



# **RESOLUTION No. 19-133**

## **OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA**

### **RESOLUTION APPROVING THE RENEWAL AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT NO. 201829 WITH THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH FOR MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) PROGRAM FUNDS FOR FISCAL YEAR 2018/19**

WHEREAS, the Public Health Department's Maternal, Child and Adolescent Health Program provides a comprehensive array of health services to protect and improve the health of women of reproductive age, infants, children, adolescents and their families; and

WHEREAS, the State has approved the County's Agreement Funding Application (AFA) for continuation of program funding in the maximum amount of \$183,049.78 for Fiscal Year 2018/19; and

WHEREAS, the funding provided helps support related department expenses such as personnel costs associated with positions such as the Maternal Child Health Director and Coordinator, Public Health Nurses, administrative/office staff, as well as other operational program costs; and

WHEREAS, local objectives for the MCAH Program during this year include: increasing identification and referrals for treatment of perinatal depression; improving first trimester prenatal care rates; reducing Sudden Infant Death Syndrome/Sudden Unidentified Infant Death during sleep and decreasing substance use/abuse for women of childbearing age; and

WHEREAS, these services greatly benefit community residents by improving health outcomes and reducing health care costs through improving access to care and the provision of preventive services.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that the Agreement Funding Application (AFA) for Agreement No. 201829 by and between the County and the California Department of Public Health for Maternal, Child and Adolescent Health (MCAH) Program Funds be and hereby is approved in substantially the form attached hereto and that the Board of Supervisors accepts the funds in the maximum amount payable of \$183,049.78 for Fiscal Year 2018/19.

Funds to be deposited into Revenue Accounts: 1589-40114-492-3405/446210, 446230.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 9th day of April, 2019, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward Scofield, Dan Miller, Susan K. Hoek and Richard Anderson.

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER  
Clerk of the Board of Supervisors

By: 

4/9/2019 cc:

PH\*  
AC\*



Richard Anderson, Chair

California Department of Public Health (CDPH)  
Maternal, Child and Adolescent Health (MCAH) Program  
Scope of Work (SOW)

☒ **IMPORTANT:** By clicking this box, I agree to allow the state MCAH Program to post my Scope of Work on the CDPH/MCAH website.

The Local Health Jurisdiction (LHJ), in collaboration with the State MCAH Program, shall strive to develop systems that protect and improve the health of California's women of reproductive age, infants, children, adolescents and their families. The goals and objectives in this MCAH SOW incorporate local problems identified by LHJs 5-Year Needs Assessments and reflect the Title V priorities of the MCAH Division. The local 5-Year Needs Assessment identified problems that LHJs may address in their 5-Year Action Plans. The LHJ 5-Year Action Plans will then inform the development of the annual MCAH SOW.

All LHJs must perform the activities in the shaded areas in Goals 1-3 and monitor and report on the corresponding evaluation/performance measures. In addition, each LHJ is required to develop at least two objectives in Goal 1, one to address the health of reproductive age women and one to address the needs of pregnant women and two objectives for Goal 3, a SIDS/SUID objective and an objective to improve infant health. LHJs that receive FIMR funding will perform the activities in the shaded area in Goal 3.5, including one objective addressing fetal, neonatal, post-neonatal and infant deaths. In the second shaded column of 3.5a, Intervention Activities to Meet Objectives, insert the number and percent of cases that will be reviewed for the fiscal year. Lastly, if resources allow, LHJs should develop additional objectives, which can be placed under any of the Goals 1-5. All activities in this SOW must take place within the fiscal year. Please see the MCAH Policies and Procedures Manual for further instructions on completing the SOW.

The development of this SOW was guided by several public health frameworks including the ones listed below. Please consider integrating these approaches when conceptualizing and organizing local program, policy, and evaluation efforts.

- o The Ten Essential Services of Public Health
- o The Spectrum of Prevention
- o Life Course Perspective
- o The Social-Ecological Model
- o Social Determinants of Health
- o Strengthening Families

All Title V programs must comply with the MCAH Fiscal Policies and Procedures Manual which is found on the CDPH/MCAH website

CDPH/MCAH Division expects each LHJ to make progress towards Title V State Performance Measures and Healthy People 2020 goals. These goals involve complex issues and are difficult to achieve, particularly in the short term. As such, in addition to the required activities to address Title V State Priorities, and Title V and State requirements, the MCAH SOW provides LHJs the opportunity to develop locally determined objectives and activities that can be realistically achieved given the scope and resources of local MCAH programs.

LHJs are required to comply with requirements as stated in the MCAH Program Policies and Procedures Manual, such as attending statewide meetings, conducting a Needs Assessment every five years, submitting Agreement Funding Applications, and completing Annual Reports.

**Goal 1: Improve access to and utilization of comprehensive, quality health and social services**

The shaded areas represent required activities.

| Short and/or Intermediate Objective(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)                                                                                                                                                                                                                                                                                           |                                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Process Description and Measures                                                                                                                                                                                                                                                                                                                                                                                            | Short and/or Intermediate Outcome Measure(s) |
| <b>Objective 1.1</b><br><br><b>All women of reproductive age, pregnant women, infants, children, adolescents and children and youth with special health care needs (CYSHCN) will have access to needed and preventive, medical, dental, and social services by:</b> <ul style="list-style-type: none"> <li>Targeting outreach services to identify pregnant women, women of reproductive age, infants, children and adolescents and their families who are eligible for Medi-Cal assistance or other publicly provided health care programs and assist them in applying for these benefits<sup>2</sup></li> <li>Decreasing Medi-Cal eligible women, children, post-partum women without insurance<sup>1</sup></li> </ul> | <b>Assessment</b><br><br><b>1.1.a</b> <ul style="list-style-type: none"> <li>i. Identify and monitor the health status of women of reproductive age, pregnant women, infants, children, adolescents, and CYSHCN, including the social determinants of health and access/barriers to the provision of: <ul style="list-style-type: none"> <li>Preventive, medical, dental, and social services</li> </ul> </li> <li>ii. Review data books and monitor trends over time, geographic areas and population group disparities</li> <li>iii. Annually, share your data with key local health department leadership</li> </ul> | <b>1.1.a</b> <ul style="list-style-type: none"> <li>i. This deliverable will be fulfilled by completing and submitting your Community Profile with your Agreement Funding Application each year</li> <li>ii. Briefly describe process for monitoring and interpreting data</li> <li>iii. Report the date data shared with the key health department leadership. Briefly describe their response, if significant.</li> </ul> | <b>1.1.a</b><br>Nothing is entered here.     |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> MCH Title V Block Grant Requirements

<sup>3</sup> State Requirements



**Goal 1: Improve access to and utilization of comprehensive, quality health and social services**

The shaded areas represent required activities.

| Short and/or Intermediate Objective(s) | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                         | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)                                                                                                             |                                                                                                                                                                                                                  |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                        |                                                                                                                                                                                                                             | Process Description and Measures                                                                                                                                                                                                              | Short and/or Intermediate Outcome Measure(s)                                                                                                                                                                     |
|                                        | <b>1.1.b</b><br>Participate in collaboratives, coalitions, community organizations, etc., to review data and develop policies and products to address social determinants of health and disparities.                        | <b>1.1.b</b><br>Report the total number of collaboratives with MCAH staff participation.<br><br>Submit online Collaborative Surveys that document participation, objectives, activities and accomplishments of MCAH – related collaboratives. | <b>1.1.b</b><br>List policies or products developed to improve infrastructure that address MCAH priorities.                                                                                                      |
|                                        | <b>Policy Development</b><br><b>1.1.c</b><br>i. Review, revise and enact protocols or policies that facilitate access to Medi-Cal, California Children's Services (CCS), Covered CA, and Women, Infants, and Children (WIC) | <b>1.1.c</b><br>i. List types of protocols or policies developed or revised to facilitate access to health care services.                                                                                                                     | <b>1.1.c</b><br>i. List formal and informal agreements in place including Memoranda of Understanding with Medi-Cal Managed Care Plans (MCP) or other organizations that address the needs of mothers and infants |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> MCH Title V Block Grant Requirements

<sup>3</sup> State Requirements

**Goal 1: Improve access to and utilization of comprehensive, quality health and social services**

The shaded areas represent required activities.

| Short and/or Intermediate Objective(s) | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)                                                                                      |                                                                                                                                         |
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|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Process Description and Measures                                                                                                                                                                                       | Short and/or Intermediate Outcome Measure(s)                                                                                            |
|                                        | <p>ii. Develop and implement protocols to ensure all clients in MCAH programs are enrolled in a health insurance plan, linked to a provider, and complete an annual visit. Protocols include the following key components:</p> <ul style="list-style-type: none"> <li>Assist clients to enroll in health insurance</li> <li>Link clients to a health care provider for a preventive and/or medical visit</li> <li>Develop a tracking mechanism to verify that the client enrolled in health insurance, completed a preventive or well medical visit</li> </ul> | <p>ii. Briefly describe the key components of the protocols developed to ensure all clients enrolled in insurance or a health plan, linked to a provider and complete an annual preventative and/or medical visit.</p> | <p>ii. Describe the impact of protocols or policy and systems changes that facilitate access to Medi-Cal, CCS, Covered CA, and WIC.</p> |
|                                        | <p><b>Assurance</b><br/>1.1.d Participate in and/or deliver trainings in MCAH and public health competencies and workforce development as resources allow</p>                                                                                                                                                                                                                                                                                                                                                                                                  | <p>1.1.d List trainings attended or provided and numbers attending</p>                                                                                                                                                 | <p>1.1.d Nothing is entered here</p>                                                                                                    |



**Goal 1: Improve access to and utilization of comprehensive, quality health and social services**

The shaded areas represent required activities.

| Short and/or Intermediate Objective(s) | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                                                                            | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)                                 |                                                                                                                                                                                                                                                                               |
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|                                        |                                                                                                                                                                                                                                                                                | Process Description and Measures                                                                                                                                  | Short and/or Intermediate Outcome Measure(s)                                                                                                                                                                                                                                  |
|                                        | <b>1.1.e</b><br>Conduct activities to facilitate referrals to Medi-Cal, Covered CA, CCS, and other low cost/no-cost health insurance programs for health care coverage <sup>2</sup>                                                                                            | <b>1.1.e</b><br>Describe activities to ensure referrals to health insurance, programs and preventive visits                                                       | <b>1.1.e</b><br>Report the number of referrals to Medi-Cal, Covered CA, CCS, or other low/no-cost health insurance or programs.                                                                                                                                               |
|                                        | <b>1.1.f</b><br>Provide a toll-free or "no-cost to the calling party" telephone information service and other appropriate methods of communication, e.g., local MCAH Program web page to the local community <sup>2</sup> to facilitate linkage of MCAH population to services | <b>1.1.f</b><br>Describe the methods of communication, including the, cultural and linguistic challenges and solutions to linking the MCAH population to services | <b>1.1.f</b><br>Report the following:<br><ul style="list-style-type: none"> <li>• Number of calls to the toll-free or "no-cost to the calling party" telephone information service</li> <li>• The number of web hits to the appropriate local MCAH Program webpage</li> </ul> |

Goal 1.2: **WOMEN/MATERNAL DOMAIN:** Improve access to and utilization of comprehensive, quality health and social services for reproductive age women.

| Short and/or Intermediate Objective(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                                                  | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report) |                                                                                                                           |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                      | Process Description and Measures                                                                                                  | Short and/or Intermediate Outcome Measure(s)                                                                              |
| REQUIRED LOCAL OBJECTIVE: Insert locally developed Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. Each LHJ is required to develop at least one specific short and/or intermediate SMART outcome objective(s) to address access to needed preventive services. Number each locally developed objective as follows: 1.2, 1.2a, 1.2b, 1.2c, 1.2d, etc.                                                                                                                                 |                                                                                                                                                                                                                                                      |                                                                                                                                   |                                                                                                                           |
| Objective 1.2<br><br>Insert a local objective to address increasing access to and utilization of preventive health services <sup>1</sup> for reproductive age women<br><br>Examples of focus areas can include but are not limited to: <ul style="list-style-type: none"><li>Well-women visit</li><li>Mental health</li><li>Substance use</li><li>Chronic disease</li><li>Preconception/ Interconception care</li><li>Birth Intervals-Spacing</li><li>Unintended/mistimed pregnancy-</li><li>Family planning</li><li>Intimate partner/domestic violence</li></ul> | 1.2a<br><br>List evidence-based or informed activities to meet the Objective(s) here.<br><br>Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance | 1.2a<br><br>Develop process measures for applicable intervention activities here                                                  | 1.2a<br><br>Develop short and/or intermediate outcome related performance measures for the objectives and activities here |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> MCH Title V Block Grant Requirements

<sup>3</sup> State Requirements



**Goal 1.2: WOMEN/MATERNAL DOMAIN:** Improve access to and utilization of comprehensive, quality health and social services for reproductive age women.

| Short and/or Intermediate Objective(s)                                                                                                                                                                                                                                                                                                                                                                                                   | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)                                                                                                                                                                                                    |                                                                                                                                                                                           |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Process Description and Measures                                                                                                                                                                                                                                                                                                     | Short and/or Intermediate Outcome Measure(s)                                                                                                                                              |
| REQUIRED LOCAL OBJECTIVE: Insert locally developed Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. Each LHJ is required to develop at least one specific short and/or intermediate SMART outcome objective(s) to address access to needed preventive services. <i>Number each locally developed objective as follows: 1.2, 1.2a, 1.2b, 1.2c, 1.2d, etc.</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                           |
| 1.2 Objective: <ul style="list-style-type: none"><li>Through June 30, 2019 reduce the clinical symptoms for ≥ 80% of women experiencing depression who receive MBD services, as evidenced by EPDS score of &lt;11 at conclusion of MBD services.</li></ul>                                                                                                                                                                               | 1.2 Perform the following activities <ul style="list-style-type: none"><li>Moving Beyond Depression (MBD) program overview/referral process provided to PCP's and community partners thru in-services</li><li>Home visitors provide Edinburg Perinatal Depression Screening (EPDS) for all pregnant and post-partum women per agency policies at routine times and as needed</li><li>Women screening (+) for depression referred to appropriate resource, including MBD</li><li>Enter and track EPDS scores for women who receive MBD services</li></ul> | 1.2 Describe or Report: <ul style="list-style-type: none"><li>Track and report number of in-services provided.</li><li>Report number of women screened with EPDS.</li><li>Report disposition of referrals, number of women receiving MBD service</li><li>Report EPDS scores broken down by categories of visits completed.</li></ul> | 1.2 Measures Include: <ul style="list-style-type: none"><li>Number of women who have EPDS score &lt;11 at conclusion of MBD services / Number of women who receive MBD services</li></ul> |

**Goal 1.3: WOMEN/MATERNAL DOMAIN:** All pregnant women will have access to early, adequate, and high quality perinatal care with a special emphasis on low-income and Medi-Cal eligible women.

| Short and/or Intermediate Objective(s)                                                                                                                                                                                                                                                                                                                                                                                                                                        | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                                                                                                                                                                                                                                     | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                 |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                         | Process Description and Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Short and/or Intermediate Outcome Measure(s)                                                                                                                                                                    |
| <b>Objective 1.3</b><br><b>All women will have access to quality maternal and early perinatal care, including CPSP services for Medi-Cal eligible women by:</b> <ul style="list-style-type: none"> <li>Increasing first trimester prenatal care initiation<sup>1</sup></li> <li>Increasing postpartum visit<sup>1</sup></li> <li>Increasing access to providers that can provide the appropriate services and level of care for reproductive age women<sup>1</sup></li> </ul> | <b>Assurance</b><br><b>1.3a</b> <ul style="list-style-type: none"> <li>i. Develop MCAH staff knowledge of the system of maternal and perinatal care</li> <li>ii. Develop a comprehensive resource and referral guide of available health and social services</li> <li>iii. Attend the yearly CPSP statewide meeting</li> <li>iv. Conduct local activities to facilitate increased access to early and quality perinatal care</li> </ul> | <b>1.3a</b><br>Report the following: <ul style="list-style-type: none"> <li>i. List of trainings received by staff on perinatal care, such as roundtables, regional meetings, collaborative work</li> <li>ii. Submit resource and referral guide</li> <li>iii. Date and attendance at the CPSP yearly meeting</li> <li>iv. List activities implemented to increase access of women to early and quality perinatal care. Identify barriers and opportunities to improve access to early and quality perinatal care</li> </ul> | <b>1.3a</b><br>Provide the number and describe the outcomes of: <ul style="list-style-type: none"> <li>Roundtable meetings</li> <li>Regional meetings</li> <li>Other maternal and perinatal meetings</li> </ul> |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> MCH Title V Block Grant Requirements

<sup>3</sup> State Requirements



**Goal 1.3: WOMEN/MATERNAL DOMAIN: All pregnant women will have access to early, adequate, and high quality perinatal care with a special emphasis on low-income and Medi-Cal eligible women.**

| Short and/or Intermediate Objective(s) | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                                                                                                | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)                                                                                     |                                              |
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|                                        |                                                                                                                                                                                                                                                                                                    | Process Description and Measures                                                                                                                                                                                      | Short and/or Intermediate Outcome Measure(s) |
|                                        | <b>1.3.b</b><br>Outreach to perinatal providers, including Medi-Cal Managed Care<br>i. Enroll in CPSP (Fee-for-Service and FQHC/RHC/IHC providers)<br>ii. Identify and work with MCP liaisons to provide CPSP comparable services<br>iii. Assist MCP providers to provide CPSP comparable services | <b>1.3.b</b><br>i. Enroll FFS and FQHC/RHC/IHC providers Identify the MCP liaison(s).<br>ii. Work with MCP(s) to provide CPSP comparable services<br>iii. Work with MCP providers to provide CPSP comparable services | <b>1.3.b</b><br>Nothing is entered here      |
|                                        | <b>1.3.c</b><br>Coordinate perinatal activities between MCAH and the Regional Perinatal Programs of California (RPPC) to improve maternal and perinatal systems of care, including coordinated post-partum referral systems for high-risk mothers and infants upon hospital discharge              | <b>1.3.c</b><br>List number of meetings attended to facilitate coordination of activities between RPPC and MCAH and briefly describe outcomes                                                                         | <b>1.3.c</b><br>Nothing is entered here.     |
|                                        |                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                       |                                              |



**Goal 1.3: WOMEN/MATERNAL DOMAIN:** All pregnant women will have access to early, adequate, and high quality perinatal care with a special emphasis on low-income and Medi-Cal eligible women.

| Short and/or Intermediate Objective(s) | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                                                                        | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                 |
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|                                        |                                                                                                                                                                                                                                                                            | Process Description and Measures                                                                                                                                                                                                                                                                                                                                                                                   | Short and/or Intermediate Outcome Measure(s)                                                                                                                                                                                                                                                                                                    |
|                                        | 1.3.d<br>Conduct technical assistance and face-to-face quality assurance/quality improvement (QA/QI) activities with CPSP providers or managed care providers in collaboration with MCP(s) liaison to ensure that CPSP services are implemented and protocols are in place | 1.3.d<br>Report the number of CPSP provider technical assistance activities conducted by phone or email<br><br>Report the number of QA/QI face-to-face site visits conducted with:<br><ul style="list-style-type: none"> <li>• Enrolled CPSP providers</li> <li>• MCPs providers (with MCP liaison(s))</li> <li>• Number of chart reviews</li> </ul> List common problems or barriers and successful interventions | 1.3.d<br>Describe the results of technical assistance provided by phone or email<br><br>Describe the results of QA/QI activities that were conducted with:<br><ul style="list-style-type: none"> <li>• Enrolled CPSP providers</li> <li>• MCPs providers (with MCP liaison(s))</li> <li>• Summary of findings from the chart reviews</li> </ul> |

**Goal 1.4: WOMEN/MATERNAL DOMAIN: Improve access to and utilization of comprehensive, quality health and social services for pregnant women.**

| Short and/or Intermediate Objective(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                                                                                                                  | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)                                                                                                                                                          |                                                                                                                       |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      | Process Description and Measures                                                                                                                                                                                                                                                           | Short and/or Intermediate Outcome Measure(s)                                                                          |
| <b>REQUIRED LOCAL OBJECTIVE:</b> Insert locally developed Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. Each LHJ is required to develop at least one specific short and/or intermediate SMART outcome objective(s) to address access to needed preventive services. <i>Number each locally developed objective as follows: 1.4, 1.4a, 1.4b, 1.4c, 1.4d, etc.</i>                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                            |                                                                                                                       |
| <b>Objective 1.4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1.4</b>                                                                                                                                                                                                                                                                                                           | <b>1.4</b>                                                                                                                                                                                                                                                                                 | <b>1.4</b>                                                                                                            |
| <p><b>Insert a local objective to address increasing access to and utilization of health services<sup>1</sup> for pregnant women</b></p> <p>Examples of focus areas can include but are not limited to:</p> <ul style="list-style-type: none"><li>• Immunization (Tdap)</li><li>• Zika virus in pregnancy</li><li>• Maternal mental health</li><li>• Substance use including Opioid, Marijuana use Chronic disease</li><li>• Partner/family violence</li><li>• Interconception care/ Birth Intervals-Spacing</li><li>• Family Planning</li></ul> | <p>List evidence-based or informed activities to meet the Objective(s) here.</p> <p>Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance</p>                                                                      | <p>Develop process measures for applicable intervention activities here</p>                                                                                                                                                                                                                | <p>Develop short and/or intermediate outcome related performance measures for the objectives and activities here.</p> |
| <p><b>1.4a</b></p> <p>By June 30, 2019 75% of families (mothers with current or previous substance abuse, mothers with a mental health diagnosis, mothers with current or a history of abuse, mothers with an unwanted pregnancy, teen moms, and/or other risk factors) who receive home visits from MCH PHN(s) will</p>                                                                                                                                                                                                                         | <p><b>1.4a</b></p> <p>PHN(s) will provide at least 60 home visits to at least 10 high risk mother-infant dyads referred from CPSP, CHVP, AFLP, or other community organizations or individuals; Home visits will include infant assessments maternal assessments, referrals to medical/community resources (with</p> | <p><b>1.4a</b></p> <ul style="list-style-type: none"><li>• Track home visits in appointment calendar and daily log and number of home visits each month in monthly and annual statistics</li><li>• Document content of home visits related to listed intervention activities and</li></ul> | <p><b>1.4a</b></p> <p>Number of families receiving and accessing referrals / number of families seen by PHN(s)</p>    |

<sup>1</sup> 2016-2020 Title V State Priorities  
<sup>2</sup> MCH Title V Block Grant Requirements  
<sup>3</sup> State Requirements



**Goal 1.4: WOMEN/MATERNAL DOMAIN:** Improve access to and utilization of comprehensive, quality health and social services for pregnant women.

| Short and/or Intermediate Objective(s)                                                                                                                                                                                                                                                                                                                                                                                                   | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                     | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                             |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                         | Process Description and Measures                                                                                                                                                                                                                                                                                                                                                                                                         | Short and/or Intermediate Outcome Measure(s)                                                                                                                                                                                                                            |                                                                                                                                                                                                             |
| REQUIRED LOCAL OBJECTIVE: Insert locally developed Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. Each LHJ is required to develop at least one specific short and/or intermediate SMART outcome objective(s) to address access to needed preventive services. <i>Number each locally developed objective as follows: 1.4, 1.4a, 1.4b, 1.4c, 1.4d, etc.</i> | accept and access referrals for primary medical care for themselves, their infant, and/or other family members, dental care, and/or mental health care                  | warm hand-offs when feasible), and/or education on the following topics: <ul style="list-style-type: none"><li>Breastfeeding/Infant Nutrition</li><li>Immunizations</li><li>Safe Infant Sleeping</li><li>Household Infant Safety</li><li>Infant Care</li><li>Infant Development and Parenting</li><li>Pre-natal Self-Care</li><li>Labor and Delivery Preparation</li><li>Postpartum Self-Care</li><li>Perinatal Mood Disorders</li></ul> | referrals to medical, dental, and mental health resources in EHR and other documents as appropriate <ul style="list-style-type: none"><li>Describe risks, interventions, and referrals in MCAH AR</li></ul>                                                             |                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1.4b Objective:<br>By June 30, 2019, increase the number of OB providers who do universal toxicology screening as a part of routine prenatal care from 0 to 2 out of 4. | 1.4b Perform the following activities: <ul style="list-style-type: none"><li>Participate in the Substance Use Disorder Collaborative facilitated by Sierra Nevada Memorial Hospital</li><li>Visit the four major OB providers in Nevada County to request information and data related to toxicology screenings in pregnant women.</li><li>Identify the barriers to universal toxicology</li></ul>                                       | 1.4b Briefly describe or report: <ul style="list-style-type: none"><li>Track and report SUDC meetings attended by MCAH Coordinator and Director</li><li>Document and report visitations to the four major OB providers.</li><li>Analyze data and list the top</li></ul> | 1.4b Measures include: <ul style="list-style-type: none"><li>Number of providers who implement universal toxicology screening as part of routine prenatal care/Number of OB providers visited (4)</li></ul> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                             |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> MCH Title V Block Grant Requirements

<sup>3</sup> State Requirements

**Goal 1.4: WOMEN/MATERNAL DOMAIN:** Improve access to and utilization of comprehensive, quality health and social services for pregnant women.

| Short and/or Intermediate Objective(s)                                                                                                                                                                                                                                                                                                                                                                                                          | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                     | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)                          |                                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                         | Process Description and Measures                                                                                                                           | Short and/or Intermediate Outcome Measure(s) |
| <b>REQUIRED LOCAL OBJECTIVE:</b> Insert locally developed Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. Each LHJ is required to develop at least one specific short and/or intermediate SMART outcome objective(s) to address access to needed preventive services. <i>Number each locally developed objective as follows: 1.4, 1.4a, 1.4b, 1.4c, 1.4d, etc.</i> |                                                                                                                                                                                                         |                                                                                                                                                            |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 | screening in pregnant women.                                                                                                                                                                            | three barriers to universal toxicology screening in pregnant women.                                                                                        |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"><li>Develop a toolkit to address identified barriers to universal screening.</li><li>Provide resources to providers for alcohol and drug treatment services</li></ul> | <ul style="list-style-type: none"><li>Provide sample toolkit in annual report</li><li>List and describe resources for providers in annual report</li></ul> |                                              |



**Goal 2: CHILD/CYSHCN DOMAIN:** Improve the cognitive, physical, and emotional development of all children, including children and youth with special health care needs.

The shaded and bolded areas represent required activities.

| Short and/or Intermediate Objective(s)                                                                                                                                                                                                                                                                                                                                                         | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                                                                                                                                                                                                                                            | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                | Process Description and Measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Short and/or Intermediate Outcome Measure(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Objective 2.1</b><br><br><b>Provide developmental screening for all children<sup>1</sup> in MCAH programs</b> <ul style="list-style-type: none"> <li>All children, including CYSHCN, receive a yearly preventive medical visit</li> <li>Increase the rate of developmental screening for children ages 0-5 years according to AAP guidelines – 9 months, 18 months and 30 months</li> </ul> | <b>2.1.a</b><br>Promote the American Academy of Pediatrics (AAP) developmental screening guidelines.<br><br><u>The following bolded activities, i,ii, are required:</u><br>i. Promote regular preventive medical visits for all children as per Bright Futures/AAP, including CYSHCN<br><br>ii. Adopt protocols/policies, including a QA/QI process, to screen, refer, and link all children in MCAH Home Visiting or Case Management Programs | <b>2.1.a</b><br><br><u>Required</u><br>Describe or report the following:<br>i. Number of children, including CYSHCN, receiving a yearly preventive medical visit<br><br>ii. Number of children in local MCAH programs receiving developmental screening <ul style="list-style-type: none"> <li>Number of children with positive screens that complete a follow-up visit with their primary care provider</li> <li>Number of children with positive screens linked to services</li> <li>Number of calls received for referrals and linkages to services</li> </ul> | <b>2.1.a</b><br><br><u>Required</u><br>Describe or report the following:<br>i. Number of children, including CYSHCN, receiving a yearly preventive medical visit<br><br>ii. Number of children in local MCAH programs receiving developmental screening <ul style="list-style-type: none"> <li>Number of children with positive screens that complete a follow-up visit with their primary care provider</li> <li>Number of children with positive screens linked to services</li> <li>Number of calls received for referrals and linkages to services</li> </ul> |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> MCH Title V Block Grant Requirements

<sup>3</sup> State Requirements

**Goal 2: CHILD/CYSHCN DOMAIN: Improve the cognitive, physical, and emotional development of all children, including children and youth with special health care needs.**

The shaded and bolded areas represent required activities.

| Short and/or Intermediate Objective(s)                                                   | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                            | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)   |                                                                                                                                       |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                          |                                                                                                                                                                                | Process Description and Measures                                                                                                    | Short and/or Intermediate Outcome Measure(s)                                                                                          |
| Due to staffing constraints, no additional activities will be performed related to CSHCN | <b>As resources allow, choose one or more activities 2.1.b-2.1.h (highlight your choices in yellow):</b>                                                                       | <b>Report the following based on the activities you chose to implement in the second column (highlight your choices in yellow):</b> | <b>Describe the following based on the activities you chose to implement in the second column (highlight your choices in yellow):</b> |
|                                                                                          | <b>2.1.b</b><br>Promote the use of Birth to 5: Watch Me Thrive, Learn the Signs, Act Early or other screening materials consistent with AAP guidelines                         | <b>2.1.b</b><br>Number of providers receiving information about Birth to 5, Learn the Signs, Act Early or other screening materials | <b>2.1.b</b><br>Nothing is entered here                                                                                               |
|                                                                                          | <b>2.1.c</b><br>Participate in Help Me Grow (HMG) or programs that promote the core components of HMG                                                                          | <b>2.1.c</b><br>Describe participation in HMG or HMG like programs                                                                  | <b>2.1.c</b><br>Outcomes of participation in HMG or HMG like programs. Describe results of work to implement HMG core components      |
|                                                                                          | <b>2.1.d</b><br>Increase understanding of the specific barriers to referral and evaluation by early intervention or pediatric specialists (including mental/behavioral health) | <b>2.1.d</b><br>Describe barriers to referral and evaluation by early intervention or pediatric specialists                         | <b>2.1.d</b><br>Nothing is entered here                                                                                               |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> MCH Title V Block Grant Requirements

<sup>3</sup> State Requirements



**Goal 2: CHILD/CYSHCN DOMAIN: Improve the cognitive, physical, and emotional development of all children, including children and youth with special health care needs.**

The shaded and bolded areas represent required activities.

| Short and/or Intermediate Objective(s) | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                                                                                                                    | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)                                                                 |                                                                      |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
|                                        |                                                                                                                                                                                                                                                                                                                        | Process Description and Measures                                                                                                                                                                  | Short and/or Intermediate Outcome Measure(s)                         |
|                                        | <b>2.1e</b> Work with health plans (HPs), including MCPs, to identify and address barriers to screening, referral, linkage and to assist the HPs in increasing developmental screenings for their members, per AAP guidelines, through education, provider feedback, incentives, quality improvement, or other methods | <b>2.1.e</b> Describe barriers and strategies to increase screening, referral and linkage <ul style="list-style-type: none"> <li>Number of HPs requiring screenings per AAP guidelines</li> </ul> | <b>2.1.e</b> Nothing is entered here                                 |
|                                        | <b>2.1.f</b> Identify methods to measure and monitor rates of developmental screening and referrals in your jurisdiction                                                                                                                                                                                               | <b>2.1.f</b> If applicable, provide data on developmental screening rates for the target population (e.g. health care provider, health plan)                                                      | <b>2.1.f</b> Nothing is entered here                                 |
|                                        | <b>2.1.g</b> Outreach and education to providers to promote developmental screening, referral and linkages                                                                                                                                                                                                             | <b>2.1.g</b> Describe type of outreach/education performed and results of outreach to providers                                                                                                   | <b>2.1.g</b> Nothing is entered here                                 |
|                                        | <b>2.1.h</b> Provide care coordination for CYSHCN, especially non-CCS eligible children or children enrolled in CCS in need of services not covered by CCS                                                                                                                                                             | <b>2.1.h</b> Describe activities for care coordination provided                                                                                                                                   | <b>2.1.h</b> List the number of children receiving care coordination |

**Goal 2: CHILD/CYSHCN DOMAIN:** Improve the cognitive, physical, and emotional development of all children, including children and youth with special health care needs.

The shaded and bolded areas represent required activities.

| Short and/or Intermediate Objective(s)                                                                                                                                                                                                                                                                                                                 | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                                                 | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report) |                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                     | Process Description and Measures                                                                                                  | Short and/or Intermediate Outcome Measure(s)                                                                             |
| OPTIONAL LOCAL OBJECTIVE: Insert locally developed Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. Number each locally developed objective as follows: 2.2, 2.2a, 2.2b, 2.2c, etc.                                                                                        |                                                                                                                                                                                                                                                     |                                                                                                                                   |                                                                                                                          |
| Objective 2.2<br><br>Provide a local objective that improves the, cognitive, physical, and emotional development of all children, including children and youth with special health care needs by: <ul style="list-style-type: none"><li>• Reducing unintentional injuries<sup>1</sup></li><li>• Reducing child abuse and neglect<sup>1</sup></li></ul> | 2.2<br><br>List evidence-based or informed activities to meet the objective(s) here.<br><br>Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance | 2.2<br><br>Develop process measures for applicable intervention activities here                                                   | 2.2<br><br>Develop short and/or intermediate outcome related performance measures for the objectives and activities here |

<sup>1</sup> 2016-2020 Title V State Priorities  
<sup>2</sup> MCH Title V Block Grant Requirements  
<sup>3</sup> State Requirements



**Goal 3: PERINATAL/INFANT DOMAIN: Reduce infant morbidity and mortality by reducing that of infants that dies from SIDS/SUID**

The shaded area represents required activities.

| Short and/or Intermediate Objective(s)                                                                                                                                                     | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                                   | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)                                       |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
|                                                                                                                                                                                            |                                                                                                                                                                                                                                       | Process Description and Measures                                                                                                                                        | Short and/or Intermediate Outcome Measure(s) |
| <b>Objective 3.1</b><br>All parents/caregivers experiencing a sudden and unexpected death will be offered grief and bereavement support services                                           | <b>Assurance</b><br><b>3.1a</b><br>Establish contact with parents/caregivers of infants with presumed SIDS death to provide grief and bereavement support services <sup>3</sup><br><br>Provide grief and support materials to parents | <b>3.1a</b><br>(Insert number) of parents/caregivers who experience a presumed SIDS death and the number who are contacted for grief and bereavement support services.  | <b>3.1a</b><br>Nothing is entered here       |
|                                                                                                                                                                                            | <b>3.1b</b><br>Contact local coroner office to ensure timely reporting and referral of parents of all babies who die suddenly and unexpectedly regardless of circumstances of death                                                   | <b>3.1b</b><br>Report the coroner's notifications received<br><br>Briefly describe barriers and opportunities for success                                               | <b>3.1b</b><br>Nothing is entered here       |
| <b>Objective 3.2.</b><br>All professionals, para-professionals, staff, and community members will receive information and education on SIDS risk reduction practices and infant safe sleep | <b>3.2a</b><br>Disseminate AAP guidelines on infant safe sleep and SIDS risk reduction to providers, pediatricians, CPSP providers, parents, community members and other caregivers of infants                                        | <b>3.2a</b><br>Numbers receiving AAP guidelines on infant safe sleep:<br>• Providers<br>• Pediatricians<br>• CPSP providers<br>• Child care providers<br>• Other – list | <b>3.2a</b><br>Nothing is entered here       |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> MCH Title V Block Grant Requirements

<sup>3</sup> State Requirements

**Goal 3: PERINATAL/INFANT DOMAIN: Reduce infant morbidity and mortality by reducing that of infants that dies from SIDS/SUID**

The shaded area represents required activities.

| Short and/or Intermediate Objective(s) | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                       | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)                                   |                                                                              |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
|                                        |                                                                                                                                           | Process Description and Measures                                                                                                                                    | Short and/or Intermediate Outcome Measure(s)                                 |
|                                        | <b>3.2b</b><br>Attend the SIDS Annual Conference/SIDS training(s) and other conferences/trainings related to infant health <sup>3</sup> . | <b>3.2b</b><br>Provide staff member name and date of attendance at SIDS Annual Conference/SIDS training(s) and other conference/trainings related to infant health. | <b>3.2b</b><br>Describe results of staff trainings related to infant health. |



**Goal 3: PERINATAL/INFANT DOMAIN: Reduce infant morbidity and mortality by reducing the rate of SIDS/SUID**

The shaded area represents required activities.

| Short and/or Intermediate Objective(s)                                                                                                                                                                                                                                                               | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                                                      | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report) |                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                          | Process Description and Measures                                                                                                  | Short and/or Intermediate Outcome Measure(s)                                                                                |
| <b>Objective 3.3</b><br>Provide objective(s) that reduce the risk of SIDS/SUIDS may target the following settings: <ul style="list-style-type: none"> <li>• Child care providers, i.e. babysitters, grandparents, formal day care</li> <li>• Hospitals</li> <li>• Clinics, FQHC, RCH, IHC</li> </ul> | <b>3.3</b><br>List evidence-based or informed activities to meet outcome objectives here.<br><br>Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance | <b>3.3</b><br>Develop process measures for applicable intervention activities here                                                | <b>3.3</b><br>Develop short and/or intermediate outcome related performance measures for the objectives and activities here |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> MCH Title V Block Grant Requirements

<sup>3</sup> State Requirements

**Goal 3: PERINATAL/INFANT DOMAIN: Reduce infant morbidity and mortality by reducing the rate of SIDS/SUID**

The shaded area represents required activities.

| Short and/or Intermediate Objective(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                                      | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)                                                      |                                                                                                                                                                                    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                          | Process Description and Measures                                                                                                                                                       | Short and/or Intermediate Outcome Measure(s)                                                                                                                                       |
| <b>REQUIRED LOCAL OBJECTIVE:</b> Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. Each LHJ must provide at least one specific short and/or intermediate SMART outcome objective(s) to address perinatal/infant health. <i>Number each locally developed objective as follows: 3.4, 3.4a, 3.4b, 3.4c., etc.</i>                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                          |                                                                                                                                                                                        |                                                                                                                                                                                    |
| <b>Objective 3.4</b><br><br>Insert a local objective that improves infant health by: <ul style="list-style-type: none"><li>• Reducing pre-term births and infant mortality<sup>1</sup></li><li>• Increase infant safe sleep practices<sup>1</sup></li><li>• Increase breastfeeding initiation and duration<sup>1</sup></li></ul><br>Examples of focus areas can include but not limited to: <ul style="list-style-type: none"><li>• Breastfeeding initiation and duration</li><li>• Prematurity/Low birth weight</li><li>• Perinatal substance use</li><li>• Access to enhanced perinatal (neonatal) services</li><li>• Birth intervals/Birth Spacing</li></ul> | <b>3.4</b><br><br>List activities to improve perinatal/infant health here<br><br>Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance | <b>3.4</b><br><br>Develop process measures for applicable intervention activities here                                                                                                 | <b>3.4</b><br><br>Develop short and/or intermediate outcome related performance measures for the objectives and activities here.                                                   |
| <b>3.4a</b><br><br>• By June 30, 2019, increase the percentage of women who enter into prenatal care in the first                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>3.4a</b><br><br>• Review prenatal data from vital records and identify top three trends in late entry to prenatal care.                                                                                                               | <b>3.4a</b> Briefly describe or report: <ul style="list-style-type: none"><li>• Provide graph of last ten years of first trimester entry into prenatal care of Nevada County</li></ul> | <b>3.4a</b> Measures Include: <ul style="list-style-type: none"><li>• Number of women who enter prenatal care in the first trimester/Number of women who deliver infants</li></ul> |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> MCH Title V Block Grant Requirements

<sup>3</sup> State Requirements



**Goal 3: PERINATAL/INFANT DOMAIN: Reduce infant morbidity and mortality by reducing the rate of SIDS/SUID**  
The shaded area represents required activities.

| Short and/or Intermediate Objective(s)                                       | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Evaluation/Performance Measures<br>(Report on these measures in the Annual Report)                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                     |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Process Description and Measures                                                                                                                                                                                                                                                                                                                                        | Short and/or Intermediate Outcome Measure(s)                                                                                                                                                        |
| trimester of pregnancy to greater than 80%                                   | <ul style="list-style-type: none"> <li>Visit the four major OB providers and midwives in Nevada County to request information and data related to late entry into prenatal care.</li> <li>Survey all home birth moms who entered prenatal care after the first trimester to ascertain barriers entering early prenatal care.</li> </ul>                                                                                                                                                                                                                                              | <p>residents</p> <ul style="list-style-type: none"> <li>Document and report visitations to the four major OB providers and midwives.</li> <li>Analyze data from OB providers, midwives and home birth moms and list the top five barriers to first trimester entry into prenatal care.</li> </ul>                                                                       | in Nevada County (this year's interventions will not likely change the percentage of women entering prenatal care in their first trimester, but will provide a framework for future interventions.) |
| 3.4b By June 30, 2019, Nevada County will maintain SIDS/SUID death rate = 0. | <p>3.4b Perform the following activities:</p> <ul style="list-style-type: none"> <li>SIDS Coordinator will develop a relationship with birth hospitals</li> <li>SIDS Coordinator will conduct outreach and provider education to birthing hospitals</li> <li>SIDS Coordinator will support birthing hospitals in developing evidence-based sleep policies to promote infant safe sleep and SIDS reduction.</li> <li>Work with local partners to distribute Safe Sleep/Baby Boxes to those families without a means for securing a bassinet or crib for infant safe sleep.</li> </ul> | <p>3.4b Briefly describe or report:</p> <ul style="list-style-type: none"> <li>Number and content of encounters with birthing hospitals</li> <li>Those contacted at birth hospitals and describe educational materials provided</li> <li>Provide samples of current policies of safe infant sleep</li> <li>Maintain list of families who receive baby boxes.</li> </ul> | <p>3.4b Measures Include:<br/>Number of SIDS/SUID deaths = 0</p>                                                                                                                                    |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> MCH Title V Block Grant Requirements

<sup>3</sup> State Requirements

**Goal 3: PERINATAL/INFANT DOMAIN: Reduce infant morbidity and mortality.**

| Short and/or Intermediate Objective(s)                                                                                      | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                                        | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)                           |                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                             |                                                                                                                                                                                                                                            | Process Description and Measures                                                                                                                            | Short and/or Intermediate Outcome Measure(s)                                                                                                                                    |
| For FIMR LHJs only complete<br><br>Objective 3.5<br>Reduce preventable fetal, neonatal and post-neonatal and infant deaths. | For FIMR LHJs only complete<br>Assessment<br>3.5a<br>Complete the review of at least ___ cases, which is approximately ___ % of all fetal, neonatal, and post-neonatal deaths.                                                             | For FIMR LHJs only complete<br>Assessment<br>3.5a<br>Develop a process for sample. Submit number of cases reviewed as specified in the Annual Report table. | For FIMR LHJs only complete<br>Assessment<br>3.5a<br>Submit annual local summary report of findings and recommendations (periodicity to be determined by consulting with MCAH). |
|                                                                                                                             | Assurance<br>3.5b<br>Establish, facilitate, and maintain a Case Review Team (CRT) to review selected cases, identify contributing factors to fetal, neonatal, and post-neonatal deaths, and make recommendations to address these factors. | Assurance<br>3.5b<br>Submit FIMR Tracking Log and FIMR Committee Membership forms for CRT and CAT with the Annual Report.                                   | 3.5b and c<br>Nothing is entered here                                                                                                                                           |
|                                                                                                                             | 3.5c<br>Establish, facilitate, and maintain a Community Action Team (CAT) to recommend and implement community, policy, and/or systems changes that address review findings.                                                               |                                                                                                                                                             |                                                                                                                                                                                 |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> MCH Title V Block Grant Requirements

<sup>3</sup> State Requirements



**Goal 3: PERINATAL/INFANT DOMAIN: Reduce infant morbidity and mortality.**

| Short and/or Intermediate Objective(s)                                                                                                                                                                                                                                                                                                                                                                                                            | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                   | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report) |                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                       | Process Description and Measures                                                                                                  | Short and/or Intermediate Outcome Measure(s)                                                                                    |
| <b>REQUIRED LOCAL OBJECTIVE for FIMR LHJs Only:</b> Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. Each LHJ must provide at least one specific short and/or intermediate SMART outcome objective(s) to address perinatal/infant health. <i>Number each locally developed objective as follows: 3.6, 3.6a, 3.6b, 3.6c, etc.</i>                               |                                                                                                                                                                                       |                                                                                                                                   |                                                                                                                                 |
| <b>Objective 3.6</b><br><br>Insert a local objective that addresses reducing the number of preventable, fetal, neonatal, post-neonatal, and infant deaths.<br><br>Examples of focus areas can include but are not limited to: <ul style="list-style-type: none"><li>• Prematurity/Low birth weight</li><li>• Perinatal substance use</li><li>• Access to enhanced perinatal (neonatal) services</li><li>• Birth intervals/Birth Spacing</li></ul> | <b>3.6</b><br><br>Based on CRT recommendations, identify and implement at least one evidence based or informed intervention involving policy, systems, or community norm changes here | <b>3.6</b><br><br>Develop process measures for applicable intervention activities here                                            | <b>3.6</b><br><br>Develop short and/or intermediate outcome-related performance measures for the objectives and activities here |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> MCH Title V Block Grant Requirements

<sup>3</sup> State Requirements

**Goal 4: CROSSCUTTING DOMAIN: Increase the proportion of children, adolescents and women of reproductive age who maintain a healthy weight.**

| Short and/or Intermediate Objective(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                                                        | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report) |                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                            | Process Description and Measures                                                                                                  | Short and/or Intermediate Outcome Measure(s)                                                                                    |
| <b>OPTIONAL LOCAL OBJECTIVE:</b> Insert locally developed Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. <i>Number each locally developed objective as follows: 4.1, 4.1a, 4.1b, 4.1c, etc.</i>                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                            |                                                                                                                                   |                                                                                                                                 |
| <b>Objective 4.1</b><br><br>Insert a local objective that addresses the proportions of children, adolescents and women of reproductive age who maintain a healthy weigh by: <ul style="list-style-type: none"><li>Increasing consumption of a healthy diet<sup>1</sup></li><li>Increasing physical activity<sup>1</sup></li></ul> Examples of focus areas can include but are not limited to: <ul style="list-style-type: none"><li>Overweight/obesity in children</li><li>Physical activity</li><li>Recommended weight gain during pregnancy</li><li>Recommended intake of folic acid</li><li>Food security</li><li>Access to WIC services</li></ul> | <b>4.1</b><br><br>List evidence-based or informed activities to meet the objective(s) here.<br><br>Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance | <b>4.1</b><br><br>Develop process measures for applicable intervention activities here                                            | <b>4.1</b><br><br>Develop short and/or intermediate outcome related performance measures for the objectives and activities here |

<sup>1</sup> 2016-2020 Title V State Priorities  
<sup>2</sup> MCH Title V Block Grant Requirements  
<sup>3</sup> State Requirements



**Goal 5: ADOLESCENT DOMAIN: Promote and enhance adolescent strengths, skills, and supports to improve adolescent health.**

| Short and/or Intermediate Objective(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                                                        | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)        |                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                            | Process Description and Measures                                                                                                         | Short and/or Intermediate Outcome Measure(s)                                                                                                                |
| <b>OPTIONAL LOCAL OBJECTIVE:</b> Insert locally developed Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. <i>Number each locally developed objective as follows: 5.1, 5.1a, 5.1b, 5.1c, etc.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                            |                                                                                                                                          |                                                                                                                                                             |
| <b>Objective 5.1</b><br><br>Insert a local objective that promotes and enhances adolescents strengths, skills and supports improve health by: <ul style="list-style-type: none"><li>Decreasing teen pregnancies<sup>1</sup></li><li>Reducing teen dating violence, bullying and harassment<sup>1</sup></li></ul><br>Examples of focus areas can include but not limited to: <ul style="list-style-type: none"><li>Adolescent sexual health, including contraception, STIs</li><li>preconception health, STIs</li><li>Racial ethnic disparities in adolescent birth rates</li><li>Adolescent injuries</li><li>Adolescent violence</li><li>Adolescent mental health</li><li>Development of a Positive Youth Development framework</li><li>Reducing suicides</li></ul> | <b>5.1</b><br><br>List evidence-based or informed activities to meet the objective(s) here<br><br>Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development, and Assurance | <b>5.1</b><br><br>Develop process measures for applicable intervention activities here                                                   | <b>5.1</b><br><br>Develop short and/or intermediate outcome related performance measures for the objectives and activities here                             |
| <b>5.1a</b><br>By June 30, 2019, improve the health, social/emotional, and educational outcomes for pregnant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>5.1a</b> Perform the following activities: <ul style="list-style-type: none"><li>Hold meetings with partnering agencies</li></ul>                                                                                                                       | <b>5.1a</b> Briefly describe or report: <ul style="list-style-type: none"><li>Meeting process through notes and sign-in sheets</li></ul> | <b>5.1a</b> Measures Include: <ul style="list-style-type: none"><li>Number of pregnant and parenting teens provided with case management services</li></ul> |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> MCH Title V Block Grant Requirements

<sup>3</sup> State Requirements

**Goal 5: ADOLESCENT DOMAIN: Promote and enhance adolescent strengths, skills, and supports to improve adolescent health.**

| Short and/or Intermediate Objective(s)                                                                       | Intervention Activities to Meet Objectives (Describe the steps of the intervention)                                                                                                                                    | Evaluation/Performance Measures<br>Process, Short and/or Intermediate Measures<br>(Report on these measures in the Annual Report)  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                              |                                                                                                                                                                                                                        | Process Description and Measures                                                                                                   | Short and/or Intermediate Outcome Measure(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| and parenting teens through support of Nevada Joint Union High School District's Young Parents Program (YPP) | <ul style="list-style-type: none"> <li>Require NJUHSD to report monthly on supportive activities per scope of work and outcome measures</li> <li>Provide case management services as specified in contract.</li> </ul> | <ul style="list-style-type: none"> <li>Receive monthly and annual reports from case manager describing service outcomes</li> </ul> | <ul style="list-style-type: none"> <li>Number of pregnant teens who enter prenatal care in first trimester or within first month of case management</li> <li>Number of infants of teens who receive health exams per Bright Futures periodicity</li> <li>Number of teens who initiate breastfeeding</li> <li>Number of teens who exclusively breastfeed at six months</li> <li>Number of teens who receive EPDS screening at specified intervals during the perinatal period</li> <li>Number of teens who report increased social connections in that first year of case management</li> <li>Number of case managed teens who are enrolled in school and on target to receive a high school diploma or GED.</li> </ul> |

<sup>1</sup> 2016-2020 Title V State Priorities

<sup>2</sup> MCH Title V Block Grant Requirements

<sup>3</sup> State Requirements



|                |      |
|----------------|------|
| BUDGET BALANCE | 0.29 |
|----------------|------|

| Subk:           |  | MCAH-TV       |     | MCAH-SIDS |         | TBD  |      | AGENCY FUNDS |     | MCAH-City NE |               | MCAH-City E |                      |      |                      |         |
|-----------------|--|---------------|-----|-----------|---------|------|------|--------------|-----|--------------|---------------|-------------|----------------------|------|----------------------|---------|
|                 |  | (1)           | (2) | (3)       | (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! |

[illegible]

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

100

| STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT |            |            |           |      |              |   |              |      |             |
|--------------------------------------------------------|------------|------------|-----------|------|--------------|---|--------------|------|-------------|
|                                                        | PCA Codes  | MCAH-TV    | MCAH-SIDS | TBD  | AGENCY FUNDS | 0 | MCAH-Cnty NE | 0    | MCAH-Cnty E |
| (I) PERSONNEL                                          |            | 53107      | 53112     | 0    |              | 0 | 53118        | 0    | 53117       |
| (II) OPERATING EXPENSES                                |            | 73,564.16  | 3,000.00  | 0.00 |              |   | 16,502.45    | 0.00 | 41,032.08   |
| (III) CAPITAL EXPENSES                                 |            | 8,345.00   | 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        |
| (V) INDIRECT COSTS                                     |            | 1,000.00   | 0.00      | 0.00 |              |   | 9,500.00     | 0.00 | 0.00        |
|                                                        |            | 19,142.55  | 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 |              |   | 36,965.99    | 0.00 | 41,032.08   |

| Program:<br>Agency:<br>SubK:                                                                                                                                                                                     |  | UNMATCHED FUNDING |         |           |     |      |     |              |     |               |      | NON-ENHANCED MATCHING (6050) |      |                    |                      |            | ENHANCED MATCHING (7525) |                      |   |                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|---------|-----------|-----|------|-----|--------------|-----|---------------|------|------------------------------|------|--------------------|----------------------|------------|--------------------------|----------------------|---|--------------------|--|
|                                                                                                                                                                                                                  |  | MCAH-TV           |         | MCAH-SIDS |     | TBD  |     | AGENCY FUNDS |     | 0             |      | MCAH-Chv NE                  |      | 0                  |                      | MCAH-Chv E |                          |                      |   |                    |  |
|                                                                                                                                                                                                                  |  | (1)               | (2)     | (3)       | (4) | (5)  | (6) | (7)          | (8) | (9)           | (10) | (11)                         | (12) | (13)               | (14)                 | (15)       |                          |                      |   |                    |  |
|                                                                                                                                                                                                                  |  | TOTAL FUNDING     | %       | TITLE V   | %   | SIDS | %   | TBD          | %   | Agency Funds* | %    | Combined Fed/Agency*         | %    | % TRAVEL ENH MATCH | Combined Fed/Agency* | %          | % TRAVEL ENH MATCH       | Combined Fed/Agency* | % | % TRAVEL ENH MATCH |  |
| (II) OPERATING EXPENSES DETAIL                                                                                                                                                                                   |  |                   |         |           |     |      |     |              |     |               |      |                              |      |                    |                      |            |                          |                      |   |                    |  |
| TOTAL OPERATING EXPENSES                                                                                                                                                                                         |  | 8,345.00          |         | 8,345.00  |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| TRAVEL                                                                                                                                                                                                           |  | 4,300.00          | 100.00% | 4,300.00  |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| TRAINING                                                                                                                                                                                                         |  | 1,500.00          | 100.00% | 1,500.00  |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 1 Communication                                                                                                                                                                                                  |  | 600.00            | 100.00% | 600.00    |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 2 General Office                                                                                                                                                                                                 |  | 270.00            | 100.00% | 270.00    |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 3 Printing Duplication                                                                                                                                                                                           |  | 380.00            | 100.00% | 380.00    |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 4 Special Department Expense                                                                                                                                                                                     |  | 155.00            | 100.00% | 155.00    |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 5 Mileage Reimbursement                                                                                                                                                                                          |  | 60.00             | 100.00% | 60.00     |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 6 Memberships                                                                                                                                                                                                    |  | 1,100.00          | 100.00% | 1,100.00  |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 7                                                                                                                                                                                                                |  |                   |         |           |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 8                                                                                                                                                                                                                |  |                   |         |           |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 9                                                                                                                                                                                                                |  |                   |         |           |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 10                                                                                                                                                                                                               |  |                   |         |           |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 11                                                                                                                                                                                                               |  |                   |         |           |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 12                                                                                                                                                                                                               |  |                   |         |           |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 13                                                                                                                                                                                                               |  |                   |         |           |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 14                                                                                                                                                                                                               |  |                   |         |           |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 15                                                                                                                                                                                                               |  |                   |         |           |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| ** 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. |  |                   |         |           |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| (III) CAPITAL EXPENDITURE DETAIL                                                                                                                                                                                 |  |                   |         |           |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| TOTAL CAPITAL EXPENDITURES                                                                                                                                                                                       |  |                   |         |           |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| (IV) OTHER COSTS DETAIL                                                                                                                                                                                          |  |                   |         |           |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| TOTAL OTHER COSTS                                                                                                                                                                                                |  | 20,000.00         |         | 1,000.00  |     | 0.00 |     | 0.00         |     | 0.00          |      | 19,000.00                    |      | 0.00               |                      | 0.00       |                          | 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          |      | 19,000.00                    |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 2                                                                                                                                                                                                                |  |                   |         |           |     | 0.00 |     | 0.00         |     | 0.00          |      | 95.00%                       |      | 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                                                                                                                                                                                                    |  |                   |         |           |     |      |     |              |     |               |      |                              |      |                    |                      |            |                          |                      |   |                    |  |
| 1                                                                                                                                                                                                                |  |                   |         |           |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 2                                                                                                                                                                                                                |  |                   |         |           |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 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               |  |
| 6                                                                                                                                                                                                                |  |                   |         |           |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 7                                                                                                                                                                                                                |  |                   |         |           |     | 0.00 |     | 0.00         |     | 0.00          |      | 0.00                         |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 8                                                                                                                                                                                                                |  |                   |         |           |     | 0.00 |     | 0.00         |     | 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          |      | 21,927.08                    |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |
| 25.00% of Total Wages + Fringe Benefits                                                                                                                                                                          |  | 41,069.63         | 46.61%  | 19,142.55 |     | 0.00 |     | 0.00         |     | 0.00          |      | 53.39%                       |      | 0.00               |                      | 0.00       |                          | 0.00                 |   | 0.00               |  |



[illegible]

e0936773-b7b5-4213-90a4-ade081392182

| Program: Maternal, Child and Adolescent Health (MCAH)<br>Agency: 201829 Nevada |  | UNMATCHED FUNDING |     |         |           |      |     |      |              |               |      | NON-ENHANCED MATCHING (60/40) |              |                      |      | ENHANCED MATCHING (75/25) |             |  |  |
|--------------------------------------------------------------------------------|--|-------------------|-----|---------|-----------|------|-----|------|--------------|---------------|------|-------------------------------|--------------|----------------------|------|---------------------------|-------------|--|--|
| Sub:                                                                           |  | MCAH-TV           |     |         | MCAH-SIDS |      | TBD |      | AGENCY FUNDS |               | 0    |                               | MCAH-CHRY NE |                      | 0    |                           | MCAH-CHRY E |  |  |
|                                                                                |  | (1)               | (2) | (3)     | (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* | %    | Combined Fed/Agency*      |             |  |  |
| 134                                                                            |  |                   |     |         |           | 0.00 |     | 0.00 |              | 0.00          |      | 0.00                          |              | 0.00                 |      | 0.00                      | 0.00        |  |  |
| 135                                                                            |  |                   |     |         |           | 0.00 |     | 0.00 |              | 0.00          |      | 0.00                          |              | 0.00                 |      | 0.00                      | 0.00        |  |  |
| 136                                                                            |  |                   |     |         |           | 0.00 |     | 0.00 |              | 0.00          |      | 0.00                          |              | 0.00                 |      | 0.00                      | 0.00        |  |  |
| 137                                                                            |  |                   |     |         |           | 0.00 |     | 0.00 |              | 0.00          |      | 0.00                          |              | 0.00                 |      | 0.00                      | 0.00        |  |  |
| 138                                                                            |  |                   |     |         |           | 0.00 |     | 0.00 |              | 0.00          |      | 0.00                          |              | 0.00                 |      | 0.00                      | 0.00        |  |  |
| 139                                                                            |  |                   |     |         |           | 0.00 |     | 0.00 |              | 0.00          |      | 0.00                          |              | 0.00                 |      | 0.00                      | 0.00        |  |  |
| 140                                                                            |  |                   |     |         |           | 0.00 |     | 0.00 |              | 0.00          |      | 0.00                          |              | 0.00                 |      | 0.00                      | 0.00        |  |  |
| 141                                                                            |  |                   |     |         |           | 0.00 |     | 0.00 |              | 0.00          |      | 0.00                          |              | 0.00                 |      | 0.00                      | 0.00        |  |  |
| 142                                                                            |  |                   |     |         |           | 0.00 |     | 0.00 |              | 0.00          |      | 0.00                          |              | 0.00                 |      | 0.00                      | 0.00        |  |  |
| 143                                                                            |  |                   |     |         |           | 0.00 |     | 0.00 |              | 0.00          |      | 0.00                          |              | 0.00                 |      | 0.00                      | 0.00        |  |  |
| 144                                                                            |  |                   |     |         |           | 0.00 |     | 0.00 |              | 0.00          |      | 0.00                          |              | 0.00                 |      | 0.00                      | 0.00        |  |  |
| 145                                                                            |  |                   |     |         |           | 0.00 |     | 0.00 |              | 0.00          |      | 0.00                          |              | 0.00                 |      | 0.00                      | 0.00        |  |  |
| 146                                                                            |  |                   |     |         |           | 0.00 |     | 0.00 |              | 0.00          |      | 0.00                          |              | 0.00                 |      | 0.00                      | 0.00        |  |  |
| 147                                                                            |  |                   |     |         |           | 0.00 |     | 0.00 |              | 0.00          |      | 0.00                          |              | 0.00                 |      | 0.00                      | 0.00        |  |  |
| 148                                                                            |  |                   |     |         |           | 0.00 |     | 0.00 |              | 0.00          |      | 0.00                          |              | 0.00                 |      | 0.00                      | 0.00        |  |  |
| 149                                                                            |  |                   |     |         |           | 0.00 |     | 0.00 |              | 0.00          |      | 0.00                          |              | 0.00                 |      | 0.00                      | 0.00        |  |  |
| 150                                                                            |  |                   |     |         |           | 0.00 |     | 0.00 |              | 0.00          |      | 0.00                          |              | 0.00                 |      | 0.00                      | 0.00        |  |  |





| Program: Maternal, Child and Adolescent Health (MCAH)<br>Agency: 201829 Nevada<br>SubK: Nevada Union High School                                                                                                 |  | UNMATCHED FUNDING |     |           |     |      |     |     |              |               |      | NON-ENHANCED MATCHING (60/60) |             |      |       |                       | ENHANCED MATCHING (75/25) |          |          |                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|-----|-----------|-----|------|-----|-----|--------------|---------------|------|-------------------------------|-------------|------|-------|-----------------------|---------------------------|----------|----------|-------------------|--|
|                                                                                                                                                                                                                  |  | MCAH-TV           |     | MCAH-SIDS |     |      | TBD |     | AGENCY FUNDS |               | 0    |                               | MCAH-CHY NE |      | 0     |                       | MCAH-CHY E                |          |          |                   |  |
|                                                                                                                                                                                                                  |  | (1)               | (2) | (3)       | (4) | (5)  | (6) | (7) | (8)          | (9)           | (10) | (11)                          | (12)        | (13) | (14)  | (15)                  |                           |          |          |                   |  |
|                                                                                                                                                                                                                  |  | TOTAL FUNDING     | %   | TITLE V   | %   | SIDS | %   | TBD | %            | Agency Funds* | %    | Combined Fed/Agency**         | %           | %    | %     | Combined Fed/Agency** | %                         | % TRAVEL | % TRAVEL | % PERSONNEL MATCH |  |
|                                                                                                                                                                                                                  |  |                   |     |           |     |      |     |     |              |               |      |                               |             |      |       |                       |                           |          |          |                   |  |
| (II) OPERATING EXPENSES DETAIL                                                                                                                                                                                   |  |                   |     |           |     |      |     |     |              |               |      |                               |             |      |       |                       |                           |          |          |                   |  |
| TOTAL OPERATING EXPENSES                                                                                                                                                                                         |  | 0.00              |     |           |     | 0.00 |     |     | 0.00         |               |      | 0.00                          |             |      | 0.00  |                       | 0.00                      |          | 0.00     | 95.00%            |  |
| TRAVEL                                                                                                                                                                                                           |  |                   |     |           |     | 0.00 |     |     | 0.00         |               |      | 0.00                          |             |      | 0.00  |                       | 0.00                      |          | 0.00     | Match Available   |  |
| TRAINING                                                                                                                                                                                                         |  |                   |     |           |     | 0.00 |     |     | 0.00         |               |      | 0.00                          |             |      | 0.00  |                       | 0.00                      |          | 0.00     |                   |  |
| 1                                                                                                                                                                                                                |  |                   |     |           |     | 0.00 |     |     | 0.00         |               |      | 0.00                          |             |      | 0.00  |                       | 0.00                      |          | 0.00     |                   |  |
| 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     |                   |  |
| 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     |                   |  |
| (IV) OTHER COSTS DETAIL                                                                                                                                                                                          |  |                   |     |           |     |      |     |     |              |               |      |                               |             |      |       |                       |                           |          |          |                   |  |
| TOTAL OTHER COSTS                                                                                                                                                                                                |  | 0.00              |     |           |     | 0.00 |     |     | 0.00         |               |      | 0.00                          |             |      | 0.00  |                       | 0.00                      |          | 0.00     | 95.00%            |  |
| SUBCONTRACTS                                                                                                                                                                                                     |  |                   |     |           |     | 0.00 |     |     | 0.00         |               |      | 0.00                          |             |      | 0.00  |                       | 0.00                      |          | 0.00     |                   |  |
| 1                                                                                                                                                                                                                |  |                   |     |           |     | 0.00 |     |     | 0.00         |               |      | 0.00                          |             |      | 0.00  |                       | 0.00                      |          | 0.00     |                   |  |
| 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     |                   |  |
| OTHER CHARGES                                                                                                                                                                                                    |  |                   |     |           |     | 0.00 |     |     | 0.00         |               |      | 0.00                          |             |      | 0.00  |                       | 0.00                      |          | 0.00     |                   |  |
| 1                                                                                                                                                                                                                |  |                   |     |           |     | 0.00 |     |     | 0.00         |               |      | 0.00                          |             |      | 0.00  |                       | 0.00                      |          | 0.00     |                   |  |
| 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                                                                                                                                                                                             |  | 0.00              |     |           |     | 0.00 |     |     | 0.00         |               |      | 0.00                          |             |      | 0.00  |                       | 0.00                      |          | 0.00     |                   |  |
| of Total Wages + Fringe Benefits                                                                                                                                                                                 |  | 0.00              |     |           |     | 0.00 |     |     | 0.00         |               |      | 0.00                          |             |      | 0.00% |                       | 0.00                      |          | 0.00     |                   |  |

|          |                                              |
|----------|----------------------------------------------|
| Program: | Maternal, Child and Adolescent Health (MCAH) |
| Agency:  | 201829 Nevada                                |
| Subc:    | Nevada Union High School                     |

| UNMATCHED FUNDING |         |     |           |     |     |     |               |      |              |      |      |             |            |  | NON-ENHANCED MATCHING (\$0/\$0) |  |  |            |  | ENHANCED MATCHING (75/25) |  |  |  |  |
|-------------------|---------|-----|-----------|-----|-----|-----|---------------|------|--------------|------|------|-------------|------------|--|---------------------------------|--|--|------------|--|---------------------------|--|--|--|--|
| MCAH-TV           |         |     | MCAH-SIDS |     |     | TBD |               |      | AGENCY FUNDS |      |      | MCAH-CHY NE |            |  | 0                               |  |  | MCAH-CHY E |  |                           |  |  |  |  |
| (2)               | (3)     | (4) | (5)       | (6) | (7) | (8) | (9)           | (10) | (11)         | (12) | (13) | (14)        | (15)       |  |                                 |  |  |            |  |                           |  |  |  |  |
| %                 | TITLE V | %   | SIDS      | %   | TBD | %   | Agency Funds* | %    | Combined %   | %    | %    | %           | Combined % |  |                                 |  |  |            |  |                           |  |  |  |  |

(I) PERSONNEL DETAIL

| TOTAL PERSONNEL COSTS |               |              |  |  |  |  |  |  |  |  |  |  |  |  | FRINGE BENEFIT RATE |  |  |  |  |  |  |  |  |  |  |  |  |  |  | TOTAL WAGES |  |  |  |  |  |  |  |  |  |  |  |  |  |  | TOTAL WAGES |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ANNUAL SALARY |  |  |  |  |  |  |  |  |  |  |  |  |  |  | % FTE         |  |  |  |  |  |  |  |  |  |  |  |  |  |  | TITLE OR CLASSIFICATION<br>(No Acronyms) |  |  |  |  |  |  |  |  |  |  |  |  |  |  | FULL NAME<br>(First Name Last Name) |  |  |  |  |  |  |  |  |  |  |  |  |  |  | J-Pers MCF |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Staff Traveling<br>(X) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 38.50%                |               |              |  |  |  |  |  |  |  |  |  |  |  |  | 5,569.00            |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 14,431.00   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | TOTAL WAGES |  |  |  |  |  |  |  |  |  |  |  |  |  |  | TOTAL WAGES   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ANNUAL SALARY |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 21.55%                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  | J-Pers MCF             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Staff Traveling<br>(X) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20,000.00             |               |              |  |  |  |  |  |  |  |  |  |  |  |  | 5,569.00            |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 14,431.00   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | TOTAL WAGES |  |  |  |  |  |  |  |  |  |  |  |  |  |  | TOTAL WAGES   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ANNUAL SALARY |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 21.55%                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  | J-Pers MCF             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Staff Traveling<br>(X) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1,000.00              |               |              |  |  |  |  |  |  |  |  |  |  |  |  | 278.45              |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 721.55      |  |  |  |  |  |  |  |  |  |  |  |  |  |  | TOTAL WAGES |  |  |  |  |  |  |  |  |  |  |  |  |  |  | TOTAL WAGES   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ANNUAL SALARY |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 21.55%                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  | J-Pers MCF             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Staff Traveling<br>(X) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0.00                  |               |              |  |  |  |  |  |  |  |  |  |  |  |  | 0.00                |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0.00        |  |  |  |  |  |  |  |  |  |  |  |  |  |  | TOTAL WAGES |  |  |  |  |  |  |  |  |  |  |  |  |  |  | TOTAL WAGES   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ANNUAL SALARY |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 21.55%                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  | J-Pers MCF             |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Staff Traveling<br>(X) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1                     | Jolene Hardin | Case Manager |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



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

| Program:<br>Agency:<br>Subk: |  | Maternal, Child and Adolescent Health (MCAH)<br>201829 Nevada<br>Nevada Union High School |      |     |  |         |      |     |  |      |  | UNMATCHED FUNDING |      |     |  |     |  |               |  |      |      | NON-ENHANCED<br>MATCHING (\$050) |    |      |  |                         | ENHANCED<br>MATCHING (75/25) |      |  |                         |  |
|------------------------------|--|-------------------------------------------------------------------------------------------|------|-----|--|---------|------|-----|--|------|--|-------------------|------|-----|--|-----|--|---------------|--|------|------|----------------------------------|----|------|--|-------------------------|------------------------------|------|--|-------------------------|--|
|                              |  | (1)                                                                                       |      | (2) |  | (3)     |      | (4) |  | (5)  |  | (6)               |      | (7) |  | (8) |  | (9)           |  | (10) |      | (11)                             |    | (12) |  | (13)                    |                              | (14) |  | (15)                    |  |
|                              |  | TOTAL FUNDING                                                                             |      | %   |  | TITLE V |      | %   |  | SIDS |  | %                 |      | TBD |  | %   |  | Agency Funds* |  | %    |      | Combined<br>Fed/Agency*          |    | %    |  | Combined<br>Fed/Agency* |                              | %    |  | Combined<br>Fed/Agency* |  |
| 63                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 64                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 65                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 66                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 67                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 68                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 69                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 70                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 71                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 72                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 73                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 74                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 75                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 76                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 77                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 78                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 79                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 80                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 81                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 82                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 83                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 84                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 85                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 86                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 87                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 88                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 89                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 90                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 91                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 92                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 93                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 94                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 95                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 96                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 97                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 98                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 99                           |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 100                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 101                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 102                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 103                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 104                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 105                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 106                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 107                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 108                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 109                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 110                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 111                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 112                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 113                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 114                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 115                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 116                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 117                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 118                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 119                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 120                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 121                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 122                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 123                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 124                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 125                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 126                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 127                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 128                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 129                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  |    | 0.00 |  |                         | 0.00                         |      |  | 0.00                    |  |
| 130                          |  |                                                                                           | 0.00 |     |  |         | 0.00 |     |  | 0.00 |  |                   | 0.00 |     |  |     |  | 0.00          |  |      | 0.00 |                                  | </ |      |  |                         |                              |      |  |                         |  |

Program: Maternal, Child and Adolescent Health (MCAH)

Agency: 201825 Nevada

SubC: Nevada Union High School

| Agency: Maternal, Child and Adolescent Health (MCAH) |  |  | UNMATCHED FUNDING |     |         |           |      |     |      |     |               |      |                      |      |                      |      |                      | NON-ENHANCED MATCHING (50/50) |  |  |  |  | ENHANCED MATCHING (75/25) |  |  |  |  |
|------------------------------------------------------|--|--|-------------------|-----|---------|-----------|------|-----|------|-----|---------------|------|----------------------|------|----------------------|------|----------------------|-------------------------------|--|--|--|--|---------------------------|--|--|--|--|
| SubK: Nevada Union High School                       |  |  | MCAH-TV           |     |         | MCAH-SIDS |      |     | TBD  |     | AGENCY FUNDS  |      | 0                    |      |                      |      |                      | MCAH-CHY E                    |  |  |  |  |                           |  |  |  |  |
|                                                      |  |  | (1)               | (2) | (3)     | (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* | %    | Combined Fed/Agency* |                               |  |  |  |  |                           |  |  |  |  |
| 134                                                  |  |  | 0.00              |     | 0.00    |           | 0.00 |     | 0.00 |     | 0.00          |      | 0.00                 |      | 0.00                 |      | 0.00                 |                               |  |  |  |  |                           |  |  |  |  |
| 135                                                  |  |  | 0.00              |     | 0.00    |           | 0.00 |     | 0.00 |     | 0.00          |      | 0.00                 |      | 0.00                 |      | 0.00                 |                               |  |  |  |  |                           |  |  |  |  |
| 136                                                  |  |  | 0.00              |     | 0.00    |           | 0.00 |     | 0.00 |     | 0.00          |      | 0.00                 |      | 0.00                 |      | 0.00                 |                               |  |  |  |  |                           |  |  |  |  |
| 137                                                  |  |  | 0.00              |     | 0.00    |           | 0.00 |     | 0.00 |     | 0.00          |      | 0.00                 |      | 0.00                 |      | 0.00                 |                               |  |  |  |  |                           |  |  |  |  |
| 138                                                  |  |  | 0.00              |     | 0.00    |           | 0.00 |     | 0.00 |     | 0.00          |      | 0.00                 |      | 0.00                 |      | 0.00                 |                               |  |  |  |  |                           |  |  |  |  |
| 139                                                  |  |  | 0.00              |     | 0.00    |           | 0.00 |     | 0.00 |     | 0.00          |      | 0.00                 |      | 0.00                 |      | 0.00                 |                               |  |  |  |  |                           |  |  |  |  |
| 140                                                  |  |  | 0.00              |     | 0.00    |           | 0.00 |     | 0.00 |     | 0.00          |      | 0.00                 |      | 0.00                 |      | 0.00                 |                               |  |  |  |  |                           |  |  |  |  |
| 141                                                  |  |  | 0.00              |     | 0.00    |           | 0.00 |     | 0.00 |     | 0.00          |      | 0.00                 |      | 0.00                 |      | 0.00                 |                               |  |  |  |  |                           |  |  |  |  |
| 142                                                  |  |  | 0.00              |     | 0.00    |           | 0.00 |     | 0.00 |     | 0.00          |      | 0.00                 |      | 0.00                 |      | 0.00                 |                               |  |  |  |  |                           |  |  |  |  |
| 143                                                  |  |  | 0.00              |     | 0.00    |           | 0.00 |     | 0.00 |     | 0.00          |      | 0.00                 |      | 0.00                 |      | 0.00                 |                               |  |  |  |  |                           |  |  |  |  |
| 144                                                  |  |  | 0.00              |     | 0.00    |           | 0.00 |     | 0.00 |     | 0.00          |      | 0.00                 |      | 0.00                 |      | 0.00                 |                               |  |  |  |  |                           |  |  |  |  |
| 145                                                  |  |  | 0.00              |     | 0.00    |           | 0.00 |     | 0.00 |     | 0.00          |      | 0.00                 |      | 0.00                 |      | 0.00                 |                               |  |  |  |  |                           |  |  |  |  |
| 146                                                  |  |  | 0.00              |     | 0.00    |           | 0.00 |     | 0.00 |     | 0.00          |      | 0.00                 |      | 0.00                 |      | 0.00                 |                               |  |  |  |  |                           |  |  |  |  |
| 147                                                  |  |  | 0.00              |     | 0.00    |           | 0.00 |     | 0.00 |     | 0.00          |      | 0.00                 |      | 0.00                 |      | 0.00                 |                               |  |  |  |  |                           |  |  |  |  |
| 148                                                  |  |  | 0.00              |     | 0.00    |           | 0.00 |     | 0.00 |     | 0.00          |      | 0.00                 |      | 0.00                 |      | 0.00                 |                               |  |  |  |  |                           |  |  |  |  |
| 149                                                  |  |  | 0.00              |     | 0.00    |           | 0.00 |     | 0.00 |     | 0.00          |      | 0.00                 |      | 0.00                 |      | 0.00                 |                               |  |  |  |  |                           |  |  |  |  |
| 150                                                  |  |  | 0.00              |     | 0.00    |           | 0.00 |     | 0.00 |     | 0.00          |      | 0.00                 |      | 0.00                 |      | 0.00                 |                               |  |  |  |  |                           |  |  |  |  |