

Maximum Amount Payable:

BUDGET SUMMARY		FISCAL	_ YEAR BUDGE		INVOIC	E TYPE	BUDGET STATUS		BALA	ANCE
		2023-	2024	ORIGINAL	QUAR	RTERLY	ACT	ΓIVE		
Rev. TH 6/23	3/23; 10:40AM		<u> </u>				•		.	
PURPOSE:	California Home Visiting Program - MIEC	CHV	FUNDING SC	FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		OURCE, PCA
CONTRACTOR:	Nevada		CHVP, 53128		,					
AGREEMENT #:	CHVP 23-29		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
	FUNDING T	TOTALS 882,135		882,135						
EXPENSE CA	ATEGORY								<u> </u>	
PERSONNEL		\$17,402	100.00%	\$17,402						
FRINGE BENE	FITS	\$10,578	100.00%	\$10,578						
OPERATING		\$1,746	100.00%	\$1,746						
EQUIPMENT										
TRAVEL		\$792	100.00%	\$792						
SUBCONTRAC	стѕ	\$844,622	100.00%	\$844,622						
OTHER COSTS	S									
INDIRECT COS	ST	\$6,995	100.00%	\$6,995						
	BUDGET	TOTALS \$882,135	100.00%	\$882,135	_					
		BALANCES	=====>							

I CERTIFY T	HAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPI	LIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.	
Signature over	APPROVED By Char Weiss-Wenzl at 4:56 pm, Oct 05, 2023		
Printed Name	Charlene Weiss-Wenzl	DATE	
	Project Director		

\$882,135

State Use Only	UNDING SOURCE	CHVP		 	 	
	PCA CODE		53128			
PERSONNEL			17,402			
FRINGE BENEFITS			10,578			
OPERATING			1,746			
EQUIPMENT						
TRAVEL			792			
SUBCONTRACTS			844,622			
OTHER COSTS						
INDIRECT COST			6,995			
Totals for PCA Codes	882,135		882,135			

California Depart	ealth COPH Maternal, Child and Adolescent	Health Divisior	1		ORIGINAL	BUDGET						
URPOSE:	California Home Visiting Progra	am - MIEC	CHV		FUNDING SO	URCE, PCA	FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
ONTRACTOR:	Nevada			CHVP, 53128			,					
GREEMENT#:	CHVP 23-29				(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
JBK:				TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
	FU	NDING	TOTALS	882,135		882,135						
XPENSE CA	TEGORY											
PERSONN	IEL			-	100.00%	17,402	RECONCIL	.IATION SEC	TION (Rema I	ining Funds)		
	TC	OTAL PERSO	NNEL COSTS	17,402	10010070	17,402						
		T	OTAL WAGES	17,402		17,402						
INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES								
1 CW	Director of Public Health Nursing, Project Director	8.75%	145,486	12,730	100.00%	12,730						
2 JF	MCAH Director, Senior Public Health Nurse	2.50%	112,414	2,810	100.00%	2,810						
3 JK	Accountant	2.50%	74,497	1,862	100.00%	1,862		<u></u>				
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15 16												
17												
18								_				
19 20												
FRINGE BENEFITS						40.570	RECONCIL	IATION SEC	TION (Rema	ining Funds)		
		TOTAL FRING	GE BENEFITS	10,578	100.00%	10,578 10,578						
OPERATIN	NG				100.00%	1,746	RECONCIL	IATION SEC	TION (Rema	ining Funds)		
	ТОТА	L OPERATIN	G EXPENSES	1,746	100.0070	1,746						
1 General Office Expense 1,146					100.00%	1,146						
2 Training 600					100.00%	600		_				
3								_		_		
5								-				
6												
7												



URPOSE:	California Home Visiting Program - MIECHV		FUNDING SO	URCE, PCA	FUNDING S	SOURCE, PCA	FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
ONTRACTOR:	Nevada	CHVP,	53128	,						
GREEMENT #:	CHVP 23-29		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
UBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
	FUNDING TOTALS	882,135		882,135						
EXPENSE CA	TEGORY									
EQUIPME	NT				RECONCIL	LIATION SEC	ΓΙΟΝ (Remaiι 	ning Funds)		
1	TOTAL EQUIPMENT EXPENSES									
2										
3 4										
5										
TRAVEL			100.00%	792	RECONCIL	IATION SEC	ΓΙΟΝ (Remai	ning Funds)		
	TOTAL TRAVEL EXPENSES	792	100.00%	792 792						
1 Travel 2 3 4		792	100.00%	792						
5										
SUBCONT	RACTS		100.00%	844,622	RECONCIL	LIATION SECT	ΓΙΟΝ (Remaiι Ι	ning Funds)		
	TOTAL SUBCONTRACT EXPENSES	844,622		844,622						
1 Child Ac 2 3	dvocates of Nevada County	844,622	100.00%	844,622						
4 5										
OTHER CO	OSTS				RECONCIL	IATION SEC	ΓΙΟΝ (Remaiı	ning Funds)		
OTTIER OC	TOTAL OTHER COSTS									
1										
3										
4 5										
INDIDECT	COST				RECONCIL	LIATION SEC	· ΓΙΟΝ (Remaiı	ning Funds)		
INDIRECT	TOTAL INDIRECT COSTS	6,995	100.00%	6,995 6,995			,			
	Personnel and Benefits	6,995	100.00%	6,995		1	<u> </u>	<u> </u>		

Original Budget Justification Section							
2	3-29 Nevada		[ACTIVE		
SC	NNEL						
	TOTALS	13.75%	332,397	17,402		10,578	
INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFIT AMOUNT	Justification
	Director of Public Health Nursing, Project Director	8.750%	145,486	12,730			Director will oversee and coordinate with MCAH Director and subcontradelivering services. Both the Nursing Director and MCAH Director will must be subcontracted by the subcontra
JF	MCAH Director, Senior Public Health Nurse	2.50%	112,414	2,810			Director will oversee and coordinate with subcontractor delivering service Both the Nursing Director and MCAH Director will meet with SubK to ensure proper adhearance to policies, assess family and staff satisfaction implement QI plan, ensure report completion and accuracy. Salary and Benefit are from CEO Salary Planner for FY 23/24.
JK	Accountant	2.50%	74,497	1,862	76.49%	1,424	Salary and Benefit are from CEO Salary Planner for FY 23/24. Accounta directs appropriate charges to CHVP program for budgets, payroll, contracking and developing invoices for program.
G	E BENEFITS	TOTAL FRI	NGE BENEFITS			10,578	- Justification
R/	ATING		,				
		ТОТ	AL OPERATING			1,746	Justification
	eral Office Expense						\$375 annual need per person X 2 staff (DPHN and Sr PHN)
raıı	ning					600	conference fees for 1 event each for DPHN and Sr PHN @ \$300 each. Conference is TBD.
ΙΡΙ	MENT						- Justification
	ТОТ	AL EQUIPME	ENT EXPENSES				

Origina	I Budget Justification Sect	ion
CHVP 23-29 Nevada		
	ACTIVE	
5		
TRAVEL		Justification
TOTAL TRAVEL EXPENSES	792.00	
1 Travel	792.00	travel to 1 event each for DPHN and Sr PHN @ \$396 each, which includes mileage, air travel, hotel and per diem
2		
3		
4		
5		
SUBCONTRACTS		1 4.6.
TOTAL SUBCONTRACT EXPENSES	844,622	- Justification
1 Child Advocates of Nevada County	844,622	CANC delivers HFA and home visiting support to over 63 families annually.
2		
3		
4		
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		<u> </u>
OTHER COSTS		
TOTAL OTHER COSTS		Justification
1		
2		
3		
4		
5		
<u> </u>		JI.
INDIRECT COST		
TOTAL INDIRECT COSTS	6,995	- Justification
25.0% of Total Personnel and Benefits	6,995	Per CDPH approved ICR.