California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

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.

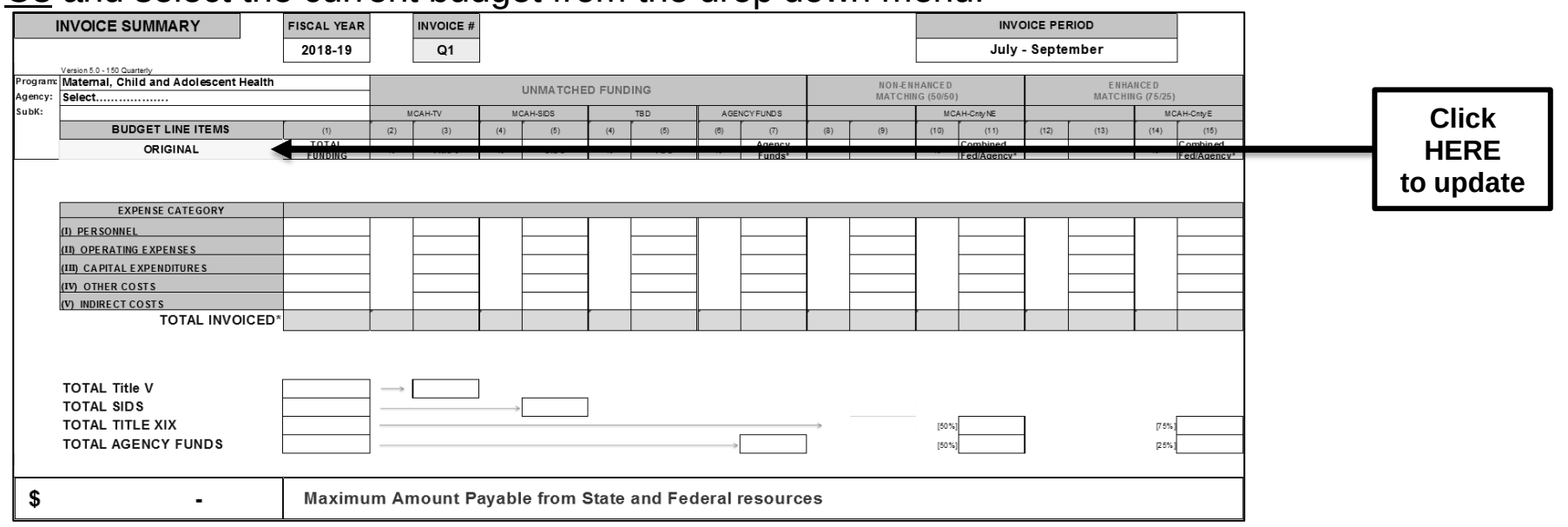
12 Click on the (II-V) Justifications worksheet and enter justifications for Operating Expenses, Capital Expenditures, and Other Costs.

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.

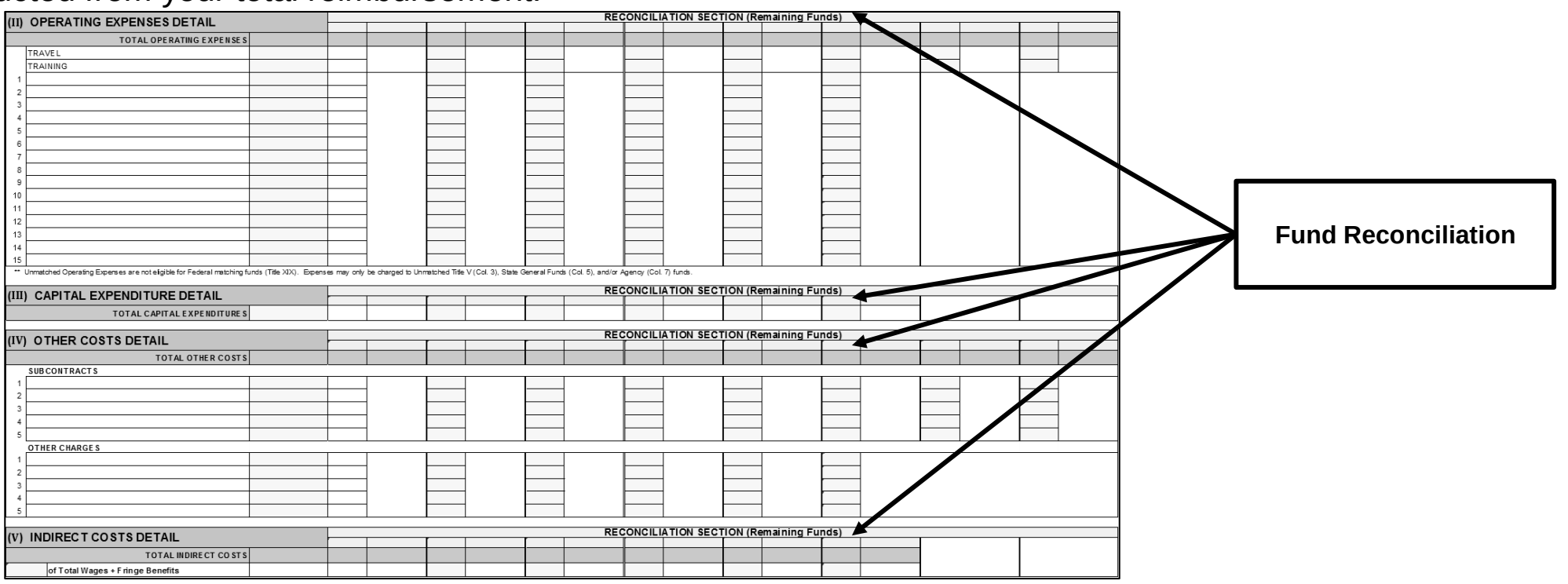
INVOICES

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.



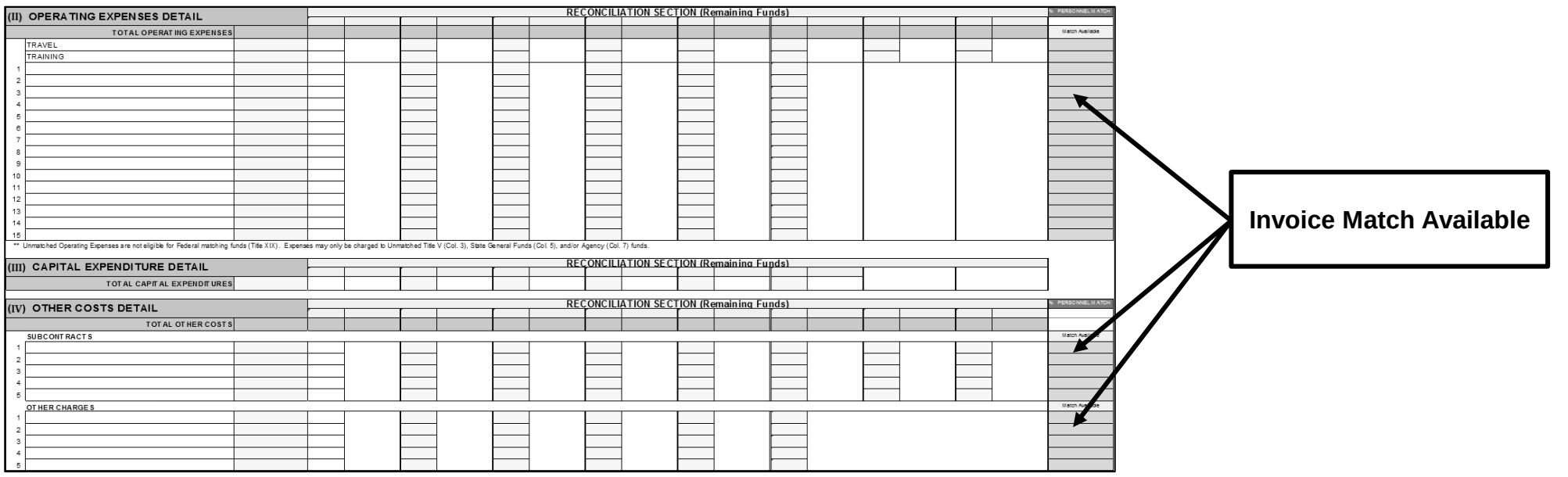
Invoice Fund Reconciliation

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.



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.



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)

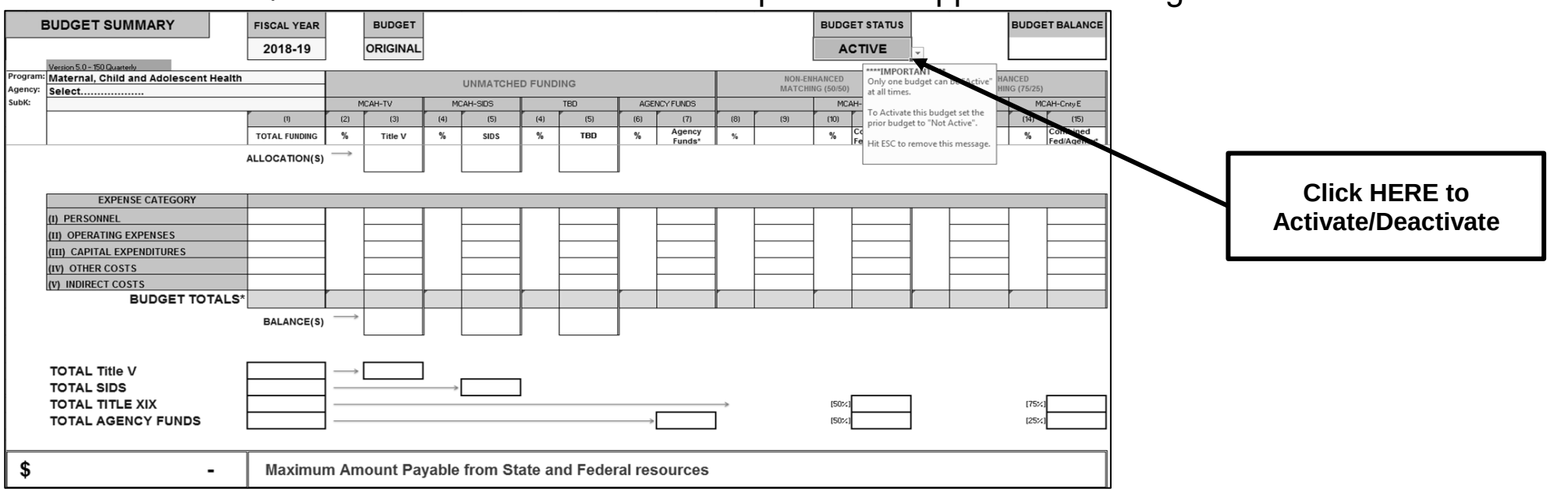
The template automatically populates the TXIX Cover Sheets for every invoice (Q1, Q2, Q3, Q4, and S1). Please print, sign and include the TXIX Cover Sheet in your invoice package.

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

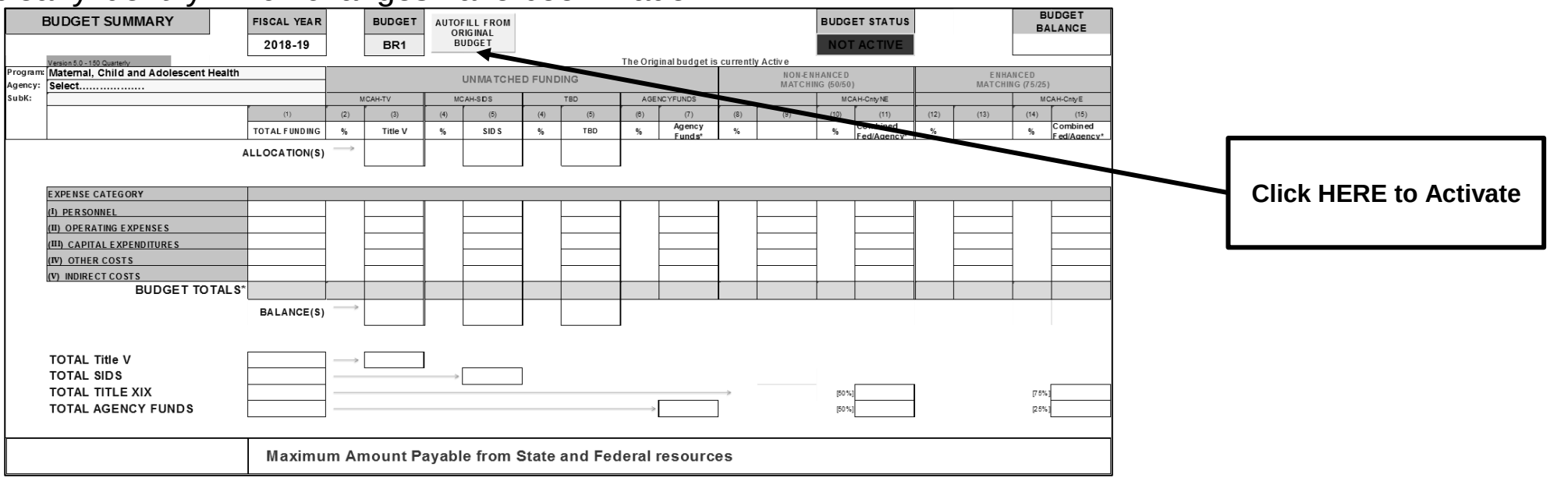
BUDGET REVISIONS

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 any prior approved budgets in order to retain audit history.**

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 M2. This procedure applies to all budget revisions.

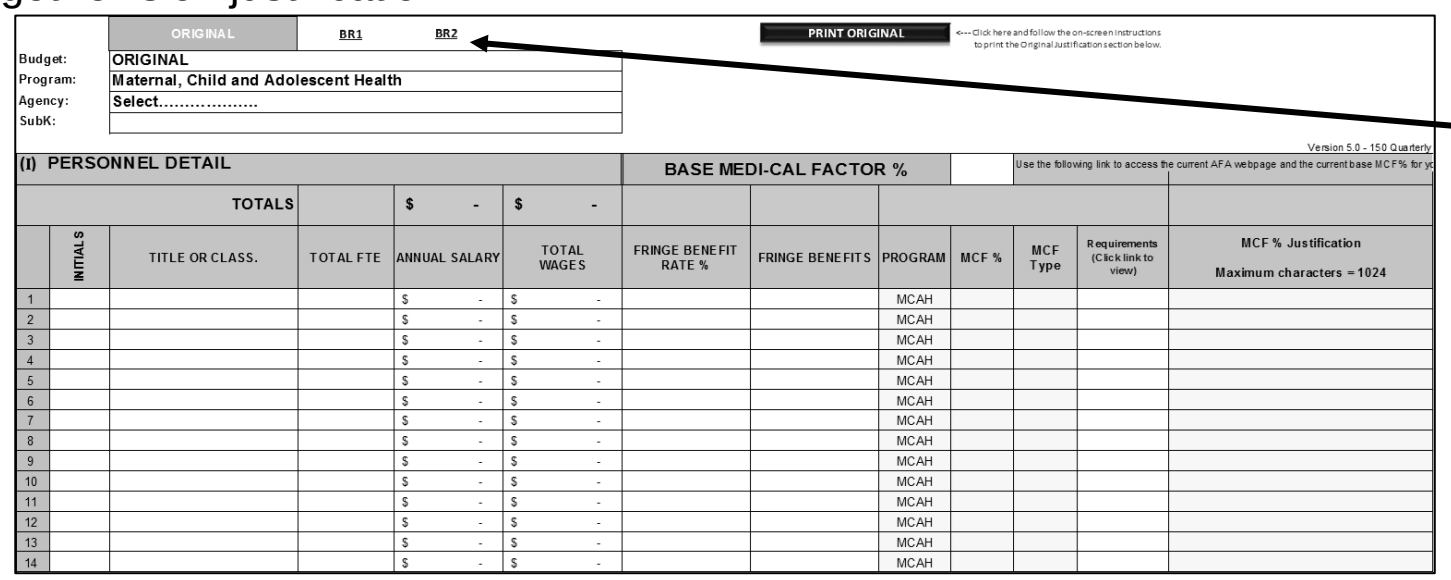


The Autofill Button at the top, middle of the page can be clicked to copy the values from the previously active budget. Change amounts as needed for each section. The cells changed will turn blue and **bold** the print. This will clearly identify which changes have been made.



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:

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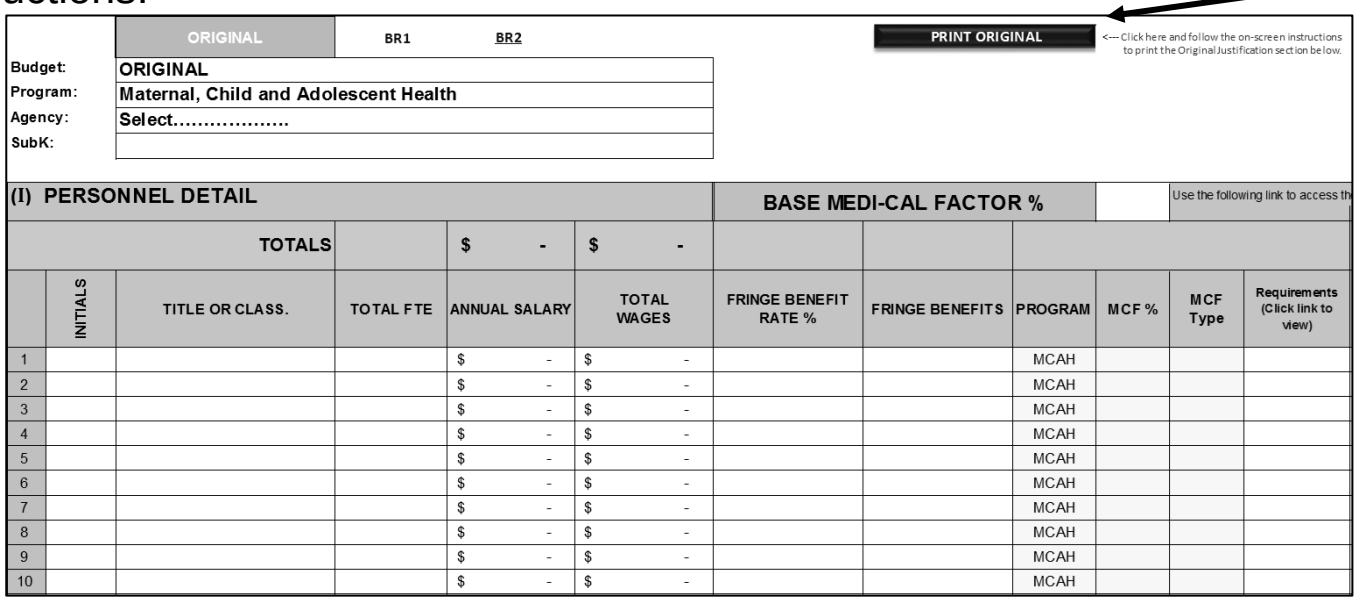
(I) PERSONNEL DETAIL — BASE MEDI-CAL FACTOR % — Use the following link to access the current AFA webpage and the current base MCF% for yc

		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 th

		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.

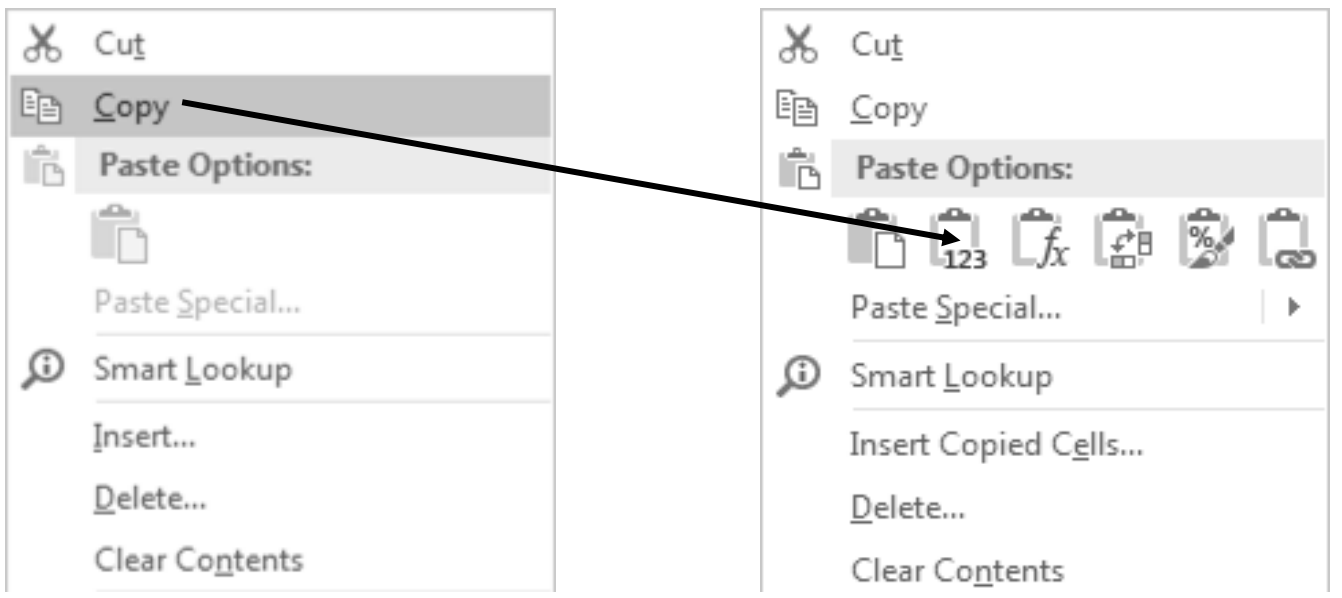
SHORTCUTS

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

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

BUDGET SUMMARY

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2018-19	ORIGINAL	ACTIVE	0.29

Version 5.0 - 150 Quarterly

Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 201829 Nevada
SubK:

		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E	
	(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) →			102,052.00		3,000.00		0.00										#VALUE!
EXPENSE CATEGORY																	
(I) PERSONNEL	164,278.50		73,564.16		3,000.00		0.00		0.00		0.00		33,004.90		0.00		54,709.44
(II) OPERATING EXPENSES	8,345.00		8,345.00		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	20,000.00		1,000.00		0.00		0.00		0.00		0.00		19,000.00		0.00		0.00
(V) INDIRECT COSTS	41,069.63		19,142.55		0.00		0.00		0.00		0.00		21,927.08		0.00		0.00
BUDGET TOTALS*	233,693.13	43.67%	102,051.71	1.28%	3,000.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	31.64%	73,931.98	0.00%	0.00	23.41%	54,709.44
BALANCE(S) →			0.29		0.00		0.00										

TOTAL TITLE V	102,051.71 →	102,051.71			
TOTAL SIDS	3,000.00 →		3,000.00		
TOTAL TITLE XIX	77,998.07 →			[50%] 36,965.99	[75%] 41,032.08
TOTAL AGENCY FUNDS	50,643.35 →		0.00	[50%] 36,965.99	[25%] 13,677.36

$	183,049.78	Maximum Amount Payable from State and Federal resources

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 _____

* 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		73,564.16		3,000.00		0.00				0.00		16,502.45		0.00		41,032.08
(II) OPERATING EXPENSES		8,345.00		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		1,000.00		0.00		0.00				0.00		9,500.00		0.00		0.00
(V) INDIRECT COSTS		19,142.55		0.00		0.00				0.00		10,963.54		0.00		0.00
Totals for PCA Codes	183,049.78	102,051.71		3,000.00		0.00				0.00		36,965.99		0.00		41,032.08

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

		UNMATCHED FUNDING									NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
			MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
		(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													% TRAVEL NON-ENH MATCH				% TRAVEL ENH MATCH		% PERSONNEL MATCH
													17.27%				41.33%		51.93%
	TOTAL OPERATING EXPENSES	**8,345.00**		**8,345.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	Match Available
	TRAVEL	4,300.00	100.00%	4,300.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	**58.60%**
	TRAINING	1,500.00	100.00%	1,500.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	**51.93%**
1	Communication	600.00	100.00%	600.00		0.00		0.00		0.00		0.00		0.00					**51.93%**
2	General Office	270.00	100.00%	270.00		0.00		0.00		0.00		0.00		0.00					**51.93%**
3	Printing Duplication	360.00	100.00%	360.00		0.00		0.00		0.00		0.00		0.00					**51.93%**
4	Special Department Expense	155.00	100.00%	155.00		0.00		0.00		0.00		0.00		0.00					**51.93%**
5	Mileage Reimbursement	60.00	100.00%	60.00		0.00		0.00		0.00		0.00		0.00					**51.93%**
6	Memberships	1,100.00	100.00%	1,100.00		0.00		0.00		0.00		0.00		0.00					**51.93%**
7				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					
9				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					
11				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					
13				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					
15				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					

																			% PERSONNEL MATCH
(IV) OTHER COSTS DETAIL																			**51.93%**
	TOTAL OTHER COSTS	**20,000.00**		**1,000.00**		**0.00**		**0.00**		**0.00**		**0.00**		**19,000.00**		**0.00**		**0.00**	
	SUBCONTRACTS																		
1	Nevada Joint Union High School	20,000.00	5.00%	1,000.00		0.00		0.00		0.00		0.00	95.00%	19,000.00		0.00		0.00	
2				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	
4				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	
	OTHER CHARGES																		Match Available
1				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					
3				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					
5				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					
7				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					

(V) INDIRECT COSTS DETAIL																			
	TOTAL INDIRECT COSTS	**41,069.63**		**19,142.55**		**0.00**		**0.00**		**0.00**		**0.00**		**21,927.08**					
25.00%	**of Total Wages + Fringe Benefits**	41,069.63	46.61%	19,142.55		0.00		0.00		0.00		0.00	53.39%	21,927.08					

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	**Maternal, Child and Adolescent Health (MCAH)**
Agency:	**201829 Nevada**
SubK:	

(I) PERSONNEL DETAIL

		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
			MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
		(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*		
	TOTAL PERSONNEL COSTS	**164,278.50**		**73,564.16**		**3,000.00**		**0.00**		**0.00**		**0.00**		**33,004.90**		**0.00**		**54,709.44**		
	FRINGE BENEFIT RATE 50.00%	54,759.50		24,521.39		1,000.00		0.00		0.00		0.00		11,001.63		0.00		18,236.48		
	TOTAL WAGES	109,519.00		49,042.77		2,000.00		0.00		0.00		0.00		22,003.27		0.00		36,472.96		

	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	Charlene Weiss-Wenzl	Senior Public Health Nurse	65.00%	92,867	60,364.00	26.88%	16,223.89	3.31%	2,000.00		0.00		0.00		0.00	30.81%	18,598.15		0.00	39.00%	23,541.96	70.0%	X
2	Charlene Weiss-Wenzl	Senior Public Health Nurse	15.00%	92,867	13,930.00	30.00%	4,179.00		0.00		0.00		0.00		0.00	10.00%	1,393.00		0.00	60.00%	8,358.00	70.0%	X
3	Cynthia Wilson	Director of Public Health Nursing	15.00%	121,946	18,292.00	64.00%	11,706.88		0.00		0.00		0.00		0.00	11.00%	2,012.12		0.00	25.00%	4,573.00	36.0%	X
4	Carol Smith	Administrative Assistant	10.00%	54,462	5,446.00	100.00%	5,446.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
5	Saundra Lindsey	Public Health Nurse - Temp	13.00%	88,358	11,487.00	100.00%	11,487.00		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	0.0%	
7					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	0.0%	
9					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	0.0%	
11					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	0.0%	
13					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	0.0%	
15					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	0.0%	
17					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	0.0%	
19					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	0.0%	
21					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	0.0%	
23					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	0.0%	
25					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	0.0%	
27					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	0.0%	
29					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	0.0%	
31					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	0.0%	
33					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	0.0%	
35					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	0.0%	
37					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	0.0%	
39					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	0.0%	
41					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	0.0%	
43					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	0.0%	
45					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	0.0%	
47					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	0.0%	
49					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	0.0%	
51					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	0.0%	
53					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	0.0%	
55					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	0.0%	

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

						UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS	0		MCAH-Cnty NE		0		MCAH-Cnty E			
					(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%	

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

						UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS	0		MCAH-Cnty NE		0		MCAH-Cnty E			
					(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	0.0%	
123					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	0.0%	
125					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	0.0%	
127					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	0.0%	
129					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	0.0%	
131					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	0.0%	
133					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	0.0%	
135					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	0.0%	
137					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	0.0%	
139					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	0.0%	
141					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	0.0%	
143					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	0.0%	
145					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	0.0%	
147					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	0.0%	
149					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	0.0%	

California Department of Public Health (CDPH) Maternal, Child and Adolescent Health Division

BUDGET SUMMARY

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2018-19	BR1	NOT ACTIVE	1,521.85

Version 5.0 - 150 Quarterly

The Original budget is currently Active

Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 201829 Nevada
SubK:

		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E	
	(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) →			102,052.00		3,000.00		0.00										#VALUE!
EXPENSE CATEGORY																	
(I) PERSONNEL	164,278.50		73,564.16		3,000.00		0.00		0.00		0.00		33,004.90		0.00		54,709.44
(II) OPERATING EXPENSES	8,345.00		6,823.44		0.00		0.00		0.00		0.00		1,521.56		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	20,000.00		1,000.00		0.00		0.00		0.00		0.00		19,000.00		0.00		0.00
(V) INDIRECT COSTS	41,069.63		19,142.55		0.00		0.00		0.00		0.00		21,927.08		0.00		0.00
BUDGET TOTALS*	233,693.13	43.02%	100,530.15	1.28%	3,000.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	32.29%	75,453.54	0.00%	0.00	23.41%	54,709.44
BALANCE(S) →			1,521.85		0.00		0.00										

TOTAL TITLE V	100,530.15 →	100,530.15			
TOTAL SIDS	3,000.00 →	3,000.00			
TOTAL TITLE XIX	78,758.85 →		[50%]	37,726.77	[75%] 41,032.08
TOTAL AGENCY FUNDS	51,404.13 →	0.00	[50%]	37,726.77	[25%] 13,677.36

$ 182,289.00	Maximum Amount Payable from State and Federal resources

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

* 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		73,564.16		3,000.00		0.00				0.00		16,502.45		0.00		41,032.08
(II) OPERATING EXPENSES		6,823.44		0.00		0.00				0.00		760.78		0.00		0.00
(III) CAPITAL EXPENSES		0.00		0.00		0.00				0.00		0.00		0.00		0.00
(IV) OTHER COSTS		1,000.00		0.00		0.00				0.00		9,500.00		0.00		0.00
(V) INDIRECT COSTS		19,142.55		0.00		0.00				0.00		10,963.54		0.00		0.00
Totals for PCA Codes	182,289.00	100,530.15		3,000.00		0.00				0.00		37,726.77		0.00		41,032.08

California Department of Public Health (CDPH) Maternal, Child and Adolescent Health Division

Program:	**Maternal, Child and Adolescent Health (MCAH)**
Agency:	**201829 Nevada**
SubK:	

(II) OPERATING EXPENSES DETAIL

		(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***	
			UNMATCHED FUNDING								**NON-ENHANCED MATCHING (50/50)**				**ENHANCED MATCHING (75/25)**				
			MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
			RECONCILIATION SECTION (Remaining Funds)																% PERSONNEL MATCH
			100.00%	8,345.00	#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	**51.93%**
	TOTAL OPERATING EXPENSES	**8,345.00**		**6,823.44**		**0.00**		**0.00**		**0.00**		**0.00**		**1,521.56**		**0.00**		**0.00**	Match Available
	TRAVEL	4,300.00	82.73%	3,557.39		0.00		0.00		0.00		0.00	**17.27%**	742.61		0.00		0.00	**41.33%**
	TRAINING	1,500.00	48.07%	721.05		0.00		0.00		0.00		0.00	**51.93%**	778.95		0.00		0.00	**0.00%**
1	Communication	600.00	100.00%	600.00		0.00		0.00		0.00		0.00		0.00					**51.93%**
2	General Office	270.00	100.00%	270.00		0.00		0.00		0.00		0.00		0.00					**51.93%**
3	Printing Duplication	360.00	100.00%	360.00		0.00		0.00		0.00		0.00		0.00					**51.93%**
4	Special Department Expense	155.00	100.00%	155.00		0.00		0.00		0.00		0.00		0.00					**51.93%**
5	Mileage Reimbursement	60.00	100.00%	60.00		0.00		0.00		0.00		0.00		0.00					**51.93%**
6	Memberships	1,100.00	100.00%	1,100.00		0.00		0.00		0.00		0.00		0.00					**51.93%**
7				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					
9				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					
11				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					
13				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					
15				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)																
			#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00					
	TOTAL CAPITAL EXPENDITURES	**0.00**		0.00		0.00		0.00		0.00		0.00		0.00					

(IV) OTHER COSTS DETAIL

			RECONCILIATION SECTION (Remaining Funds)																% PERSONNEL MATCH
			100.00%	1,000.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	19,000.00	#DIV/0!	0.00	#DIV/0!	0.00	Match Available
	TOTAL OTHER COSTS	**20,000.00**		**1,000.00**		**0.00**		**0.00**		**0.00**		**0.00**		**19,000.00**		**0.00**		**0.00**	
	SUBCONTRACTS																		
1	Nevada Joint Union High School	20,000.00	5.00%	1,000.00		0.00		0.00		0.00		0.00	95.00%	19,000.00		0.00		0.00	
2				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	
4				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	
	OTHER CHARGES																		Match Available
1				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					
3				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					
5				0.00		0.00		0.00		0.00		0.00		0.00					

(V) INDIRECT COSTS DETAIL

			RECONCILIATION SECTION (Remaining Funds)																
			100.00%	19,142.55	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	21,927.08					
	TOTAL INDIRECT COSTS	**41,069.63**		**19,142.55**		**0.00**		**0.00**		**0.00**		**0.00**		**21,927.08**					
25.00%	**of Total Wages + Fringe Benefits**	41,069.63	46.61%	19,142.55		0.00		0.00		0.00		0.00	53.39%	21,927.08					

California Department of Public Health (CDPH) Maternal, Child and Adolescent Health Division

Program:	**Maternal, Child and Adolescent Health (MCAH)**
Agency:	**201829 Nevada**
SubK:	

		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E	
	(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%	73,564.16	100.00%	3,000.00		0.00		0.00		0.00	100.00%	33,004.90		0.00	100.00%	54,709.44		
					164,278.50		**73,564.16**		**3,000.00**		**0.00**		**0.00**		**0.00**		**33,004.90**		**0.00**		**54,709.44**		
			FRINGE BENEFIT RATE	50.00%	54,759.50		24,521.39		1,000.00		0.00		0.00		0.00		11,001.63		0.00		18,236.48		
				TOTAL WAGES	109,519.00		49,042.77		2,000.00		0.00		0.00		0.00		22,003.27		0.00		36,472.96		
	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	Charlene Weiss-Wenzl	Senior Public Health Nurse	65.00%	92,867	60,364.00	26.88%	16,223.89	3.31%	2,000.00		0.00		0.00		0.00	30.81%	18,598.15		0.00	39.00%	23,541.96	34.1%	X
2	Charlene Weiss-Wenzl	Senior Public Health Nurse	15.00%	92,867	13,930.00	30.00%	4,179.00		0.00		0.00		0.00		0.00	10.00%	1,393.00		0.00	60.00%	8,358.00	34.1%	X
3	Cynthia Wilson	Director of Public Health Nursing	15.00%	121,946	18,292.00	64.00%	11,706.88		0.00		0.00		0.00		0.00	11.00%	2,012.12		0.00	25.00%	4,573.00	34.1%	X
4	Carol Smith	Administrative Assistant	10.00%	54,462	5,446.00	100.00%	5,446.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	34.1%	
5	Saundra Lindsey	Public Health Nurse - Temp	13.00%	88,358	11,487.00	100.00%	11,487.00		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%	

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

						UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
					(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%	

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

						UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
					(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	34.1%	
125					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	34.1%	
127					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	34.1%	
129					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	34.1%	
131					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	34.1%	
133					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	34.1%	
135					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	34.1%	
137					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	34.1%	
139					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	34.1%	
141					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	34.1%	
143					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	34.1%	
145					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	34.1%	
147					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	34.1%	
149					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	34.1%	

Budget:	**ORIGINAL**
Program:	**Maternal, Child and Adolescent Health (MCAH)**
Agency:	**201829 Nevada**
SubK:	**0**

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	**1.18**	**$ 450,500.00**	**$ 109,519.00**		**54,759.50**					
	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	ene Weiss-V	Senior Public Health Nurse	65.00%	$ 92,867	$ 60,364	50.00%	30,182.00	MCAH	70.0%	Local	YES	Staff will time study each quarter in order to determine the Medi-Cal rate.
2	ene Weiss-V	Senior Public Health Nurse	15.00%	$ 92,867	$ 13,930	50.00%	6,965.00	MCAH	70.0%	Local	YES	Staff will time study each quarter in order to determine the Medi-Cal rate.
3	ynthia Wilso	Director of Public Health Nursing	15.00%	$ 121,946	$ 18,292	50.00%	9,146.00	MCAH	36.0%	Local	YES	Staff will time study each quarter in order to determine the Medi-Cal rate.
4	Carol Smith	Administrative Assistant	10.00%	$ 54,462	$ 5,446	50.00%	2,723.00	MCAH	34.1%	Base		
5	undra Linds	Public Health Nurse - Temp	13.00%	$ 88,358	$ 11,487	50.00%	5,743.50	MCAH	34.1%	Base		
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:	**0**

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		
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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:	**0**

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106			0.00%	$ -	$ -				0.0%	0		
107			0.00%	$ -	$ -				0.0%	0		
108			0.00%	$ -	$ -				0.0%	0		
109			0.00%	$ -	$ -				0.0%	0		
110			0.00%	$ -	$ -				0.0%	0		
111			0.00%	$ -	$ -				0.0%	0		
112			0.00%	$ -	$ -				0.0%	0		
113			0.00%	$ -	$ -				0.0%	0		
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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:	**0**

Version 5.0 - 150 Quarterly

(II) OPERATING EXPENSES JUSTIFICATION

	TOTAL OPERATING EXPENSES	TITLE V & TITLE XIX TOTAL	
	TRAVEL	4,300.00	Wiil include mileage, hotel expenses, per diem rates as allowed by CDPH. Will include MCAH Action, SIDS trainings, perinatal, and/or breastfeeding conferences and trainings for the Director of Public Health Nurses, Senior Public Health Nurse and Public Health Nurse. Number of events to be determined.
	TRAINING	1,500.00	Will include fess and/or registrations for above named events. 10 events @ $150/event.
1	Communication	600.00	MCAH toll Free number is supportd in-kind by Nevada County. MCAH Coordinator cell phone $50/month X 12 months.
2	General Office	270.00	Includes general office supplies and postage. $22.50/month X 12 months.
3	Printing Duplication	360.00	Internal and External copying as required in support of AFA/SOW. $30/month X 12 months.
4	Special Department Expense	155.00	Health Education information not included in Printing/Duplication. May include Positive Promotions or updating current available materials or incentives in support of AFA/SOW
5	Mileage Reimbursement	60.00	Mileage reimbursement for staff when county vehicles are unavailable.
6	Memberships	1,100.00	Annual MCAH Action charge to Nevada County
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	

(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	20,000.00	

SUBCONTRACTS

1	Nevada Joint Union High School	20,000.00	to improve the health, social, and educational outcomes of pregnant and parenting teens in western Nevada County. The case manager provides supportive services to assist the target population with specific goals related to access to Medi-Cal services (ie: prenatal care, dental care, well-baby check-ups, breastfeeding consultation, mental health care, and specialty referrals), increasing appropriate social support systems, and completing high school with counseling related to further education or vocation.
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	

Budget:	**ORIGINAL**
Program:	**Maternal, Child and Adolescent Health (MCAH)**
Agency:	**201829 Nevada**
SubK:	**0**

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	**41,069.63**	Per CDPH approved ICR

California Department of Public Health (CDPH) Maternal, Child and Adolescent Health Division

INVOICE SUMMARY

FISCAL YEAR	INVOICE #	INVOICE PERIOD
2018-19	Q1	July - September

Version 5.0 - 150 Quarterly

Program:	**Maternal, Child and Adolescent Health (MCAH)**
Agency:	**201829 Nevada**
SubK:	

BUDGET LINE ITEMS		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL	**TOTAL FUNDING**	**%**	**TITLE V**	**%**	**SIDS**	**%**	**TBD**	**%**	**Agency Funds***	**%**		**%**	**Combined Fed/Agency***	**%**		**%**	**Combined Fed/Agency***
EXPENSE CATEGORY																	
(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	→		[50%]	0.00
TOTAL AGENCY FUNDS	0.00	→	0.00	[50%]	0.00

		[75%]	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.

MCAH/PROJECT DIRECTOR'S SIGNATURE **DATE**

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.

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		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		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

California Department of Public Health (CDPH) Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

BUDGET LINE ITEMS		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
ORIGINAL	TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)																% PERSONNEL MATCH
		100.00%	8,345.00	#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%**
TOTAL OPERATING EXPENSES	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	Match Available
TRAVEL																		
TRAINING																		
1 Communication																		
2 General Office																		
3 Printing Duplication																		
4 Special Department Expense																		
5 Mileage Reimbursement																		
6 Memberships																		
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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)											
		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
TOTAL CAPITAL EXPENDITURES													

(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																% PERSONNEL MATCH
		100.00%	1,000.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	19,000.00	#DIV/0!	0.00	#DIV/0!	0.00	**0.00%**
TOTAL OTHER COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	
SUBCONTRACTS																		Match Available
1 Nevada Joint Union High School																		**0.00%**
2																		
3																		
4																		
5																		
OTHER CHARGES																		Match Available
1																		
2																		
3																		
4																		
5																		

(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																
		100.00%	19,142.55	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	21,927.08					
TOTAL INDIRECT COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**					
25.00% **of Total Wages + Fringe Benefits**	0.00		0.00		0.00		0.00		0.00		0.00		0.00					

California Department of Public Health (CDPH) Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

BUDGET LINE ITEMS		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL	TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*

(I) PERSONNEL DETAIL

RECONCILIATION SECTION (Remaining Funds)

						100.00%	73,564.16	100.00%	3,000.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	33,004.90	#DIV/0!	0.00	100.00%	54,709.44
	TOTAL PERSONNEL COSTS				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
	FRINGE BENEFITS				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
	TOTAL WAGES				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit $	TOTAL WAGES															% Time In Prog.	Staff Traveling (X)
1	Charlene Weiss-Wenzl	Senior Public Health Nurse																			
2	Charlene Weiss-Wenzl	Senior Public Health Nurse																			
3	Cynthia Wilson	Director of Public Health Nursing																			
4	Carol Smith	Administrative Assistant																			
5	Saundra Lindsey	Public Health Nurse - Temp																			
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California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

	BUDGET LINE ITEMS				UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
					MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
	ORIGINAL				(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																							
58																							
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California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

	BUDGET LINE ITEMS ORIGINAL				(1)	UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
						(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*		
123																							
124																							
125																							
126																							
127																							
128																							
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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: $ -

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 PCA Code(s): 53107 & 53112 Function Code(s): 10, 11		Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7		Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9		Hours: Allocated Paid Time Off Function Code(s): 12	
					Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1	Charlene Weiss-Wenzl	Senior Public Health Nurse	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
2	Charlene Weiss-Wenzl	Senior Public Health Nurse	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
3	Cynthia Wilson	Director of Public Health Nursing	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
4	Carol Smith	Administrative Assistant	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
5	Saundra Lindsey	Public Health Nurse - Temp	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
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Health and Safety Code Sections 124050(322.2), 124060 (322.5), 124070 (323), 124075 (322.2) are the payment authority.

Attachment: Invoice

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract PCA Code(s): 53107 & 53112 Function Code(s): 10, 11		Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7		Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9		Hours: Allocated Paid Time Off Function Code(s): 12	
				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 PCA Code(s): 53107 & 53112 Function Code(s): 10, 11		Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7		Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9		Hours: Allocated Paid Time Off 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: _____

California Department of Public Health (CDPH) Maternal, Child and Adolescent Health Division

INVOICE SUMMARY

FISCAL YEAR	INVOICE #	INVOICE PERIOD
2018-19	Q2	October - December

Version 5.0 - 150 Quarterly

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

BUDGET LINE ITEMS		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL	TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*
EXPENSE CATEGORY																	
(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	→		[50%]	0.00
TOTAL AGENCY FUNDS	0.00	→	0.00	[50%]	0.00

		[75%]	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.

MCAH/PROJECT DIRECTOR'S SIGNATURE DATE

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.

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		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		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

California Department of Public Health (CDPH) Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

BUDGET LINE ITEMS		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
ORIGINAL	TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)																% PERSONNEL MATCH
		100.00%	8,345.00	#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%**
TOTAL OPERATING EXPENSES	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	Match Available
TRAVEL																		
TRAINING																		
1 Communication																		
2 General Office																		
3 Printing Duplication																		
4 Special Department Expense																		
5 Mileage Reimbursement																		
6 Memberships																		
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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)											
		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
TOTAL CAPITAL EXPENDITURES													

(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																% PERSONNEL MATCH
		100.00%	1,000.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	19,000.00	#DIV/0!	0.00	#DIV/0!	0.00	**0.00%**
TOTAL OTHER COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	
SUBCONTRACTS																		Match Available
1 Nevada Joint Union High School																		**0.00%**
2																		
3																		
4																		
5																		
OTHER CHARGES																		Match Available
1																		
2																		
3																		
4																		
5																		

(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																
		100.00%	19,142.55	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	21,927.08					
TOTAL INDIRECT COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**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		0.00					

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

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:			(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)					
BUDGET LINE ITEMS		(1)																					
ORIGINAL		**TOTAL FUNDING**	**%**	**TITLE V**	**%**	**SIDS**	**%**	**TBD**	**%**	**Agency Funds***	**%**		**%**	**Combined Fed/Agency***	**%**		**%**	**Combined Fed/Agency***					
(I) PERSONNEL DETAIL			**RECONCILIATION SECTION (Remaining Funds)**																				
			100.00%	73,564.16	100.00%	3,000.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	33,004.90	#DIV/0!	0.00	100.00%	54,709.44					
TOTAL PERSONNEL COSTS		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**					
FRINGE BENEFITS		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00					
TOTAL WAGES		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00					

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit $	TOTAL WAGES	% Time In Prog.	Staff Traveling (X)
1	Charlene Weiss-Wenzl	Senior Public Health Nurse					
2	Charlene Weiss-Wenzl	Senior Public Health Nurse					
3	Cynthia Wilson	Director of Public Health Nursing					
4	Carol Smith	Administrative Assistant					
5	Saundra Lindsey	Public Health Nurse - Temp					
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California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

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

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

	BUDGET LINE ITEMS					UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
	ORIGINAL				(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*		
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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 PCA Code(s): 53107 & 53112 Function Code(s): 10, 11		Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7		Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9		Hours: Allocated Paid Time Off Function Code(s): 12	
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4	Carol Smith	Administrative Assistant	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
5	Saundra Lindsey	Public Health Nurse - Temp	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
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Health and Safety Code Sections 124050(322.2), 124060 (322.5), 124070 (323), 124075 (322.2) are the payment authority.

Attachment: Invoice

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract PCA Code(s): 53107 & 53112 Function Code(s): 10, 11		Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7		Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9		Hours: Allocated Paid Time Off Function Code(s): 12	
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract PCA Code(s): 53107 & 53112 Function Code(s): 10, 11		Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7		Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9		Hours: Allocated Paid Time Off Function Code(s): 12	
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract PCA Code(s): 53107 & 53112 Function Code(s): 10, 11		Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7		Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9		Hours: Allocated Paid Time Off Function Code(s): 12	
				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 PCA Code(s): 53107 & 53112 Function Code(s): 10, 11 Time %	Cost	Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7 Time %	Cost	Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9 Time %	Cost	Hours: Allocated Paid Time Off Function Code(s): 12 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: _____

California Department of Public Health (CDPH) Maternal, Child and Adolescent Health Division

INVOICE SUMMARY

FISCAL YEAR	INVOICE #	INVOICE PERIOD
2018-19	Q3	January - March

Version 5.0 - 150 Quarterly

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

BUDGET LINE ITEMS		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL	TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*
EXPENSE CATEGORY																	
(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	→		[50%]	0.00
TOTAL AGENCY FUNDS	0.00	→	0.00	[50%]	0.00

		[75%]	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.

MCAH/PROJECT DIRECTOR'S SIGNATURE DATE

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.

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		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		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

California Department of Public Health (CDPH) Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

BUDGET LINE ITEMS		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
ORIGINAL	TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)																% PERSONNEL MATCH
		100.00%	8,345.00	#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%**
TOTAL OPERATING EXPENSES	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	Match Available
TRAVEL																		
TRAINING																		
1 Communication																		
2 General Office																		
3 Printing Duplication																		
4 Special Department Expense																		
5 Mileage Reimbursement																		
6 Memberships																		
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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)											
		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
TOTAL CAPITAL EXPENDITURES													

(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																% PERSONNEL MATCH
		100.00%	1,000.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	19,000.00	#DIV/0!	0.00	#DIV/0!	0.00	**0.00%**
TOTAL OTHER COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	
SUBCONTRACTS																		Match Available
1 Nevada Joint Union High School																		**0.00%**
2																		
3																		
4																		
5																		
OTHER CHARGES																		Match Available
1																		
2																		
3																		
4																		
5																		

(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																
		100.00%	19,142.55	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	21,927.08					
TOTAL INDIRECT COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**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		0.00					

California Department of Public Health (CDPH) Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

BUDGET LINE ITEMS		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL	TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*

(I) PERSONNEL DETAIL

RECONCILIATION SECTION (Remaining Funds)

						100.00%	73,564.16	100.00%	3,000.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	33,004.90	#DIV/0!	0.00	100.00%	54,709.44
	TOTAL PERSONNEL COSTS				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
	FRINGE BENEFITS				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
	TOTAL WAGES				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit $	TOTAL WAGES															% Time In Prog.	Staff Traveling (X)
1	Charlene Weiss-Wenzl	Senior Public Health Nurse																			
2	Charlene Weiss-Wenzl	Senior Public Health Nurse																			
3	Cynthia Wilson	Director of Public Health Nursing																			
4	Carol Smith	Administrative Assistant																			
5	Saundra Lindsey	Public Health Nurse - Temp																			
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California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

	BUDGET LINE ITEMS				UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
					MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
	ORIGINAL				(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*		
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California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

	BUDGET LINE ITEMS				UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
					MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
	ORIGINAL				(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*		
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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 PCA Code(s): 53107 & 53112 Function Code(s): 10, 11		Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7		Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9		Hours: Allocated Paid Time Off Function Code(s): 12	
					Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1	Charlene Weiss-Wenzl	Senior Public Health Nurse	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
2	Charlene Weiss-Wenzl	Senior Public Health Nurse	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
3	Cynthia Wilson	Director of Public Health Nursing	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
4	Carol Smith	Administrative Assistant	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
5	Saundra Lindsey	Public Health Nurse - Temp	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
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Health and Safety Code Sections 124050(322.2), 124060 (322.5), 124070 (323), 124075 (322.2) are the payment authority.

Attachment: Invoice

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract PCA Code(s): 53107 & 53112 Function Code(s): 10, 11		Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7		Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9		Hours: Allocated Paid Time Off Function Code(s): 12	
				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 PCA Code(s): 53107 & 53112 Function Code(s): 10, 11		Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7		Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9		Hours: Allocated Paid Time Off Function Code(s): 12	
				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 PCA Code(s): 53107 & 53112 Function Code(s): 10, 11		Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7		Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9		Hours: Allocated Paid Time Off Function Code(s): 12	
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract PCA Code(s): 53107 & 53112 Function Code(s): 10, 11 Time %	Cost	Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7 Time %	Cost	Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9 Time %	Cost	Hours: Allocated Paid Time Off Function Code(s): 12 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: _____

California Department of Public Health (CDPH) Maternal, Child and Adolescent Health Division

INVOICE SUMMARY

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

Version 5.0 - 150 Quarterly

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

BUDGET LINE ITEMS		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL	TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*
(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	→		[50%]	0.00
TOTAL AGENCY FUNDS	0.00	→	0.00	[50%]	0.00

		[75%]	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.

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		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		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

California Department of Public Health (CDPH) Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

BUDGET LINE ITEMS		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
ORIGINAL		TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL			UNMATCHED FUNDING: MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		NON-ENHANCED MATCHING (50/50): 0		MCAH-Cnty NE		ENHANCED MATCHING (75/25): 0		MCAH-Cnty E		% PERSONNEL MATCH
			100.00%	8,345.00	#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%**
	TOTAL OPERATING EXPENSES	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	Match Available
	TRAVEL																		
	TRAINING																		
1	Communication																		
2	General Office																		
3	Printing Duplication																		
4	Special Department Expense																		
5	Mileage Reimbursement																		
6	Memberships																		
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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)															
		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00				
TOTAL CAPITAL EXPENDITURES																	

(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																% PERSONNEL MATCH
		100.00%	1,000.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	19,000.00	#DIV/0!	0.00	#DIV/0!	0.00	**0.00%**
TOTAL OTHER COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	
SUBCONTRACTS																		Match Available
1 Nevada Joint Union High School																		**0.00%**
2																		
3																		
4																		
5																		
OTHER CHARGES																		Match Available
1																		
2																		
3																		
4																		
5																		

(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)															
		100.00%	19,142.55	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	21,927.08				
TOTAL INDIRECT COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**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		0.00				

California Department of Public Health (CDPH) Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

BUDGET LINE ITEMS		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL	TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*
(I) PERSONNEL DETAIL		RECONCILIATION SECTION (Remaining Funds)															
		100.00%	73,564.16	100.00%	3,000.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	33,004.90	#DIV/0!	0.00	100.00%	54,709.44
TOTAL PERSONNEL COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**
FRINGE BENEFITS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
TOTAL WAGES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit $	TOTAL WAGES	% Time In Prog.	Staff Traveling (X)
1	Charlene Weiss-Wenzl	Senior Public Health Nurse					
2	Charlene Weiss-Wenzl	Senior Public Health Nurse					
3	Cynthia Wilson	Director of Public Health Nursing					
4	Carol Smith	Administrative Assistant					
5	Saundra Lindsey	Public Health Nurse - Temp					
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California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

	BUDGET LINE ITEMS				UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
					MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
	ORIGINAL				(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*		
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California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

	BUDGET LINE ITEMS					UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
					(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
	ORIGINAL				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): Q4

FY and Quarter: FY 2018-19 Q4

Total amount of requested Title XIX funding: $ -

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 PCA Code(s): 53107 & 53112 Function Code(s): 10, 11		Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7		Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9		Hours: Allocated Paid Time Off Function Code(s): 12	
					Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1	Charlene Weiss-Wenzl	Senior Public Health Nurse	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
2	Charlene Weiss-Wenzl	Senior Public Health Nurse	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
3	Cynthia Wilson	Director of Public Health Nursing	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
4	Carol Smith	Administrative Assistant	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
5	Saundra Lindsey	Public Health Nurse - Temp	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
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Health and Safety Code Sections 124050(322.2), 124060 (322.5), 124070 (323), 124075 (322.2) are the payment authority.

Attachment: Invoice

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract PCA Code(s): 53107 & 53112 Function Code(s): 10, 11		Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7		Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9		Hours: Allocated Paid Time Off Function Code(s): 12	
				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 PCA Code(s): 53107 & 53112 Function Code(s): 10, 11		Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7		Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9		Hours: Allocated Paid Time Off Function Code(s): 12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
63											
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract PCA Code(s): 53107 & 53112 Function Code(s): 10, 11		Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7		Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9		Hours: Allocated Paid Time Off Function Code(s): 12	
				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 PCA Code(s): 53107 & 53112 Function Code(s): 10, 11 Time %	Cost	Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7 Time %	Cost	Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9 Time %	Cost	Hours: Allocated Paid Time Off Function Code(s): 12 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: _____

California Department of Public Health (CDPH) Maternal, Child and Adolescent Health Division

INVOICE SUMMARY

FISCAL YEAR	INVOICE #	INVOICE PERIOD
2018-19	Sup. 1	July 1 - June 30

Version 5.0 - 150 Quarterly

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

BUDGET LINE ITEMS	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E	
ORIGINAL	TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*
EXPENSE CATEGORY																	
(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	→		[50%]	0.00
TOTAL AGENCY FUNDS	0.00	→	0.00	[50%]	0.00

		[75%]	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.

MCAH/PROJECT DIRECTOR'S SIGNATURE **DATE**

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.

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		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		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

California Department of Public Health (CDPH) Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

BUDGET LINE ITEMS		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
ORIGINAL	TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)																% PERSONNEL MATCH
		100.00%	8,345.00	#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%**
TOTAL OPERATING EXPENSES	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	Match Available
TRAVEL																		
TRAINING																		
1 Communication																		
2 General Office																		
3 Printing Duplication																		
4 Special Department Expense																		
5 Mileage Reimbursement																		
6 Memberships																		
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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)											
		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
TOTAL CAPITAL EXPENDITURES													

(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																% PERSONNEL MATCH
		100.00%	1,000.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	19,000.00	#DIV/0!	0.00	#DIV/0!	0.00	**0.00%**
TOTAL OTHER COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	
SUBCONTRACTS																		Match Available
1 Nevada Joint Union High School																		**0.00%**
2																		
3																		
4																		
5																		
OTHER CHARGES																		Match Available
1																		
2																		
3																		
4																		
5																		

(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																
		100.00%	19,142.55	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	21,927.08					
TOTAL INDIRECT COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**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		0.00					

California Department of Public Health (CDPH) Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

BUDGET LINE ITEMS		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL	TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*

(I) PERSONNEL DETAIL

RECONCILIATION SECTION (Remaining Funds)

						100.00%	73,564.16	100.00%	3,000.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	33,004.90	#DIV/0!	0.00	100.00%	54,709.44
	TOTAL PERSONNEL COSTS				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
	FRINGE BENEFITS				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
	TOTAL WAGES				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit $	TOTAL WAGES															% Time In Prog.	Staff Traveling (X)
1	Charlene Weiss-Wenzl	Senior Public Health Nurse																			
2	Charlene Weiss-Wenzl	Senior Public Health Nurse																			
3	Cynthia Wilson	Director of Public Health Nursing																			
4	Carol Smith	Administrative Assistant																			
5	Saundra Lindsey	Public Health Nurse - Temp																			
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California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

	BUDGET LINE ITEMS				UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
					MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
	ORIGINAL				(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																							
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California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201829 Nevada
SubK:	

	BUDGET LINE ITEMS					UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
					(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
	ORIGINAL				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): 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 PCA Code(s): 53107 & 53112 Function Code(s): 10, 11		Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7		Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9		Hours: Allocated Paid Time Off Function Code(s): 12	
					Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1	Charlene Weiss-Wenzl	Senior Public Health Nurse	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
2	Charlene Weiss-Wenzl	Senior Public Health Nurse	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
3	Cynthia Wilson	Director of Public Health Nursing	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
4	Carol Smith	Administrative Assistant	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
5	Saundra Lindsey	Public Health Nurse - Temp	N	$0.00	0.0%	$0.00	0.0%	$0.00	0.0%	$0.00		
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Health and Safety Code Sections 124050(322.2), 124060 (322.5), 124070 (323), 124075 (322.2) are the payment authority.

Attachment: Invoice

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract PCA Code(s): 53107 & 53112 Function Code(s): 10, 11		Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7		Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9		Hours: Allocated Paid Time Off Function Code(s): 12	
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Primary Contract PCA Code(s): 53107 & 53112 Function Code(s): 10, 11		Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7		Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9		Hours: Allocated Paid Time Off Function Code(s): 12	
				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 PCA Code(s): 53107 & 53112 Function Code(s): 10, 11		Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7		Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9		Hours: Allocated Paid Time Off Function Code(s): 12	
				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 PCA Code(s): 53107 & 53112 Function Code(s): 10, 11 Time %	Cost	Hours: Non-Enhanced PCA Code(s): 53118 Function Code(s): 1, 4, 5, 7 Time %	Cost	Hours: Enhanced PCA Code(s): 53117 Function Code(s): 2, 3, 6, 8, 9 Time %	Cost	Hours: Allocated Paid Time Off Function Code(s): 12 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 RECONCILIATION SUMMARY TABLE

Budgeted	Paid	Balance
183,050	0	183,050

Version 5.0 - 150 Quarterly

Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 201829 Nevada
SubK: 0

			UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)		
			MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH
		(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%	164278.50	100.00%	73564.16	100.00%	3000.00		0.00		0.00		0.00	100.00%	33004.90		0.00	100.00%
(II) OPERATING EXPENSES	100.00%	8345.00	100.00%	8345.00		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	100.00%	20000.00	100.00%	1000.00		0.00		0.00		0.00		0.00	100.00%	19000.00		0.00	
(V) INDIRECT COSTS	100.00%	41069.63	100.00%	19142.55		0.00		0.00		0.00		0.00	100.00%	21927.08	0.00%	0.00	0.00%
TOTALS*	**100.00%**	**233693.13**	**100.00%**	**102051.71**	**100.00%**	**3000.00**	**#DIV/0!**	**0.00**	**#DIV/0!**	**0.00**	**#DIV/0!**	**0.00**	**100.00%**	**73931.98**	**#DIV/0!**	**0.00**	**100.00%**

EXPENSE CATEGORY		TOTALS		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED (75/25)		
				0		0				0		0		0		0		
		% Funding	(1) TOTAL FUNDING	(2) % Remaining (3)	(3) PCA 53107 Remaining (3)	(4) % Remaining 0	(5) PCA 53112 Remaining 0	(4) % Remaining 0	(5) PCA 0 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	(12) % Remaining Fed/State	(13) PCA 0 Remaining Fed/State	(14) % Remaining Fed/Agency
(I) PERSONNEL				UNMATCHED FUNDING								ON - ENHANCED MATCHING (50/		NON-ENHANCED (50/50)		ENHANCED MATCHING (75/25)		ENHANC
					0		0		0		0		0		0		0	
BUDGETS	ORIGINAL		164,278.50	1	73,564.16	1	3,000.00	1	0.00	1	0.00	1	0.00	1	33,004.90	1	0.00	1
				1		1		1		1		1		1		1		1
	Difference																	
				1		1		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		1		1
	Difference																	
	Q1	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%
	Q2	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%
	Q3	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%
	Q4	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%
	Sup. 1	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%
	Sup. 2	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	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%**	**164,278.50**	**100.00%**	**73,564.16**	**100.00%**	**3,000.00**		**0.00**		**0.00**		**0.00**	**100.00%**	**33,004.90**		**0.00**	**100.00%**

(II) OPERATING EXPENSES				UNMATCHED FUNDING								NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)		
					0		0		0		0		0		0		0	
BUDGETS	ORIGINAL		8,345.00	1	8,345.00	1	0.00	1	0.00	1	0.00	1	0.00	1	0.00	1	0.00	1
				1		1		1		1		1		1		1		1
	Difference																	
				1		1		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		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	#DIV/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	#DIV/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	#DIV/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	#DIV/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	#DIV/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	#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%	0.00	0.00%	0.00	0.00%
Balance of Available Funds*		100.00%	8,345.00	100.00%	8,345.00	#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!

EXPENSE CATEGORY		TOTALS		UNMATCHED FUNDING								NON-ENHANCED (50/50)			
				0		0				0		0		0	
		% Funding	(1) TOTAL FUNDING	(2) % Remaining (3)	(3) PCA 53107 Remaining (3)	(4) % Remaining 0	(5) PCA 53112 Remaining 0	% Remaining 0	PCA 0 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								ON - ENHANCED MATCHING (50/5		NON-ENHANCED (50/50)	
					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	0.00
				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	
				1		1		1		1		1		1	
	Difference														
	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

(IV) OTHER COSTS				UNMATCHED FUNDING								NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)		
					0		0		0		0		0		0		0	
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	1
				1		1		1		1		1		1		1		1
	Difference																	
				1		1		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		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!	0.0	#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!	0.0	#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!	0.0	#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!	0.0	#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!	0.0	#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!	0.0	#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%**	**0.00**	**0.00%**	**0.0**	**0.00%**
Balance of Available Funds*		**100.00%**	**20,000.00**	**100.00%**	**1,000.00**	**#DIV/0!**	**0.00**	**#DIV/0!**	**0.00**	**#DIV/0!**	**0.00**	**#DIV/0!**	**0.00**	**100.00%**	**19,000.00**	**#DIV/0!**	**0.0**	**#DIV/0!**

EXPENSE CATEGORY		TOTALS		UNMATCHED FUNDING								NON-ENHANCED (50/50)			
				0		0				0		0		0	
		% 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								NCED MATCHING (50/50)		NON-ENHANCED (50/50)	
				0		0		0		0		0			0
BUDGETS	ORIGINAL		41,069.63	1	19,142.55	1	0.00	1	0.00	1	0.00	1	0.00	1	21,927.08
				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	
				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
	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
	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
	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
	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
	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
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*		**100.00%**	**41,069.63**	**100.00%**	**19,142.55**	**#DIV/0!**	**0.00**	**#DIV/0!**	**0.00**	**#DIV/0!**	**0.00**	**#DIV/0!**	**0.00**	**100.00%**	**21,927.08**

CDPH Audit Section

Program Maternal, Child and Adolescent Health (MCAH)
Agency: 201829 Nevada
SubK: 0
FY: 2018-19 ORIGINAL BUDGET

	Budgeted Funds	Remaining Funds	
		$	%
TOTAL TITLE V	**102,051.71**	102,051.71	100.00%
TOTAL SIDS	**3,000.00**	3,000.00	100.00%
TOTAL TBD	**0.00**	0.00	
TOTAL TITLE XIX	**77,998.07**	77,998.07	100.00%
TOTAL AGENCY FUNDS	**50,643.35**	50,643.35	100.00%
TOTALS	**233,693.13**	**233,693.13**	**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

H-Cnty E
(17)
Combined Fed/Agency* REMAINING
54709.44
0.00
0.00
0.00
0.00
54709.44

0
(15)
PCA 53117 Remaining Fed/Agency
:ED (75/25)
0
54,709.44
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