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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) | | | | | | | 324-001-5157-XXX | | | 3516 |
| **UNIT** | | | | | | | **CLASSIFICATION TITLE** | | | |
| Children’s Hospital Programs | | | | | | | Staff Services Analyst | | | |
| **TIME BASE / TENURE** | | **CBID** | **WWG** | **COI** | | **MCR** | **WORKING TITLE** | | | |
| Full Time/Permanent | | R01 | 2 | Yes  No | | 1 |  | | | |
| **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 Treasury Program Manager II and the supervision of the Staff Services Manager I, the incumbent performs the less complex analytical duties. Administers, develops, and implements various programs, policies, and operating procedures of the California Health Facilities Financing Authority (“CHFFA” or the “Authority”). Grant programs may include, but are not limited to, the Children’s Hospital Program, the Investment in Mental Health Wellness grant program, the Children and Youth Investment in Mental Health Wellness grant program, and the Community Services Infrastructure grant program. | | | | | | | | | | |
| **% 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.** | | | | | | | | | |
| 45% | Under guidance, analyze, score, and interpret a variety of applications for grant funding; evaluate project readiness 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 to the Authority members at public hearings. 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. | | | | | | | | | |
| 30% | Assist in the research, analysis, development, and implementation of grant program regulations to meet program, legislative, and/ or stakeholder needs for all existing and new grant programs and any other related CHFFA program. Prepare materials and content for informational webinars and public forums; assist the SSM I in matters relating to the regulatory process and the finalization of the rulemaking file. | | | | | | | | | |
| 10% | Provide technical information and assistance to potential borrowers, bond investors, stockholders, other governmental agencies, and/or the public on the functions of the Authority and the types of financing programs available, procedures and requirements for utilizing the services of the Authority, and processes for CHFFA’s bond, loan, and grant programs. | | | | | | | | | |
| 5% | Monitor and review proposed legislation affecting CHFFA. Coordinate with the State Treasurer’s Office, Department of Finance, and the Legislature when necessary to prepare legislative analysis, written correspondences and/or testimony related to the impact or potential impact to CHFFA’s current programs, policies, and procedures. | | | | | | | | | |
| 5% | Participate in special projects as required by management involving existing or proposed financings and prepare reports to the Executive Staff, State Treasurer’s Office, Legislature, National Association of Health and Educational Facilities Financing Authority members, 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** | | | | | | | | | | |
| **(i.e. valid CA driver’s license, overnight travel, etc.)** | | | | | | | | | | |
| **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** | | |
|  | | | | |  | | |  | | |