

Unfunded Review Financial Hardship Checklist

For Unfunded Approval Dates After June 30, 2025
(February 2026)

SCHOOL DISTRICT	
COUNTY	
DATE OF FINANCIAL HARDSHIP REQUEST	DISTRICT NUMBER

Attention: In order to streamline the process of completing a Financial Hardship review, it is the District's/COE's responsibility to clearly report all sources of funding and pertinent information as part of their Financial Hardship submittal package. All incomplete Financial Hardship packages will be returned. This Unfunded Review Financial Hardship checklist and funding certification must be submitted in its original form and without any modifications or the district's/COE's Financial Hardship package will be marked incomplete and returned to the District/COE.

In addition, the OPSC strongly encourages Districts/COEs to provide supporting schedules and all necessary documents to accommodate shorter review periods.

I. FUNDING SOURCES - (Per Education Code Section 17075.15(c) & Regulation Section 1859.81(a))

Please Submit the Following:

NOTE: All fund sources that could be used for capital facility purposes need to be included in the Financial Hardship review package, regardless of the fund the proceeds are deposited into.

Enclosed:

- A. Has the district issued any Certificates of Participation (COP) within the previous three Fiscal Years (FYs) of this review?

Yes No

If yes:

- Indicate the date(s) issued and the dollar amount(s): _____
- Indicate the Fund the proceeds were deposited into: _____
- Provide a trial balance and/or General Ledger (GL) detail evidencing the proceeds were deposited in that fund.
- Provide a copy of the COP booklet(s) as part of the District's Financial Hardship package.

Yes	No	Previously Submitted
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- B. Will any COPs be issued within the next 12 months from the date of this Unfunded Review request?
If yes, indicate the proposed date of issuance and the amount: _____

Yes No

- C. Has the district passed any General Obligation Bonds(2/3, Proposition 39) or Mello Roos Bonds since within the previous three FYs of this review?

Yes No

If yes:

Current Year	Prior Year	2nd Prior Year
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- Indicate the date(s) passed and the dollar amount(s): _____
- Indicate the Fund the proceeds were deposited into: _____
- Provide a trial balance and/or GL detail evidencing the proceeds were deposited into that fund.
- Provide a copy of the bond book(s) and official copy of the ballot issue(s) as part of the Financial Hardship package.

Enclosed:		Previously Submitted
<input type="checkbox"/> Yes <input type="checkbox"/> No		

- D. Does the District have any developer fee "In Lieu" agreement(s) in effect or pending that affects the amount of developer fees collected by the district?

Yes No

If yes:

- Provide a copy of the mitigation(s) agreements and school board minutes approving the in lieu agreement(s) as part of the Unfunded Financial Hardship review package.
- If the District received any benefit, building, land, etc., in lieu of Developer Fees, has documentation been submitted verifying the "in lieu" received and the value of developer fees that were negated due to the "in lieu" agreements?
This documentation should include the GL detail to reflect the asset value and date posted.

Enclosed:
Yes No

Yes No

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| <p>E. Does the District have any bonds that are authorized but unsold?</p> <ul style="list-style-type: none"> • If yes, indicate the year the authorizing ballot measure passed. • Please indicate the amount of authorized but unsold bonds. • If the unsold bonds cannot be sold at this time, please provide a written explanation. | <p>Enclosed:
Yes No</p> |
| <p>F. Has the District received any proceeds from the sale of surplus real property within the previous three Fiscal Years of this review?</p> <p>If yes:</p> <ul style="list-style-type: none"> • Indicate the dollar amount(s):
 Indicate what Fund the proceeds were deposited into: • Provide a trial balance or GL detail evidencing the proceeds were deposited into that fund. | <p>Yes No
Yes No</p> <p>Enclosed:

_____</p> |
| <p>G. Has the District received any other source of funding not previously listed that could be used for capital facility purposes?</p> <p>If yes:</p> <ul style="list-style-type: none"> • 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 GL detail evidencing the proceeds were deposited in that fund. | <p>Yes No</p> <p>_____

_____</p> <p>Yes No</p> |
| <p>H. Has the District made any Inter-Fund transfers, in or out of a fund which contains capital facility related proceeds within the previous three Fiscal Years of this review?</p> <ul style="list-style-type: none"> • If yes, submit GL detail report which documents the transfers. • Provide a schedule of all the Inter-Fund transfers , in or out of a fund which contains capital facility related proceeds, that lists: <ol style="list-style-type: none"> (1) The fund transferred from (2) The fund transferred to (3) Describes the purpose of the transfer (4) The date of the transfer. | <p>Yes No
Yes No</p> <p>Yes No</p> <p>_____

_____</p> |

II. EVIDENCE REQUIRED

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| <p>A. Report all funds spent (to date) on the School Facility Program 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 signed and dated written statement to that effect.</p> | <p>Enclosed :
Yes No</p> |
| <p>B. "Financial Hardship Fund Worksheet" submitted for each fund within the Capital Project Funds and/or each Fund that contains capital facility related proceeds, including the Fund 35 Financial Hardship Fund Worksheet.</p> <p>Column 1 of the worksheet(s) should reflect the District's fund balance as of the date of the most recent available Audited Financial Statements.</p> <p>Column 2 of the worksheet will include all transactions and fund balances for a complete fiscal year after column 1 fiscal year.</p> <p>Column 3 of the worksheet(s) will include all transactions from July 1 date after the most recent fiscal year (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.</p> | <p>Yes No</p> |

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Enclosed :

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| <p>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.</p> | <p>Yes No</p> |
| <p>D. Summary Report for the information in Column 1 for each Financial Hardship Fund Worksheet submitted.</p> | <p>Yes No</p> |
| <p>E. General Ledger Report (Detailed Transaction Ledger or a General Ledger Report) for the information for Columns 1, 2, and 3 for each Financial Hardship Fund Worksheet submitted.
<i>For example: The District's Fund 25 worksheet has Column 1 information for the 2023/2024 Fiscal Year ending 06/30/2024. The Column 2 information for the 2024/2025 Fiscal Year ending 6/30/2025. The Column 3 information is dated as of 03/01/2026; therefore, it contains data from eight months of information (07/01/2025-03/01/2026) from the 2025/2026 Fiscal Year. The General Ledger Report for Columns 1, 2, and 3 will be needed.</i></p> <p>NOTE: If the General Ledger Report does not clearly delineate what project the reported expenditures were completed on then it will be necessary to submit a support schedule which lists all the expenditures, the work done, the project, and ties back to the individual General Ledger Report(s).</p> | <p>Yes No</p> |
| <p>F. Identify the purpose and provide necessary documentation for any restrictions on funds within any Special Reserve Fund.</p> | <p>Yes No</p> |
| <p>G. Documentation supporting the liquidation of previously approved encumbrances the District is claiming (i.e. contracts/payment schedules).
All material should be clearly cross referenced and identified to the contract and to the encumbrance(s).</p> | <p>Yes No N/A</p> |
| <p>H. Complete copy of latest Independent Audit Report, if not previously submitted.</p> | <p>Yes No Previously Submitted</p> |

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