**GUIDE** Rev. 10/29/18

BUDGET **BUDGET INVOICES SUBK SHORTCUTS FILE NAME REVISIONS** 

This guide is intended to provide basic instructions for completing the budget/invoice template.

If you need additional assistance please contact your **Contract Manager** 

All data entry fields are shaded yellow.

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

## **BUDGET**

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

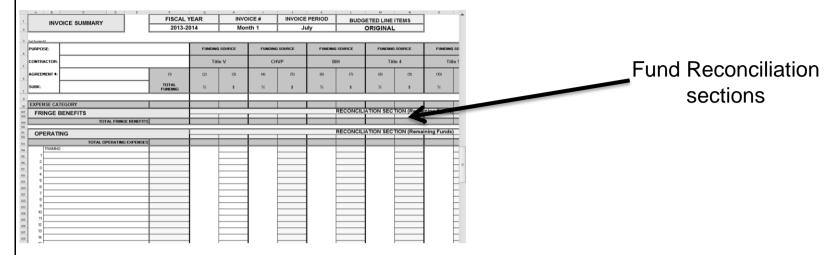
## **INVOICES**

The template automatically populates the line items from the "ACTIVE" budget and displays them in the current invoice. It is important that you indicate which budget the invoice is being paid from in order to display the correct line items in the personnel and operating expense sections. To update, click on cell L2 and select the current budget from the drop down menu.

INVOICE SUMMARY	FISCAL \ 2013-20			nth 1		E PERIOD July		ETED LINE ORIGINAL			
PURPOSE:		FUNDING	SOURCE	FUNDIN	G SOURCE	FUNDIN	G SOURCE	FUNDING	SOURCE	FUNDING SO	
CONTRACTOR:		Tit	le V	CI	IVP	Е	зін	Tit	le 4	Title :	Oliala
AGREEMENT 0:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	<ul><li>Click</li></ul>
SUBK:	TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$	%	HERE to updat
											TERE 10 upuai
EXPENSE CATEGORY PERSONNEL				_						_	· ·
FRINGE BENEFITS				_			_			_	
DPERATING				-		_	_			-	
EQUIPMENT											
TRAVEL				_						_	
SUBCONTRACTS											
DTHER COSTS											
NDIRECT COSTS											
TOTALS											
						total when i					
								•			

#### Invoice Fund Reconciliation

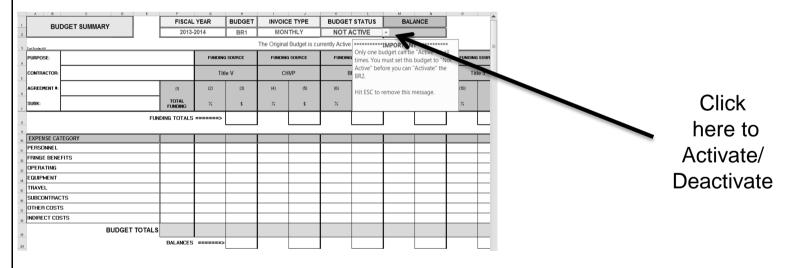
Invoices are now equipped with fund reconciliations above each expense category. The fund reconciliation section shows the remaining balance of each funding source up to the current invoice only. Keep in mind, if there are any negatives in the fund reconciliation section they will automatically be deducted from your total reimbursement.



# **BUDGET REVISIONS**

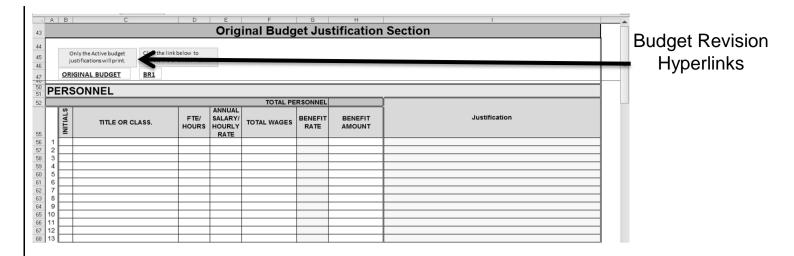
This template provides a maximum of three possible budget revisions. The values of the BR1, BR2, and BR3 sheets are identical to the ORIGINAL BUDGET. Be sure to overwrite the values on the budget revision sheets only. Do not change the approved BUDGET.

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



#### **Budget Revision Hyperlinks**

At the top of the Justification sheet you will find hyperlinks for BR1, BR2, and BR3. The hyperlinks allow you to easily access the justification section for each budget revision. The justification sheets will clearly indicate "ACTIVE" or "NOT ACTIVE" depending on the activated budget. For your convenience, the initial values on the budget revisions will be identical. Any changes to the budget revision justifications will carry over to the next budget revision justification.



### **SUBK - SUBCONTRACTS**

For agencies that have subcontracts, you will need to use a new template to keep track of the budget and invoices. Be sure to indicate the name of the SubK in cell C6 on the Original Budget sheet. Once the budget has been developed, you must transfer the percentages and total funding amount from Row 19 of the SubK Original Budget sheet to the Agency Original Budget sheet in the **Subcontracts** section.

IMPORTANT: Be sure to copy and paste the <u>values</u> from the SubK budget into the Agency budget. Be sure Paste Spetimetion to prevent the formatting from being changed. to use the The totals will not be accurate if you hard type the percentages.

# **INDIRECT COSTS**

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

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

# **SHORTCUTS**

#### **AutoFill Function**

To copy data from one cell down to another without changing the format, use the right mouse button and click on the small square in the bottom right corner of the first cell, then drag down to the next cell. Finally, release the button and choose 'Fill Without Formatting'.



# **Paste Special Instructions**

To copy data from cell to another without changing the format, right click on the first cell(s) and choose copy. Now click and/or highlight the cell(s) you would like to paste into. With your cursor on the highlighted cell(s) right click and choose 'Paste Special'. Make sure to choose 'Values' from the list of choices.

# **FILE NAME**

Please use the following file name formats when saving this template:

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

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



SUBK:

	BUDGET SUMMARY	FISCAL	YEAR	BUDGET	INVOIC	E TYPE	BUDGET	STATUS	BALA	ANCE
		2019-2	2020	ORIGINAL	QUAR	TERLY	AC	ΓΙVΕ		
Rev. 10/29/18							1			
PURPOSE:	California Home Visiting Program		FUNDING S	SOURCE, PCA	FUNDING S	OURCE, PCA	FUNDING S	OURCE, PCA	FUNDING SO	OURCE, PCA
CONTRACTOR:	County of Nevada		CHVP	, 53128						
AGREEMENT #:	CHVP 19-29		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

\$

%

\$

\$

%

\$

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

Maximum Amount Payable:	\$883,835
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TOTAL FUNDING

I CERTIFY	THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE	E WITH ALL MCAH ADMINISTRATIVE AND PROGRAM P	OLICIES.
Signature over			
Printed Name	Cynthia D Wilson	DATE	
	Project Director		

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



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

XPEN	SE CAT	EGORY										
PERS	ONNE	ΞL						RECONCIL	IATION SEC	FION (Remai	ning Funds)	
					21.112	100.00%	24,140					
			TOTAL PERSO				24,140					 
			T(	OTAL WAGES	24,140		24,140					
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES							
1	CW	Director of Public Health Nursing	15%	160,930	24,140	100.00%	24,140					
2	CWW	Senior Public Health Nurse (In-Kind)										
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14											1	
15												

FRINGE BENEFITS				RECONCIL	IATION SEC	ΓΙΟΝ (Remai	ning Funds)	
Trained Benzinia		100.00%	13,108					
TOTAL FRINGE BENEFITS	13,108		13,108					

PERATING				RECONCILIAT	<b>ION SECT</b>	ION (Remaii	ning Funds)	
LIVATING		100.00%	275			•	•	
TOTAL OPERATING EXPENSES	S 275		275					
1 Communication	175	100.00%	175					
2 Printing/Duplication	100	100.00%	100					
3								
4								
5								
6								
7								
8								
9								
10					-			



PURPOSE:	California Home Visiting Program		FUNDING SO	OURCE, PCA	FUNDING SO	OURCE, PCA	FUNDING S	OURCE, PCA	FUNDING S	OURCE, PCA
CONTRACTOR:	County of Nevada		CHVP,	53128						
GREEMENT #:	CHVP 19-29		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
	FUNDING TOTALS	883,835		883,835						
EXPENSE CA	ATEGORY									
EQUIPME	NT	-			RECONCIL	IATION SECT	ΓΙΟΝ (Remai	ning Funds)		
	TOTAL EQUIPMENT EXPENSES									
1										
2								-		
4								<del> </del>		_
5								-		
TRAVEL			400,000	0.575	RECONCIL	IATION SECT	ΓΙΟΝ (Remai	ning Funds)		1
	TOTAL TRAVEL EXPENSES	6,575	100.00%	6,575 <b>6,575</b>						
1 Training	g	1,500	100.00%	1,500						
2 Travel		3,375	100.00%	3,375						
3 CHVP (	Conference September 2020	1,700	100.00%	1,700				-		
5								-		_
<u> </u>										
SUBCONT	TRACTS	-	100.00%	830,425	RECONCIL	IATION SECT	ΓΙΟΝ (Remai Ι	ning Funds) └───		
	TOTAL SUBCONTRACT EXPENSES	830,425		830,425						
1										
2 Child A	Advocates of Nevada County	830,425	100.00%	830,425				-		_
4								-		
_										_
5			<u> </u>		RECONCIL	IATION SECT	· ΓΙΟΝ (Remai	ning Funds)		
<u> </u>	OSTS									
<u> </u>		-								
<u> </u>	OSTS TOTAL OTHER COSTS									
<u> </u>										
1 2 3										-
OTHER CO										-
1 2 3 4 5	TOTAL OTHER COSTS				RECONCIL	IATION SECT	ΓΙΟΝ (Remai	ning Funds)		
1 2 3 4	TOTAL OTHER COSTS		100.00%	9,312 9,312	RECONCIL	IATION SECT	ΓΙΟΝ (Remai	ning Funds)		

	240	00.00		Original	Buaget	Justificati	on Sect
IVI	P 19-	29 County of Nevada				ACTIVE	
R	SON	INEL				I I	
<u> </u>	Ø	TOTALS	15.00%	160,930	24,140	FRINGE	13,108
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFIT AMOUNT
1	CW	Director of Public Health Nursing	15.000%	160,930	24,140	54.30%	13,10
2	CWW	Senior Public Health Nurse (In-Kind)					
3							
4							
5 6							
7							
8							
9							
0							
1							
2							
3							
4							
5							
F	$R\Delta I$	ING					
PE	KAI	ING	тот	AL OPERATING			27
1	Commu	unication	ТОТ	AL OPERATING			17
1 2	Commu		ТОТ	AL OPERATING			17
1 2 3	Commu	unication	ТОТ	AL OPERATING			17
1 2 3 4	Commu	unication	ТОТ	AL OPERATING			17
1 2 3 4 5	Commu	unication	ТОТ	AL OPERATING			17
1 2 3 4 5	Commu	unication	ТОТ	AL OPERATING			17
1 2 3 4 5 6	Commu	unication	ТОТ	AL OPERATING			17
1 2 3 4 5 6 7	Commu	unication	TOT	AL OPERATING			17
1 2 3 4 5 6 7 8	Commu	unication	TOT	AL OPERATING			17
1 2 3 4 5 6 7 8 9	Commu	unication /Duplication	TOT	AL OPERATING			17
1 2 3 4 5 6 7 8 9	Commu	unication /Duplication  ENT		AL OPERATING			17
1 2 3 4 5 6 7 8 9	Commu	unication /Duplication  ENT					17
1 2 3 4 5 6 7 8 9 0	Commu	unication /Duplication  ENT					17
1 2 3 4 5 6 7 8 9 0 1 2 3	Commu	unication /Duplication  ENT					17
1 2 3 4 5 6 7 8 9 10 1 2 3 4	Commu	unication /Duplication  ENT					17
1 2 3 4 5 6 7 8 9 10 <b>2U</b>	Commu	unication /Duplication  ENT					17
1 2 3 4 5 6 7 8 9 10 1 2 3 4 5	Commu	ENT TOTA					17
1 2 3 4 5 6 7 8 9 0 <b>2 A</b>	Printing	ENT TOTA	AL EQUIPME				6,575.0
1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 1	Community Printing  IPM  VEL  Training	ENT TOTA	AL EQUIPME	ENT EXPENSES			6,575.0 1,500.0
1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 1 2	Printing  IPM  VEL  Training  Travel	ENT TOTA	AL EQUIPME	ENT EXPENSES			6,575.0 1,500.0 3,375.0
1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 1 2	Printing  IPM  VEL  Training  Travel	ENT TOTA	AL EQUIPME	ENT EXPENSES			6,575.00 1,500.00 1,700.00

	Origina	I Budget Justification Secti
CHVP 19-29 Cour		
		ACTIVE
SUBCONTRACT	rs	
	TOTAL SUBCONTRACT EXPENSES	830,425
1		
Child Advocates of N	Nevada County	830,425
3		
4		
5		
OTHER COSTS		
	TOTAL OTHER COSTS	3
1		
2		
3		
4		
5		
INDIRECT COST	Γ	
	TOTAL INDIRECT COSTS	9,312
25.0% of Total Personnel a	nd Benefits	9,312
1		

on	
	Justification
	Justinication
Based upon actual FY	19/20 County Personnel Planner
All nersonnel costs to h	e paid in-kind by Nevada County. Projected 5% of
	ulated 25% indirect = \$9,540
	Justification
	Justification
	Justification
10% of annual cell phor	ne charge for Director of Public Health Nursing.
Printing and duplication	costs associated with program AFA.
	Justification
	Justification
Nontana de la Caracia de la Ca	
Conference fees - 2 co	Justification  nferences @ \$150/conference
Mileage and/or air trave	
Mileage and/or air trave	nferences @ \$150/conference

on
Justification
Provide use of data base for support of local information entry, including model oversight, fidelity, coaching and evaluation of data information
Main provider of services as described in AFA/SOW, maintaining fidelity to program model and requirements.
Justification
Provides supervision, oversight, and advice to Moving Beyond Depression therapists in support of client needs.
Justification
Indirect Rate as approved by CDPH.

# **Month 3 (Q1)**

	INVOICE SUMMARY	FISCAL Y	/EAR	INVO	ICE#	INVOICE	PERIOD	BUDG	SETED LINE	ITEMS
		2019-20	020	C	21	July - Se	eptember		Original	
Rev. 10/29/18										
PURPOSE:	California Home Visiting Program		FUNDING S	OURCE, PCA	FUNDING	SOURCE, PCA	FUNDING S	OURCE, PCA	FUNDING SO	OURCE, PCA
CONTRACTOR:	County of Nevada		CHVP	, 53128						
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
EXPENSE CA	TECODY			<u> </u>	<u> </u>	<u> </u>	<u> </u>			<u> </u>
PERSONNEL	ATEGOR I				<u> </u>		<u> </u>		<del>                                     </del>	
FRINGE BENEF	FII S								<del> </del>	
EQUIPMENT TRAVEL							-		<del>                                     </del>	
	ete									
SUBCONTRACTOTHER COSTS										
INDIRECT COS							1		<u> </u>	
	TOTALS									
							otal when r			
							ement for th		and is the	mavimum
									ig sources.	
AS	THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT I HAVE S	EEN AND REVIEW	ED THIS INV	OICE FOR COI	MPLIANCE V	VITH MCAH AD	MINISTRATIV	E AND PROG	RAM POLICIE	S.
Signature over										
Printed Name	<type here="" name=""></type>			DATE	-					
	Click to Select Title									
State Use C	Only	FUNDING SOURCE	CI	HVP			<u> </u>		<u> </u>	
State OSC C		PCA CODE		53128						
PERSONNEL		100000		33120					=	
FRINGE BENEFITS	<u> </u>				1		1		-	
OPERATING					1		-		-	
EQUIPMENT					1		-		1	
TRAVEL					]		]			
SUBCONTRACTS					]					
OTHER COSTS									_	
INDIRECT COST					1				=	
Totals fo	or PCA Codes							1		

RPOSE:		California Home Visiting P	rogram			FUNDING SO	URCE, PCA	FUNDING S	OURCE, PCA	FUNDING S	OURCE, PCA	FUNDING SC	OURCE, PCA
NTRACTO	OR:	County of Nevada				CHVP,	53128						
REEMEN	T #:	CHVP 19-29			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
BK:					TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
				,									
	E CATE							DECONCILI	ATION SEC	TION (Pamai	ining Funds		
PERS	ONNE	L				100.00%	24,140		ATION SEC	TION (Remai	ming runds	) 	
			ТО	TAL PERSONNEL COSTS									
_				TOTAL WAGES		-				_			
	NLS		Actual										
	Ž L	TITLE OR CLASS.	Benefit %	Actual Benefit Amount	Total Wages								
1	CW	Director of Public Health Nursing											
2	CWW	Senior Public Health Nurse (In-Kind)											
3									<u> </u> 		_		<u> </u>
5									<u> </u> 		1		
6													
7											-		
8 _									<u> </u> 		<u> </u>  -		
10									1		1		
11											_		
12													
13									1		<u> </u>  -		
14 15									<u> </u> 		_		
						<u> </u>		RECONCIL I	ATION SEC	TION (Remai	ining Funds		
FRING	GE BE	NEFITS				100.00%	13,108.47		ATION SEC				
			7	OTAL FRINGE BENEFITS									
OPFR	RATINO	<u> </u>						RECONCILI	ATION SEC	TION (Remai	ining Funds		
				ODED ATIMO EVDENOSO		100.00%	275.00			<u> </u>			
1 C	Communicat	tion	TOTAL	OPERATING EXPENSES									
<u> </u>	rinting/Dupl										]		}
3													
4											-		
5									1		1		
7									†		-		-
<u>,</u>						1			1		1		1



PURPOSE:	California Home Visiting Program		FUNDING SC	OURCE, PCA	FUNDING S	OURCE, PCA	FUNDING S	OURCE, PCA	FUNDING SOURCE, PCA	
CONTRACTOR:	County of Nevada		CHVP,	53128						
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL	%	\$	%	\$	%	\$	%	\$
		FUNDING	,,	<u> </u>	,,				,,	
EXPENSE CAT	TEGORY									
EQUIPME	INT				RECONCILI	ATION SEC	TION (Rema	ining Funds		
	TOTAL EQUIPMENT EXPENSES									
1						_				
3						_		_		
4						1				
5			<u> </u>				<u> </u>	<u> </u>		
TRAVEL			100.00%	6,575.00		ATION SEC	TION (Rema	ining Funds		
	TOTAL TRAVEL EXPENSES		100.00%	0,373.00						
1 Training						_		-		
2 Travel 3 CHVP Co	onference September 2020					1		1		
4						]				
5										
SUBCONT	TRACTS		400,000			ATION SEC	TION (Rema	ining Funds		
	TOTAL SUBCONTRACT EXPENSES		100.00%	830,425.00			<u> </u> 			
1										
2 Child Adv	vocates of Nevada County					1		_		
4						1		_		
5										
OTHER CO	OSTS				RECONCILI	ATION SEC	TION (Rema	ining Funds		
	TOTAL OTHER COSTS		<u> </u>		<u> </u>		<u> </u> 			
1										
2 3						1		-		
4						1		]		
5										
INDIRECT	COST					ATION SEC	TION (Rema	ining Funds		
	TOTAL INDIRECT COSTS		100.00%	9,311.99			<u> </u>			
of Total P	Personnel and Benefits									



	INVOICE SUMMARY	FISCAL Y	EAR	INVO	ICE#	INVOICE	PERIOD	BUDG	ETED LINE	ITEMS		
		2019-20	20	C	12	October -	December		Original			
Rev. 10/29/18												
PURPOSE:	California Home Visiting Program		FUNDING S	OURCE, PCA	FUNDING	SOURCE, PCA	FUNDING SO	URCE, PCA	FUNDING S	OURCE, PCA		
CONTRACTOR:	County of Nevada		CHVP,	53128								
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)		
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$		
EXPENSE CAT	FGORY	T				<u> </u>	<u> </u>		<u> </u>			
PERSONNEL		<del></del>										
FRINGE BENEF	ITS											
OPERATING							-					
EQUIPMENT												
TRAVEL												
SUBCONTRACT	TS											
OTHER COSTS												
INDIRECT COST	Г											
	TOTALS											
	L.	<u> </u>		l								
						Illea thic t	otal when re	aniestina				
								this total when requesting bursement for this invoice.				
						reimburse	ement for th	is invoice	<u> </u>			
						reimburse This amou	ement for thundes	is invoice any cuts	and is the			
						reimburse This amou	ement for th	is invoice any cuts	and is the			
						reimburse This amou	ement for thundes	is invoice any cuts	and is the			
AS	THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT I HAVE SI	EEN AND REVIEWE	D THIS INVO	OICE FOR CO	MPLIANCE V	reimburse This amou amount pa	ement for thundes ayable from	is invoice any cuts all fundin	and is the	•		
AS <sup>-</sup>	THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT I HAVE SI	EEN AND REVIEWE	ED THIS INVO	OICE FOR CO	WPLIANCE V	reimburse This amou amount pa	ement for thundes ayable from	is invoice any cuts all fundin	and is the	•		
	THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT I HAVE SI	EEN AND REVIEWE	ED THIS INVO	OICE FOR CO	MPLIANCE V	reimburse This amou amount pa	ement for thundes ayable from	is invoice any cuts all fundin	and is the	•		
AS To Signature over Printed Name	THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT I HAVE SI	EEN AND REVIEWE	D THIS INVO	DICE FOR CO	MPLIANCE V	reimburse This amou amount pa	ement for thundes ayable from	is invoice any cuts all fundin	and is the	•		
Signature over		EEN AND REVIEWE	ED THIS INVO		MPLIANCE V	reimburse This amou amount pa	ement for thundes ayable from	is invoice any cuts all fundin	and is the	•		
Signature over	<type here="" name=""></type>	EEN AND REVIEWE	ED THIS INVO		MPLIANCE V	reimburse This amou amount pa	ement for thundes ayable from	is invoice any cuts all fundin	and is the	•		
Signature over Printed Name	<type here="" name=""> Click to Select Title</type>			DATE	MPLIANCE V	reimburse This amou amount pa	ement for thundes ayable from	is invoice any cuts all fundin	and is the	•		
Signature over Printed Name	<type here="" name=""> Click to Select Title</type>	FUNDING SOURCE		DATE	WPLIANCE V	reimburse This amou amount pa	ement for thundes ayable from	is invoice any cuts all fundin	and is the	•		
Signature over Printed Name	<type here="" name=""> Click to Select Title</type>			DATE	MPLIANCE V	reimburse This amou amount pa	ement for thundes ayable from	is invoice any cuts all fundin	and is the	•		
Signature over Printed Name  State Use O	<type here="" name=""> Click to Select Title</type>	FUNDING SOURCE		DATE	MPLIANCE V	reimburse This amou amount pa	ement for thundes ayable from	is invoice any cuts all fundin	and is the	•		
Signature over Printed Name  State Use O  PERSONNEL FRINGE BENEFITS	<type here="" name=""> Click to Select Title</type>	FUNDING SOURCE		DATE	MPLIANCE V	reimburse This amou amount pa	ement for thundes ayable from	is invoice any cuts all fundin	and is the	•		
Signature over Printed Name  State Use O  PERSONNEL FRINGE BENEFITS OPERATING	<type here="" name=""> Click to Select Title</type>	FUNDING SOURCE		DATE	MPLIANCE V	reimburse This amou amount pa	ement for thundes ayable from	is invoice any cuts all fundin	and is the	•		
Signature over Printed Name  State Use O  PERSONNEL FRINGE BENEFITS OPERATING EQUIPMENT	<type here="" name=""> Click to Select Title</type>	FUNDING SOURCE		DATE	MPLIANCE V	reimburse This amou amount pa	ement for thundes ayable from	is invoice any cuts all fundin	and is the	•		
Signature over Printed Name  State Use O  PERSONNEL FRINGE BENEFITS OPERATING EQUIPMENT TRAVEL	<type here="" name=""> Click to Select Title</type>	FUNDING SOURCE		DATE	WPLIANCE V	reimburse This amou amount pa	ement for thundes ayable from	is invoice any cuts all fundin	and is the	•		
Signature over Printed Name  State Use O  PERSONNEL FRINGE BENEFITS OPERATING EQUIPMENT TRAVEL SUBCONTRACTS	<type here="" name=""> Click to Select Title</type>	FUNDING SOURCE		DATE	MPLIANCE V	reimburse This amou amount pa	ement for thundes ayable from	is invoice any cuts all fundin	and is the	•		
Signature over	<type here="" name=""> Click to Select Title</type>	FUNDING SOURCE		DATE	MPLIANCE V	reimburse This amou amount pa	ement for thundes ayable from	is invoice any cuts all fundin	and is the	•		



RPOSE:	California Home Visiting P	Program			FUNDING SO	JRCE, PCA	FUNDING S	OURCE, PCA	FUNDING S	OURCE, PCA	FUNDING SC	OURCE, PCA
NTRACTOR:	County of Nevada				CHVP,	53128						
REEMENT #:	CHVP 19-29			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
BK:				TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
					I .			I I	<u> </u>	I	•	
XPENSE CAT							RECONCILI	ATION SECT	<u>l</u> ΓΙΟΝ (Remai	ning Funds	<u> </u>	
PERSONN	PERSONNEL				100.00%	24,140		ATION OLO	TOTT (TCITICI	Ining Farias	,	
1		TO	OTAL PERSONNEL COSTS									
			TOTAL WAGES		-							
ITIALS	TITLE OR CLASS.	Actual Benefit %	Actual Benefit Amount	Total Wages								
1 CW	Director of Dublic Hoolth Nursing		, m 4					Τ		Γ		
2 CWW	Director of Public Health Nursing  Senior Public Health Nurse (In-Kind)				-							
3	,											
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11												
12												
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14												
15												
	BENEFITS				<u> </u>		RECONCILI	ATION SECT	ΓΙΟΝ (Remai	ning Funds	)	
NINGE B	PLINEFII 3		חר		100.00%	13,108.47		I		-   		
			TOTAL FRINGE BENEFITS									
OPERATII	NG						RECONCILI	ATION SECT	TION (Remai	ning Funds	)	
					100.00%	275.00			<u> </u>		<u> </u>	
1 Commun	vication	TOTA	L OPERATING EXPENSES								<u> </u>	
1 Commun 2 Printing/E					+			-				
3	- op.1001.011				+			-		-		
4								1				
5					<del> </del>			1				
6								]				
7												
8												



PURPOSE:	California Home Visiting Program		FUNDING SO	OURCE, PCA	FUNDING S	OURCE, PCA	FUNDING S	OURCE, PCA	FUNDING SO	DURCE, PCA	
						· · · · · · · · · · · · · · · · · · ·					
CONTRACTOR:	County of Nevada		CHVP,	53128		Т				Г	
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$	
EXPENSE CA	TEGORY										
EQUIPME	NT				RECONCILI	ATION SECT	ΓΙΟΝ (Remai	ining Funds	)		
	TOTAL EQUIPMENT EXPENSES										
1											
3						-		1			
4						-		-			
5								]			
TRAVEL					RECONCILI	ATION SECT	ΓΙΟΝ (Remai	ining Funds	)		
INAVEL			100.00%	6,575.00							
1 Training	TOTAL TRAVEL EXPENSES		<u> </u>						<u> </u>		
2 Travel						_		-			
	conference September 2020					-		1			
4											
5											
SUBCON	TD ACTS				RECONCILI	ATION SEC	ΓΙΟΝ (Remai	ining Funds	)		
SUBCON	1		100.00%	830,425.00							
4	TOTAL SUBCONTRACT EXPENSES		<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>		
2 Child Adv	vocates of Nevada County					_		-			
3								-			
4											
5											
OTHER C	OSTS				RECONCILI	ATION SECT	TION (Remai	ining Funds	)		
	TOTAL OTHER COSTS								<u> </u>		
1	TOTAL OTHER COSTS		<u> </u>						<u> </u>		
2								-			
3						]		]			
4						_		_			
5			<u> </u>					<u> </u>			
INDIRECT	COST		RECONCILIATION SECTION (Remaining Funds)								
			100.00%	9,311.99	<u> </u>		 				
_1 T_1_1	TOTAL INDIRECT COSTS		<u> </u>						<u> </u>		
oi rotal f	Personnel and Benefits										



	INVOICE SUMMARY	FISCAL Y	EAR	INVO	ICE#	INVOICE	PERIOD	BUDG	SETED LINE	ITEMS
		2019-20	20	Q	.3	January	· - March		Original	
Rev. 10/29/18										
PURPOSE:	California Home Visiting Program		FUNDING S	OURCE, PCA	FUNDING S	SOURCE, PCA	FUNDING S	OURCE, PCA	FUNDING S	OURCE, PCA
CONTRACTOR:	County of Nevada		CHVP	53128						
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
EXPENSE CAT	FGORY						<u> </u>	1	1	<u> </u>
PERSONNEL	LOOKI								<u> </u> 	
FRINGE BENEF	ITC									
OPERATING										
EQUIPMENT										
TRAVEL										
SUBCONTRACT	S									
OTHER COSTS										
INDIRECT COST										
	TOTALS									
	L. F.					<u> </u>				
l	<del></del>						stal whon r	odupetina	<del></del>	
						Use this to				
						reimburse	ment for the	nis invoice	•	
						reimburse This amou	ement for thunder the second the	nis invoice s any cuts	and is the	
						reimburse	ement for thunder the second the	nis invoice s any cuts	and is the	
						reimburse This amou	ement for thunder the second the	nis invoice s any cuts	and is the	
AS	THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT I HAVE SI	EEN AND REVIEWE	ED THIS INVO	DICE FOR CON	IPLIANCE W	reimburse This amou amount pa	ement for the sum of t	nis invoice s any cuts n all fundin	and is the	<u> </u>
AS -	THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT I HAVE SI	EEN AND REVIEWE	ED THIS INVO	DICE FOR COM	MPLIANCE W	reimburse This amou amount pa	ement for the sum of t	nis invoice s any cuts n all fundin	and is the	<u> </u>
	THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT I HAVE SI	EEN AND REVIEWE	ED THIS INVO	DICE FOR CON	MPLIANCE W	reimburse This amou amount pa	ement for the sum of t	nis invoice s any cuts n all fundin	and is the	<u> </u>
Signature over	THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT I HAVE SI	EEN AND REVIEWE	ED THIS INVO	DICE FOR CON	IPLIANCE W	reimburse This amou amount pa	ement for the sum of t	nis invoice s any cuts n all fundin	and is the	<u> </u>
Signature over		EEN AND REVIEWE	ED THIS INVO		MPLIANCE W	reimburse This amou amount pa	ement for the sum of t	nis invoice s any cuts n all fundin	and is the	<u> </u>
Signature over	<type here="" name=""></type>	EEN AND REVIEWE	ED THIS INVO		MPLIANCE W	reimburse This amou amount pa	ement for the sum of t	nis invoice s any cuts n all fundin	and is the	<u> </u>
Signature over Printed Name	<type here="" name=""> Click to Select Title</type>			DATE	IPLIANCE W	reimburse This amou amount pa	ement for the sum of t	nis invoice s any cuts n all fundin	and is the	<u> </u>
Signature over	<type here="" name=""> Click to Select Title</type>	FUNDING SOURCE			MPLIANCE W	reimburse This amou amount pa	ement for the sum of t	nis invoice s any cuts n all fundin	and is the	<u> </u>
Signature over Printed Name	<type here="" name=""> Click to Select Title</type>			DATE	IPLIANCE W	reimburse This amou amount pa	ement for the sum of t	nis invoice s any cuts n all fundin	and is the	<u> </u>
Signature over Printed Name  State Use O	<type here="" name=""> Click to Select Title</type>	FUNDING SOURCE		DATE	MPLIANCE W	reimburse This amou amount pa	ement for the sum of t	nis invoice s any cuts n all fundin	and is the	<u> </u>
Signature over Printed Name  State Use O  PERSONNEL FRINGE BENEFITS	<type here="" name=""> Click to Select Title</type>	FUNDING SOURCE		DATE	APLIANCE W	reimburse This amou amount pa	ement for the sum of t	nis invoice s any cuts n all fundin	and is the	•
Signature over Printed Name  State Use O  PERSONNEL FRINGE BENEFITS OPERATING	<type here="" name=""> Click to Select Title</type>	FUNDING SOURCE		DATE	MPLIANCE W	reimburse This amou amount pa	ement for the sum of t	nis invoice s any cuts n all fundin	and is the	•
Signature over Printed Name  State Use O  PERSONNEL FRINGE BENEFITS OPERATING EQUIPMENT	<type here="" name=""> Click to Select Title</type>	FUNDING SOURCE		DATE	APLIANCE W	reimburse This amou amount pa	ement for the sum of t	nis invoice s any cuts n all fundin	and is the	•
Signature over Printed Name  State Use O  PERSONNEL FRINGE BENEFITS OPERATING EQUIPMENT TRAVEL	<type here="" name=""> Click to Select Title</type>	FUNDING SOURCE		DATE	MPLIANCE W	reimburse This amou amount pa	ement for the sum of t	nis invoice s any cuts n all fundin	and is the	•
Signature over Printed Name  State Use O  PERSONNEL FRINGE BENEFITS OPERATING EQUIPMENT TRAVEL SUBCONTRACTS	<type here="" name=""> Click to Select Title</type>	FUNDING SOURCE		DATE	MPLIANCE W	reimburse This amou amount pa	ement for the sum of t	nis invoice s any cuts n all fundin	and is the	<u> </u>
Signature over Printed Name	<type here="" name=""> Click to Select Title</type>	FUNDING SOURCE		DATE	MPLIANCE W	reimburse This amou amount pa	ement for the sum of t	nis invoice s any cuts n all fundin	and is the	<u> </u>



PURPOSE:	California Home Visiting P	Program			FUNDING SO	URCE, PCA	FUNDING S	OURCE, PCA	FUNDING S	OURCE, PCA	FUNDING SC	OURCE, PCA
ONTRACTOR:	County of Nevada				CHVP,	53128	28					
GREEMENT #:	CHVP 19-29			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
JBK:				TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
XPENSE CAT	EGORY											
PERSONN				<u> </u>			RECONCILI	ATION SEC	ι ΓΙΟΝ (Rema	ining Funds	5)	
LIXOUNIA					100.00%	24,140						
		TO	OTAL PERSONNEL COSTS		<u> </u>							
			TOTAL WAGES		1				1			
INITIALS	TITLE OR CLASS.	Actual Benefit %	Actual Benefit Amount	Total Wages								
1 CW	Director of Public Health Nursing											
2 CWW								1				
3												
4								<u> </u>		-		
6					1			-				
7								1				
8								_				
9												
10								- -		-		
11								-				
12		+			-			-				
14												
15								-		_		
					1		PECONCII I	ATION SEC	ΓΙΟΝ (Rema	ining Funds	1	
FRINGE B	ENEFITS				100.00%	13,108.47		ATION SEC				
			TOTAL FRINGE BENEFITS			<u> </u>						
							RECONCILI	ATION SEC	ΓΙΟΝ (Rema	ining Funds	1	
OPERATIN	1G				100.00%	275.00						
		ТОТА	L OPERATING EXPENSES									
1 Communic												
2 Printing/Du	uplication				<b> </b>			_		_		
3								-		-		
5								-		-		
6								1		-		
7								]				
8												
9												



PURPOSE:	California Home Visiting Program		FUNDING SC	OURCE, PCA	FUNDING SO	OURCE, PCA	FUNDING S	OURCE, PCA	FUNDING SC	OURCE, PCA	
CONTRACTOR:	County of Nevada		CHVP,	53128							
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$	
EXPENSE CA	TEGORY						<u> </u>				
EQUIPME	<u>'</u>				RECONCILIA	ATION SECT	ι ΓΙΟΝ (Remai	ning Funds	)		
LQOII WIL	TOTAL EQUIPMENT EXPENSES										
1											
2											
4											
5											
TRAVEL			RECONCILIATION SECTION (Remaining Funds)								
INAVLL			100.00%	6,575.00							
1 Training	TOTAL TRAVEL EXPENSES				<u> </u>						
2 Travel											
	onference September 2020										
4											
5											
SUBCON	TRACTS				RECONCILI	ATION SECT	ΓΙΟΝ (Remai	ning Funds	)		
3000011			100.00%	830,425.00							
1	TOTAL SUBCONTRACT EXPENSES				<u> </u>						
2 Child Adv	vocates of Nevada County										
3											
4											
5					<u> </u>						
OTHER C	OSTS				RECONCILIA	ATION SECT	ΓΙΟΝ (Remai Ι	ning Funds	)		
	TOTAL OTHER COSTS										
1											
2											
3											
5											
<u>'</u>	<u>                                     </u>	RECONCILIATION SECTION (Remaining Funds)									
INDIRECT	COST		100.00%	9,311.99		ATION SEC	TION (Kemai	ning runas 	<i>)</i>		
	TOTAL INDIRECT COSTS		. 30.3070	5,511.00							
of Total F	Personnel and Benefits										



	INVOICE SUMMARY	FISCAL YE	AR INV	OICE#		PERIOD	BUDG	ETED LINE	
		2019-2020	0	Q4	April -	- June		Original	
Rev. 10/29/18  PURPOSE:	California Home Visiting Program		FUNDING SOURCE, PCA	FUNDING	SOURCE, PCA	FUNDING S	OURCE, PCA	FUNDING S	SOURCE, PCA
CONTRACTOR:	County of Nevada		CHVP, 53128						
	County of Nevada		01111,00120		<u> </u>		T		T
AGREEMENT #:	CHVP 19-29	(1)	(2) (3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	% \$	%	\$	%	\$	%	\$
EXPENSE CAT	ΓEGORY							<u> </u>	
PERSONNEL									
FRINGE BENEF	TITS								
OPERATING									
EQUIPMENT									
TRAVEL									
SUBCONTRACT	ΓS								
OTHER COSTS									
INDIRECT COST									
	T	OTALS							
					Lico this to	otal when r	requesting		
					reimburse				
					II.	ement for thunder the second the	his invoice es any cuts	and is the	
AS -	THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT	I HAVE SEEN AND REVIEWED	THIS INVOICE FOR CO	OMPLIANCE V	reimburse This amou amount pa	ement for the sum of t	his invoice es any cuts n all fundin	and is the	•
AS -	THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT	I HAVE SEEN AND REVIEWED	THIS INVOICE FOR CO	OMPLIANCE V	reimburse This amou amount pa	ement for the sum of t	his invoice es any cuts n all fundin	and is the	•
	THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT	I HAVE SEEN AND REVIEWED	THIS INVOICE FOR CO	OMPLIANCE V	reimburse This amou amount pa	ement for the sum of t	his invoice es any cuts n all fundin	and is the	•
Signature over		I HAVE SEEN AND REVIEWED		OMPLIANCE V	reimburse This amou amount pa	ement for the sum of t	his invoice es any cuts n all fundin	and is the	•
Signature over	<type here="" name=""> Click to Select Title</type>	TI HAVE SEEN AND REVIEWED  FUNDING SOURCE		OMPLIANCE V	reimburse This amou amount pa	ement for the sum of t	his invoice es any cuts n all fundin	and is the	•
Signature over Printed Name	<type here="" name=""> Click to Select Title</type>		DATE	OMPLIANCE V	reimburse This amou amount pa	ement for the sum of t	his invoice es any cuts n all fundin	and is the	•
Signature over Printed Name	<type here="" name=""> Click to Select Title</type>	FUNDING SOURCE	CHVP	OMPLIANCE V	reimburse This amou amount pa	ement for the sum of t	his invoice es any cuts n all fundin	and is the	•
Signature over Printed Name  State Use O  PERSONNEL	<type here="" name=""> Click to Select Title  Only</type>	FUNDING SOURCE	CHVP	OMPLIANCE V	reimburse This amou amount pa	ement for the sum of t	his invoice es any cuts n all fundin	and is the	•
Signature over Printed Name  State Use O  PERSONNEL FRINGE BENEFITS OPERATING	<type here="" name=""> Click to Select Title  Only</type>	FUNDING SOURCE	CHVP	OMPLIANCE V	reimburse This amou amount pa	ement for the sum of t	his invoice es any cuts n all fundin	and is the	•
Signature over Printed Name  State Use O  PERSONNEL FRINGE BENEFITS OPERATING EQUIPMENT	<type here="" name=""> Click to Select Title  Only</type>	FUNDING SOURCE	CHVP	DMPLIANCE V	reimburse This amou amount pa	ement for the sum of t	his invoice es any cuts n all fundin	and is the	•
Signature over Printed Name  State Use O  PERSONNEL FRINGE BENEFITS OPERATING EQUIPMENT TRAVEL	<type here="" name=""> Click to Select Title  Only</type>	FUNDING SOURCE	CHVP	OMPLIANCE V	reimburse This amou amount pa	ement for the sum of t	his invoice es any cuts n all fundin	and is the	•
Signature over Printed Name  State Use O  PERSONNEL FRINGE BENEFITS OPERATING EQUIPMENT TRAVEL SUBCONTRACTS	<type here="" name=""> Click to Select Title  Only</type>	FUNDING SOURCE	CHVP	DMPLIANCE V	reimburse This amou amount pa	ement for the sum of t	his invoice es any cuts n all fundin	and is the	•
Signature over Printed Name  State Use O  PERSONNEL FRINGE BENEFITS OPERATING EQUIPMENT	<type here="" name=""> Click to Select Title  Only</type>	FUNDING SOURCE	CHVP	OMPLIANCE V	reimburse This amou amount pa	ement for the sum of t	his invoice es any cuts n all fundin	and is the	•

FUNDING SOURCE, PCA	PCA	SOURCE, PCA	FUNDING S	OURCE, PCA	FUNDING SC	URCE, PCA	FUNDING SO			rogram	California Home Visiting Pr	POSE:
						53128	CHVP,				County of Nevada	TRACTOR:
(8) (9)	(7)	(7)	(6)	(5)	(4)	(3)	(2)	(1)			CHVP 19-29	EEMENT#:
% \$	\$	\$	%	\$	%	\$	%	TOTAL FUNDING				<b>(</b> :
			<u> </u>								EGORY	PENSE CATE
	Funds)	ining Fu	TION (Rema	ATION SECT	RECONCILIA		1		!		EL	ERSONNE
		<u> </u>				24,140	100.00%		TAL PERSONNEL COSTS	TO		
									TOTAL WAGES			
								Total Wages	Actual Benefit Amount	Actual Benefit %	TITLE OR CLASS.	INITIALS
											Director of Public Health Nursing	1 CW
		]									Senior Public Health Nurse (In-Kind)	2 CWW
		_		-								3
	-	-		_								5
		1										6
												7
												8
		4		-								9
	<u> </u>	-		<u> </u>								10
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	Funds)	ining Fu	TION (Rema	ATION SEC	RECONCILIA						NECITO	
			<u> </u>			13,108.47	100.00%				ENEFIIS	RINGE BE
									TOTAL FRINGE BENEFITS	•		
	Funds)	ining Fu	TION (Rema	ATION SEC	RECONCILIA						G	PERATIN
						275.00	100.00%	ı	11		<u> </u>	TERATING
	<u> </u>	<u> </u>	<u> </u> 				I		L OPERATING EXPENSES	TOTA	ation	4 0
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= =						275.00	100.00%		L OPERATING EXPENSES	TOTA	ation	1 Communica 2 Printing/Dup 3 4 5 6 7 8



PURPOSE:	California Home Visiting Program		FUNDING SO	OURCE, PCA	FUNDING S	OURCE, PCA	FUNDING S	OURCE, PCA	FUNDING SO	DURCE, PCA
						· · · · · · · · · · · · · · · · · · ·				
CONTRACTOR:	County of Nevada		CHVP,	53128		Т				Г
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
EXPENSE CA	TEGORY									
EQUIPME	NT				RECONCILI	ATION SECT	ΓΙΟΝ (Remai	ining Funds	)	
	TOTAL EQUIPMENT EXPENSES									
1										
3						-		1		
4						-		-		
5								]		
TRAVEL					RECONCILI	ATION SECT	ΓΙΟΝ (Remai	ining Funds	)	
INAVEL			100.00%	6,575.00						
1 Training	TOTAL TRAVEL EXPENSES		<u> </u>						<u> </u>	
2 Travel						_		-		
	conference September 2020					-		1		
4										
5										
SUBCON	TD ACTS				RECONCILI	ATION SEC	ΓΙΟΝ (Remai	ining Funds	)	
SUBCON	1		100.00%	830,425.00						
4	TOTAL SUBCONTRACT EXPENSES		<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>	
2 Child Adv	vocates of Nevada County					_		-		
3								-		
4										
5										
OTHER C	OSTS				RECONCILI	ATION SECT	TION (Remai	ining Funds	)	
	TOTAL OTHER COSTS								<u> </u>	
1	TOTAL OTHER COSTS		<u> </u>						<u> </u>	
2								-		
3						]		]		
4						_		_		
5			<u> </u>					<u> </u>		
INDIRECT	COST				RECONCILI	ATION SECT	ΓΙΟΝ (Rema	ining Funds	)	
			100.00%	9,311.99	<u> </u>		 			
_1 T_1_1	TOTAL INDIRECT COSTS		<u> </u>						<u> </u>	
oi rotal f	Personnel and Benefits									



I	INVOICE SUMMARY	FISCAL	/EAR	INVO	ICE #	INVOICE	PERIOD	DIIDO	ETED I INIC	ITEMO
		2019-20			15 <i>1</i>		eptember	BUDG	ETED LINE Original	I I E IVI S
D 40/00/40		2013 20				July Co	ptember		Original	
Rev. 10/29/18 PURPOSE:	California Home Visiting Program		FUNDING S	OURCE, PCA	FUNDING S	OURCE, PCA	FUNDING S	OURCE, PCA	FUNDING SC	OURCE, PCA
CONTRACTOR:	County of Nevada		CHVP	, 53128						
AGREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
SUBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
EXPENSE CATE	EGORY				<u> </u>		<u> </u>	1		
PERSONNEL										
FRINGE BENEFIT	TS									
OPERATING										
EQUIPMENT										
TRAVEL										
SUBCONTRACTS	S									
OTHER COSTS										
INDIRECT COST										
	TOTA	1 6								
	IOIA									
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								nis invoice.		
								s any cuts		maximum
	Einal Invaigat Vac/Na					I IIIS alliot			and is the	Haxiiiiaiii
	Final Invoice: Yes/No								g sources.	IIIaxiiiiaiii
	Final Invoice: Yes/No									
		E SEEN AND REVIEW	ED THIS INV	DICE FOR CO		amount pa	ayable fron	n all fundin	g sources.	
	Final Invoice: Yes/No THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT I HAV	E SEEN AND REVIEW	ED THIS INV	DICE FOR CO		amount pa	ayable fron	n all fundin	g sources.	
AS T		E SEEN AND REVIEW	ED THIS INV	DICE FOR COM		amount pa	ayable fron	n all fundin	g sources.	
AS T	HE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT I HAV	E SEEN AND REVIEW	ED THIS INV			amount pa	ayable fron	n all fundin	g sources.	
AS T	THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT I HAV	E SEEN AND REVIEW	ED THIS INVO	DICE FOR CON		amount pa	ayable fron	n all fundin	g sources.	
AS T	HE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT I HAV	E SEEN AND REVIEW	ED THIS INV			amount pa	ayable fron	n all fundin	g sources.	
AS T Signature over Printed Name	**Type Name Here> Click to Select Title	E SEEN AND REVIEW	ED THIS INV			amount pa	ayable fron	n all fundin	g sources.	
AS T	**Type Name Here> Click to Select Title	E SEEN AND REVIEW  FUNDING SOURCE				amount pa	ayable fron	n all fundin	g sources.	
AS T Signature over Printed Name	**Type Name Here> Click to Select Title		CI	DATE		amount pa	ayable fron	n all fundin	g sources.	
AS T Signature over Printed Name	**Type Name Here> Click to Select Title	FUNDING SOURCE	CI	DATE		amount pa	ayable fron	n all fundin	g sources.	
AS TO Signature over Printed Name  State Use Or PERSONNEL FRINGE BENEFITS	**Type Name Here> Click to Select Title	FUNDING SOURCE	CI	DATE		amount pa	ayable fron	n all fundin	g sources.	
AS TO Signature over Printed Name  State Use Or PERSONNEL FRINGE BENEFITS OPERATING	**Type Name Here> Click to Select Title	FUNDING SOURCE	CI	DATE		amount pa	ayable fron	n all fundin	g sources.	
AS TO Signature over Printed Name  State Use Or PERSONNEL FRINGE BENEFITS OPERATING EQUIPMENT	**Type Name Here> Click to Select Title	FUNDING SOURCE	CI	DATE		amount pa	ayable fron	n all fundin	g sources.	
AS TO Signature over Printed Name  State Use Or PERSONNEL FRINGE BENEFITS OPERATING EQUIPMENT TRAVEL	**Type Name Here> Click to Select Title	FUNDING SOURCE	CI	DATE		amount pa	ayable fron	n all fundin	g sources.	
AS TO Signature over Printed Name  State Use Or PERSONNEL FRINGE BENEFITS OPERATING EQUIPMENT TRAVEL SUBCONTRACTS	**Type Name Here> Click to Select Title	FUNDING SOURCE	CI	DATE		amount pa	ayable fron	n all fundin	g sources.	
AS TO Signature over Printed Name  State Use Or PERSONNEL FRINGE BENEFITS OPERATING EQUIPMENT TRAVEL	**Type Name Here> Click to Select Title	FUNDING SOURCE	CI	DATE		amount pa	ayable fron	n all fundin	g sources.	

FUNDING SOURCE, PCA	PCA	SOURCE, PCA	FUNDING S	OURCE, PCA	FUNDING SC	URCE, PCA	FUNDING SO			rogram	California Home Visiting Pr	POSE:
						53128	CHVP,				County of Nevada	TRACTOR:
(8) (9)	(7)	(7)	(6)	(5)	(4)	(3)	(2)	(1)			CHVP 19-29	EEMENT#:
% \$	\$	\$	%	\$	%	\$	%	TOTAL FUNDING				<b>(</b> :
			<u> </u>								EGORY	PENSE CATE
	Funds)	ining Fu	TION (Rema	ATION SECT	RECONCILIA		1		!		EL	ERSONNE
		<u> </u>				24,140	100.00%		TAL PERSONNEL COSTS	TO		
									TOTAL WAGES			
								Total Wages	Actual Benefit Amount	Actual Benefit %	TITLE OR CLASS.	INITIALS
											Director of Public Health Nursing	1 CW
		]									Senior Public Health Nurse (In-Kind)	2 CWW
		_		-								3
	-	-		_								5
		1										6
												7
												8
		4		-								9
	<u> </u>	-		<u> </u>								10
		-		-								12
		7		-								13
												14
												15
	Funds)	ining Fu	TION (Rema	ATION SEC	RECONCILIA						NECITO	
			<u> </u>			13,108.47	100.00%				ENEFIIS	RINGE BE
									TOTAL FRINGE BENEFITS	•		
	Funds)	ining Fu	TION (Rema	ATION SEC	RECONCILIA						G	PERATIN
						275.00	100.00%	ı	11		<u> </u>	TERATING
	<u> </u>	<u> </u>	<u> </u> 				I		L OPERATING EXPENSES	TOTA	ation	4 0
	$\vdash$	-		-								
		1		-							<del> </del>	3
		]		]								4
		_										5
		4		_								6
	$\vdash$	-		-								8
	 	-		-								9
= =						275.00	100.00%		L OPERATING EXPENSES	TOTA	ation	1 Communica 2 Printing/Dup 3 4 5 6 7 8

of Total Personnel and Benefits

	California Home Visiting Program		FUNDING S	OURCE, PCA	FUNDING SC	OURCE, PCA	FUNDING S	OURCE, PCA	FUNDING S	OURCE, PCA
CONTRACTOR:	County of Nevada		CHVP	53128						
GREEMENT #:	CHVP 19-29	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
UBK:		TOTAL FUNDING	%	\$	%	\$	%	\$	%	\$
EXPENSE CA	TEGORY		Τ				<u> </u>			
EQUIPME		<u> </u>			RECONCILIA	ATION SEC	ΓΙΟΝ (Remai	ning Funds		
	TOTAL EQUIPMENT EXPENSE	:S	<u> </u>							<u> </u>
1										
2								 		
4								-		-
5										
TRAVEL			<u> </u>		RECONCILIA	ATION SEC	ΓΙΟΝ (Remai	ining Funds		
INAVEL			100.00%	6,575.00						
1 Training	TOTAL TRAVEL EXPENSE	is	<u> </u> 							
2 Travel								-		1
3 CHVP C	onference September 2020							]		]
5								_		-
<u> </u>			<u> </u>							
					RECONCILIA	ATION SEC	ΓΙΟΝ (Remai	ining Funds		
SUBCON	IRACIS		100.00%					<u> </u>		
SUBCON	TOTAL SUBCONTRACT EXPENSE	:S	100.00%							
SUBCON <sup>-</sup>	TOTAL SUBCONTRACT EXPENSE	ES .	100.00%							
1		ES .	100.00%							
1	TOTAL SUBCONTRACT EXPENSE	ES	100.00%							
1	TOTAL SUBCONTRACT EXPENSE	ES	100.00%							
1	rotal subcontract expense vocates of Nevada County	ES .	100.00%	830,425.00						
1   Child Adv 3   4   5	vocates of Nevada County  OSTS		100.00%	830,425.00	RECONCILIA					
1	rotal subcontract expense vocates of Nevada County		100.00%	830,425.00						
1   Child Adv 3   4   5	vocates of Nevada County  OSTS		100.00%	830,425.00						
1   Child Adv 3   4   5	vocates of Nevada County  OSTS		100.00%	830,425.00						
1   Child Adv 3   4   5	vocates of Nevada County  OSTS		100.00%	830,425.00						
1   Child Adv 3   4   5	vocates of Nevada County  OSTS		100.00%	830,425.00	RECONCILIA	ATION SEC	TION (Remai	ning Funds		
1   Child Adv 3   4   5	OSTS TOTAL SUBCONTRACT EXPENSE		100.00%	830,425.00	RECONCILIA	ATION SEC	TION (Remai	ning Funds		

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

		тот	ALS	CHVP,	53128						
EXPENSE CAT	EGORY	Total % <b>Remaining</b>	(1) Total \$ Remianing	(2) % Remaining	(3) \$ Remaining	(4) % Remaining	(5) \$ Remaining	(6) % Remaining	(7) \$ Remaining	(8) % Remaining	(9) \$ Remaining
	PERSONNE	EL									
		- <u>-</u>		CHVP,	53128		Γ		T		Γ
	ORIGINAL		24,140	1	24,140						
	BR1										
	Difference									<u> </u>	
	BR1										
BUDGETS	BR2										
	Difference										
	BR2										
	BR3									1	
	Difference										
	Month 1										
	Month 2										
	Month 3 (Q1)										
	Month 4										
	Month 5										
	Month 6 (Q2)										
INVOICES	Month 7										
	Month 8										
	Month 9 (Q3)										
	Month 10										
	Month 11										
	Month 12 (Q4)										
	Month 15 (Q5)										
Adjustments/Cor											
T	otal Expended Funds										
Baland	e of Available Funds*	100.00%	24,139.50	100.00%	24,139.50						

		тоти	ALS	CHVP,	53128						
EXPENSE CAT	EGORY	Total % Remaining	(1) Total \$ Remianing	(2) % Remaining	(3) \$ Remaining	(4) % Remaining	(5) <b>\$</b> Remaining	(6) % Remaining	(7) \$ Remaining	(8) % Remaining	(9) <b>\$</b> Remainii
F	RINGE BENE	FITS		CHVP	, 53128						
	ORIGINAL		13,108	1	13,108						
	BR1		10,100		10,100						
	Difference										
	BR1										
<b>BUDGETS</b>	BR2										
	Difference										
	BR2										
	BR3										
	Difference										
	<b>1</b>	T							<u> </u>		Ī
	Month 1										
	Month 2										
	Month 3 (Q1)										
	Month 4										
	Month 5										
INVOICES	Month 6 (Q2)										
INVOICES	Month 7										
	Month 8										
	Month 9 (Q3)										
	Month 10										
	Month 12 (O4)										
	Month 12 (Q4)										
Adjustments/Cor	Month 15 (Q5)										
	otal Expended Funds										
	e of Available Funds*	100.00%	13,108.47	100.00%	13,108.47			<u> </u>	<u> </u>		

	<b>OPERATING</b>		<u> </u>						
	01 210 11110			CHVP, 5	53128				,
	ORIGINAL		275	1	275			]	
	BR1								
	Difference								
	BR1								
<b>BUDGETS</b>	BR2						1	1	
	Difference								
	BR2								
	BR3						1	-	
	Difference								
				·		·			
	Month 1								
	Month 2								
	Month 3 (Q1)								
	Month 4								
	Month 5								
	Month 6 (Q2)								
<b>INVOICES</b>	Month 7								
	Month 8								
	Month 9 (Q3)								
	Month 10								
	Month 11								
	Month 12 (Q4)								
	Month 15 (Q5)								
Adjustments/Cor	rections					 		 	
T	otal Expended Funds								
Baland	e of Available Funds*	100.00%	275	100.00%	275.00				

		тот	ALS	CHVP,	53128						
EXPENSE CAT	EGORY	Total % Remaining	(1) Total \$ Remianing	(2) % Remaining	(3) \$ Remaining	(4) % Remaining	(5) \$ Remaining	(6) % Remaining	(7) \$ Remaining	(8) % Remaining	(9) \$ Remair
	EQUIPMEN'	Т		CHVP.	, 53128					<u> </u> 	
	ORIGINAL				,						
	BR1										
	Difference										
	BR1									1	
<b>BUDGETS</b>	BR2										
	Difference										
	BR2										
	BR3										
	Difference										
	Month 1										
	Month 2										
	Month 3 (Q1)										
	Month 4										
	Month 5										
	Month 6 (Q2)										
<b>INVOICES</b>	Month 7										
	Month 8										
	Month 9 (Q3)										
	Month 10										
	Month 11										
	Month 12 (Q4)										
	Month 15 (Q5)										
Adjustments/Cor											
T	otal Expended Funds										
Baland	e of Available Funds*										
								<u> </u>			
	TRAVEL			CHVP.	, 53128						
	ORIGINAL		6,575	1	6,575						
	BR1		5,510	·	2,2: 2						
			<u> </u>								

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

		тоти	ALS	CHVP,	53128						
EXPENSE CATEGORY		Total % Remaining	(1) Total \$ Remianing	(2) % Remaining	(3) \$ Remaining	(4) % Remaining	(5) \$ Remaining	(6) % Remaining	(7) \$ Remaining	(8) % Remaining	(9) \$ Remain
;	SUBCONTRA	CTS		CHVP,	53128						
	ORIGINAL		830,425	1	830,425						
	BR1	ļ									
	Difference										
	BR1										
<b>BUDGETS</b>	BR2										
	Difference										
	BR2										
	BR3										
	Difference										
	T						Г		I		Г
	Month 1										
	Month 2										
	Month 3 (Q1)										
	Month 4										
	Month 5										
	Month 6 (Q2)										
<b>INVOICES</b>	Month 7										
	Month 8										
	Month 9 (Q3)										
	Month 10										
	Month 11										
	Month 12 (Q4)										
	Month 15 (Q5)										
Adjustments/Cor	rections										
Т	otal Expended Funds										
Balanc	e of Available Funds*	100.00%	830,425.00	100.00%	830,425.00						

	OTHER COSTS			
		CHVP, 53128		
	ORIGINAL			
	BR1			
	Difference			
	BR1			<u> </u>
BUDGETS	BR2			1 —
	Difference			
				<u> </u>
	BR2			-
	BR3			
	Difference			
	Month 1			
	Month 2			
	Month 3 (Q1)			
	Month 4			
	Month 5			
	Month 6 (Q2)			
<b>INVOICES</b>	Month 7			
	Month 8			
	Month 9 (Q3)			
	Month 10			
	Month 11			
	Month 12 (Q4)			
	Month 15 (Q5)			
Adjustments/Cor				
	otal Expended Funds			
	e of Available Funds*		1	1

			TOTALS		CHVP, 53128						
EXPENSE CATEGORY		Total % Remaining	(1) Total \$ Remianing	(2) % Remaining	(3) \$ Remaining	(4) % Remaining	(5) \$ Remaining	(6) % Remaining	(7) \$ Remaining	(8) % Remaining	(9) <b>\$</b> Remaini
IRECT COST				CHVP,	53128						
	ORIGINAL		9,312	1	9,312						
	BR1										
	Difference										
	BR1										
BUDGETS	BR2			Ī							
	Difference										
	BR2										
	BR3			Ī							
	Difference										
	,	·									
	Month 1										
	Month 2										
	Month 3 (Q1)										
	Month 4										
	Month 5										
	Month 6 (Q2)										
INVOICES	Month 7										
	Month 8										
	Month 9 (Q3)										
	Month 10										
	Month 11										
	Month 12 (Q4)										
	Month 15 (Q5)										
Adjustments/Cor	rections										
Т	otal Expended Funds										
Balanc	e of Available Funds*	100.00%	9,312	100.00%	9,312						

Expense S	ummary						
Purpose:	California Home Visiting Progr	am					
Contractor:	County of Nevada						
Agreement #:	CHVP 19-29						
SubK:							
FY:	2019-2020						
Active Budget:	ORIGINAL BUDGET						
		Domestate of Ford					
	Budgeted Funds —	Remaining Funds					
<b>2.11.15</b>	883,835	\$ 883,835	100.00%				
CHVP, 53128	003,033	003,033	100.00%				
TOTALS	883,835	883,836	100.00%				
1017120	000,000		100.0070				
	INVOICE	REIMBURSEI	MENT TOTALS				
	Month 1						
	Month 2						
	Month 3 (Q1)						
	Month 4						
	Month 5						
	Month 6 (Q2)						
	Month 7						
	Month 8						
	Month 9 (Q3)						
	Month 10						
	Month 11						
	Month 12 (Q4)						
	Month 15 (Q5)						
	Adjust/Corr						
	YTD Total						

# **NOTES PAGE**

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Printed: 9/5/2019 12:23 PM

**Program: California Home Visiting Program** 

**Agency: County of Nevada SubK: CHVP 19-29** 

Fiscal Year: 2019-2020

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

Note No.	Initials	Date	Note
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