

Child Health and Disability Prevention Program | Lead Poisoning and Prevention

Agency Information		County/City:	Fiscal Year:
		Name: Nevada	2023-24
Street Address: 500 Crown Point Cir. Ste 110	City: Grass Valley	Health Officer Name: Sherilynn Cooke, MD	CHDP CLPP Primary Email: publichealth@nevadacounty.ca.gov
Zip Code: 95945		Address: ca.gov	
Authorized Primary CHDP CLPP Representative		or City Council	
Name, Title: Charlene Weiss-Wenzl		Name: Julie Patterson-Hunter	
Phone: (530) 265-7269		Phone: (530) 265-1480	
Email: charlene.weiss-wenzl@nevadacountyca.gov		Email: Julie.Patterson-Hunter@nevadacountyca.gov	
List All CHDP CLPP Program Staff			
Name:	Title:	Email:	
Charlene Weiss-Wenzl	Public Health Nursing Director	Yes	
Chie Newsom	CLPP Program PHN	Yes	
<i>Additional rows may be added above this line.</i>			

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Budget Worksheet			County/City Name: Name: Nevada	Fiscal Year: 2023-24	
Column			1A	1B	1
I. Personnel Expenses			Total Base FTE %	Annual Salary	Total Budget
#	Name	Title			
1	Charlene Weiss-Wenzl	Public Health Nursing Director	0%	\$0	\$0
2	Chie Newsom	CLPP Program PHN	2%	\$105,624	\$2,166
3	0	0	0%	\$0	\$0
4	0	0	0%	\$0	\$0
5	0	0	0%	\$0	\$0
6	0	0	0%	\$0	\$0
7	0	0	0%	\$0	\$0
8	0	0	0%	\$0	\$0
9	0	0	0%	\$0	\$0
10	0	0	0%	\$0	\$0
<i>(insert additional rows above this line as needed)</i>					
Total RN & PHN FTE %			0%		
Total Support Staff FTE %			0%		
Total Net Salaries and Wages					\$2,166
Staff Benefits (Specify %)		64%			\$1,388
I. Total Personnel Expenses					\$3,554
II. Total Operating Expenses (List in Narrative)					\$0
III. Total Capital Expenses (List in Narrative)					\$0
IV. Indirect Expenses (List in Narrative)					
1.	Internal (Specify %)	15%			\$533
2.	External (Specify %)	0%			\$0
IV. Total Indirect Expenses (List in Narrative)					\$533
V. Total Other Expenses (List in Narrative)					\$0
Budget Grand Total					\$4,087

I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the materials, supplies, or services claimed have been received or performed and were used or performed exclusively in connection with the program; that I have not violated any of the provisions of Section 1030 to 1036 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures included in this claim; that payment has not previously been received for the amount claimed herein; and that the original invoices, payrolls, and other vouchers in support of this claim are on file with the

county
 Charlene Weiss-Wenzl, Director of Public Health Nursing *Charlene Weiss-Wenzl*
 Authorized Primary CHDP CLPP Representative Name, Title Signature

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Budget Narrative	County/City Name:	Fiscal Year:
	Name: Nevada	2023-24
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses		
Salary and Benefit amounts are from CEO personnel planner for FY 23/24. FTE is 2.0502, which is a reduction of .4498 from FY 22/23		
II. Operating Expenses Identify and Explain All Operating Expense Line Items		
N/A		
III. Capital Expenses Identify and Explain All Capital Expense Line Items		
N/A		
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items		
Internal:	Indirect rate is 15%, which is within the limit of CDPH approved Indirect Cost report. This is an increase of \$533 from FY 22/23	
External:		
V. Other Expenses Identify and Explain All Other Expense Line Items		

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Charlene Weiss-Wenzl, Director of Public Health Nursing	<i>Charlene Weiss-Wenzl</i>	9/27/23
Authorized Primary CHDP CLPP Representative Name, Title	Signature	Date

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Budget Summary	County/City Name:	Fiscal Year:
	Name: Nevada	2023-24
A	B	
Category/Line Item	Total Budget	
I. Total Personnel Expenses	\$3,554	
II. Total Operating Expenses	\$0	
III. Total Capital Expenses	\$0	
IV. Total Indirect Expenses	\$533	
V. Total Other Expenses	\$0	
Budget Grand Total	\$4,087	

I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the materials, supplies, or services claimed have been received or performed and were used or performed exclusively in connection with the program; that I have not violated any of the provisions of Section 1030 to 1036 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures included in this claim; that payment has not previously been received for the amount claimed herein; and that the

Charlene Weiss-Wenzl, Director of Public Health Nursing *Charlene Weiss-Wenzl* 9/27/23
 Authorized Primary CHDP CLPP Representative Name, Title Signature, Date