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| **CALIFORNIA STATE TREASURER’S OFFICE** | | | | | | | |  | PROPOSED | |
| POSITION DUTY STATEMENT | | | | | | |  | | | |
|  | | | | | | |  | X | CURRENT | |
|  | | | | | | |  | | | |
| **DIVISION OR BCA** | | | | | | | **POSITION NUMBER (Agency-Unit-Class-Serial)** | | | **Position ID** |
| California Health Facilities Financing Authority (CHFFA) | | | | | | | 324-002-5157-XXX | | | 3532 |
| **UNIT** | | | | | | | **CLASSIFICATION TITLE** | | | |
| Children’s Hospital Program | | | | | | | Staff Services Analyst | | | |
| **TIME BASE / TENURE** | | **CBID** | **WWG** | **COI** | | **MCR** | **WORKING TITLE** | | | |
| P/F | | R01 | 2 | Yes  No | | 1 | Children’s Hospital Program Analyst | | | |
| **LOCATION** | | | | | | | **INCUMBENT** | **EFFECTIVE DATE** | | |
| Sacramento | | | | | | |  |  | | |
| **STATE TREASURER’S OFFICE MISSION** | | | | | | | | | | |
| The State Treasurer’s Office (STO) provides banking services for state government with goals to minimize banking costs and maximize yield on investments. The Treasurer is responsible for the custody of all monies and securities belonging to or held in trust by the state; investment of temporarily idle state and local government monies; administration of the sale of state bonds, their redemption and interest payments; and payment of warrants drawn by the State Controller and other state agencies. | | | | | | | | | | |
| **COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION** | | | | | | | | | | |
| The California State Treasurer’s Office (STO) is committed to building and fostering a diverse workplace. We believe cultural diversity, backgrounds, experiences, perspectives, and unique identities should be honored, valued, and supported. We believe all staff should be empowered. The STO is proud to foster inclusion and representation at all levels of the Department. | | | | | | | | | | |
| **DIVISION OR BCA OVERVIEW** | | | | | | | | | | |
| **BRIEFLY DESCRIBE THE DIVISION/UNIT FUNCTIONS** | | | | | | | | | | |
| The California Health Facilities Financing Authority was established by law to issue revenue bonds to assist qualified private nonprofit corporations or associations, counties and hospital districts to finance or refinance the acquisition, construction or remodeling of health facilities and specified clinics. | | | | | | | | | | |
| **GENERAL STATEMENT** | | | | | | | | | | |
| **BRIEFLY (1 OR 2 sentences) DESCRIBE THE POSITION’S ORGANIZATIONAL SETTING AND MAJOR FUNCTIONS** | | | | | | | | | | |
| Under the general direction of the Staff Services Manager II and the supervision of the Staff Services Manager I (“SSM I”), the incumbent administers, develops, and implements various programs, policies, and operating procedures related to the Children’s Hospital Grant Program and various other grant programs of the California Health Facilities Financing Authority (“CHFFA” or the “Authority”). | | | | | | | | | | |
| **% of time performing duties** | **Indicate the duties and responsibilities assigned to the position and the percentage of time spent on each. Group related tasks under the same percentage with the highest percentage first.** | | | | | | | | | |
| 40% | With guidance analyze and interpret applications for grant funding from eligible children’s hospitals for compliance with Children’s Hospital Bond Acts of 2004, 2008 and 2018 program regulations; notify SSM I of potentially sensitive or controversial issues, including solutions and recommendations; prepare recommendation and written summary of each application to be presented for consideration to the Authority members at public meetings. Monitor project completion; track grant project expenditures; establish eligibility of each cost in grant disbursement requests; perform site visits to grant projects; provide technical assistance to grantees; and prepare status report updates to the Executive Director and management. Perform related due diligence as needed. | | | | | | | | | |
| 30% | Under the assistance of the SSM I research, analyze, develop, and revise grant program regulations to meet program, legislative, and/ or stakeholder needs for all existing and new grant programs and any other related CHFFA program. This includes working collaboratively with a diverse group of internal/ external stakeholders. Analyze, score, and interpret a variety of applications for grant funding for CHFFA’s various other grant programs; evaluate project type, readiness, sustainability, and feasibility; notify SSM I of potentially sensitive or controversial issues, including solutions and recommendations; prepare recommendation and written summary of each application to be presented for consideration to the Authority members at public hearings. Evaluate project progress/ amendments and monitor project completion; perform site visits to grant projects; provide technical assistance to grantees; and prepare status report updates to the Executive Director and management. | | | | | | | | | |
| 15% | Provide technical information and assistance to potential grantees, stakeholders, other governmental agencies, and/or the public on the functions of the Authority and the types of programs available, procedures and requirements for utilizing the services of the Authority, and processes and requirements for CHFFA’s grant programs. Notify applicants of Authority actions on applications. Notify program management of applicant’s and grantee’s issues and concerns and recommend to program management any advisable changes to program processes. | | | | | | | | | |
| 10% | Participate in special projects as required by management on the various grant programs or involving existing or proposed financings, and prepare reports to the Executive Staff, State Treasurer’s Office, Legislature, Department of Finance, and/or numerous public and private entities and individuals. | | | | | | | | | |
| 5% | Conduct and perform various administrative and analytical duties that are necessary for the daily operation and overall support of CHFFA and the Authority board. | | | | | | | | | |
| **SPECIAL REQUIREMENTS** | | | | | | | | | | |
| **N/A** | | | | | | | | | | |
| **To be reviewed and signed by the supervisor and employee:**  **EMPLOYEE’S STATEMENT:**   * *I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH MY SUPERVISOR AND RECEIVED A COPY OF THIS DUTY STATEMENT.* | | | | | | | | | | |
| **EMPLOYEE’S NAME (Print)** | | | | | **EMPLOYEE’S SIGNATURE** | | | **DATE** | | |
|  | | | | |  | | |  | | |
| **SUPERVISOR’S STATEMENT:**   * *I CERTIFY THIS DUTY STATEMENT REFLECTS CURRENT AND AN ACCURATE DESCRIPTION OF THE ESSENTIAL FUNCTIONS OF THIS POSITION* * *I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH THE EMPLOYEE AND PROVIDED THE EMPLOYEE A COPY OF THIS DUTY STATEMENT.* | | | | | | | | | | |
| **SUPERVISOR’S NAME (Print)** | | | | | **SUPERVISOR’S SIGNATURE** | | | **DATE** | | |
|  | | | | |  | | |  | | |