

GUIDE

Rev. 10/29/18

BUDGET

INVOICES

BUDGET REVISIONS

SUBK

SHORTCUTS

FILE NAME

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

All data entry fields are shaded yellow.

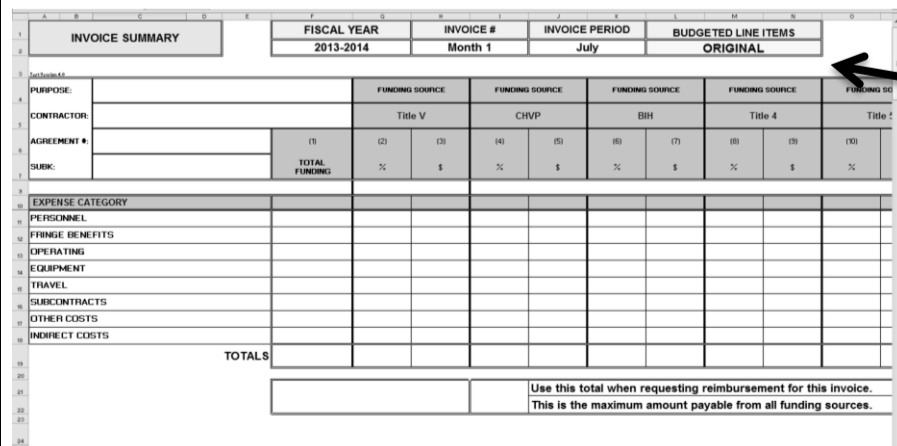
To ensure that all steps are completed, it is recommended that you click on step 1 and move the cursor down as you complete each step below:

BUDGET

- 1 In cell F2, enter the current fiscal year (Ex. 2015-16)
- 2 In cell I2, choose the invoice type (Quarterly or Monthly)
- 3 In cell C4, enter the purpose of the agreement.
- 4 In cell C5, enter the agency name.
- 5 In cell C6, enter the agreement number.
- 6 In cell C7, enter the name of the subcontract (if applicable).
- 7 Starting in cell H8, enter the totals for each funding source.
- 8 In cell B32, enter the name and title of the authorized signer.
- 9 In the Personnel section enter the initials, title or classification, and annual salary for all staff.
- 10 Enter data into the Fringe Benefits section.
- 11 Enter data into the Operating section.
- 12 Enter data into the Equipment section.
- 13 Enter data into the Travel section.
- 14 Enter data into the Subcontracts section.
- 15 Enter data into the Other Costs section.
- 16 Enter data into the Indirect Costs section.
- 17 Click on the Justification tab. Enter a justification for each line item.
- 18 Save the file using the File Name formats.

INVOICES

The template automatically populates the 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 L2 and select the current budget from the drop down menu.

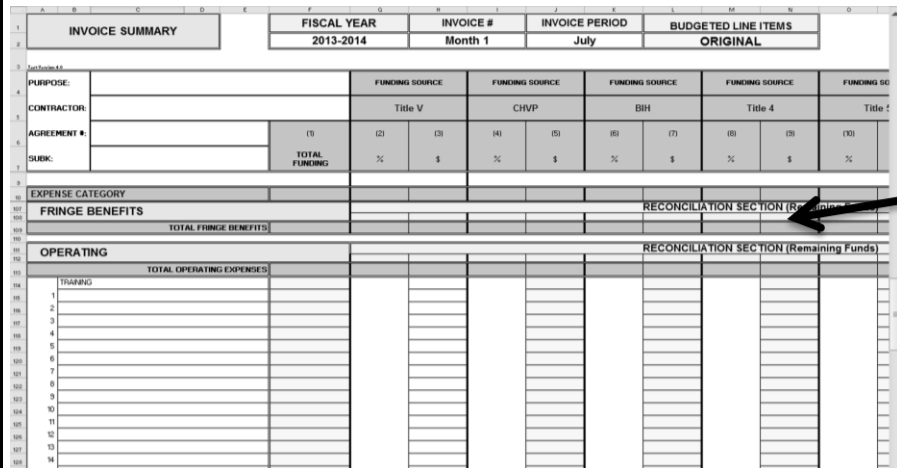


INVOICE SUMMARY		FISCAL YEAR	INVOICE #	INVOICE PERIOD	BUDGETED LINE ITEMS
		2013-2014	Month 1	July	ORIGINAL
PURPOSE:		FUNDING SOURCE	FUNDING SOURCE	FUNDING SOURCE	FUNDING SOURCE
CONTRACTOR:		Title V	CHVP	BH	Title 4
AGREEMENT #:		(1)	(2)	(3)	(4)
SUBK:		(5)	(6)	(7)	(8)
TOTAL FUNDING	%	\$	%	\$	%
EXPENSE CATEGORY					
PERSONNEL					
FRINGE BENEFITS					
OPERATING					
EQUIPMENT					
TRAVEL					
SUBCONTRACTS					
OTHER COSTS					
INDIRECT COSTS					
TOTALS					

Click
HERE to update

Invoice Fund Reconciliation

Invoices are now equipped with fund reconciliations above each 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.



The screenshot shows an invoice summary with the following details:

INVOICE SUMMARY	FISCAL YEAR	INVOICE #	INVOICE PERIOD	BUDGETED LINE ITEMS
	2013-2014	Month 1	July	ORIGINAL

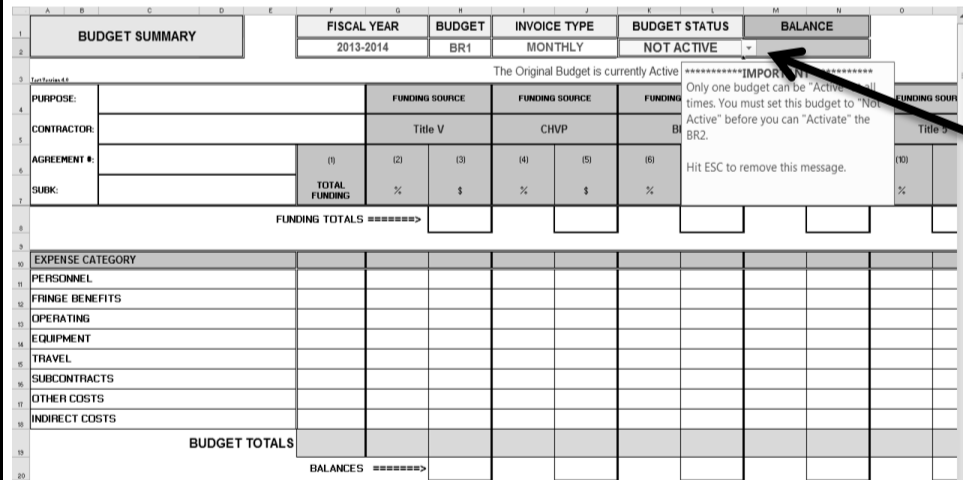
Below the summary, there are sections for PURPOSE, CONTRACTOR, AGREEMENT #, and SUBJ. The main body of the spreadsheet is organized into columns for funding sources: Title V, CHVP, BH, Title 4, and Title 1. Each funding source has sub-columns for percentage and dollar amounts. There are also sections for EXPENSE CATEGORY (FRINGE BENEFITS, OPERATING) and RECONCILIATION SECTION (Remaining Funds).

Fund Reconciliation sections

BUDGET REVISIONS

This template provides a maximum of three possible budget revisions. The values of the BR1, BR2, and BR3 sheets are identical to the ORIGINAL BUDGET. **Be sure to overwrite the values on the budget revision sheets only. Do not change the approved BUDGET.**

The template keeps track of the budget revisions by indicating "ACTIVE" or "NON-ACTIVE" on each budget sheet. The ORIGINAL BUDGET is currently the "ACTIVE" budget and should you need a budget revision, you will need to change the ORIGINAL BUDGET to "NON-ACTIVE" before you can make the budget revision (BR1) "ACTIVE". To activate/deactivate click on cell K2. This procedure applies to all budget revisions.



The screenshot shows a budget summary with the following details:

BUDGET SUMMARY	FISCAL YEAR	BUDGET	INVOICE TYPE	BUDGET STATUS	BALANCE
	2013-2014	BR1	MONTHLY	NOT ACTIVE	

Below the summary, there are sections for PURPOSE, CONTRACTOR, AGREEMENT #, and SUBJ. The main body of the spreadsheet is organized into columns for funding sources: Title V, CHVP, BH, Title 4, and Title 1. Each funding source has sub-columns for percentage and dollar amounts. There are also sections for EXPENSE CATEGORY (PERSONNEL, FRINGE BENEFITS, OPERATING, EQUIPMENT, TRAVEL, SUBCONTRACTS, OTHER COSTS, INDIRECT COSTS) and BUDGET TOTALS. A dropdown menu is visible in cell K2, showing options for "ACTIVE" and "NOT ACTIVE".

Click here to Activate/Deactivate

Budget Revision Hyperlinks

At the top of the 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 Budget Justification Section							
INITIALS	TITLE OR CLASS.	FTE/ HOURS	ANNUAL SALARY/ HOURLY RATE	TOTAL PERSONNEL			Justification
				TOTAL WAGES	BENEFIT RATE	BENEFIT AMOUNT	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

Budget Revision Hyperlinks

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 19 of the SubK Original Budget sheet to the Agency Original Budget sheet in the Subcontracts 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.

INDIRECT COSTS

Indirect Cost is calculated as a percentage of direct cost/s. This template can accommodate four types of commonly-used calculations:

- 1 Percentage of Total Wages only
- 2 Percentage of Total Wages and Benefits (Personnel Cost)
- 3 Percentage of Total Direct Cost and the first \$25K of Subcontractor Cost (for the first year)
Use this option when the Subcontractor will meet the \$25K limit to Indirect Cost during the first year of the contract period.
- 4 Percentage of Total Direct Cost and the first \$25K of Subcontractor Cost (for the following years)
Use this option when the Subcontractor has met the \$25K limit to Indirect Cost in the prior year of the contract period.
*For Subcontractors who have not met the \$25K limit after the first year, the CM will need to edit the Indirect Cost formula.
Ex. Subk has \$5k out of \$25K left from prior year/s, add the following to the end of the formula "+5000*A189."

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'.

 ← Place cursor here.

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:

[Contract #] [Amendment #] [Contract Yr] [Contractor] [(Program)] [Date]

Example: 15-10568 A00 Yr 1 UCSF (WHMS) 9-23-15

BUDGET SUMMARY

FISCAL YEAR	BUDGET	INVOICE TYPE	BUDGET STATUS	BALANCE
2019-2020	ORIGINAL	QUARTERLY	ACTIVE	

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PURPOSE:	California Home Visiting Program	FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	County of Nevada	CHVP, 53128							
AGREEMENT #:	CHVP 19-29	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		%	\$	%	\$	%	\$	%	\$
FUNDING TOTALS		883,835		883,835					

EXPENSE CATEGORY									
PERSONNEL	\$24,140	100.00%	\$24,140						
FRINGE BENEFITS	\$13,108	100.00%	\$13,108						
OPERATING	\$275	100.00%	\$275						
EQUIPMENT									
TRAVEL	\$6,575	100.00%	\$6,575						
SUBCONTRACTS	\$830,425	100.00%	\$830,425						
OTHER COSTS									
INDIRECT COST	\$9,312	100.00%	\$9,312						
BUDGET TOTALS	\$883,835	100.00%	\$883,835						
BALANCES =====>			\$0						

Maximum Amount Payable:	\$883,835
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I CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

Signature over _____ DATE _____
 Printed Name Cynthia D Wilson
 Project Director

State Use Only	FUNDING SOURCE	CHVP					
	PCA CODE		53128				
PERSONNEL			24,140				
FRINGE BENEFITS			13,108				
OPERATING			275				
EQUIPMENT							
TRAVEL			6,575				
SUBCONTRACTS			830,425				
OTHER COSTS							
INDIRECT COST			9,312				
Totals for PCA Codes	883,835		883,835				

PURPOSE:	California Home Visiting Program		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	County of Nevada		CHVP, 53128							
AGREEMENT #:	CHVP 19-29		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:	TOTAL FUNDING		%	\$	%	\$	%	\$	%	\$
FUNDING TOTALS				883,835						

EXPENSE CATEGORY						RECONCILIATION SECTION (Remaining Funds)					
PERSONNEL						100.00%	24,140				
TOTAL PERSONNEL COSTS					24,140		24,140				
TOTAL WAGES					24,140		24,140				
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES						
1	CW	Director of Public Health Nursing	15%	160,930	24,140	100.00%	24,140				
2	CWW	Senior Public Health Nurse (In-Kind)									
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

FRINGE BENEFITS				RECONCILIATION SECTION (Remaining Funds)			
				100.00%	13,108		
TOTAL FRINGE BENEFITS				13,108		13,108	

OPERATING				RECONCILIATION SECTION (Remaining Funds)			
				100.00%	275		
TOTAL OPERATING EXPENSES				275		275	
1		Communication	175	100.00%	175		
2		Printing/Duplication	100	100.00%	100		
3							
4							
5							
6							
7							
8							
9							
10							

PURPOSE:	California Home Visiting Program		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	County of Nevada		CHVP, 53128							
AGREEMENT #:	CHVP 19-29		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:	TOTAL FUNDING		%	\$	%	\$	%	\$	%	\$
FUNDING TOTALS		883,835		883,835						

EXPENSE CATEGORY			RECONCILIATION SECTION (Remaining Funds)							
EQUIPMENT										
TOTAL EQUIPMENT EXPENSES										
1										
2										
3										
4										
5										

TRAVEL			RECONCILIATION SECTION (Remaining Funds)							
TOTAL TRAVEL EXPENSES			100.00%	6,575						
1	Training	1,500	100.00%	1,500						
2	Travel	3,375	100.00%	3,375						
3	CHVP Conference September 2020	1,700	100.00%	1,700						
4										
5										

SUBCONTRACTS			RECONCILIATION SECTION (Remaining Funds)							
TOTAL SUBCONTRACT EXPENSES			100.00%	830,425						
1										
2	Child Advocates of Nevada County	830,425	100.00%	830,425						
3										
4										
5										

OTHER COSTS			RECONCILIATION SECTION (Remaining Funds)							
TOTAL OTHER COSTS										
1										
2										
3										
4										
5										

INDIRECT COST			RECONCILIATION SECTION (Remaining Funds)							
TOTAL INDIRECT COSTS			100.00%	9,312						
25.00% of Total Personnel and Benefits				9,312	100.00%	9,312				

Original Budget Justification Section

CHVP 19-29 County of Nevada

ACTIVE

PERSONNEL

		TOTALS	15.00%	160,930	24,140		13,108
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFIT AMOUNT
1	CW	Director of Public Health Nursing	15.000%	160,930	24,140	54.30%	13,108
2	CWW	Senior Public Health Nurse (In-Kind)					
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

FRINGE BENEFITS

TOTAL FRINGE BENEFITS	13,108
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OPERATING

		TOTAL OPERATING	275
1	Communication		175
2	Printing/Duplication		100
3			
4			
5			
6			
7			
8			
9			
10			

EQUIPMENT

		TOTAL EQUIPMENT EXPENSES	
1			
2			
3			
4			
5			

TRAVEL

		TOTAL TRAVEL EXPENSES	6,575.00
1	Training		1,500.00
2	Travel		3,375.00
3	CHVP Conference September 2020		1,700.00
4			
5			

Original Budget Justification Section

CHVP 19-29 County of Nevada

ACTIVE

SUBCONTRACTS

		TOTAL SUBCONTRACT EXPENSES	830,425
1			
2	Child Advocates of Nevada County		830,425
3			
4			
5			

OTHER COSTS

		TOTAL OTHER COSTS	
1			
2			
3			
4			
5			

INDIRECT COST

		TOTAL INDIRECT COSTS	9,312
25.0%	of Total Personnel and Benefits		9,312

on
Justification
Based upon actual FY 19/20 County Personnel Planner
All personnel costs to be paid in-kind by Nevada County. Projected 5% of time = \$7,632 plus calculated 25% indirect = \$9,540

Justification

Justification
10% of annual cell phone charge for Director of Public Health Nursing.
Printing and duplication costs associated with program AFA.

Justification

Justification
Conference fees - 2 conferences @ \$150/conference
Mileage and/or air travel, hotel, per diem costs - 2 conferences @ \$350/conference
Costs for two staff to attend the planned CHVP conference in September 2020.

on

Justification
Provide use of data base for support of local information entry, including model oversight, fidelity, coaching and evaluation of data information
Main provider of services as described in AFA/SOW, maintaining fidelity to program model and requirements.

Justification
Provides supervision, oversight, and advice to Moving Beyond Depression therapists in support of client needs.

Justification
Indirect Rate as approved by CDPH.

INVOICE SUMMARY

FISCAL YEAR	INVOICE #	INVOICE PERIOD	BUDGETED LINE ITEMS
2019-2020	Q1	July - September	Original

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PURPOSE:	California Home Visiting Program	FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		
CONTRACTOR:	County of Nevada	CHVP, 53128								
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$

EXPENSE CATEGORY									
PERSONNEL									
FRINGE BENEFITS									
OPERATING									
EQUIPMENT									
TRAVEL									
SUBCONTRACTS									
OTHER COSTS									
INDIRECT COST									
TOTALS									

	Use this total when requesting reimbursement for this invoice. This amount includes any cuts and is the maximum amount payable from all funding sources.
--	---

AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

Signature over _____ DATE _____
 Printed Name <Type Name Here> Click to Select Title

State Use Only	FUNDING SOURCE	CHVP							
	PCA CODE		53128						
PERSONNEL									
FRINGE BENEFITS									
OPERATING									
EQUIPMENT									
TRAVEL									
SUBCONTRACTS									
OTHER COSTS									
INDIRECT COST									
Totals for PCA Codes									

PURPOSE:	California Home Visiting Program			FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	County of Nevada			CHVP, 53128							
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$	

EXPENSE CATEGORY						RECONCILIATION SECTION (Remaining Funds)					
PERSONNEL						100.00%	24,140				
TOTAL PERSONNEL COSTS											
TOTAL WAGES											
INITIALS	TITLE OR CLASS.	Actual Benefit %	Actual Benefit Amount	Total Wages							
1	CW	Director of Public Health Nursing									
2	CWW	Senior Public Health Nurse (In-Kind)									
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

FRINGE BENEFITS						RECONCILIATION SECTION (Remaining Funds)					
TOTAL FRINGE BENEFITS						100.00%	13,108.47				

OPERATING						RECONCILIATION SECTION (Remaining Funds)					
TOTAL OPERATING EXPENSES						100.00%	275.00				
1	Communication										
2	Printing/Duplication										
3											
4											
5											
6											
7											
8											
9											
10											

PURPOSE:	California Home Visiting Program			FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	County of Nevada			CHVP, 53128							
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$	

EXPENSE CATEGORY										
EQUIPMENT		RECONCILIATION SECTION (Remaining Funds)								
TOTAL EQUIPMENT EXPENSES										
1										
2										
3										
4										
5										

TRAVEL		RECONCILIATION SECTION (Remaining Funds)								
TOTAL TRAVEL EXPENSES		100.00%	6,575.00							
1	Training									
2	Travel									
3	CHVP Conference September 2020									
4										
5										

SUBCONTRACTS		RECONCILIATION SECTION (Remaining Funds)								
TOTAL SUBCONTRACT EXPENSES		100.00%	830,425.00							
1										
2	Child Advocates of Nevada County									
3										
4										
5										

OTHER COSTS		RECONCILIATION SECTION (Remaining Funds)								
TOTAL OTHER COSTS										
1										
2										
3										
4										
5										

INDIRECT COST		RECONCILIATION SECTION (Remaining Funds)								
TOTAL INDIRECT COSTS		100.00%	9,311.99							
of Total Personnel and Benefits										

INVOICE SUMMARY

FISCAL YEAR	INVOICE #	INVOICE PERIOD	BUDGETED LINE ITEMS
2019-2020	Q2	October - December	Original

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PURPOSE:	California Home Visiting Program	FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		
CONTRACTOR:	County of Nevada	CHVP, 53128								
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$

EXPENSE CATEGORY										
PERSONNEL										
FRINGE BENEFITS										
OPERATING										
EQUIPMENT										
TRAVEL										
SUBCONTRACTS										
OTHER COSTS										
INDIRECT COST										
TOTALS										

	Use this total when requesting reimbursement for this invoice. This amount includes any cuts and is the maximum amount payable from all funding sources.
--	---

AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

Signature over _____ DATE _____
 Printed Name <Type Name Here> _____
 Click to Select Title

State Use Only	FUNDING SOURCE	CHVP							
	PCA CODE		53128						
PERSONNEL									
FRINGE BENEFITS									
OPERATING									
EQUIPMENT									
TRAVEL									
SUBCONTRACTS									
OTHER COSTS									
INDIRECT COST									
Totals for PCA Codes									

PURPOSE:	California Home Visiting Program			FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	County of Nevada			CHVP, 53128							
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$	

EXPENSE CATEGORY						RECONCILIATION SECTION (Remaining Funds)					
PERSONNEL						100.00%	24,140				
TOTAL PERSONNEL COSTS											
TOTAL WAGES											
	INITIALS	TITLE OR CLASS.	Actual Benefit %	Actual Benefit Amount	Total Wages						
1	CW	Director of Public Health Nursing									
2	CWW	Senior Public Health Nurse (In-Kind)									
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

FRINGE BENEFITS						RECONCILIATION SECTION (Remaining Funds)					
TOTAL FRINGE BENEFITS						100.00%	13,108.47				

OPERATING						RECONCILIATION SECTION (Remaining Funds)					
TOTAL OPERATING EXPENSES						100.00%	275.00				
1	Communication										
2	Printing/Duplication										
3											
4											
5											
6											
7											
8											
9											
10											

PURPOSE:	California Home Visiting Program			FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		
CONTRACTOR:	County of Nevada			CHVP, 53128								
AGREEMENT #:	CHVP 19-29			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:				TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$

EXPENSE CATEGORY													
EQUIPMENT				RECONCILIATION SECTION (Remaining Funds)									
TOTAL EQUIPMENT EXPENSES													
1													
2													
3													
4													
5													

TRAVEL				RECONCILIATION SECTION (Remaining Funds)									
TOTAL TRAVEL EXPENSES				100.00%	6,575.00								
1	Training												
2	Travel												
3	CHVP Conference September 2020												
4													
5													

SUBCONTRACTS				RECONCILIATION SECTION (Remaining Funds)									
TOTAL SUBCONTRACT EXPENSES				100.00%	830,425.00								
1													
2	Child Advocates of Nevada County												
3													
4													
5													

OTHER COSTS				RECONCILIATION SECTION (Remaining Funds)									
TOTAL OTHER COSTS													
1													
2													
3													
4													
5													

INDIRECT COST				RECONCILIATION SECTION (Remaining Funds)									
TOTAL INDIRECT COSTS				100.00%	9,311.99								
of Total Personnel and Benefits													

INVOICE SUMMARY

FISCAL YEAR	INVOICE #	INVOICE PERIOD	BUDGETED LINE ITEMS
2019-2020	Q3	January - March	Original

Rev. 10/29/18

PURPOSE:	California Home Visiting Program	FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		
CONTRACTOR:	County of Nevada	CHVP, 53128								
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$

EXPENSE CATEGORY										
PERSONNEL										
FRINGE BENEFITS										
OPERATING										
EQUIPMENT										
TRAVEL										
SUBCONTRACTS										
OTHER COSTS										
INDIRECT COST										
TOTALS										

	Use this total when requesting reimbursement for this invoice. This amount includes any cuts and is the maximum amount payable from all funding sources.
--	---

AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

Signature over _____ DATE _____
 Printed Name <Type Name Here> _____
 Click to Select Title

State Use Only	FUNDING SOURCE	CHVP							
	PCA CODE		53128						
PERSONNEL									
FRINGE BENEFITS									
OPERATING									
EQUIPMENT									
TRAVEL									
SUBCONTRACTS									
OTHER COSTS									
INDIRECT COST									
Totals for PCA Codes									

PURPOSE:	California Home Visiting Program			FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	County of Nevada			CHVP, 53128							
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$	

EXPENSE CATEGORY						RECONCILIATION SECTION (Remaining Funds)					
PERSONNEL						100.00%	24,140				
TOTAL PERSONNEL COSTS											
TOTAL WAGES											
	INITIALS	TITLE OR CLASS.	Actual Benefit %	Actual Benefit Amount	Total Wages						
1	CW	Director of Public Health Nursing									
2	CWW	Senior Public Health Nurse (In-Kind)									
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

FRINGE BENEFITS						RECONCILIATION SECTION (Remaining Funds)					
TOTAL FRINGE BENEFITS						100.00%	13,108.47				

OPERATING						RECONCILIATION SECTION (Remaining Funds)					
TOTAL OPERATING EXPENSES						100.00%	275.00				
1	Communication										
2	Printing/Duplication										
3											
4											
5											
6											
7											
8											
9											
10											

PURPOSE:	California Home Visiting Program			FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA	
CONTRACTOR:	County of Nevada			CHVP, 53128							
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$	

EXPENSE CATEGORY										
EQUIPMENT		RECONCILIATION SECTION (Remaining Funds)								
TOTAL EQUIPMENT EXPENSES										
1										
2										
3										
4										
5										

TRAVEL		RECONCILIATION SECTION (Remaining Funds)								
TOTAL TRAVEL EXPENSES		100.00%	6,575.00							
1	Training									
2	Travel									
3	CHVP Conference September 2020									
4										
5										

SUBCONTRACTS		RECONCILIATION SECTION (Remaining Funds)								
TOTAL SUBCONTRACT EXPENSES		100.00%	830,425.00							
1										
2	Child Advocates of Nevada County									
3										
4										
5										

OTHER COSTS		RECONCILIATION SECTION (Remaining Funds)								
TOTAL OTHER COSTS										
1										
2										
3										
4										
5										

INDIRECT COST		RECONCILIATION SECTION (Remaining Funds)								
TOTAL INDIRECT COSTS		100.00%	9,311.99							
of Total Personnel and Benefits										

INVOICE SUMMARY

FISCAL YEAR	INVOICE #	INVOICE PERIOD	BUDGETED LINE ITEMS
2019-2020	Q4	April - June	Original

Rev. 10/29/18

PURPOSE:	California Home Visiting Program	FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		
CONTRACTOR:	County of Nevada	CHVP, 53128								
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$

EXPENSE CATEGORY										
PERSONNEL										
FRINGE BENEFITS										
OPERATING										
EQUIPMENT										
TRAVEL										
SUBCONTRACTS										
OTHER COSTS										
INDIRECT COST										
TOTALS										

		Use this total when requesting reimbursement for this invoice.
		This amount includes any cuts and is the maximum amount payable from all funding sources.

AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

Signature over _____ DATE _____
 Printed Name <Type Name Here> _____
 Click to Select Title

State Use Only	FUNDING SOURCE	CHVP							
	PCA CODE		53128						
PERSONNEL									
FRINGE BENEFITS									
OPERATING									
EQUIPMENT									
TRAVEL									
SUBCONTRACTS									
OTHER COSTS									
INDIRECT COST									
Totals for PCA Codes									

PURPOSE:	California Home Visiting Program	FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		
CONTRACTOR:	County of Nevada	CHVP, 53128								
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$

EXPENSE CATEGORY						RECONCILIATION SECTION (Remaining Funds)					
PERSONNEL						100.00%	24,140				
TOTAL PERSONNEL COSTS											
TOTAL WAGES											
	INITIALS	TITLE OR CLASS.	Actual Benefit %	Actual Benefit Amount	Total Wages						
1	CW	Director of Public Health Nursing									
2	CWW	Senior Public Health Nurse (In-Kind)									
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

FRINGE BENEFITS						RECONCILIATION SECTION (Remaining Funds)					
TOTAL FRINGE BENEFITS						100.00%	13,108.47				

OPERATING						RECONCILIATION SECTION (Remaining Funds)					
TOTAL OPERATING EXPENSES						100.00%	275.00				
1	Communication										
2	Printing/Duplication										
3											
4											
5											
6											
7											
8											
9											
10											

PURPOSE:	California Home Visiting Program			FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		
CONTRACTOR:	County of Nevada			CHVP, 53128								
AGREEMENT #:	CHVP 19-29			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:				TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$

EXPENSE CATEGORY													
EQUIPMENT				RECONCILIATION SECTION (Remaining Funds)									
TOTAL EQUIPMENT EXPENSES													
1													
2													
3													
4													
5													

TRAVEL				RECONCILIATION SECTION (Remaining Funds)									
TOTAL TRAVEL EXPENSES				100.00%	6,575.00								
1	Training												
2	Travel												
3	CHVP Conference September 2020												
4													
5													

SUBCONTRACTS				RECONCILIATION SECTION (Remaining Funds)									
TOTAL SUBCONTRACT EXPENSES				100.00%	830,425.00								
1													
2	Child Advocates of Nevada County												
3													
4													
5													

OTHER COSTS				RECONCILIATION SECTION (Remaining Funds)									
TOTAL OTHER COSTS													
1													
2													
3													
4													
5													

INDIRECT COST				RECONCILIATION SECTION (Remaining Funds)									
TOTAL INDIRECT COSTS				100.00%	9,311.99								
of Total Personnel and Benefits													

INVOICE SUMMARY

FISCAL YEAR	INVOICE #	INVOICE PERIOD	BUDGETED LINE ITEMS
2019-2020	Q5	July - September	Original

Rev. 10/29/18

PURPOSE:	California Home Visiting Program	FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		
CONTRACTOR:	County of Nevada	CHVP, 53128								
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$

EXPENSE CATEGORY									
PERSONNEL									
FRINGE BENEFITS									
OPERATING									
EQUIPMENT									
TRAVEL									
SUBCONTRACTS									
OTHER COSTS									
INDIRECT COST									
TOTALS									

Final Invoice: Yes/No

Use this total when requesting reimbursement for this invoice.
This amount includes any cuts and is the maximum amount payable from all funding sources.

AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

Signature over _____ DATE _____
 Printed Name <Type Name Here> _____
 Click to Select Title

State Use Only	FUNDING SOURCE	CHVP							
	PCA CODE		53128						
PERSONNEL									
FRINGE BENEFITS									
OPERATING									
EQUIPMENT									
TRAVEL									
SUBCONTRACTS									
OTHER COSTS									
INDIRECT COST									
Totals for PCA Codes									

PURPOSE:	California Home Visiting Program	FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		
CONTRACTOR:	County of Nevada	CHVP, 53128								
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$

EXPENSE CATEGORY						RECONCILIATION SECTION (Remaining Funds)					
PERSONNEL						100.00%	24,140				
TOTAL PERSONNEL COSTS											
TOTAL WAGES											
	INITIALS	TITLE OR CLASS.	Actual Benefit %	Actual Benefit Amount	Total Wages						
1	CW	Director of Public Health Nursing									
2	CWW	Senior Public Health Nurse (In-Kind)									
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

FRINGE BENEFITS						RECONCILIATION SECTION (Remaining Funds)					
TOTAL FRINGE BENEFITS						100.00%	13,108.47				

OPERATING						RECONCILIATION SECTION (Remaining Funds)					
TOTAL OPERATING EXPENSES						100.00%	275.00				
1	Communication										
2	Printing/Duplication										
3											
4											
5											
6											
7											
8											
9											
10											

PURPOSE:	California Home Visiting Program			FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		FUNDING SOURCE, PCA		
CONTRACTOR:	County of Nevada			CHVP, 53128								
AGREEMENT #:	CHVP 19-29			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:				TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$

EXPENSE CATEGORY													
EQUIPMENT				RECONCILIATION SECTION (Remaining Funds)									
TOTAL EQUIPMENT EXPENSES													
1													
2													
3													
4													
5													

TRAVEL				RECONCILIATION SECTION (Remaining Funds)									
TOTAL TRAVEL EXPENSES				100.00%	6,575.00								
1	Training												
2	Travel												
3	CHVP Conference September 2020												
4													
5													

SUBCONTRACTS				RECONCILIATION SECTION (Remaining Funds)									
TOTAL SUBCONTRACT EXPENSES				100.00%	830,425.00								
1													
2	Child Advocates of Nevada County												
3													
4													
5													

OTHER COSTS				RECONCILIATION SECTION (Remaining Funds)									
TOTAL OTHER COSTS													
1													
2													
3													
4													
5													

INDIRECT COST				RECONCILIATION SECTION (Remaining Funds)									
TOTAL INDIRECT COSTS				100.00%	9,311.99								
of Total Personnel and Benefits													

INVOICE RECONCILIATION SUMMARY TABLE											
Rev. 10/29/18											
Agreement #: CHVP 19-29											
Agency: County of Nevada				CHVP, 53128							
SubK:		(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
FY: 2019-2020		TOTAL		%	\$	%	\$	%	\$	%	\$
EXPENSE CATEGORY	%	REMAINING FUNDING	REMAINING FUNDING	Remaining	Remaining	Remaining	Remaining	Remaining	Remaining	Remaining	Remaining
PERSONNEL	100.00%		24,139.50	100.00%	24,139.50						
FRINGE BENEFITS	100.00%		13,108.47	100.00%	13,108.47						
OPERATING	100.00%		275.00	100.00%	275.00						
EQUIPMENT											
TRAVEL	100.00%		6,575.00	100.00%	6,575.00						
SUBCONTRACTS	100.00%		830,425.00	100.00%	830,425.00						
OTHER COSTS											
INDIRECT COST	100.00%		9,311.99	100.00%	9,311.99						
TOTALS*	100.00%		883,834.97	100.00%	883,834.97						

EXPENSE CATEGORY	TOTALS		CHVP, 53128		(4) %	(5) \$	(6) %	(7) \$	(8) %	(9) \$	
	Total % Remaining	(1) Total \$ Remaining	(2) % Remaining	(3) \$ Remaining							
PERSONNEL											
CHVP, 53128											
BUDGETS	ORIGINAL		24,140	1	24,140						
	BR1										
	Difference										
	BR1										
	BR2										
	Difference										
	BR2										
	BR3										
	Difference										
	INVOICES	Month 1									
Month 2											
Month 3 (Q1)											
Month 4											
Month 5											
Month 6 (Q2)											
Month 7											
Month 8											
Month 9 (Q3)											
Month 10											
Month 11											
Month 12 (Q4)											
Month 15 (Q5)											
Adjustments/Corrections											
Total Expended Funds											
Balance of Available Funds*											
	100.00%		24,139.50	100.00%	24,139.50						

EXPENSE CATEGORY	TOTALS		CHVP, 53128		(4) % Remaining	(5) \$ Remaining	(6) % Remaining	(7) \$ Remaining	(8) % Remaining	(9) \$ Remaining	
	Total % Remaining	(1) Total \$ Remianing	(2) % Remaining	(3) \$ Remaining							
FRINGE BENEFITS			CHVP, 53128								
BUDGETS	ORIGINAL	13,108	1	13,108							
	BR1										
	Difference										
	BR1										
	BR2										
	Difference										
	BR2										
	BR3										
	Difference										
INVOICES	Month 1										
	Month 2										
	Month 3 (Q1)										
	Month 4										
	Month 5										
	Month 6 (Q2)										
	Month 7										
	Month 8										
	Month 9 (Q3)										
	Month 10										
	Month 11										
	Month 12 (Q4)										
	Month 15 (Q5)										
	Adjustments/Corrections										
	Total Expended Funds										
Balance of Available Funds*		100.00%	13,108.47	100.00%	13,108.47						

OPERATING			CHVP, 53128		(4) % Remaining	(5) \$ Remaining	(6) % Remaining	(7) \$ Remaining	(8) % Remaining	(9) \$ Remaining	
Total % Remaining	(1) Total \$ Remianing	(2) % Remaining	(3) \$ Remaining								
BUDGETS	ORIGINAL	275	1	275							
	BR1										
	Difference										
	BR1										
	BR2										
	Difference										
	BR2										
	BR3										
	Difference										
INVOICES	Month 1										
	Month 2										
	Month 3 (Q1)										
	Month 4										
	Month 5										
	Month 6 (Q2)										
	Month 7										
	Month 8										
	Month 9 (Q3)										
	Month 10										
	Month 11										
	Month 12 (Q4)										
	Month 15 (Q5)										
	Adjustments/Corrections										
	Total Expended Funds										
Balance of Available Funds*		100.00%	275	100.00%	275.00						

EXPENSE CATEGORY	TOTALS		CHVP, 53128								
	Total % Remaining	(1) Total \$ Remianing	(2) % Remaining	(3) \$ Remaining	(4) % Remaining	(5) \$ Remaining	(6) % Remaining	(7) \$ Remaining	(8) % Remaining	(9) \$ Remaining	
EQUIPMENT			CHVP, 53128								
BUDGETS	ORIGINAL										
	BR1										
	Difference										
	BR1										
	BR2										
	Difference										
	BR2										
	BR3										
Difference											
INVOICES	Month 1										
	Month 2										
	Month 3 (Q1)										
	Month 4										
	Month 5										
	Month 6 (Q2)										
	Month 7										
	Month 8										
	Month 9 (Q3)										
	Month 10										
	Month 11										
	Month 12 (Q4)										
	Month 15 (Q5)										
	Adjustments/Corrections										
	Total Expended Funds										
Balance of Available Funds*											

TRAVEL			CHVP, 53128								
BUDGETS	ORIGINAL		6,575	1	6,575						
	BR1										
	Difference										
	BR1										
	BR2										
	Difference										
	BR2										
	BR3										
Difference											
INVOICES	Month 1										
	Month 2										
	Month 3 (Q1)										
	Month 4										
	Month 5										
	Month 6 (Q2)										
	Month 7										
	Month 8										
	Month 9 (Q3)										
	Month 10										
	Month 11										
	Month 12 (Q4)										
	Month 15 (Q5)										
	Adjustments/Corrections										
	Total Expended Funds										
Balance of Available Funds*		100.00%	6,575.00	100.00%	6,575.00						

EXPENSE CATEGORY	TOTALS		CHVP, 53128		(4) % Remaining	(5) \$ Remaining	(6) % Remaining	(7) \$ Remaining	(8) % Remaining	(9) \$ Remaining	
	Total % Remaining	(1) Total \$ Remianing	(2) % Remaining	(3) \$ Remaining							
SUBCONTRACTS			CHVP, 53128								
BUDGETS	ORIGINAL	830,425	1	830,425							
	BR1										
	Difference										
	BR1										
	BR2										
	Difference										
	BR2										
	BR3										
	Difference										
INVOICES	Month 1										
	Month 2										
	Month 3 (Q1)										
	Month 4										
	Month 5										
	Month 6 (Q2)										
	Month 7										
	Month 8										
	Month 9 (Q3)										
	Month 10										
	Month 11										
	Month 12 (Q4)										
	Month 15 (Q5)										
	Adjustments/Corrections										
	Total Expended Funds										
Balance of Available Funds*		100.00%	830,425.00	100.00%	830,425.00						

OTHER COSTS			CHVP, 53128		(4) % Remaining	(5) \$ Remaining	(6) % Remaining	(7) \$ Remaining	(8) % Remaining	(9) \$ Remaining	
Total % Remaining	(1) Total \$ Remianing	(2) % Remaining	(3) \$ Remaining								
BUDGETS	ORIGINAL										
	BR1										
	Difference										
	BR1										
	BR2										
	Difference										
	BR2										
	BR3										
	Difference										
INVOICES	Month 1										
	Month 2										
	Month 3 (Q1)										
	Month 4										
	Month 5										
	Month 6 (Q2)										
	Month 7										
	Month 8										
	Month 9 (Q3)										
	Month 10										
	Month 11										
	Month 12 (Q4)										
	Month 15 (Q5)										
	Adjustments/Corrections										
	Total Expended Funds										
Balance of Available Funds*											

EXPENSE CATEGORY	TOTALS		CHVP, 53128		(4) %	(5) \$	(6) %	(7) \$	(8) %	(9) \$	
	Total % Remaining	(1) Total \$ Remianing	(2) %	(3) \$ Remaining							
INDIRECT COST											
CHVP, 53128											
BUDGETS	ORIGINAL		9,312	1	9,312						
	BR1										
	Difference										
	BR1										
	BR2										
	Difference										
INVOICES	Month 1										
	Month 2										
	Month 3 (Q1)										
	Month 4										
	Month 5										
	Month 6 (Q2)										
	Month 7										
	Month 8										
	Month 9 (Q3)										
	Month 10										
	Month 11										
	Month 12 (Q4)										
	Month 15 (Q5)										
	Adjustments/Corrections										
	Total Expended Funds										
Balance of Available Funds* 100.00% 9,312 100.00% 9,312											

Expense Summary

Purpose: California Home Visiting Program
 Contractor: County of Nevada
 Agreement #: CHVP 19-29
 SubK:
 FY: 2019-2020
 Active Budget: ORIGINAL BUDGET

	Budgeted Funds	Remaining Funds	
		\$	%
CHVP, 53128	883,835	883,835	100.00%
TOTALS	883,835	883,836	100.00%

INVOICE	REIMBURSEMENT TOTALS
Month 1	
Month 2	
Month 3 (Q1)	
Month 4	
Month 5	
Month 6 (Q2)	
Month 7	
Month 8	
Month 9 (Q3)	
Month 10	
Month 11	
Month 12 (Q4)	
Month 15 (Q5)	
Adjust/Corr	
YTD Total	

NOTES PAGE

Program: California Home Visiting Program

Rev. 10/29/18

Agency: County of Nevada

SubK: CHVP 19-29

Fiscal Year: 2019-2020

This Section is for staff to document problems, questions, or other information.

Note No.	Initials	Date	Note
1			
2			
3			
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