

CCE Preservation Program: Director's Certification Form

SurveyMonkey Apply Form Preview

DIRECTOR'S CERTIFICATION FORM PREVIEW

This is what the form looks like within the SurveyMonkey Apply platform:

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< Back to application

CCE Preservation Funds County Direc...
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ID: cce_prev_funds_dir-cert-

Director's Certification Form

0 of 1 tasks complete

Last edited: Jun 13 2022 09:44 AM (MDT)

REVIEW

SUBMIT

Deadline: Jul 15 2022 07:59 PM (MDT)

Director's Certification Form

Task instructions Hide

CCE Preservation Funds

Operating Subsidy Payments (OSP) and Capital Projects (CP)

SurveyMonkey Apply Director Certification Template

To be completed by the County Director no later than **July 15, 2022**

PROGRAM OVERVIEW

The California Department of Social Services is pleased to announce \$195 million in noncompetitive allocations for all California counties with licensed residential and senior care facilities through the Community Care Expansion (CCE) [Preservation Funds via this Notice of Funding Availability \(NOFA\)](#).

INSTRUCTIONS

Allocations are listed in Section 206 of the NOFA. Counties must accept or decline funds via this Director's Certification form in the SurveyMonkey Apply portal by [July 15, 2022](#). Counties are encouraged to accept funds as soon as possible to meet the immediate needs of adult and senior care facilities at risk of closure. Funds not accepted by July 15, 2022, will be redistributed to counties that indicate they can accept additional funds via the SurveyMonkey Apply portal.

Use the "..." (ellipses) drop down menu at the top right to download a copy of this form at any stage. It can be downloaded before completing, in progress, and after completing the form, but before submitting. Note that this downloadable copy does not include all answer choices, only the one you provide. However, the official Director's Certification must be submitted electronically in the SurveyMonkey Apply portal.

In order to submit, please click "Mark as Complete" and then also click "Submit," found in the upper left of this page.

Funding is not available in the noncompetitive allocation for counties with no qualifying facilities (i.e., no current licensed facilities currently serving individuals who are applicants or recipients of SSI/SSP, not funded by regional centers). However, a base allocation of \$200,000 may be requested if the county believes there are existing licensed adult and senior care facilities currently serving applicants or recipients of SSI/SSP or CAPI that were not identified by the need-based methodology. Counties interested in this option must contact cce.preservation@ahpnet.com no later than July 15, 2022.

Note: Tribal set aside for Preservation Capital Projects is part of an allocation that will be outlined in a forthcoming NOFA.

Please contact SurveyMonkey Apply Technical Support if you have any software or technical difficulties regarding this grant portal. You can do so by clicking the "i" in the upper right corner and then clicking "Fill in a support request form" from the menu that appears.

For all other questions regarding the CCE Preservation Program NOFA, contact AHP at cce.preservation@ahpnet.com

Certification Form

Asterisk (*) indicates required field.

COUNTY INFORMATION

Counties may choose to accept funds for either the OSP or CP program, or both. **If both are accepted, the same county department must implement both.** Any county department is eligible to accept the funds, which may include but are not limited to county social service departments, health departments, aging or adult services, or the behavioral health department, housing and community development departments.

***Select the California County accepting funds:**

▼

***Which one county department will be accepting, implementing, and monitoring the funds?**

COUNTY DEPARTMENT CONTACT INFORMATION

Please provide information for the primary and secondary contact persons below:

*Primary Contact Person

First Name	<div></div>
Last Name	<div></div>
Title	<div></div>
Department	<div></div>
Phone	<div></div>
Email	<div></div>
Address	<div></div>
City	<div></div>
State	<div></div>
Zip	<div></div>

Secondary Contact Person

First Name	<div></div>
Last Name	<div></div>
Title	<div></div>
Department	<div></div>
Phone	<div></div>
Email	<div></div>
Address	<div></div>
City	<div></div>
State	<div></div>
Zip	<div></div>

NOTE: If the county chooses to decline all allocations (both funding types), the form will skip to the final acknowledgements and electronic signature certification questions.

COUNTY FUNDING ALLOCATON ACCEPTANCE

Please indicate below which funding types and amounts the county wishes to accept. Please also indicate if the county is declining any funding.

Completing this form does not automatically disperse funding. DSS will receive notification of your intent to either accept or decline funding and you will received confirmation of the submission via email. AHP will contact you if there are questions regarding your submission.

*Operating Subsidy Payment (OSP) Funds

The county hereby :

- ☐ Accepts the total OSP allocation as listed in Section 206 of the NOFA.
- ☐ Accepts a partial amount of the OSP allocation as listed in Section 206 of the NOFA.
- ☐ Declines the entire OSP allocation as listed in Section 206 of the NOFA.

*Confirm the total amount of OSP Funds accepted:

\$

***The county is interested in accepting future additional OSP funds, if available, beyond current allocation level.**

If yes, indicate the amount below OR that the county does not have a limit on additional OSP funds it is able to accept and manage:

- ☐ Yes
- ☐ No

*The county has a limit on the amount of OSP funds it is able to accept and manage.

- ☐ Yes
- ☐ No

***If YES, (the county has a limit) indicate the total amount of OSP funds beyond the base allocation that the county would be willing to accept if additional funds become available in the future:**

\$

*Capital Project (CP) Funds

The county hereby :

- ☐ Accepts the total CP allocation as listed in Section 206 of the NOFA.
- ☐ Accepts a partial amount of the CP allocation as listed in Section 206 of the NOFA.
- ☐ Declines the entire CP allocation as listed in Section 206 of the NOFA.

*Confirm the total amount of CP Funds accepted:

\$

***The county acknowledges the 10% match obligation for any CP funds accepted. Match may be provided by the county or contributed by facilities awarded CP funds. However, counties are responsible for ensuring that the 10 percent match is met.**

- ☐ Yes
- ☐ No

***The county is interested in accepting future additional CP funds, if available, beyond current allocation level.**

If yes, indicate the amount below OR that the county does not have a limit on additional CP funds it is able to accept and manage:

- ☐ Yes
- ☐ No

*The county has a limit on the amount of CP funds it is able to accept and manage.

- ☐ Yes
- ☐ No

***If YES, (the county has a limit) indicate the total amount of CP funds beyond the base allocation that the county would be willing to accept if additional funds become available in the future:**

\$

After indicating if the county read the CCE Preservation Program NOFA, if a county decides to decline all funding allocations, the form will skip to the “County Director Certification” section.

FUNDING CONDITIONS AND IMPLEMENTATION REQUIREMENTS

The administration, dissemination, and monitoring of the OSP and CP grant funds will be the responsibility of the county, as outlined in the CCE Preservation Funds NOFA.

***The County has read and reviewed the [CCE Preservation Program Notice of Funding Availability \(NOFA\)](#)**

☐ Yes

☐ No

***By submitting this certification to accept funds, the Director of the county department administering the program certifies that the implementation of CCE Preservation Funds will be consistent with relevant laws, regulations, program guidance, and evidence-based practices outlined in the NOFA, including but not limited to the following:**

Check all to confirm:

	Confirm
Administrative costs will be limited to 10% or less and funds will be maximized for the purpose of preserving eligible licensed facilities.	<input type="checkbox"/>
A draft or initial County Implementation Plan will be submitted by October 15, 2022, with any final changes or amendments to be submitted by January 15, 2023.	<input type="checkbox"/>
CCE Preservation Funds will be awarded to eligible facilities and monitored consistent with the requirements set out in the NOFA.	<input type="checkbox"/>
Reports will be provided to AHP or CDSS as requested, beginning September 1, 2022. The reporting frequency is generally expected to be quarterly at minimum; however, additional ad hoc reports may be requested.	<input type="checkbox"/>

COUNTY DIRECTOR CERTIFICATION

The County Director or Designee may complete this section on behalf of the County Department.

***County Director or Designee**

First Name

Last Name

Title

Department

Phone

Email

Address

City

State

Zip

***Please indicate if signee is a County Director or Designee**

☐ County Director

☐ Designee

ELECTRONICALLY SIGNING THE FORM:

If the county has accepted *all or part* of the allocation:

	*Please indicate if signee is a County Director or Designee
	<input type="radio"/> County Director
	<input type="radio"/> Designee
	*I, County Director or Designee from the county listed above, certify that I will administer the CCE Preservation Program OSP and/or CP funds pursuant to the terms outlined in the NOFA and understand this is a condition of receiving the funds. The information completed within the form and attached are true and correct.
	By accepting these funds and signing the certification below, the County Director agrees to the funding terms and conditions outlined within the CCE Preservation Program NOFA.
	<input type="radio"/> Yes
	<input type="radio"/> No
	<div>SAVE & CONTINUE EDITING</div> <div>MARK AS COMPLETE</div>

If the county declined *all* allocations:

	*Operating Subsidy Payment (OSP) Funds
	The county hereby :
	<input type="radio"/> Accepts the total OSP allocation as listed in Section 206 of the NOFA.
	<input type="radio"/> Accepts a partial amount of the OSP allocation as listed in Section 206 of the NOFA.
	<input checked="" type="radio"/> Declines the entire OSP allocation as listed in Section 206 of the NOFA.
	Clear
	*Capital Project (CP) Funds
	The county hereby :
	<input type="radio"/> Accepts the total CP allocation as listed in Section 206 of the NOFA.
	<input type="radio"/> Accepts a partial amount of the CP allocation as listed in Section 206 of the NOFA.
	<input checked="" type="radio"/> Declines the entire CP allocation as listed in Section 206 of the NOFA.
	Clear

The form will skip to this signature:

	*I, County Director or Designee from the county listed above, certify that the county has chosen to decline the funding allocation. The information completed within the form and attached are true and correct.
	<input type="radio"/> Yes
	<input type="radio"/> No
	<div>SAVE & CONTINUE EDITING</div> <div>MARK AS COMPLETE</div>