

GUIDE

Version 5.0 - 150 Quarterly

BUDGET

INVOICES

BUDGET
REVISIONS

SUBK

SHORTCUTS

FILE NAME

This guide is intended to provide basic instructions for completing the Block Grant budget/invoice template. If you need additional assistance please contact your Contract Manager.

All data entry fields are shaded yellow.

To ensure that all steps are completed, it is recommended that you click on step 1 and move the cursor down as you complete each step below:

ORIGINAL BUDGET

- 1 In cell C4, select the applicable program budget from the drop down menu.
- 2 In cell C5, select your Agency from the drop down menu.
- 3 In cell C6, enter the name of the subcontract (if applicable).
You may need to change the view settings and zoom out in order to see the remaining steps clearly.
- 4 In cell H9, the current allocation for Title V will automatically populate.
You can access the current fiscal year allocation tables by using the following weblink: [MCAH Fiscal Documents](#)
- 5 In cell J9, the current allocation will automatically populate depending on the selected program (SIDS for MCAH, SGF for BIH, or OAH for AFLP).
- 6 In the Personnel Detail section enter the full name, title or classification, FTE, and annual salary for all staff. For agencies drawing down Title XIX, you can use time study averages from prior years to complete the matchable columns (8, 10, 12, & 14) for Personnel. Enter the average Fringe Benefit Rate that will be applied to all staff in cell E126.
- 7 In the Operating Expense Detail section enter all operating expense data for each applicable program. Please note, column 10 will automatically calculate your maximum matchable percentage once the personnel section has been completed. However, for non-matchable items, make sure to delete the formula.
- 8 In the Capital Expenditures Detail section enter the total for any capital expenditures (\$5,000+).
- 9 In the Other Costs Detail section, enter the budget totals for any subcontracts or other charges. You must use a new template for each subcontract. The total funding and percentages from row 17 of the Subcontract Original Budget must be copied and pasted into the Subcontract section of the Agency's Original Budget. Please note, column 10 will automatically calculate your maximum matchable percentage once the personnel section has been completed. Make sure to remove the formula for all non-matchable items.
- 10 In the Indirect Costs Detail section, the agency's indirect cost rate that was approved by CDPH will autopopulate with the maximum rate approved by CDPH. A lower rate if justified is allowable. The ICR will be capped at no more than 25% of Personnel (salary and benefits) Costs or 15% of total allowable direct costs.
- 11 Click on the (I) Justification worksheet and enter the Program (column K), MCF Type (column L), MCF% (column M) and justifications for each personnel line item. If you are claiming a MCF higher than the Base MCF you must meet the MCF Requirements.
- 12 Click on the (II-V) Justifications worksheet and enter justifications for Operating Expenses, Capital Expenditures, and Other Costs.
- 13 Click on the Original Budget worksheet. Make sure the balances in row 18 are less than \$1.
- 14 Save the file using the File Name formats.

INVOICES

The template automatically populates the operating and personnel line items from the "ACTIVE" budget and displays them in the current invoice. It is important that you indicate which budget the invoice is being paid from in order to display the correct line items in the personnel and operating expense sections. To update, click on cell C8 and select the current budget from the drop down menu.

INVOICE SUMMARY		FISCAL YEAR	INVOICE #	INVOICE PERIOD												
Program: Maternal, Child and Adolescent Health		2018-19	Q1	July - September												
Subj: Select.....																
BUDGET LINE ITEMS		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL		TOTAL FUNDING														
EXPENSE CATEGORY																
(I) PERSONNEL																
(II) OPERATING EXPENSES																
(III) CAPITAL EXPENDITURES																
(IV) OTHER COSTS																
TOTAL INVOICED*																
TOTAL Title V																
TOTAL SIDS																
TOTAL TITLE XIX																
TOTAL AGENCY FUNDS																
\$ -		Maximum Amount Payable from State and Federal resources														

Click HERE to update

Invoice Fund Reconciliation

Invoices are now tracking fund balances in the "RECONCILIATION SECTION" above each major expense category. The fund reconciliation section shows the remaining balance of each funding source up to the current invoice only. Keep in mind, if there are any negatives in the fund reconciliation section they will automatically be deducted from your total reimbursement.

(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)														
TOTAL OPERATING EXPENSES																
TRAVEL																
TRAINING																
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.																
(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)														
TOTAL CAPITAL EXPENDITURES																
(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)														
TOTAL OTHER COSTS																
SUB CONTRACTS																
1																
2																
3																
4																
5																
OTHER CHARGES																
1																
2																
3																
4																
5																
(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)														
TOTAL INDIRECT COSTS																
of Total Wages + Fringe Benefits																

Fund Reconciliation

Invoice Match Available

Located on the right side of the Operating Expenses Detail Page and the Other Costs Detail Page is the Match Available section. Only line items that were budgeted in the Enhanced and Non-Enhanced columns of the Active budget can be invoiced in the Enhanced and Non-Enhanced columns. If a line item has not been budgeted in the matchable columns but is being invoiced in the matchable columns, the cell will turn orange and the word "CHECK" will appear in the Match Available column. Please be sure to make any corrections, if necessary.

(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)										PERSONNEL STATE		
TOTAL OPERATING EXPENSES												CHECK NUMBER		
TRAVEL														
TRAINING														
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.														
(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)										PERSONNEL STATE		
TOTAL CAPITAL EXPENDITURES														
(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)										PERSONNEL STATE		
TOTAL OTHER COSTS														
SUBCONTRACTS														
1														
2														
3														
4														
5														
OTHER CHARGES														
1														
2														
3														
4														
5														

Invoice Match Available

Personnel Match Validation

Only line items that were budgeted in the Enhanced and Non-Enhanced columns of the Active budget can be invoiced in the Enhanced and Non-Enhanced columns. If a line item in the Personnel section has **not** been budgeted in the matchable columns but is being invoiced in the matchable columns, the cell will turn orange. Please be sure to make any corrections, if necessary.

Title XIX Cover Sheets (New)

The template automatically populates the TXIX Cover Sheets for every invoice (Q1, Q2, Q3, Q4, and S1). Please print, sign and include the TXIX Cover Sheet in your invoice package.

Budget Revision Hyperlinks

At the top of each justification sheet, you will find hyperlinks for BR1, BR2, and BR3. The hyperlinks allow you to easily access the justification section for each budget revision. The justification sheets will clearly indicate "ACTIVE" or "NOT ACTIVE" depending on the activated budget. For your convenience, the initial values on the budget revisions will be identical. Any changes to the budget revision justifications will carry over to the next budget revision justification.

ORIGINAL		BR1	BR2	PRINT ORIGINAL		← Click here and follow the on-screen instructions to print the Original Justification section below.					
Budget:	ORIGINAL										
Program:	Maternal, Child and Adolescent Health										
Agency:	Select.....										
SubK:											
(I) PERSONNEL DETAIL				BASE MEDI-CAL FACTOR %				Use the following link to access the current AFA webpage and the current base MCF% for your agency.			
TOTALS			\$ -	\$ -							
INITIALS	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024
1			\$ -	\$ -			MCAH				
2			\$ -	\$ -			MCAH				
3			\$ -	\$ -			MCAH				
4			\$ -	\$ -			MCAH				
5			\$ -	\$ -			MCAH				
6			\$ -	\$ -			MCAH				
7			\$ -	\$ -			MCAH				
8			\$ -	\$ -			MCAH				
9			\$ -	\$ -			MCAH				
10			\$ -	\$ -			MCAH				
11			\$ -	\$ -			MCAH				
12			\$ -	\$ -			MCAH				
13			\$ -	\$ -			MCAH				
14			\$ -	\$ -			MCAH				

Budget Revision Hyperlinks

Set Print Area

Each justification sheet contains three budget revision sections. In order to print the correct justification for each budget revision you must change the print area. To do this click on the "PRINT" button and follow the on-screen instructions.

ORIGINAL		BR1	BR2	PRINT ORIGINAL		← Click here and follow the on-screen instructions to print the Original Justification section below.				
Budget:	ORIGINAL									
Program:	Maternal, Child and Adolescent Health									
Agency:	Select.....									
SubK:										
(I) PERSONNEL DETAIL				BASE MEDI-CAL FACTOR %				Use the following link to access the		
TOTALS			\$ -	\$ -						
INITIALS	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)
1			\$ -	\$ -			MCAH			
2			\$ -	\$ -			MCAH			
3			\$ -	\$ -			MCAH			
4			\$ -	\$ -			MCAH			
5			\$ -	\$ -			MCAH			
6			\$ -	\$ -			MCAH			
7			\$ -	\$ -			MCAH			
8			\$ -	\$ -			MCAH			
9			\$ -	\$ -			MCAH			
10			\$ -	\$ -			MCAH			

SUBK - SUBCONTRACTS

For agencies that have subcontracts, you will need to use a new template to keep track of the budget and invoices. Be sure to indicate the name of the SubK in cell C6 on the Original Budget sheet. Once the budget has been developed, you must transfer the percentages and total funding amount from Row 17 of the SubK Original Budget sheet to the Agency Original Budget sheet in the Subcontract section.

IMPORTANT: Be sure to copy and paste the values from the SubK budget into the Agency budget. Be sure to use the Paste Special function to prevent the formatting from being changed. The totals will not be accurate if you hard type the percentages.

SHORTCUTS

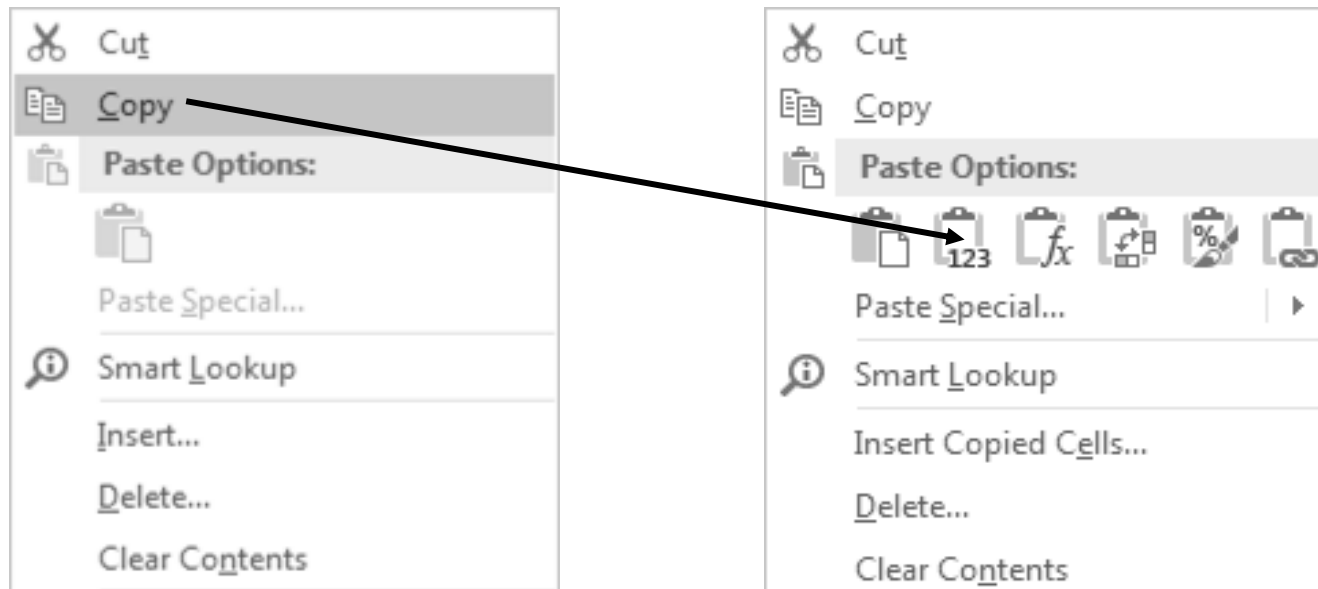
AutoFill Function

To copy data from one cell down to another without changing the format, use the right mouse button and click on the small square in the bottom right corner of the first cell, then drag down to the next cell. Finally, release the button and choose 'Fill Without Formatting'.



Paste Special Instructions

To copy data from cell to another without changing the format, right click on the first cell(s) and choose copy. Now click and/or highlight the cell(s) you would like to paste into. With your cursor on the highlighted cell(s) right click and choose 'Paste Special'. Make sure to choose 'Values' from the list of choices.



FILE NAME

Please use the following file name formats when saving this template:

Counties

[Agreement #] [Program] [Budget/Invoice] [Date]

*Examples: 201801 MCAH Q1 070118

201801 MCAH BR1 070118

CBOs

[Contract #] [FY] [Program] [Amendment/Invoice] [Date]

*Example: 17-10023 FY17-18 AFLP Q2 070118

17-10023 FY17-18 AFLP A01 070118

BUDGET SUMMARY	FISCAL YEAR	BUDGET		BUDGET STATUS	BUDGET BALANCE
SUBCONTRACT	2018-19	ORIGINAL		ACTIVE	0.00

Version 5.0 - 150 Quarterly

Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency:	201829 Nevada	MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:	Nevada Union High School	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*
		ALLOCATION(S)		1,000.00		0.00		0.00										#VALUE!

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	20,000.00		1,000.00		0.00		0.00		0.00		0.00		19,000.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
BUDGET TOTALS*	20,000.00	5.00%	1,000.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	95.00%	19,000.00	0.00%	0.00	0.00%	0.00
		BALANCE(S)		0.00		0.00		0.00									

TOTAL TITLE V	1,000.00	→	1,000.00															
TOTAL SIDS	0.00	→	0.00															
TOTAL TITLE XIX	9,500.00	→											[50%] 9,500.00				[75%] 0.00	
TOTAL AGENCY FUNDS	9,500.00	→											[50%] 9,500.00				[25%] 0.00	

\$	10,500.00	Maximum Amount Payable from State and Federal resources
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WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

MCAH/PROJECT DIRECTOR'S SIGNATURE	DATE	AGENCY FISCAL AGENT'S SIGNATURE	DATE
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* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV	MCAH-SIDS	TBD	AGENCY FUNDS	0	MCAH-Cnty NE	0	MCAH-Cnty E
		53107	53112	0		0	53118	0	53117
(I) PERSONNEL		1,000.00	0.00	0.00		0.00	9,500.00	0.00	0.00
(II) OPERATING EXPENSES		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		0.00	0.00	0.00		0.00	0.00	0.00	0.00
Totals for PCA Codes	10,500.00	1,000.00	0.00	0.00		0.00	9,500.00	0.00	0.00

Program: Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency: 201829 Nevada		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
SubK: Nevada Union High School		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
TOTAL FUNDING		%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	%	
													% TRAVEL NON-ENH MATCH			% TRAVEL ENH MATCH		% PERSONNEL MATCH	
(II) OPERATING EXPENSES DETAIL																			
TOTAL OPERATING EXPENSES		0.00	0.00		0.00		0.00		0.00		0.00		0.00	0.00%	0.00	0.00	0.00%	0.00	95.00%
	TRAVEL		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
	TRAINING		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
1			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
2			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
3			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
4			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
5			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
6			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
7			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
8			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
9			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
10			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
11			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
12			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
13			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
14			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
15			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.																			
(III) CAPITAL EXPENDITURE DETAIL																			
TOTAL CAPITAL EXPENDITURES			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS DETAIL																			
TOTAL OTHER COSTS		0.00	0.00		0.00		0.00		0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00	95.00%
SUBCONTRACTS																			
1			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
2			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
3			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
4			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
5			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
OTHER CHARGES																			
1			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
2			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
3			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
4			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
5			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
6			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
7			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
8			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS DETAIL																			
TOTAL INDIRECT COSTS		0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
of Total Wages + Fringe Benefits		0.00	0.00		0.00		0.00		0.00		0.00		0.00	0.00%	0.00		0.00		0.00

Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency:	201829 Nevada	MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:	Nevada Union High School	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*

(I) PERSONNEL DETAIL

TOTAL PERSONNEL COSTS		20,000.00	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	19,000.00	0.00	0.00
FRINGE BENEFIT RATE		38.59%	5,569.00	278.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,290.55	0.00	0.00
TOTAL WAGES		14,431.00	721.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,709.45	0.00	0.00

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES														J-Pers MCF Per Staff	Staff Traveling (X)
1	Jolene Hardin	Case Manager	21.55%	66,957	14,431.00	5.00%	721.55	0.00	0.00	0.00	0.00	0.00	0.00	95.00%	13,709.45	0.00	0.00	95.0%		
2					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
3					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
4					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
5					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
6					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
7					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
8					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
9					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
10					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
11					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
12					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
13					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
14					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
15					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
16					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
17					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
18					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
19					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
20					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
21					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
22					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
23					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
24					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
25					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
26					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
27					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
28					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
29					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
30					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
31					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
32					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
33					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
34					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
35					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
36					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
37					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
38					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
39					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
40					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
41					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
42					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
43					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
44					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
45					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
46					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
47					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
48					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
49					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
50					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
51					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
52					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
53					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
54					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
55					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		
56					0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.0%		

Program:		Maternal, Child and Adolescent Health (MCAH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)							
Agency:		201829 Nevada				MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:		Nevada Union High School				(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING				%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%	%	%	Combined Fed/Agency*	%	%	%	Combined Fed/Agency*	
57					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
58					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
59					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
60					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
61					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
62					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
63					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
64					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
65					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
66					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
67					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
68					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
69					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
70					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
71					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
72					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
73					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
74					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
75					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
76					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
77					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
78					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
79					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
80					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
81					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
82					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
83					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
84					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
85					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
86					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
87					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
88					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
89					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
90					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
91					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
92					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
93					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
94					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
95					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
96					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
97					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
98					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
99					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
100					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
101					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
102					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
103					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
104					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
105					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
106					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
107					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
108					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
109					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
110					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
111					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
112					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
113					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
114					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
115					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
116					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
117					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
118					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
119					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
120					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
121					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%

Program:		Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)							
Agency:		201829 Nevada		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
SubK:		Nevada Union High School		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%		Combined Fed/Agency*	%		%	Combined Fed/Agency*	%	
122		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
123		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
124		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
125		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
126		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
127		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
128		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
129		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
130		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
131		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
132		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
133		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
134		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
135		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
136		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
137		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
138		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
139		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
140		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
141		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
142		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
143		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
144		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
145		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
146		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
147		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
148		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
149		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
150		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%

BUDGET SUMMARY	FISCAL YEAR	BUDGET		BUDGET STATUS	BUDGET BALANCE
SUBCONTRACT	2018-19	BR1		NOT ACTIVE	0.00

Version 5.0 - 150 Quarterly

The Original budget is currently Active

Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)							
Agency:	201829 Nevada	MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:	Nevada Union High School	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%	0	%	Combined Fed/Agency*	%	0	%	Combined Fed/Agency*
		ALLOCATION(S)		1,000.00		0.00		0.00										#VALUE!

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	20,000.00		1,000.00		0.00		0.00		0.00		0.00		19,000.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
BUDGET TOTALS*	20,000.00	5.00%	1,000.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	95.00%	19,000.00	0.00%	0.00	0.00%	0.00
		BALANCE(S)		0.00		0.00		0.00									

TOTAL TITLE V	1,000.00	→	1,000.00															
TOTAL SIDS	0.00	→	0.00															
TOTAL TITLE XIX	9,500.00	→											[50%] 9,500.00				[75%] 0.00	
TOTAL AGENCY FUNDS	9,500.00	→											[50%] 9,500.00				[25%] 0.00	

\$	10,500.00	Maximum Amount Payable from State and Federal resources
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WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

MCAH/PROJECT DIRECTOR'S SIGNATURE	DATE	AGENCY FISCAL AGENT'S SIGNATURE	DATE
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* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	MCAH-TV	MCAH-SIDS	TBD	AGENCY FUNDS	0	MCAH-Cnty NE	0	MCAH-Cnty E
PCA Codes	53107	53112	0		0	53118	0	53117
(I) PERSONNEL	1,000.00	0.00	0.00		0.00	9,500.00	0.00	0.00
(II) OPERATING EXPENSES	0.00	0.00	0.00		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES	0.00	0.00	0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS	0.00	0.00	0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS	0.00	0.00	0.00		0.00	0.00	0.00	0.00
Totals for PCA Codes	10,500.00	1,000.00	0.00		0.00	9,500.00	0.00	0.00

Program: Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency: 201829 Nevada		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
SubK: Nevada Union High School		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
TOTAL FUNDING		%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*		
(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)																% PERSONNEL MATCH	
TOTAL OPERATING EXPENSES		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	95.00%
TRAVEL			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
TRAINING			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
1			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
2			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
3			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
4			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
5			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
6			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
7			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
8			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
9			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
10			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
11			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
12			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
13			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
14			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
15			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)																	
TOTAL CAPITAL EXPENDITURES		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																% PERSONNEL MATCH		
TOTAL OTHER COSTS		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	Match Available	
SUBCONTRACTS			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
1			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
2			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
3			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
4			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
5			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
OTHER CHARGES			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	Match Available
1			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
2			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
3			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
4			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
5			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	

(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																	
TOTAL INDIRECT COSTS		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
	0.00% of Total Wages + Fringe Benefits	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%

Program:	Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency:	201829 Nevada		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:	Nevada Union High School		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
			TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*

(I) PERSONNEL DETAIL			RECONCILIATION SECTION (Remaining Funds)																	
			100.00%	1,000.00		0.00		0.00		0.00		0.00		0.00	100.00%	19,000.00		0.00		0.00
				20,000.00		1,000.00		0.00		0.00		0.00		0.00		19,000.00		0.00		0.00
FRINGE BENEFIT RATE			38.59%	5,569.00		278.45		0.00		0.00		0.00		0.00		5,290.55		0.00		0.00
TOTAL WAGES				14,431.00		721.55		0.00		0.00		0.00		0.00		13,709.45		0.00		0.00

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES																J-Pers MCF Per Staff	Staff Traveling (X)	
1	Jolene Hardin	Case Manager	21.55%	66,957	14,431.00	5.00%	721.55		0.00		0.00		0.00		0.00	95.00%	13,709.45		0.00		0.00	34.1%	
2					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
3					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
4					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
5					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
6					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
7					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
8					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
9					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
10					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
11					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
12					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
13					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
14					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
15					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
16					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
17					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
18					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
19					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
20					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
21					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
22					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
23					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
24					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
25					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
26					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
27					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
28					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
30					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
31					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
32					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
33					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
34					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
35					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
36					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
37					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
38					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
39					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
40					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
41					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
42					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
43					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
44					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
45					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
46					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
47					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
48					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
50					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
53					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
54					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
55					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
56					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
57					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	

Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency:		201829 Nevada			MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:		Nevada Union High School			(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING			%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%	%	%	Combined Fed/Agency*	%	%	%	Combined Fed/Agency*	%
58				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
59				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
60				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
61				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
62				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
63				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
64				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
65				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
66				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
67				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
68				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
69				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
70				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
71				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
72				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
73				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
74				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
75				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
76				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
77				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
78				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
79				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
80				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
81				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
82				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
83				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
84				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
85				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
86				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
87				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
88				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
89				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
90				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
91				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
92				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
93				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
94				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
95				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
96				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
97				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
98				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
99				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
100				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
101				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
102				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
103				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
104				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
105				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
106				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
107				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
108				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
109				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
110				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
111				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
112				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
113				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
114				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
115				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
116				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
117				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
118				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
119				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
120				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
121				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
122				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
123				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%

Program:		Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency:		201829 Nevada		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
SubK:		Nevada Union High School		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%		Combined Fed/Agency*	%		%	Combined Fed/Agency*	%	
124		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
125		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
126		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
127		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
128		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
129		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
130		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
131		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
132		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
133		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
134		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
135		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
136		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
137		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
138		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
139		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
140		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
141		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
142		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
143		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
144		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
145		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
146		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
147		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
148		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
149		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%
150		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	Nevada Union High School

Version 5.0 - 150 Quarterly

(I) PERSONNEL DETAIL						BASE MEDI-CAL FACTOR %		34.10%		Use the following link to access the current AFA webpage and the current base MCF% for your agency:		
TOTALS			0.22	\$ 66,956.88	\$ 14,431.00	5,569.00						
	INITIALS	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024
1	olene Hard	Case Manager	21.55%	\$ 66,957	\$ 14,431	38.59%	5,569.00	MCAH	95.0%	Local	<u>YES</u>	Clients are all Medi-Cal eligible minors
2			0.00%	\$ -	\$ -				0.0%	0		
3			0.00%	\$ -	\$ -				0.0%	0		
4			0.00%	\$ -	\$ -				0.0%	0		
5			0.00%	\$ -	\$ -				0.0%	0		
6			0.00%	\$ -	\$ -				0.0%	0		
7			0.00%	\$ -	\$ -				0.0%	0		
8			0.00%	\$ -	\$ -				0.0%	0		
9			0.00%	\$ -	\$ -				0.0%	0		
10			0.00%	\$ -	\$ -				0.0%	0		
11			0.00%	\$ -	\$ -				0.0%	0		
12			0.00%	\$ -	\$ -				0.0%	0		
13			0.00%	\$ -	\$ -				0.0%	0		
14			0.00%	\$ -	\$ -				0.0%	0		
15			0.00%	\$ -	\$ -				0.0%	0		
16			0.00%	\$ -	\$ -				0.0%	0		
17			0.00%	\$ -	\$ -				0.0%	0		
18			0.00%	\$ -	\$ -				0.0%	0		
19			0.00%	\$ -	\$ -				0.0%	0		
20			0.00%	\$ -	\$ -				0.0%	0		
21			0.00%	\$ -	\$ -				0.0%	0		
22			0.00%	\$ -	\$ -				0.0%	0		
23			0.00%	\$ -	\$ -				0.0%	0		
24			0.00%	\$ -	\$ -				0.0%	0		
25			0.00%	\$ -	\$ -				0.0%	0		
26			0.00%	\$ -	\$ -				0.0%	0		
27			0.00%	\$ -	\$ -				0.0%	0		
28			0.00%	\$ -	\$ -				0.0%	0		
29			0.00%	\$ -	\$ -				0.0%	0		
30			0.00%	\$ -	\$ -				0.0%	0		
31			0.00%	\$ -	\$ -				0.0%	0		
32			0.00%	\$ -	\$ -				0.0%	0		
33			0.00%	\$ -	\$ -				0.0%	0		
34			0.00%	\$ -	\$ -				0.0%	0		
35			0.00%	\$ -	\$ -				0.0%	0		
36			0.00%	\$ -	\$ -				0.0%	0		
37			0.00%	\$ -	\$ -				0.0%	0		
38			0.00%	\$ -	\$ -				0.0%	0		
39			0.00%	\$ -	\$ -				0.0%	0		
40			0.00%	\$ -	\$ -				0.0%	0		
41			0.00%	\$ -	\$ -				0.0%	0		
42			0.00%	\$ -	\$ -				0.0%	0		
43			0.00%	\$ -	\$ -				0.0%	0		
44			0.00%	\$ -	\$ -				0.0%	0		
45			0.00%	\$ -	\$ -				0.0%	0		
46			0.00%	\$ -	\$ -				0.0%	0		
47			0.00%	\$ -	\$ -				0.0%	0		
48			0.00%	\$ -	\$ -				0.0%	0		
49			0.00%	\$ -	\$ -				0.0%	0		

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	Nevada Union High School

Version 5.0 - 150 Quarterly

50			0.00%	\$ -	\$ -				0.0%	0		
51			0.00%	\$ -	\$ -				0.0%	0		
52			0.00%	\$ -	\$ -				0.0%	0		
53			0.00%	\$ -	\$ -				0.0%	0		
54			0.00%	\$ -	\$ -				0.0%	0		
55			0.00%	\$ -	\$ -				0.0%	0		
56			0.00%	\$ -	\$ -				0.0%	0		
57			0.00%	\$ -	\$ -				0.0%	0		
58			0.00%	\$ -	\$ -				0.0%	0		
59			0.00%	\$ -	\$ -				0.0%	0		
60			0.00%	\$ -	\$ -				0.0%	0		
61			0.00%	\$ -	\$ -				0.0%	0		
62			0.00%	\$ -	\$ -				0.0%	0		
63			0.00%	\$ -	\$ -				0.0%	0		
64			0.00%	\$ -	\$ -				0.0%	0		
65			0.00%	\$ -	\$ -				0.0%	0		
66			0.00%	\$ -	\$ -				0.0%	0		
67			0.00%	\$ -	\$ -				0.0%	0		
68			0.00%	\$ -	\$ -				0.0%	0		
69			0.00%	\$ -	\$ -				0.0%	0		
70			0.00%	\$ -	\$ -				0.0%	0		
71			0.00%	\$ -	\$ -				0.0%	0		
72			0.00%	\$ -	\$ -				0.0%	0		
73			0.00%	\$ -	\$ -				0.0%	0		
74			0.00%	\$ -	\$ -				0.0%	0		
75			0.00%	\$ -	\$ -				0.0%	0		
76			0.00%	\$ -	\$ -				0.0%	0		
77			0.00%	\$ -	\$ -				0.0%	0		
78			0.00%	\$ -	\$ -				0.0%	0		
79			0.00%	\$ -	\$ -				0.0%	0		
80			0.00%	\$ -	\$ -				0.0%	0		
81			0.00%	\$ -	\$ -				0.0%	0		
82			0.00%	\$ -	\$ -				0.0%	0		
83			0.00%	\$ -	\$ -				0.0%	0		
84			0.00%	\$ -	\$ -				0.0%	0		
85			0.00%	\$ -	\$ -				0.0%	0		
86			0.00%	\$ -	\$ -				0.0%	0		
87			0.00%	\$ -	\$ -				0.0%	0		
88			0.00%	\$ -	\$ -				0.0%	0		
89			0.00%	\$ -	\$ -				0.0%	0		
90			0.00%	\$ -	\$ -				0.0%	0		
91			0.00%	\$ -	\$ -				0.0%	0		
92			0.00%	\$ -	\$ -				0.0%	0		
93			0.00%	\$ -	\$ -				0.0%	0		
94			0.00%	\$ -	\$ -				0.0%	0		
95			0.00%	\$ -	\$ -				0.0%	0		
96			0.00%	\$ -	\$ -				0.0%	0		
97			0.00%	\$ -	\$ -				0.0%	0		
98			0.00%	\$ -	\$ -				0.0%	0		
99			0.00%	\$ -	\$ -				0.0%	0		
100			0.00%	\$ -	\$ -				0.0%	0		
101			0.00%	\$ -	\$ -				0.0%	0		
102			0.00%	\$ -	\$ -				0.0%	0		
103			0.00%	\$ -	\$ -				0.0%	0		
104			0.00%	\$ -	\$ -				0.0%	0		
105			0.00%	\$ -	\$ -				0.0%	0		

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	Nevada Union High School

Version 5.0 - 150 Quarterly

106			0.00%	\$ -	\$ -				0.0%	0		
107			0.00%	\$ -	\$ -				0.0%	0		
108			0.00%	\$ -	\$ -				0.0%	0		
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111			0.00%	\$ -	\$ -				0.0%	0		
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113			0.00%	\$ -	\$ -				0.0%	0		
114			0.00%	\$ -	\$ -				0.0%	0		
115			0.00%	\$ -	\$ -				0.0%	0		
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118			0.00%	\$ -	\$ -				0.0%	0		
119			0.00%	\$ -	\$ -				0.0%	0		
120			0.00%	\$ -	\$ -				0.0%	0		
121			0.00%	\$ -	\$ -				0.0%	0		
122			0.00%	\$ -	\$ -				0.0%	0		
123			0.00%	\$ -	\$ -				0.0%	0		
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125			0.00%	\$ -	\$ -				0.0%	0		
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133			0.00%	\$ -	\$ -				0.0%	0		
134			0.00%	\$ -	\$ -				0.0%	0		
135			0.00%	\$ -	\$ -				0.0%	0		
136			0.00%	\$ -	\$ -				0.0%	0		
137			0.00%	\$ -	\$ -				0.0%	0		
138			0.00%	\$ -	\$ -				0.0%	0		
139			0.00%	\$ -	\$ -				0.0%	0		
140			0.00%	\$ -	\$ -				0.0%	0		
141			0.00%	\$ -	\$ -				0.0%	0		
142			0.00%	\$ -	\$ -				0.0%	0		
143			0.00%	\$ -	\$ -				0.0%	0		
144			0.00%	\$ -	\$ -				0.0%	0		
145			0.00%	\$ -	\$ -				0.0%	0		
146			0.00%	\$ -	\$ -				0.0%	0		
147			0.00%	\$ -	\$ -				0.0%	0		
148			0.00%	\$ -	\$ -				0.0%	0		
149			0.00%	\$ -	\$ -				0.0%	0		
150			0.00%	\$ -	\$ -				0.0%	0		

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	Nevada Union High School

(II) OPERATING EXPENSES JUSTIFICATION

TOTAL OPERATING EXPENSES		TITLE V & TITLE XIX TOTAL	
	TRAVEL	0.00	
	TRAINING	0.00	
1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	
9	0	0.00	
10	0	0.00	
11	0	0.00	
12	0	0.00	
13	0	0.00	
14	0	0.00	
15	0	0.00	

(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES	0.00	
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(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	0.00	
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SUBCONTRACTS

1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	

OTHER CHARGES

1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	

(V) INDIRECT COSTS JUSTIFICATION

TOTAL INDIRECT COSTS	0.00	Per CDPH approved ICR
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INVOICE SUMMARY

FISCAL YEAR
2018-19

INVOICE #
Q1

INVOICE PERIOD
July - September

SUBCONTRACT

Version 5.0 - 150 Quarterly

Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	201829 Nevada	MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:	Nevada Union High School	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS		ORIGINAL		TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*	%	Combined Fed/Agency*

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

TOTAL TITLE V	0.00	→	0.00	
TOTAL SIDS	0.00	→	0.00	
TOTAL TITLE XIX	0.00	→		
TOTAL AGENCY FUNDS	0.00	→	0.00	
				[50%] 0.00 [75%] 0.00
				[50%] 0.00 [25%] 0.00

\$ -	Maximum Amount Payable from State and Federal resources
AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.	AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.
_____ MCAH/PROJECT DIRECTOR'S SIGNATURE	_____ AGENCY FISCAL AGENT'S SIGNATURE
_____ DATE	_____ AGENCY FISCAL AGENT'S SIGNATURE
	_____ DATE

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV 53107	MCAH-SIDS 53112	TBD 0	AGENCY FUNDS	0 0	MCAH-Cnty NE 53118	0 0	MCAH-Cnty E 53117
(I) PERSONNEL		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		0.00	0.00	0.00		0.00	0.00	0.00	0.00
Totals for PCA Codes	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00

Program: Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)							
Agency: 201829 Nevada		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
SubK: Nevada Union High School		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
ORIGINAL																			
(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)																	% PERSONNEL MATCH
TOTAL OPERATING EXPENSES		0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
TRAVEL																			Match Available
TRAINING																			
1																			
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3																			
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** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)																	
TOTAL CAPITAL EXPENDITURES		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00

(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																	% PERSONNEL MATCH	
TOTAL OTHER COSTS		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
SUBCONTRACTS																				Match Available
1																				
2																				
3																				
4																				
5																				
OTHER CHARGES																				Match Available
1																				
2																				
3																				
4																				
5																				

(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																	
TOTAL INDIRECT COSTS		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
25.00% of Total Wages + Fringe Benefits		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	

Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)							
Agency:		201829 Nevada			MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:		Nevada Union High School			(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS				TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
ORIGINAL																					
57																					
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Program:		Maternal, Child and Adolescent Health (MCAH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)								
Agency:		201829 Nevada				MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:		Nevada Union High School				(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS					TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
ORIGINAL																						
123																						
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Department/County: 201829 Nevada

Program Name: Maternal, Child and Adolescent Health (MCAH)

Invoice Number(s): Q1

FY and Quarter: FY 2018-19 Q1

Total amount of requested Title XIX funding:	\$	-
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Period(s) of Service: July - September

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s):		PCA Code(s):		PCA Code(s):		Paid Time Off	
				<u>53107 & 53112</u>		<u>53118</u>		<u>53117</u>			
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):	
				<u>10, 11</u>		<u>1, 4, 5, 7</u>		<u>2, 3, 6, 8, 9</u>		<u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1 Jolene Hardin	Case Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
2											
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): 53107 & 53112		PCA Code(s): 53118		PCA Code(s): 53117		Paid Time Off	
				Function Code(s): 10, 11		Function Code(s): 1, 4, 5, 7		Function Code(s): 2, 3, 6, 8, 9		Function Code(s): 12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
135											
136											
137											
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139											
140											
141											
142											
143											
144											
145											
146											
147											
148											
149											
150											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA					\$0.00		\$0.00		\$0.00		\$0.00
Title XIX federal funding:						\$0.00		\$0.00		\$0.00	

Summary of non-federal expenditures used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by: _____ Title: _____ Phone: _____ Email: _____

INVOICE SUMMARY

FISCAL YEAR
2018-19

INVOICE #
Q2

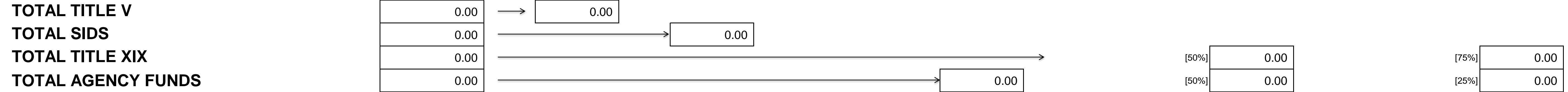
INVOICE PERIOD
October - December

SUBCONTRACT

Version 5.0 - 150 Quarterly

Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency:	201829 Nevada	MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:	Nevada Union High School	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS		ORIGINAL		TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*	%	Combined Fed/Agency*

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00



\$ -	Maximum Amount Payable from State and Federal resources
AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.	AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.
_____ MCAH/PROJECT DIRECTOR'S SIGNATURE	_____ AGENCY FISCAL AGENT'S SIGNATURE
_____ DATE	_____ AGENCY FISCAL AGENT'S SIGNATURE
	_____ DATE

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV	MCAH-SIDS	TBD	AGENCY FUNDS	0	MCAH-Cnty NE	0	MCAH-Cnty E
		53107	53112	0		0	53118	0	53117
(I) PERSONNEL		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		0.00	0.00	0.00		0.00	0.00	0.00	0.00
Totals for PCA Codes	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00

Program: Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)							
Agency: 201829 Nevada		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
SubK: Nevada Union High School		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
ORIGINAL																			
(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)																	% PERSONNEL MATCH
TOTAL OPERATING EXPENSES		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
TRAVEL																			Match Available
TRAINING																			
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** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)																		
TOTAL CAPITAL EXPENDITURES		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	

(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																	% PERSONNEL MATCH	
TOTAL OTHER COSTS		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
SUBCONTRACTS																				Match Available
1																				
2																				
3																				
4																				
5																				
OTHER CHARGES																				Match Available
1																				
2																				
3																				
4																				
5																				

(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																			
TOTAL INDIRECT COSTS		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
25.00% of Total Wages + Fringe Benefits		0.00		0.00		0.00		0.00		28.97%	0.00	51.15%	0.00							<= CHECK	

Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)						
Agency:		201829 Nevada			MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:		Nevada Union High School			(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS				TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
ORIGINAL																					
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Program:		Maternal, Child and Adolescent Health (MCAH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)								
Agency:		201829 Nevada				MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:		Nevada Union High School				(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS					TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
ORIGINAL																						
123																						
124																						
125																						
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Department/County: 201829 Nevada

Program Name: Maternal, Child and Adolescent Health (MCAH)

Invoice Number(s): Q2

FY and Quarter: FY 2018-19 Q2

Total amount of requested Title XIX funding: \$ -

Period(s) of Service: October - December

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated							
				PCA Code(s): 53107 & 53112	Function Code(s): 10, 11	Time %	Cost	PCA Code(s): 53118	Function Code(s): 1, 4, 5, 7	Time %	Cost	PCA Code(s): 53117	Function Code(s): 2, 3, 6, 8, 9	Time %	Cost	Paid Time Off	Function Code(s): 12
1 Jolene Hardin	Case Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00								
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): 53107 & 53112		PCA Code(s): 53118		PCA Code(s): 53117		Paid Time Off	
				Function Code(s): 10, 11		Function Code(s): 1, 4, 5, 7		Function Code(s): 2, 3, 6, 8, 9		Function Code(s): 12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
135											
136											
137											
138											
139											
140											
141											
142											
143											
144											
145											
146											
147											
148											
149											
150											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA					\$0.00		\$0.00		\$0.00		\$0.00
Title XIX federal funding:							\$0.00		\$0.00		\$0.00

Summary of non-federal expenditures used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by: _____ Title: _____ Phone: _____ Email: _____

INVOICE SUMMARY

FISCAL YEAR
2018-19

INVOICE #
Q3

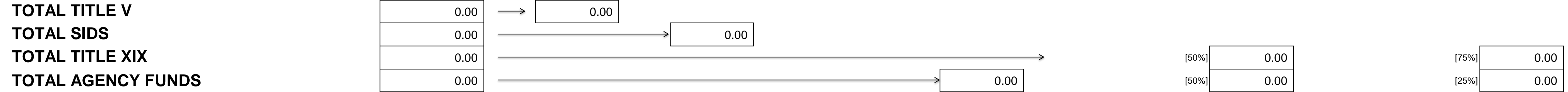
INVOICE PERIOD
January - March

SUBCONTRACT

Version 5.0 - 150 Quarterly

Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency:	201829 Nevada	MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:	Nevada Union High School	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS		ORIGINAL		TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*	%	Combined Fed/Agency*

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00



\$ -	Maximum Amount Payable from State and Federal resources
AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.	AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.
_____ MCAH/PROJECT DIRECTOR'S SIGNATURE	_____ AGENCY FISCAL AGENT'S SIGNATURE
_____ DATE	_____ AGENCY FISCAL AGENT'S SIGNATURE
	_____ DATE

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV 53107	MCAH-SIDS 53112	TBD 0	AGENCY FUNDS	0 0	MCAH-Cnty NE 53118	0 0	MCAH-Cnty E 53117
(I) PERSONNEL		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		0.00	0.00	0.00		0.00	0.00	0.00	0.00
Totals for PCA Codes	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00

Program: Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)								
Agency: 201829 Nevada		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
SubK: Nevada Union High School		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
ORIGINAL																			
(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)																	% PERSONNEL MATCH
TOTAL OPERATING EXPENSES		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
	TRAVEL																		Match Available
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** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)																	
TOTAL CAPITAL EXPENDITURES		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00

(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																	% PERSONNEL MATCH	
TOTAL OTHER COSTS		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
	SUBCONTRACTS																			Match Available
1																				
2																				
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4																				
5																				
	OTHER CHARGES																			Match Available
1																				
2																				
3																				
4																				
5																				

(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																			
TOTAL INDIRECT COSTS		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
	25.00% of Total Wages + Fringe Benefits	0.00		0.00		0.00		0.00		28.97%	0.00	51.15%	0.00							<= CHECK	

Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)						
Agency:		201829 Nevada			MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:		Nevada Union High School			(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS				TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
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Program:		Maternal, Child and Adolescent Health (MCAH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)								
Agency:		201829 Nevada				MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:		Nevada Union High School				(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS					TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
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Department/County: 201829 Nevada

Program Name: Maternal, Child and Adolescent Health (MCAH)

Invoice Number(s): Q3

FY and Quarter: FY 2018-19 Q3

Total amount of requested Title XIX funding: \$ -

Period(s) of Service: January - March

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): 53107 & 53112	Function Code(s): 10, 11	PCA Code(s): 53118	Function Code(s): 1, 4, 5, 7	PCA Code(s): 53117	Function Code(s): 2, 3, 6, 8, 9	Paid Time Off	Function Code(s): 12
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1 Jolene Hardin	Case Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): 53107 & 53112		PCA Code(s): 53118		PCA Code(s): 53117		Paid Time Off	
				Function Code(s): 10, 11		Function Code(s): 1, 4, 5, 7		Function Code(s): 2, 3, 6, 8, 9		Function Code(s): 12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA					\$0.00		\$0.00		\$0.00		\$0.00
Title XIX federal funding:							\$0.00		\$0.00		\$0.00

Summary of non-federal expenditures used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by: _____ Title: _____ Phone: _____ Email: _____

INVOICE SUMMARY	FISCAL YEAR	INVOICE #	INVOICE PERIOD
SUBCONTRACT	2018-19	Q4	April - June

Version 5.0 - 150 Quarterly

Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency:	201829 Nevada	MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:	Nevada Union High School	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS		ORIGINAL		TOTAL FUNDING		% TITLE V		% SIDS		% TBD		% Agency Funds*		% Combined Fed/Agency*		% Combined Fed/Agency*		

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

TOTAL TITLE V	0.00	→	0.00		→	0.00		→	0.00		→	0.00		→	0.00	
TOTAL SIDS	0.00															
TOTAL TITLE XIX	0.00															
TOTAL AGENCY FUNDS	0.00															

\$ -	Maximum Amount Payable from State and Federal resources
AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.	AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.
FINAL INVOICE	
Y/N?	
MCAH/PROJECT DIRECTOR'S SIGNATURE _____ DATE _____	AGENCY FISCAL AGENT'S SIGNATURE _____ AGENCY FISCAL AGENT'S SIGNATURE _____ DATE _____

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV	MCAH-SIDS	TBD	AGENCY FUNDS	0	MCAH-Cnty NE	0	MCAH-Cnty E
		53107	53112	0		0	53118	0	53117
(I) PERSONNEL		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		0.00	0.00	0.00		0.00	0.00	0.00	0.00
Totals for PCA Codes	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00

Program: Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)								
Agency: 201829 Nevada		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
SubK: Nevada Union High School		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
ORIGINAL																			
(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)																	% PERSONNEL MATCH
TOTAL OPERATING EXPENSES		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
	TRAVEL																		Match Available
	TRAINING																		
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** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)																	
TOTAL CAPITAL EXPENDITURES		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00

(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																	% PERSONNEL MATCH	
TOTAL OTHER COSTS		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
	SUBCONTRACTS																			Match Available
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2																				
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4																				
5																				
	OTHER CHARGES																			Match Available
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2																				
3																				
4																				
5																				

(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																		
TOTAL INDIRECT COSTS		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	
	25.00% of Total Wages + Fringe Benefits	0.00	0.00	0.00	0.00	0.00	0.00	28.97%	0.00	51.15%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<= CHECK

Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)						
Agency:		201829 Nevada			MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:		Nevada Union High School			(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS				TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
ORIGINAL																					
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Program:		Maternal, Child and Adolescent Health (MCAH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)								
Agency:		201829 Nevada				MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:		Nevada Union High School				(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS					TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
ORIGINAL																						
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Department/County: 201829 Nevada

Program Name: Maternal, Child and Adolescent Health (MCAH)

Invoice Number(s): Q4

FY and Quarter: FY 2018-19 Q4

Total amount of requested Title XIX funding:	\$	-
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Period(s) of Service: April - June

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s):		PCA Code(s):		PCA Code(s):		Paid Time Off	
				53107 & 53112		53118		53117			
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):	
				10, 11		1, 4, 5, 7		2, 3, 6, 8, 9		12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1 Jolene Hardin	Case Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): 53107 & 53112		PCA Code(s): 53118		PCA Code(s): 53117		Paid Time Off	
				Function Code(s): 10, 11		Function Code(s): 1, 4, 5, 7		Function Code(s): 2, 3, 6, 8, 9		Function Code(s): 12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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150											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA					\$0.00		\$0.00		\$0.00		\$0.00
Title XIX federal funding:						\$0.00		\$0.00		\$0.00	

Summary of non-federal expenditures used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by: _____ Title: _____ Phone: _____ Email: _____

INVOICE SUMMARY

FISCAL YEAR
2018-19

INVOICE #
Sup. 1

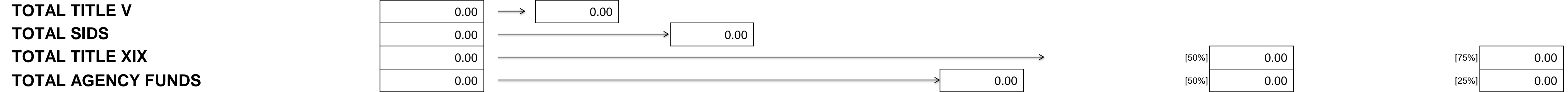
INVOICE PERIOD
July 1 - June 30

SUBCONTRACT

Version 5.0 - 150 Quarterly

Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency:	201829 Nevada	MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:	Nevada Union High School	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS		ORIGINAL		TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*	%	Combined Fed/Agency*

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00



\$ -	Maximum Amount Payable from State and Federal resources
AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.	AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.
_____ MCAH/PROJECT DIRECTOR'S SIGNATURE	_____ AGENCY FISCAL AGENT'S SIGNATURE
_____ DATE	_____ AGENCY FISCAL AGENT'S SIGNATURE
	_____ DATE

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV 53107	MCAH-SIDS 53112	TBD 0	AGENCY FUNDS	0 0	MCAH-Cnty NE 53118	0 0	MCAH-Cnty E 53117
(I) PERSONNEL		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		0.00	0.00	0.00		0.00	0.00	0.00	0.00
Totals for PCA Codes	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00

Program: Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)							
Agency: 201829 Nevada		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
SubK: Nevada Union High School		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
ORIGINAL																			
(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)																	% PERSONNEL MATCH
TOTAL OPERATING EXPENSES		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
TRAVEL																			Match Available
TRAINING																			
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** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)																		
TOTAL CAPITAL EXPENDITURES		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	

(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																	% PERSONNEL MATCH	
TOTAL OTHER COSTS		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
SUBCONTRACTS																				Match Available
1																				
2																				
3																				
4																				
5																				
OTHER CHARGES																				Match Available
1																				
2																				
3																				
4																				
5																				

(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																		
TOTAL INDIRECT COSTS		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	
25.00% of Total Wages + Fringe Benefits		0.00		0.00		0.00		0.00		28.97%	0.00	51.15%	0.00							<= CHECK

Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)						
Agency:		201829 Nevada			MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:		Nevada Union High School			(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS				TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
ORIGINAL																					
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Program:		Maternal, Child and Adolescent Health (MCAH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)								
Agency:		201829 Nevada				MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
SubK:		Nevada Union High School				(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS					TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
ORIGINAL																						
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Department/County: 201829 Nevada

Program Name: Maternal, Child and Adolescent Health (MCAH)

Invoice Number(s): Sup. 1

FY and Quarter: FY 2018-19 Sup. 1

Total amount of requested Title XIX funding: \$ -

Period(s) of Service: July 1 - June 30

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): 53107 & 53112		PCA Code(s): 53118		PCA Code(s): 53117		Paid Time Off	
				Function Code(s): 10, 11		Function Code(s): 1, 4, 5, 7		Function Code(s): 2, 3, 6, 8, 9		Function Code(s): 12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1 Jolene Hardin	Case Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract		Hours: Non-Enhanced		Hours: Enhanced		Hours: Allocated	
				PCA Code(s): 53107 & 53112		PCA Code(s): 53118		PCA Code(s): 53117		Paid Time Off	
				Function Code(s): 10, 11		Function Code(s): 1, 4, 5, 7		Function Code(s): 2, 3, 6, 8, 9		Function Code(s): 12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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150											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA					\$0.00		\$0.00		\$0.00		\$0.00
Title XIX federal funding:							\$0.00		\$0.00		\$0.00

Summary of non-federal expenditures used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by: _____ Title: _____ Phone: _____ Email: _____

INVOICE RECONCILIATION SUMMARY TABLE		Budgeted	Paid	Balance													
SUBCONTRACT		10,500	0	10,500													
Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)							
Agency:	201829 Nevada					MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE	
SubK:	Nevada Union High School	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
		TOTAL FUNDING REMAINING	%	TITLE V REMAINING	%	SIDS REMAINING	%	TBD REMAINING	%	Agency Funds* REMAINING	%	REMAINING	%	Combined Fed/Agency* REMAINING	%	REMAINING	%
(I) PERSONNEL	100.00%	20000.00	100.00%	1000.00		0.00		0.00		0.00		0.00	100.00%	19000.00		0.00	
(II) OPERATING EXPENSES		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(III) CAPITAL EXPENDITURES		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	0.00	0.00%
(IV) OTHER COSTS		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
(V) INDIRECT COSTS		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	0.00	0.00%
TOTALS*	100.00%	20000.00	100.00%	1000.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	19000.00	#DIV/0!	0.00	#DIV/0!

EXPENSE CATEGORY	TOTALS		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED (75/25)					
	% Funding	(1) TOTAL FUNDING	(2) % Remaining (3)	(3) PCA 53107 Remaining (3)	(4) % Remaining (3)	(5) PCA 53112 Remaining (3)	(4) % Remaining (3)	(5) PCA 0 Remaining (3)	(6) % Remaining Agency	(7) PCA Remaining Agency	(8) % Remaining Fed/State	(9) PCA 0 Remaining Fed/State	(10) % Remaining Fed/Agency	(11) PCA 53118 Remaining Fed/Agency	(12) % Remaining Fed/State	(13) PCA 0 Remaining Fed/State	(14) % Remaining Fed/Agency	
(I) PERSONNEL			UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
BUDGETS	ORIGINAL	20,000.00	1	1,000.00	1	0.00	1	0.00	1	0.00	1	0.00	1	19,000.00	1	0.00	1	
	Difference																	
			1		1		1		1		1		1		1		1	
	Difference																	
			1		1		1		1		1		1		1		1	
	Difference																	
	Q1	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!
	Q2	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!
	Q3	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!
	Q4	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!
	Sup. 1	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!
	Sup. 2	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!
	Adjustments/Corrections		0.00															
	Total Expended Funds	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
	Balance of Available Funds*	100.00%	20,000.00	100.00%	1,000.00		0.00		0.00		0.00		0.00	100.00%	19,000.00		0.00	

(II) OPERATING EXPENSES			UNMATCHED FUNDING				NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
			0	0	0	0	0	0	0	0	0	0	0	
BUDGETS		0.00	1	0.00	1	0.00	1	0.00	1	0.00	1	0.00	1	
	Difference		1		1		1		1		1		1	
			1		1		1		1		1		1	
	Difference		1		1		1		1		1		1	
			1		1		1		1		1		1	
	Difference		1		1		1		1		1		1	
Q1	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	
Q2	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	
Q3	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	
Q4	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	
Sup. 1	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	
Sup. 2	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	
Adjustments/Corrections		0.00												
Total Expended Funds	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	
Balance of Available Funds*	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	

EXPENSE CATEGORY	TOTALS		UNMATCHED FUNDING				NON-ENHANCED (50/50)					
	% Funding	(1) TOTAL FUNDING	(2) % Remaining (3)	(3) PCA 53107 Remaining (3)	(4) % Remaining 0	(5) PCA 53112 Remaining 0	(6) % Remaining Agency	(7) PCA Remaining Agency	(8) % Remaining Fed/State	(9) PCA 0 Remaining Fed/State	(10) % Remaining Fed/Agency	(11) PCA 53118 Remaining Fed/Agency
(III) CAPITAL EXPENDITURES			UNMATCHED FUNDING				NON-ENHANCED (50/50)					
BUDGETS		0.00	1	0.00	1	0.00	1	0.00	1	0.00	1	0.00
	Difference		1		1		1		1		1	
			1		1		1		1		1	
	Difference		1		1		1		1		1	
			1		1		1		1		1	
	Difference		1		1		1		1		1	
Q1	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
Q2	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
Q3	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
Q4	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
Sup. 1	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
Sup. 2	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
Adjustments/Corrections		0.00										
Total Expended Funds	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
Balance of Available Funds*	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00

(IV) OTHER COSTS			UNMATCHED FUNDING						NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)		
			0	0	0	0	0	0	0	0	0	0	0	0	
BUDGETS		0.00	1	0.00	1	0.00	1	0.00	1	0.00	1	0.00	1	0	1
	Difference		1		1		1		1		1		1		1
			1		1		1		1		1		1		1
	Difference		1		1		1		1		1		1		1
			1		1		1		1		1		1		1
	Difference		1		1		1		1		1		1		1
Q1	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.0	#DIV/0!
Q2	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.0	#DIV/0!
Q3	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.0	#DIV/0!
Q4	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.0	#DIV/0!
Sup. 1	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.0	#DIV/0!
Sup. 2	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.0	#DIV/0!
Adjustments/Corrections		0.00													
Total Expended Funds	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.0	0.00%
Balance of Available Funds*	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.0	#DIV/0!

EXPENSE CATEGORY	TOTALS		UNMATCHED FUNDING						NON-ENHANCED (50/50)					
	% Funding	(1) TOTAL FUNDING	(2) % Remaining (3)	(3) PCA 53107 Remaining (3)	(4) % Remaining 0	(5) PCA 53112 Remaining 0	(6) % Remaining 0	(7) PCA 0 Remaining 0	(8) % Remaining Agency	(9) PCA Remaining Agency	(10) % Remaining Fed/State	(11) PCA 0 Remaining Fed/State	(12) % Remaining Fed/Agency	(13) PCA 53118 Remaining Fed/Agency
(V) INDIRECT COSTS			UNMATCHED FUNDING						ENHANCED MATCHING (50/50)		NON-ENHANCED (50/50)			
BUDGETS		0.00	1	0.00	1	0.00	1	0.00	1	0.00	1	0.00	1	0.00
	Difference		1		1		1		1		1		1	
			1		1		1		1		1		1	
	Difference		1		1		1		1		1		1	
			1		1		1		1		1		1	
	Difference		1		1		1		1		1		1	
Q1	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
Q2	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
Q3	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
Q4	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
Sup. 1	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
Sup. 2	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
Adjustments/Corrections		0.00												
Total Expended Funds	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
Balance of Available Funds*	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00

CDPH Audit Section

Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 201829 Nevada
 SubK: Nevada Union High School
 FY: 2018-19 ORIGINAL BUDGET

	Budgeted Funds	Remaining Funds	
		\$	%
TOTAL TITLE V	1,000.00	1,000.00	100.00%
TOTAL SIDS	0.00	0.00	
TOTAL TBD	0.00	0.00	
TOTAL TITLE XIX	9,500.00	9,500.00	100.00%
TOTAL AGENCY FUNDS	9,500.00	9,500.00	100.00%
TOTALS	20,000.00	20,000.00	100.00%

INVOICE	REIMBURSEMENT TOTALS
Q1	0.00
Q2	0.00
Q3	0.00
Q4	0.00
Sup. 1	0.00
Sup. 2	0.00
Adjust/Corr	0.00
YTD Total	0.00

*Balance of Available Funds includes Title V, State General Fund, Title XIX, and Agency Funds. Agency funds are not reimbursable through the MCAH Program.
 **Advance payment will be recovered at the State level when the first three quarterly invoices are submitted for payment and is dependent on funding availability

