## SCHOOL FACILITY PROGRAM

### Unfunded Review Financial Hardship Checklist DGS OPSC 1C (Rev. 6/17)

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SCHOOL DIST	NCT					
COUNTY						
DATE OF FINANCIAL HARDSHIP REQUEST		DISTRCT NUMBER				
and per Review I	<u>n:</u> In order to streamline the process of completing a Financial Hardshi inent information as part of their Financial Hardship submittal packa inancial Hardship checklist and funding certification must be submitt o package will be marked incomplete and returned to the district.	ge. All incomplete Financial Hardship packa	ges will be returned. This Unfunded			
In additi	on, the OPSC strongly encourages district's to provide supporting schedule:	s and all necessary documents to accommoda	te shorter review periods.			
I. FUN	<b>DING SOURCES -</b> Please Submit the Following:					
	NOTE: All fund sources that could be used for capital facility purp Hardship review package, regardless of the fund the proceeds ar					
Α.	Has the district issued any Certificates of Participation since J If yes:	uly 1, 2011?	□Yes □No			
	<ul> <li>Indicate the date(s) issued and the dollar amount(s):</li> </ul>					
	Indicate the Fund the proceeds were deposited into:					
	Provide a trial balance and/or General Ledger detail evidencing the proceeds were deposited in that fund.					
	Provide a copy of the COP booklet(s) as part of the district's	s Financial Hardship package.	Enclosed: Previously □Yes □No □Submitted			
		lf no, t	he FH review will not commence.			
В.	Will any Certificates of Participation (COP) be issued within th Unfunded Review request?	e next 12 months from the date of this	□Yes □No			
	If yes, indicate the proposed date of issuance and the amoun	t:				
C.	Has the district passed any General Obligation Bonds(2/3, Pro July 1, 2011?	position 39) or Mello Roos Bonds since	□Yes □No			
	If yes:					
	<ul> <li>Indicate the date(s) passed and the dollar amount(s):</li> </ul>					
	Indicate the Fund the proceeds were deposited into:					
	• Provide a trial balance and/or General Ledger detail evidencing the proceeds were deposited into that fund.					
	<ul> <li>Provide a copy of the bond book(s) and official copy of the Hardship package.</li> </ul>	e ballot issue(s) as part of the Financial	Enclosed: Previously □Yes □No □Submitted			
		lf no, t	he FH review will not commence.			
D.	Does the district have any developer fee "In Lieu" agreement( amount of developer fees collected by the district?	s) in effect or pending that affects the	□Yes □No			
	If yes:					
	<ul> <li>Provide a copy of the mitigation(s) agreements and schoo agreement(s) as part of the Unfunded Financial Hardship</li> </ul>		Enclosed: □Yes □No			
	<ul> <li>If the district received any benefit, building, land, etc., in li tion been submitted verifying the "in lieu" received and th negated due to the "in lieu" agreements?</li> </ul>		□Yes □No			

This documentation should include the General Ledger detail to reflect the asset value and date posted.

#### SCHOOL FACILITY PROGRAM STATE ALLOCATION BOARD OFFICE OF PUBLIC SCHOOL CONSTRUCTION **Unfunded Review Financial** Hardship Checklist Page 2 of 3 DGS OPSC 1C (Rev. 6/17) Is the district currently receiving Redevelopment Agency (RDA) Funds or have they received RDA Ε. Funds since July 1, 2011. □Yes □No If yes: Indicate the dollar amount(s): Provide a schedule which lists: (1) All individual RDA areas within the District (2) The balance of each RDA area ending June 20, 2011. (3) All revenue received since July 1, 2011 for each RDA area. (4) All expenditures made since July 1, 2011 for each RDA area. **Enclosed:** (5) Balance for each RDA area as of the date of submittal. □ Yes □ No Indicate what Fund the proceeds were deposited into: Provide a trial balance or General Ledger detail evidencing the proceeds were deposited in that fund. • Provide a copy of the redevelopment agreement(s) currently in effect as part of the unfunded Previously Enclosed: review package. □ Yes □ No □ Submitted **Enclosed:** Previously • Provide a map of each RDA area. □ Yes □ No □ Submitted Completed: Indicate on the approriate RDA map where the District's Unfunded school sites lie. □Yes □No □N/A Indicate the boundaries of the school sites on the unfunded list. If no, the FH review will not commence. ☐Yes ☐No F. Has the district received any proceeds from the sale of surplus real property since July 1, 2011? If yes: Indicate the dollar amount(s): Indicate what Fund the proceeds were deposited into: Provide a trial balance or General Ledger detail evidencing the proceeds were deposited into that fund. Has the district received any other source of funding not previously listed that could be used for G. □Yes □No capital facility purposes? If yes: • Indicate the source of funding: Indicate the dollar amount(s): Indicate what Fund the proceeds were deposited into: Indicate the date the proceeds were deposited. • Provide a trial balance or General Ledger detail evidencing the proceeds were deposited in that fund. Has the district made any Inter-Fund transfers, in or out of a fund which contains capital facility Η. □Yes □No related proceeds since July 1, 2011? • If yes, submit General Ledger detail which documents the transfers. **Enclosed:** □Yes □No · Provide a schedule of all the Inter-Fund transfers, in or out of a fund which contains capital facility related proceeds, that lists: **Enclosed:** (1) The fund transferred from □ Yes □ No (2) The fund transferred to Yes No (3) Describes the purpose of the transfer Yes No □Yes □No (4) The date of the transfer.

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## **II. EVIDENCE REQUIRED**

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A.	Report all funds spent (to date) on the SFP projects on the Unfunded project(s) list on a detailed expenditure report. A separate expenditure report must be submitted for each project on the Unfunded List. If no funds have been spent on the unfunded project(s), submit a written statement to that effect.	Enclosed : Yes No	
В.	"Financial Hardship Fund Worksheet" submitted for each fund within the Capital Project Funds and/ or each Fund that contains capital facility related proceeds.		
	Column 1 of the worksheet(s) should reflect the district's fund balance as of June 30, 2011.		
	Column 2 of the worksheet(s) will include all transactions from July 1, 2011 to current date (within 15 days of submittal) and the ending fund balance. A separate worksheet must be submitted for each fund that contains capital facility related proceeds.		
C.	Trial Balance for each Financial Hardship Fund Worksheet the district is submitting. The trial balance should reflect the balances through the date of the fund worksheets.	□Yes □No	
D.	Summary Report for the information in Column 1 for each Financial Hardship Fund Worksheet sub- mitted.		
E.	General Ledger (GL) Detail Report for the information only for Column 2 for each Financial Hardship Fund Worksheet submitted.	□Yes □No	
	For example: The district's Fund 25 worksheet has Column 1 information for the 2010/2011 Fiscal Year ending 06/30/11. The Column 2 information is dated as of 11/01/11, therefore it contains data from four months of information (07/01/11 - 11/01/11) from the 2011/2012 Fiscal Year. Only the General Ledger Detail Report for Column 2 will be needed (07/01/11 - 11/01/11)		
	NOTE: If the General Ledger detail report does not clearly delineate what project the reported expendi- tures were completed on then it will be necessary to submit a support schedule which lists all the expen- ditures, the work done, the project, and ties back to the individual General Ledger detail report(s).		
F.	General Ledger (GL) <u>Summary</u> report for the information in Column 1 and Column 2 of the Fund 35 Financial Hardsip Fund Worksheet.	Enclosed: □ Yes □ No	
G.	Identify the purpose and provide necessary documentation for any restrictions on funds within any Special Reserve Fund.	□Yes □No	
Н.	Documentation supporting the liquidation of previously approved encumbrances the district is claiming (i.e. contracts/payment schedules).	□Yes □No	□N/A
	All material should be clearly cross referenced and identified to the contract and to the encumbrance	(s).	
I.	Complete copy of latest Independent Audit Report, if not previously submitted.	🗆 Yes 🗆 No	Previously

SIGNATURE OF DISTRICT REPRESENTATIVE	DATE	
PLEASE PRINT NAME:	CONTACT NUMBER:	EMAIL ADDRESS: