## COUNTY OF NEVADA AUDITOR-CONTROLLER'S OFFICE REVENUE INFORMATION RECORD

	Application		Award	Amendment			
Department:		Public Health	1	Contact Person & Ext.:	James Kra	ywinkel x2415	
Board Meeting	g Date:	11/13/2018	<u> </u>	Form Completed By:	James Kra	ywinkel	
Program Name	e:	Health Care I	Program for Chil	dren in Foster Care			
Purpose:		Provides Public Health Nurse time to provide medical services to children					
		in Foster Car	e				
Other Resoluti	on(s) Associated:		N/A				
Contract #:	N/A			Contract dates:	7/1/2018	- 6/30/2019	
Awa	rding Agency:		California Depa	artment of Health Care Services			
Total G	irant Amount:	\$	316,846.00	County match amount:	\$	90,614.00	
Amount	from Federal:	\$	210,093.00	Funding Type:	☐ Advan	ce 🔽 Reimb.	
	CFDA#:		93.778	Federal Agency?	☐ Yes	☑ No	
				Single Audit Language?	<b>∀</b> Yes	□ No	
Coding: 1589 40114 492		3301		440510, 446210	4	49200000	
	Org Code			Revenue	PCN		
For Auditor Use	e Only:						
Type of Revenu	ıe:						
Board Reso #:		Other Reso Asso		ос.			
Grant Loa	ET.		Entered hy:		Date:		