



Application Detail

Application ID	919281
Submitted	Jul 28, 2023
Status	Approved
Applicant(s)	Natalie McAuliffe (njmcauliffe@co.shasta.ca.us) 2640 Breslauer Way Redding, CA, 96001, US
Program and cycle	JI Application Round 3 JI Round 3
Tags	No tags
Forms	PATH JI R3 Banking Form

Award and Payment Detail

Cash Award

Total Amount	Payment	Payment ID	Payment number	Status
\$1,009,888.00				
Payments	\$1,009,888.00	400213		Pending
1	Payment date Aug 7, 2023			Aug 7, 2023

Instructions

This form is meant to collect banking and tax information from organizations receiving funds from California Department of Health Care Services (DHCS) in support of the Justice-Involved Capacity Building Program (JI) initiative.

Please complete all fields included in this form. It will likely be helpful have the applying organizations banking information and W-9 for reference while completing this form.

For assistance in completing this form, please contact our Technical Assistance team at justice-involved@ca-path.com or (866) 529-7550.

Representative Info

REPRESENTATIVE
INFORMATION

Name of Awarded Entity's Authorized Representative * (First and Last)	Title of Authorized Representative * Position of person completing this form.
No answer	No answer
Email of Authorized Representative *	Telephone Number of Authorized Representative *
No answer	No answer

Entity Demographics

ENTITY DEMOGRAPHICS

Legal Business Name of Awarded Entity * As appears on tax forms	
No answer	
County Behavioral Health Agency Please select the type of awarded entity	As a delegate, who are you representing to receive thi funding? *
No answer	No answer
Are you a delegate, and receiving funding on behalf of another party? *	

No answer

Mailing Address of Awarded Entity (or delegate if applicable) *

Street Address

No answer

entity mail add street2

Street Address Line 2

No answer

city *

City

No answer

state *

State

No answer

Zip *

Zip Code

No answer

Awarded Entity County *

Please select the County from the dropdown list

No answer

Tax info

TAX INFORMATION

Legal Entity Type *

No answer

NOTE: Nonprofit corporations exempt under IRS Code Section 501(c)(3) should select "Other" above and enter "501(c)(3)" into the text box.

Taxpayer Identification Number (TIN) *

Employer Identification Number

No answer

Taxpayer Identification Number (TIN) *

Re-enter for verification

No answer

Please upload a completed and signed W-9 form below:

No file uploaded

BANKING INFORMATION

Name of Banking Institution *

ex. Bank of America

No answer

Bank Account Holder Name *

Account holder name should be the legal name of the organization or entity applying to receive DHCS funds.

No answer

Bank account type *

No answer

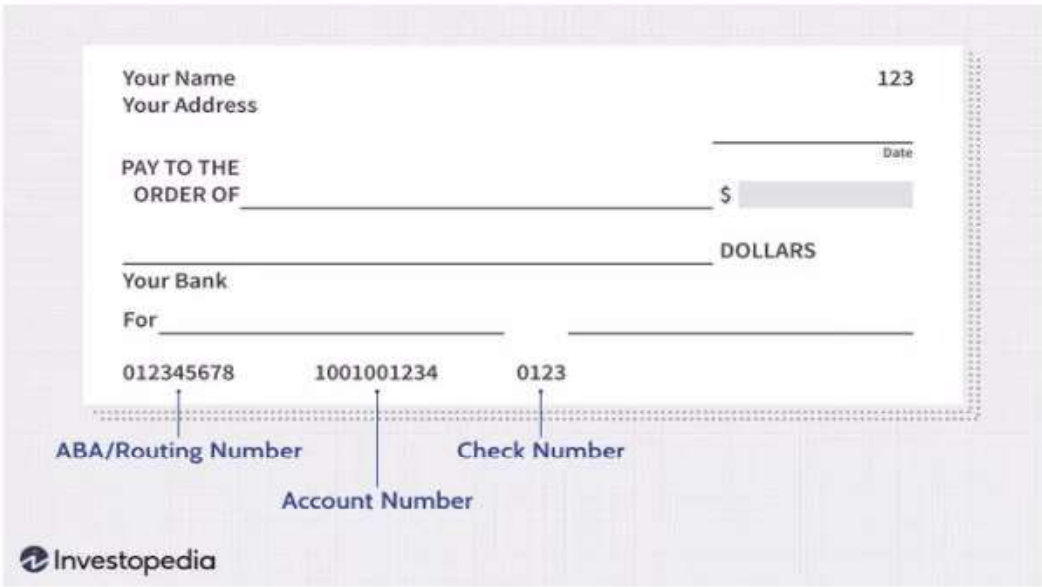


Image by Sabrina Jiang © Investopedia 2020

Bank routing Number *

Must be exactly 9 digits.

No answer

Bank routing number *

Re-enter for verification

No answer

Bank account number *

No answer

Bank account number *

Re-enter for verification

No answer

ATTESTATIONS

As a condition of receiving funds distributed by the State of California, Department of Health Care Services (DHCS), through its contracted fiscal intermediary, Public Consulting Group LLC (PCG), on behalf of the below listed entity, I agree to the following and any applicable federal or state statutes and regulations associated with the funding received:

I am an agent of the entity applying for the PATH Justice-Involved Capacity Building Program (JI) payments and am authorized by the entity to complete and sign this attestation on its behalf.

I authorize PCG to initiate ACH deposits to the bank account provided on a recurring basis.

The entity agrees that it is fully responsible for any and all tax consequences as a result of receiving DHCS payments and does not rely on anything that the State of California, DHCS, or PCG, state about this issue.

The entity agrees that the bank account information that it provides to receive the DHCS payments is accurate and is the account used by the entity for payment of business expenses. The entity agrees that it will not hold the State of California, DHCS, or PCG, responsible if the incorrect bank account information is provided and the DHCS funds are transferred to such account; the State of California, DHCS, and PCG, will accept the bank account information 'as is.'

The entity agrees it may be subject to federal or state reporting and/or auditing requirements. It agrees to maintain and report detailed financial information, as required, and to make its staff available to answer any questions or provide any documents about the DHCS payments and how it used the payments, upon request by any agency of the State of California, including DHCS or any other government agency at any time.

The entity agrees that it may receive DHCS payments while simultaneously receiving funding from other sources, including but not limited to federal or state programs. But the entity agrees that it cannot use the DHCS payments for expenses that are reimbursed or paid for by other federal or state programs or agencies. As a result, the entity is solely and exclusively responsible for abiding by all applicable terms, conditions, rules, and regulations concerning the receipt of federal or state payments. In addition, the entity will not hold the State of California, DHCS, or PCG, responsible in any way if the receipt of DHCS payments is prohibited or restricted as a result of other funding that the entity has received.

I agree to the terms and conditions outlined above. *

No answer

E-Signature *
Type your name for verification

No answer

Confirmation Page

CONFIRMATION

Please review your information below prior to sumitting this form. If errors are identified, please use the 'Back' button or utilize the form navigation tabs to correct your information. Banking information provided in this form will be relied upon to issue direct deposit payments into your entity's bank account. **Failure to provide accurate banking information will delay your receipt of funds.**

Representative Information:

Name:

Name:

No answer

Title/Position

title confirm

No answer

Email Address:

rep email confirm

Phone Number:

No answer

rep phone # confirm

No answer

Entity Demographics:

Legal Business Name:

Business Name:

Legal Address of Entity:

No answer

Legal entity add

No answer

**entity
confirm city**

No answer

**entity state
confirm**

No answer

**entity zip
confirm**

No answer

Tax Information:

Legal Entity Type:

(TIN) confirm

No answer

Taxpayer Identification Number
(TIN):

Banking Information:

Name of Banking Institution: **bank institute name confirm**

Bank Account Holder Name: No answer

Bank Account Type: **Bank account holder name
confirm**

Bank Routing Number:

Bank Account Number: No answer

bank routing confirm

No answer

bank account # confirm

No answer

I've reviewed the information above and it is accurate to the best of my knowledge.

Agree *

No answer