAPI	<input type="text"/> %	<input type="text"/> %

16. Which of the following best describes the project's construction type? Enter values for square footage as numbers only: e.g., 1,354 sqf should be entered as 1354. Square footage should be for the project scope only.

Construction Type

Total Project Square Footage

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:

See [Joint RFA](#) for additional information.

These options are limited based on your selection in question 1.

		Funding amount requested for phase
Feasibility (CCE only) amount requested: Examples include: • Architect: scope, budget, schedule • Business plan Underwriting	<input type="checkbox"/>	<input type="text"/>
Development planning amount requested:	<input type="checkbox"/>	<input type="text"/>
Acquisition amount requested:	<input type="checkbox"/>	<input type="text"/>
Rehabilitation of existing facility for expansion amount requested:	<input type="checkbox"/>	<input type="text"/>
New construction amount requested:	<input type="checkbox"/>	<input type="text"/>

19. Does the facility already exist?

- ☐ Yes
☐ No

20. Is the facility licensed and in good standing?

- ☐ Yes
☐ No

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?

Annual Capacity

Number of Beds or Units

Section 2: Project Info (cont.)

Question 22

- Information for questions 21 and 22 are only for the target populations.
- The amount given for match must align with the allowable percentages as stated in [Section 3.3 of the RFA](#).
- This section will calculate that percentage based on the total grant amount requested in question 18.
- See examples below question 25 for more guidance.

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 or units.

Annual Increase in Capacity	<input type="text"/>
Number of New Beds or Units	<input type="text"/>
Total New Beds or Units	<input type="text"/>

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
- ☐ Do 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.)

Use as many of the item lines below as needed.

	Source	Amount
Item 1	<input type="text"/>	<input type="text"/>
Item 2	<input type="text"/>	<input type="text"/>
Item 3	<input type="text"/>	<input type="text"/>
Item 4	<input type="text"/>	<input type="text"/>
Item 5	<input type="text"/>	<input type="text"/>

Example Response for Question 25:

Source	Amount
Land: (brief details)	300,000
Cash; Loan: (brief details)	150,000
Other: (brief details)	25,000

Note how figures are entered.

Section 3: Site Readiness

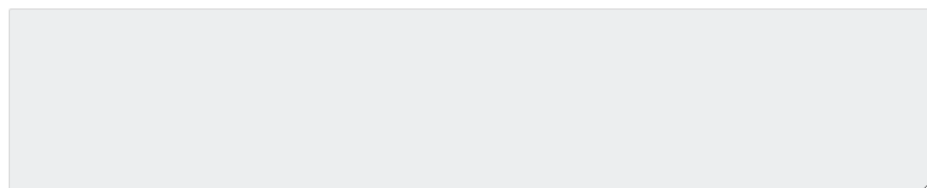
Information Needed

- Site control
- Building permits
- List of needed permits
- Narrative description of the proposed construction and design
- Responses to the questions on this page as well as the following page will affect which documents are required for upload in the documents section.

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 BHCIP/CCE Joint RFA Application 9
- ☐ 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

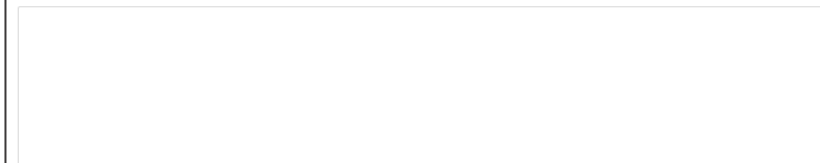
27. If the applicant does not have evidence of site control (e.g., answered no on Question 26), please describe the plan and timeline for obtaining site control, and provide supporting evidence and a memorandum of understanding (MOU) or partnership agreement between site owner/applicant. (Limit 500 words.)



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

- ☐ Yes
- ☐ No

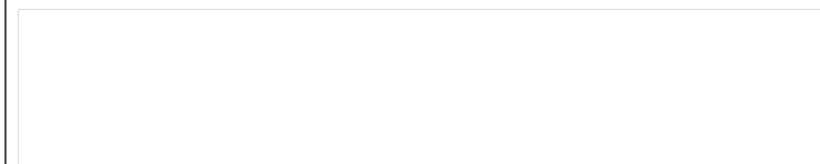
29. List all approvals and permits that will be required to complete the project, and describe your strategy for obtaining them. (Limit 500 words.)



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

31. If the project can't be licensed/certified by the state or at the local level until it is completed (e.g.; if answered "No" on Question 30), 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.



Section 3: Site Readiness (cont.)

Construction Documents, Design Drawings, and More

- Which documents are required will depend on the type of funding you are pursuing. See the document section of this guide for more details.
- Question 32 is an opportunity to summarize the overall project, including square footage; describe the site location; and discuss project start and end dates and any licensing or permitting assistance required.

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:

- a. A completed schematic design checklist BHCIP/CCE Joint RFA Application 11
- 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.)

If you do not have one or more of the requested documents available, please share your timeline for completing them in the box below. Otherwise, enter "NA"

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.

SCHEMATIC DESIGN PHASE

	Date Started	Date Completed
Civil Engineering		
Site Dimension Control		
Off-Site Utilities		
On-Site Utilities		
Grading and Drainage		
Structural Engineering		
Foundation Design		
Garage Design		
Building Frame		
Architectural / Interiors		
Building and Site Plan		
Unit Plans and Finish Program		
Amenity Space Layout		
Area Tabulations		
Roof Design		
Exterior Elevations		
Exterior Materials		

Documents that have required templates, such as excel formats, are indicated as such in the document section. Visit the [joint RFA page](#) to preview and download the templates required for this application.

Section 4: Community Support & Engagement

Information Needed

- Letters of support
- Confirmation of stakeholder engagement documentation
- A narrative of how this project will address target inequities
- A percentage breakdown of populations served
- A narrative description of how the applicant verifies those percentages

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

Label all letters of support as follows: LOS_Project Title_Agency or Role of Author. An example would be: LOS_Sunny Acres Rehab_Kern County BH Department. Abbreviations are fine.

- ☐ 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
- ☐ Elected Official

36. How will you demonstrate local engagement in the project? Be prepared to upload Form 6: Community Engagement Tracker in the documents upload section. This form 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.

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. (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%. Enter "0" if the population will not be served.)

	Percent
African American/Black: %	<input type="text"/> %
Asian American/Pacific Islander: %	<input type="text"/> %
Latino/Hispanic: %	<input type="text"/> %
Native American/Alaska Native: %	<input type="text"/> %
White: %	<input type="text"/> %
Mixed race: %	<input type="text"/> %
Other: % (please specify below and limit your response to a paragraph)	<input type="text"/> %
Total	0

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.

Document Upload and Verification



Nonprofit Entities


- Please enter your EIN number confirming tax-exempt or charity status in the section shown under this heading.



Uploading Documents

- Review the upload instructions for links to any required templates or forms, as well as instructions on acceptable formats
- **Mark as complete to submit your document.**

 Budget Template: Pre-Development and Feasibility Funding 

 Task instructions [Hide](#)


Applicants pursuing Pre-Development funding must fill out and upload the [Pre-Development Budget Template](#). If you require assistance filling out this budget form, or any other forms for this application, contact your AHP Implementation Specialist or email CCE@dss.ca.gov.

Applicants should review the [Budget Narrative and Glossary of Terms](#) for key information on how to fill out this budget template.

If you are pursuing Full CCE Capital Expansion Funding, you may still request funding for Pre-Development and Feasibility on the corresponding budget template for that application type.

Only excel file types (.xls) or (.xlsx) are accepted.

For a 508 compliant version of this budget template, email CCE@dss.ca.gov.


ATTACH FILE
[Show accepted formats](#)

MARK AS COMPLETE

Document Upload and Verification (cont.)

What Documents are Required?

- Upload required documentation as determined by the answers to project information questions.
- If you have documents from a previous version of this application, those documents can be uploaded to this platform.

Need Assistance?

- AHP provides technical assistance for applicants.
- Applicants are encouraged to contact their implementation specialist (IS) for guidance on any required documentation.
- Applicants can email their specialist directly, or email bhcip.cce.info@ahpnet.com.

Required Documents as stated in RFA Attachment A: Application Questions

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)

Application Submittal

Action Needed

- Once all required items are completed, click Submit to finalize and submit the application.
- You are invited to download a copy of your application for reference.
- Notices about your application will be sent from this platform.

The screenshot shows the 'CCE Test App' interface. At the top, it indicates '18 of 18 required tasks complete' with a progress bar. Below this, there are 'REVIEW' and 'SUBMIT' buttons. The 'SUBMIT' button is highlighted in green. The 'Deadline: Dec 1 2022 12:00 AM (UTC)' is also shown. The main section is titled 'Your tasks' and lists 18 tasks, each with a green checkmark icon and a right arrow. The tasks are:

- Application Questions (Completed on: Jun 9 2022 09:43 PM (UTC))
- Verify Charity Status (optional) (Completed on: Jun 9 2022 09:38 PM (UTC))
- Document Upload: Form 3: Schematic Design Checklist (Completed on: Jun 9 2022 09:38 PM (UTC))
- Document Upload: Form 4: Design, Acquisition, and Construction Milestone Schedule (Completed on: Jun 9 2022 09:38 PM (UTC))
- Document Upload: Form 5 Development Team Description/Contact Form (Completed on: Jun 9 2022 09:39 PM (UTC))
- Document Upload: Form 6: Community Engagement Form (Completed on: Jun 9 2022 09:39 PM (UTC))
- Document Upload: Form 7: Applicant's Certification (Completed on: Jun 9 2022 09:39 PM (UTC))
- Document Upload: Site Readiness Documents (Completed on: Jun 9 2022 09:39 PM (UTC))
- Document Upload: Letter(s) of support (Completed on: Jun 9 2022 09:39 PM (UTC))
- Document Upload: Operating Agreement (Completed on: Jun 9 2022 09:39 PM (UTC))
- Document Upload: Preliminary Site Plans, Design Drawings, or Construction Drawings (Completed on: Jun 9 2022 09:40 PM (UTC))
- Document Upload: Development Team Resume (Completed on: Jun 9 2022 09:40 PM (UTC))
- Document Upload: Contracts With Development Teams (Completed on: Jun 9 2022 09:40 PM (UTC))
- Document Upload: Collaboration Documents (Completed on: Jun 9 2022 09:41 PM (UTC))
- Document Upload: Documents of Incorporation (Completed on: Jun 9 2022 09:41 PM (UTC))
- Document Upload: Plan to Obtain Site Control (Completed on: Jun 9 2022 09:41 PM (UTC))
- Document Upload: 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 (Completed on: Jun 9 2022 09:41 PM (UTC))
- Document Upload: Supporting Site Control Documents (Completed on: Jun 9 2022 09:42 PM (UTC))
- Document Upload: Facility License (Completed on: Jun 9 2022 09:42 PM (UTC))

The screenshot shows a 'Submit application' dialog box. It contains the text: 'Please confirm submission of your application. If you wish to take a look at the application before submitting, please Review it.' At the bottom, there are three buttons: 'CANCEL', 'REVIEW', and 'SUBMIT'. The 'SUBMIT' button is highlighted in green.