

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

MEETING DATE: September 15, 2020	TYPE OF AGENDA ITEM: <input type="checkbox"/> Regular <input type="checkbox"/> Timed <input checked="" type="checkbox"/> Consent
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DEPARTMENT: Public Health
APPROVING PARTY: Vickie Clark, Director
PHONE NUMBER: (530) 993-6700

AGENDA ITEM: : Resolution approving the Sierra County Allocation Funding Application (AFA), Scope of Work (SOW), and the budget for the ongoing Maternal, Child and Adolescent Health, (MCAH) program for Fiscal Year 2020-2021 and authorizing Vickie Clark, Public Health and Social Services Director, to sign documents regarding the AFA.

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other

BACKGROUND INFORMATION: Please see attached memo

FUNDING SOURCE: 0515610
GENERAL FUND IMPACT: No General Fund Impact
OTHER FUND:
AMOUNT: \$97,303.13 Annually

ARE ADDITIONAL PERSONNEL REQUIRED?

Yes, -- --
No

IS THIS ITEM ALLOCATED IN THE BUDGET? Yes No

IS A BUDGET TRANSFER REQUIRED? Yes No

SPACE BELOW FOR CLERK'S USE

<p>BOARD ACTION:</p> <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken	<input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____	Resolution 2020- _____ Agreement 2020- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus
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COMMENTS:

CLERK TO THE BOARD

DATE

Memorandum

To: Sierra County Board of Supervisors

From: Vickie Clark, Director

Reference: Agenda Item

Date of memo: August 31, 2020

Date of Board Meeting: September 15, 2020

Requested Action: Resolution approving the Sierra County Allocation Funding Application (AFA), Scope of Work (SOW), and the budget for the ongoing Maternal, Child and Adolescent Health, (MCAH) program for Fiscal Year 2020-2021 and authorizing Vickie Clark, Public Health and Social Services Director, to sign documents regarding the AFA.

Mandated by: California Health & Safety Code §123225 - §123255

Funding

Budgeted? Yes No

Revenue	\$97,303.13	Maternal Child and Adolescent Health
Expenses	\$97,303.13	Budget attached
Difference	0	

Background Information: The purpose of this grant is to improve access to health care for women of reproductive age, pregnant women, infants, children, adolescents and children and youth with special health care needs by:

- Targeted outreach services
- Participate in collaboratives to address social determinants of health
- Create a smooth referral process for clients
- Conduct activities to increase access to early prenatal care
- Increase number of pregnant women that receive Tdap vaccination to protect infants
- Promote developmental screening with health care providers, school staff and within MCAH programs
- Promote whole health in children and families to include physical and mental health
- Promote safe sleep habits to reduce risk of SIDS
- Promote nutrition and physical activity for school age children through the after school program
- Increasing the usage of Long-Acting reversible contraceptives to decrease unwanted pregnancies

Potential Issues to consider: None

Alternatives or Impacts of disapproval: Sierra County would not be in compliance with California mandate.

BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF CALIFORNIA

RESOLUTION NO. _____

**Approving the Agreement Funding Application (AFA)
For Agreement #202046
For the On-going
Maternal Child and Adolescent Health (MCAH) Agreement
Fiscal Year 2020-2021**

WHEREAS, State of California Department of Health Care Services and Sierra County Health Department have set goals for the Maternal, Child and Adolescent Health Program, and;

WHEREAS, The Allocation Funding Application (AFA) for FY 2020-2021, the Scope of Work (SOW) and the budget have been sent to the State of California Department of Health Care Services, MCAH Division and were approved. The State will reimburse Sierra County for MCAH program FY 2020-2021 expenditures up to \$97,303.13.

NOW THEREFORE BE IT RESOLVED, the MCAH Agreement Funding Application for FY 2020-2021 and the 2020-2021 Scope of Work and budget is hereby approved.

BE IT FURTHER RESOLVED, that Vickie Clark, Public Health and Social Services Director, or her designee, is authorized to sign documents regarding the Agreement Funding Application.

ADOPTED by the Board of Supervisors of the County of Sierra, State of California on the 15th day of September, 2020, by the following vote:

**AYES:
NOES:
ABSTAIN:
ABSENT:**

JIM BEARD
Chairman, Board of Supervisors

Date

ATTEST:

APPROVED AS TO FORM:

HEATHER FOSTER
Clerk of the Board

DAVID PRENTICE
County Counsel



SONIA Y. ANGELL, MD, MPH
State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

July 15, 2020

Ms. Shanna Anseth
MCAH Director
Sierra County Health and Human Services
202 Front St.
Loyalton, CA 96118

Dear Ms. Anseth:

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT
#202046– FISCAL YEAR 2020-21

The California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division approves your Agency’s AFA. Attached are the most current Scope(s) of Work (SOW) and Budget(s) that were approved for administration of MCAH related programs.

To carry out the program(s) outlined in the enclosed SOW(s) and Budget(s), during the period of July 1, 2020 through June 30, 2021, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

Maternal Child and Adolescent Health\$97,303.13

The availability of Title V funds and State General funds (BIH only) are based upon funds appropriated in the FY 2020-21 Budget Act. The availability of Federal Financial Participation (FFP), also known as Title XIX, are based upon the dissemination of funds from the Department of Healthcare Services that administers the FFP Medicaid Program. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to the CDPH/MCAH related programs and adherence to all applicable regulations, policies and procedures. Your Agency agrees to invoice actual and documented expenditures and to follow all the conditions of compliance stated in the current CDPH/MCAH Program and Fiscal Policies and Procedures manuals, including the ability to substantiate all funds claimed.



For agencies claiming Title XIX funds, you also agree to maintain secondary documentation that clearly substantiates time study activities as being non-program related, unmatched, non-enhanced or enhanced. You also agree to use either:

1. The web-posted CDPH/MCAH, BIH Base Medi-Cal Factor (MCF), and/or
2. A Variable Base MCF for specific staff who serve a unique client population, and who verify and document 100% of their Medi-Cal enrolled and non-Medi-Cal enrolled clients during each time study period (MCAH Program only).

Please ensure that all necessary individuals within your Agency are notified of this approval and that the enclosed documents are carefully reviewed. This approval letter constitutes a binding agreement. If any of the information contained in the enclosed SOW and Budget is incorrect or different from that negotiated, please contact your contract manager, Aaron Gillis, at (916) 322-5516 or by e-mail at aaron.gillis@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,

Angelica Jimenez-Bean

Angelica Jimenez-Bean
Section Chief – Contract Management and Allocations Process
Maternal, Child and Adolescent Health Division

Enclosure(s)

cc: Ms. Shawna Graves
MCAH Fiscal Contact

Mr. Aaron Gillis
Contract Manager

Mr. Shawn Savolainen
Program Consultant

FY 2020-2021 AGREEMENT FUNDING APPLICATION (AFA) CHECKLIST

Agency Name: Sierra

Agreement #: 202046

Program: MCAH BIH AFLP CHVP
(Check one box only)

Please check the box next to all submitted documents. <u>All documents must be submitted by email using the required naming convention on page 2.</u>	
<input checked="" type="checkbox"/>	1. <u>AFA Checklist</u>
<input checked="" type="checkbox"/>	2. <u>Agency Information Form</u> (Excel version and PDF with signatures)
<input checked="" type="checkbox"/>	3. <u>Signed Budget Template</u> for FY 20.21 only. Budget has been prepopulated with your most current 19.20 budget on file.
<input type="checkbox"/>	4. <u>CDPH 9083 Government Agency Taxpayer ID Form</u> -Only if remit to address has changed.
<input checked="" type="checkbox"/>	5. <u>Attestation of Compliance with the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff</u>

Please contact your [Contract Manager \(CM\)](#) if you have any questions.

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) DIVISION**

**FUNDING AGREEMENT PERIOD
FY 2020-2021**

AGENCY INFORMATION FORM

Agencies are required to submit an electronic and signed copy (original signatures only) of this form along with their Annual AFA Package.

Agencies are required to submit updated information when updates occur during the fiscal year. Updated submissions do not require certification signatures.

AGENCY IDENTIFICATION INFORMATION

Any program related information being sent from the CDPH MCAH Division will be directed to all Program Directors.

Please enter the agreement or contract number for each of the applicable programs

202046	MCAH	BIH		AFLP	
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Update Effective Date: 6/4/2020 (only required when submitting updates)

Federal Employer ID#:	94-6000536
Complete Official Agency Name:	Sierra County Health and Human Services
Business Office Address:	202 Front St Loyalton, CA 96118
Agency Phone:	530-993-6700
Agency Fax:	530-993-6790
Agency Website:	www.sierracounty.ca.gov

AGREEMENT FUNDING APPLICATION POLICY COMPLIANCE AND CERTIFICATION

Please enter the **agreement or contract** number for each of the applicable programs

202046	MCAH	0	BIH
		0	AFLP

The undersigned hereby affirms that the statements contained in the Agreement Funding Application (AFA) are true and complete to the best of the applicant's knowledge.

I certify that these Maternal, Child and Adolescent Health (MCAH) programs will comply with all applicable provisions of Article 1, Chapter 1, Part 2, Division 106 of the Health and Safety code (commencing with section 123225), Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000 and 142), and any applicable rules or regulations promulgated by CDPH pursuant to this article and these Chapters. I further certify that all MCAH related programs will comply with the most current MCAH Policies and Procedures Manual, including but not limited to, Administration, Federal Financial Participation (FFP) Section. I further certify that the MCAH related programs will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Service Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. section 701 et seq.). I further agree that the MCAH related programs may be subject to all sanctions, or other remedies applicable, if the MCAH related programs violate any of the above laws, regulations and policies with which it has certified it will comply.

Original signature of official authorized to commit the Agency to an MCAH Agreement	HHS Director
_____ Title	_____ Title
Vickie Clark	6/5/2020
_____ Name (Print)	_____ Date
Original signature of MCAH/AFLP Director	RN, PHN
_____ Title	_____ Title
Shanna Anseth	6/4/2020
_____ Name (Print)	_____ Date

	CONTACT	FIRST NAME	LAST NAME	TITLE	ADDRESS	PHONE	EMAIL ADDRESS
1	AGENCY EXECUTIVE DIRECTOR	Vickie	Clark	Director	202 Front St Loyalton CA 96118	530-993-6707	vclark@sierracounty.ca.gov
2	MCAH DIRECTOR	Shanna	Anseth	RN, PHN	202 Front St Loyalton CA 96118	530-993-6705	sanseth@sierracounty.ca.gov
3	MCAH COORDINATOR (Only complete if different from #2)	N/A					
4	MCAH FISCAL CONTACT	Shawna	Graves	Account Technician	202 Front St Loyalton CA 96118	530-993-6734	sgraves@sierracounty.ca.gov
5	FISCAL OFFICER	vacant at this time					
6	CLERK OF THE BOARD or	Heather	Foster	Clerk	PO Box Drawer C Downieville	530-289-3295	hfooster@sierracounty.ca.gov
7	CHAIR BOARD OF SUPERVISORS	Jim	Beard	Chair	PO Box Drawer C Downieville	530-993-4732	jbeard@sierracounty.ca.gov
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Vickie	Clark	Director	202 Front St Loyalton CA 96118	530-993-6707	vclark@sierracounty.ca.gov
9	FETAL INFANT MORTALITY REVIEW (FIMR) COORDINATOR	N/A					
10	SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR/CONTACT	Shanna	Anseth	RN, PHN	202 Front St Loyalton CA 96118	530-993-6705	sanseth@sierracounty.ca.gov
11	PERINATAL SERVICES COORDINATOR	Shanna	Anseth	RN, PHN	202 Front St Loyalton CA 96118	530-993-6705	sanseth@sierracounty.ca.gov

	CONTACT	FIRST NAME	LAST NAME	TITLE	ADDRESS	PHONE	EMAIL ADDRESS
1	AGENCY EXECUTIVE DIRECTOR						
2	BLACK INFANT HEALTH (BIH) COORDINATOR						
3	BIH FISCAL CONTACT						
4	FISCAL OFFICER						
5	CLERK OF THE BOARD or						
6	CHAIR BOARD OF SUPERVISORS						
7	OFFICIAL AUTHORIZED TO COMMIT AGENCY						

	CONTACT	FIRST NAME	LAST NAME	TITLE	ADDRESS	PHONE	EMAIL ADDRESS
1	AGENCY EXECUTIVE DIRECTOR						
2	AFLP DIRECTOR <i>(only if different from MCAH Director)</i>						
3	AFLP COORDINATOR <i>(only if different from AFLP Director #4)</i>						
4	AFLP FISCAL CONTACT						
5	FISCAL OFFICER						
6	CLERK OF THE BOARD or						
7	CHAIR BOARD OF SUPERVISORS						
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY						

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) DIVISION**

**FUNDING AGREEMENT PERIOD
FY 2020-2021**

AGENCY INFORMATION FORM

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AGENCY IDENTIFICATION INFORMATION

Any program related information being sent from the CDPH MCAH Division will be directed to all Program Directors.

Please enter the agreement or contract number for each of the applicable programs

202046	<u>MCAH</u>	<u>BIH</u>		<u>AFLP</u>	
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Update Effective Date: 6/4/2020 (only required when submitting updates)

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Business Office Address:	202 Front St Loyalton, CA 96118
Agency Phone:	530-993-6700
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Agency Website:	www.sierracounty.ca.gov

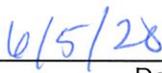
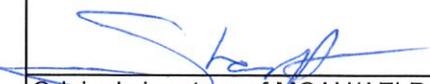
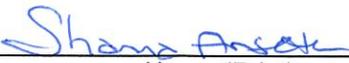
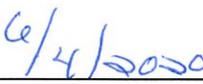
AGREEMENT FUNDING APPLICATION POLICY COMPLIANCE AND CERTIFICATION

Please enter the **agreement or contract** number for each of the applicable programs

202046	<u>MCAH</u>	0	<u>BIH</u>		0	<u>AFLP</u>	
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The undersigned hereby affirms that the statements contained in the Agreement Funding Application (AFA) are true and complete to the best of the applicant's knowledge.

I certify that these Maternal, Child and Adolescent Health (MCAH) programs will comply with all applicable provisions of Article 1, Chapter 1, Part 2, Division 106 of the Health and Safety code (commencing with section 123225), Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000 and 142), and any applicable rules or regulations promulgated by CDPH pursuant to this article and these Chapters. I further certify that all MCAH related programs will comply with the most current MCAH Policies and Procedures Manual, including but not limited to, Administration, Federal Financial Participation (FFP) Section. I further certify that the MCAH related programs will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Service Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. section 701 et seq.). I further agree that the MCAH related programs may be subject to all sanctions, or other remedies applicable, if the MCAH related programs violate any of the above laws, regulations and policies with which it has certified it will comply.

 <hr/> Original signature of official authorized to commit the Agency to an MCAH Agreement	 <hr/> Title
 <hr/> Name (Print)	 <hr/> Date
 <hr/> Original signature of MCAH/AFLP Director	 <hr/> Title
 <hr/> Name (Print)	 <hr/> Date

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 in the 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 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 local objectives in Goal 1, one to address the health of reproductive age women and one to address the needs of pregnant women and two local 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 local 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](#) 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.

- [The Ten Essential Services of Public Health](#)
- [The Spectrum of Prevention](#)
- [Life Course Perspective](#)
- [The Social-Ecological Model](#)
- [Social Determinants of Health](#)
- [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 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 Progress Reports.

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ State Requirements

Goal 1: Women/Maternal Domain: Improve access to and utilization of comprehensive, quality health and social services

The shaded and/or highlighted areas represent required activities.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>Objective 1.1</p> <p>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:</p> <ul style="list-style-type: none"> 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 benefits² Decreasing Medi-Cal eligible women, children, post-partum women without insurance¹ 	<p>Assessment</p> <p>1.1a</p> <ul style="list-style-type: none"> 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"> Preventive, medical, dental, and social services ii. Review data books and monitor trends over time, geographic areas and population group disparities iii. Annually, share your data with key local health department leadership 	<p>1.1a</p> <ul style="list-style-type: none"> i. This deliverable will be fulfilled by completing and submitting your Community Profile with your Agreement Funding Application each year ii. Briefly describe process for monitoring and interpreting data iii. Report the date data shared with the key health department leadership. Briefly describe their response, if significant. 	<p>1.1a</p> <p>Nothing is entered here.</p>

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ State Requirements

Goal 1: Women/Maternal Domain: Improve access to and utilization of comprehensive, quality health and social services

The shaded and/or highlighted areas represent required activities.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	1.1b Participate in collaboratives, coalitions, community organizations, etc., to review data and develop policies and products to address social determinants of health and disparities.	1.1b Report the total number of collaboratives with MCAH staff participation. Submit online Collaborative Surveys that document participation, objectives, activities and accomplishments of MCAH – related collaboratives.	1.1b List policies or products developed to improve infrastructure that address MCAH priorities.
	Policy Development 1.1c 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)	1.1c i. List types of protocols or policies developed or revised to facilitate access to health care services.	1.1c 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

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ State Requirements

Goal 1: Women/Maternal Domain: Improve access to and utilization of comprehensive, quality health and social services

The shaded and/or highlighted areas represent required activities.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	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: <ul style="list-style-type: none"> • Assist clients to enroll in health insurance • Link clients to a health care provider for a preventive and/or medical visit • Develop a tracking mechanism to verify that the client enrolled in health insurance, completed a preventive or well medical visit 	ii. Briefly describe the key components of the protocols developed to ensure all clients in MCAH programs are enrolled in insurance or a health plan, linked to a provider and complete an annual preventative and/or medical visit.	ii. Describe and summarize the impact of protocols or policy and systems changes that facilitate access to Medi-Cal, CCS, Covered CA, and WIC.
	Assurance 1.1d Develop staff knowledge and public health competencies for MCAH related issues	1.1d Summarize staff knowledge and competencies gained	1.1d Nothing is entered here

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ State Requirements

Goal 1: Women/Maternal Domain: Improve access to and utilization of comprehensive, quality health and social services

The shaded and/or highlighted areas represent required activities.

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

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ 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 Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>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></p>			
<p>Objective 1.2</p> <p>By June 30, 2020 all women who seek care at the LHD will receive free pregnancy testing and if pregnant will receive referral to an OB provider, or if not pregnant will express understanding of preconception health and available family planning services, and will obtain family planning services if the woman does not want to become pregnant.</p> <p>1.2a By June 30, 2020 inform women of child bearing age who seek care at the LHD about LARC's and their effectiveness.</p>	<p>1.2 Develop a referral process for OB care, family planning and preconception education CDPH/MCAH Preconception Health: http://www.cdph.ca.gov/programs/Preconception/Pages/default.aspx</p> <p>1.2a Survey clients on what knowledge they have of LARC's, present methods in order of efficacy, discuss the benefits and risks. Refer as appropriate.</p> <p>Educate local HCP's regarding LARC's and their effectiveness.</p>	<p>1.2 List # of meetings with clients and where held, # of clients and findings.</p> <p>List materials utilized for education of clients.</p> <p>1.2a List # of meetings with clients and where held, # of clients and findings.</p> <p>List materials utilized for education of clients.</p>	<p>1.2 # of strategies identified, brief description of strategies</p> <p># of women screened and referred to appropriate follow up</p> <p>1.2a # of strategies identified, brief description of strategies</p> <p># of women utilizing LARC's</p>

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ 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 Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>Objective 1.3</p> <p>All women will have access to quality maternal and early perinatal care, including CPSP services for Medi-Cal eligible women by:</p> <ul style="list-style-type: none"> Increasing first trimester prenatal care initiation¹ Increasing postpartum visit¹ Increasing access to providers that can provide the appropriate services and level of care for reproductive age women¹ 	<p>Assurance</p> <p>1.3a</p> <ul style="list-style-type: none"> i. Develop MCAH staff knowledge of the system of maternal and perinatal care ii. Develop a comprehensive resource and referral guide of available health and social services iii. Attend the yearly CPSP statewide meeting iv. Conduct local activities to facilitate increased access to early and quality perinatal care 	<p>1.3a</p> <p>Report the following:</p> <ul style="list-style-type: none"> i. List of trainings received by staff on perinatal care, such as roundtables, regional meetings, collaborative work ii. Submit resource and referral guide iii. Date and attendance at the CPSP yearly meeting 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 	<p>1.3a</p> <p>Provide the number and describe the outcomes of:</p> <ul style="list-style-type: none"> Roundtable meetings Regional meetings Other maternal and perinatal meetings

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ 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 Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>1.3b Outreach to perinatal providers, including Medi-Cal Managed Care</p> <ul style="list-style-type: none"> i. Enroll in CPSP (Fee-for-Service and FQHC/RHC/IHC providers) ii. Identify and work with MCP liaisons to provide CPSP comparable services iii. Assist MCP providers to provide CPSP comparable services 	<p>1.3b</p> <ul style="list-style-type: none"> i. Enroll FFS and FQHC/RHC/IHC providers Identify the MCP liaison(s). ii. Work with MCP(s) to provide CPSP comparable services iii. Work with MCP providers to provide CPSP comparable services 	<p>1.3b Nothing is entered here</p>
	<p>1.3c 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</p>	<p>1.3c List number of meetings attended to facilitate coordination of activities between RPPC and MCAH and briefly describe outcomes</p>	<p>1.3c Nothing is entered here.</p>
	<p>1.3d Conduct technical assistance and face-to-face quality assurance/quality improvement (QA/QI) activities with CPSP providers or managed care providers in collaboration with</p>	<p>1.3d Report the number of CPSP provider technical assistance activities conducted by phone or email</p>	<p>1.3d Describe the results of technical assistance provided by phone or email</p>

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ 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 Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	MCP(s) liaison to ensure that CPSP services are implemented and protocols are in place	Report the number of QA/QI face-to-face site visits conducted with: <ul style="list-style-type: none"> • Enrolled CPSP providers • MCPs providers (with MCP liaison(s)) • Number of chart reviews List common problems or barriers and successful interventions	Describe the results of QA/QI activities that were conducted with: <ul style="list-style-type: none"> • Enrolled CPSP providers • MCPs providers (with MCP liaison(s)) • Summary of findings from the chart reviews

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ 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 Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>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></p>			
<p>Objective 1.4</p> <p>By June 30, 2020 90% of pregnant women enrolled in MCAH programs will receive Tdap vaccination between 27-36 weeks gestation.</p>	<p>1.4 Conduct activities to increase awareness of the importance of 3rd trimester Tdap for women and their partners.</p> <p>Conduct trainings with local HCP's and share CDPH created handouts.</p> <p>Conduct staff trainings to increase awareness so that our pregnant women are receiving the same message.</p>	<p>1.4 List activities implemented.</p> <p>List trainings, number of participants and handouts provided.</p> <p>List trainings, number of participants and handouts provided.</p>	<p>1.4 Briefly describe outcomes of campaign and trainings.</p>

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ 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 Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>Objective 2.1</p> <p>Provide developmental screening for all children¹ in MCAH programs</p> <ul style="list-style-type: none"> All children, including CYSHCN, receive a yearly preventive medical visit Increase the rate of developmental screening for children ages 0-5 years according to AAP guidelines – 9 months, 18 months and 30 months 	<p>Child Objective</p> <p>2.1a Promote the American Academy of Pediatrics (AAP) developmental screening guidelines.</p> <p><u>The following bolded activities, i, ii, are required:</u></p> <p>i. Promote regular preventive medical visits for all children, including CYSHCN, in MCAH Home Visiting and Case Management programs, per Bright Futures/AAP,</p> <p>ii. Adopt protocols/policies, including a QA/QI process, to screen, refer, and link all children in MCAH Home Visiting or Case Management Programs</p>	<p>2.1a</p> <p><u>Required</u></p> <p>Describe or report the following for MCAH programs:</p> <p>i. Activities to promote the yearly preventive medical visit</p> <p>ii. Describe protocols/policies including QA/QI process to screen, refer and link all children in MCAH programs</p>	<p>2.1a</p> <p><u>Required</u></p> <p>Describe or report the following for children in MCAH programs</p> <p>i. Number of children, including CYSHCN, receiving a yearly preventive medical visit</p> <p>ii. Number of children in MCAH programs receiving developmental screening</p> <ul style="list-style-type: none"> Number of children with positive screens that complete a follow-up visit with their primary care provider Number of children with positive screens linked to services Number of calls received for referrals and linkages to services

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ 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 Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<i>CYSHCN Objective(s)</i> <i>At least one activity is required.</i> <i>Choose from activities 2.1.b-2.1.</i> <i>(highlight your choices in yellow):</i>	<i>Report the following based on the activities you chose to implement in the second column (highlight your choices in yellow):</i>	<i>Describe the following based on the activities you chose to implement in the second column (highlight your choices in yellow):</i>
	2.1b Promote the use of Birth to 5, Watch Me Thrive , Learn the Signs, Act Early or other screening materials consistent with AAP guidelines	2.1b Number of providers or provider systems receiving information about Birth to 5, Learn the Signs, Act Early or other screening materials	2.1b Nothing is entered here
	2.1c Participate in Help Me Grow (HMG) or programs that promote the core components of HMG	2.1c Describe participation in HMG or HMG like programs	2.1c Outcomes of participation in HMG or HMG like programs. Describe results of work to implement HMG core components
	2.1d Increase understanding of the specific barriers to referral and evaluation by early intervention or pediatric specialists (including mental/behavioral health)	2.1d Describe barriers to referral and evaluation by early intervention or pediatric specialists	2.1d Nothing is entered here
	2.1e Plan and implement a family engagement project to improve local efforts to serve children and youth with special health care needs (e.g., convene a family	2.1e Describe project activities, goals, and outcomes such as number of family members engaged, number of community meetings, and other	2.1e Nothing is entered here

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ 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 Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	advisory group to assess how CYSHCN are served in local home visiting or case management programs)	process measures specific to the planned project	
	2.1f 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	2.1f Describe barriers and strategies to increase screening, referral and linkage <ul style="list-style-type: none"> Number of HPs requiring screenings per AAP guidelines 	2.1f Nothing is entered here
	2.1g Identify methods to measure and monitor rates of developmental and other types of childhood screening, referrals, and successful linkages to care in your jurisdiction	2.1g If applicable, provide data on developmental and other screening rates, referrals, and successful linkages to care for the target population	2.1g Nothing is entered here
	2.1h Based on local needs, develop strategies to promote awareness of and address childhood adversity and trauma, including Adverse Childhood Experiences	2.1h Provide a description, and data if applicable, on process measures and outcomes relevant to the planned activities	2.1h Nothing is entered here

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ 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 Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	(ACEs), and build family and community resilience		
	2.1i Outreach and education to providers to promote developmental screening, referral and linkages	2.1i Describe type of outreach/education performed and results of outreach to providers	2.1i Nothing is entered here
	2.1j Provide care coordination for CYSHCN, especially non-CCS eligible children or children enrolled in CCS in need of services not covered by CCS	2.1j Describe activities for care coordination provided	2.1j List the number of children receiving care coordination

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ 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 Process, Short and/or Intermediate Measures (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. <i>Number each locally developed objective as follows: 2.2, 2.2a, 2.2b, 2.2c, etc.</i>			
Objective 2.2 By June 30, 2020 continue working with a collaborative of stakeholders to promote children’s whole health to include mental and physical health.	2.2 Participate in collaborative to determine local resources and develop activities to address whole health. Conduct local activities to increase awareness.	2.2 Describe process of engaging stakeholders. List stakeholders and # of meetings	2.2 Briefly describe the outcomes of collaborative meetings, describe barriers and strategies identified.

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ State Requirements

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

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 Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
Objective 3.1 All parents/caregivers experiencing a sudden and unexpected death will be offered grief and bereavement support services	Assurance 3.1a Establish contact with parents/caregivers of infants with presumed SIDS death to provide grief and bereavement support services ³ Provide grief and support materials to parents	3.1a (Insert number) of parents/caregivers who experience a presumed SIDS death and the number who are contacted for grief and bereavement support services.	3.1a Nothing is entered here
	3.1b 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	3.1b Report the coroner's notifications received Briefly describe barriers and opportunities for success	3.1b Nothing is entered here
Objective 3.2. All professionals, para-professionals, staff, and community members will receive information and education on SIDS risk reduction practices and infant safe sleep	3.2a Disseminate AAP guidelines on infant safe sleep and SIDS risk reduction to providers, pediatricians, CPSP providers, parents, community members and other caregivers of infants	3.2a Numbers receiving AAP guidelines on infant safe sleep: <ul style="list-style-type: none"> • Providers • Pediatricians • CPSP providers • Child care providers • Other – list 	3.2a Nothing is entered here

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ State Requirements

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

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 Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	3.2b Attend the SIDS Annual Conference/SIDS training(s), SIDS Coordinators' meeting and other conferences/trainings related to infant health ³ .	3.2b Provide staff member name and date of attendance at SIDS Annual Conference/SIDS training(s) and other conference/trainings related to infant health.	3.2b Describe results of staff trainings related to infant health.

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ State Requirements

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

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 Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>REQUIRED LOCAL OBJECTIVE: 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 SIDS/SUID. <i>Number each locally developed objective as follows: 3.3, 3.3a, 3.3b, 3.3c., etc.</i></p>			
<p>Objective 3.3</p> <p>By June 30, 2020 inform all (3) child care providers (CCP) about safe infant sleep practices and SIDS risk reduction.</p>	<p>3.3</p> <p>Develop and maintain relationships with CCP's.</p> <p>Distribute NICHD Safe to Sleep materials to CCP's and educate about SIDS and using consistent messaging for SIDS risk reduction.</p> <p>Every 6 months, contact each CCP to assess needs and utilization of safe infant sleep messaging.</p>	<p>3.3</p> <p>List # of meetings held with whom and where, # of CCP's who received NICHD Safe to Sleep materials.</p> <p>List materials provided.</p>	<p>3.3</p> <p># of providers demonstrating increased knowledge and intention to follow safe infant sleep practices and SIDS risk reduction.</p>

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ State Requirements

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

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 Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>REQUIRED LOCAL OBJECTIVE: 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></p>			
<p>Objective 3.4</p> <p>By June 30, 2020 inform all pregnant women and parents of newborns enrolled in MCAH programs about safe infant sleep practices and SIDS risk reduction.</p>	<p>3.4</p> <p>Survey clients on what knowledge they have of SIDS and the associated risk factors.</p> <p>Distribute NICHD Safe to Sleep materials to parents.</p> <p>Utilize website, newspaper, and community events to promote safe infant sleep in our county.</p>	<p>3.4</p> <p>List # of meetings held with whom and where, # of clients who were surveyed and survey findings.</p> <p>Describe the methods used to distribute NICHD Safe to Sleep materials and how many parents received materials.</p>	<p>3.4</p> <p># of parents who attended and/or demonstrated increased knowledge and understanding of safe infant sleep practices; # of parents who documented an intention to follow safe infant sleep practices and SIDS risk reduction on end of meeting evaluation</p>

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ 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 Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
For FIMR LHJs only complete Objective 3.5 Reduce preventable fetal, neonatal and post-neonatal and infant deaths.	For FIMR LHJs only complete Assessment 3.5a Complete the review of at least ___ cases, which is approximately ___% of all fetal, neonatal, and post-neonatal deaths.	For FIMR LHJs only complete Assessment 3.5a Develop a process for sample. Submit number of cases reviewed as specified in the Annual Report table.	For FIMR LHJs only complete Assessment 3.5a Submit annual local summary report of findings and recommendations (periodicity to be determined by consulting with MCAH).
	Assurance 3.5b 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.	3.5b Submit FIMR Tracking Log and FIMR Committee Membership forms for CRT and CAT with the Annual Report.	3.5b and c Nothing is entered here
	3.5c Establish, facilitate, and maintain a Community Action Team (CAT) to recommend and implement community, policy, and/or systems changes that address review findings.		

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ 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 Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>REQUIRED LOCAL OBJECTIVE for FIMR LHJs Only: 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></p>			
<p>Objective 3.6</p> <p>Insert a local objective that addresses reducing the number of preventable, fetal, neonatal, post-neonatal, and infant deaths.</p> <p>Examples of focus areas can include but are not limited to:</p> <ul style="list-style-type: none"> • Prematurity/Low birth weight • Perinatal substance use • Access to enhanced perinatal (neonatal) services • Birth intervals/Birth Spacing 	<p>3.6</p> <p>Based on CRT recommendations, identify and implement at least one evidence based or informed intervention involving policy, systems, or community norm changes here</p>	<p>3.6</p> <p>Develop process measures for applicable intervention activities here</p>	<p>3.6</p> <p>Develop short and/or intermediate outcome-related performance measures for the objectives and activities here</p>

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ 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 Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>OPTIONAL LOCAL OBJECTIVE: 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></p>			
<p>Objective 4.1</p> <p>By June 30, 2020 75% of school age children in the after school program will identify at least one way to improve their nutrition/dietary habits and physical activity.</p>	<p>4.1</p> <p>Utilize educational material from Dairy Council of CA, CDPH, SPARK etc. to educate children on obesity prevention.</p> <p>Develop evaluation and evaluation process of the ability of children to identify ways to improve nutrition and physical activity (questionnaire, interview, focus groups, etc.)</p>	<p>4.1</p> <p>Briefly describe activities and educational material used to promote obesity prevention.</p> <p>Describe the process of evaluating whether children can identify ways to improve nutrition and physical activity.</p>	<p>4.1</p> <p>Number of school age children in the after school program who have identified at least one way to improve their nutrition and physical activity/number of school age children in the program</p> <p>Document the outcomes of the evaluation</p>

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ 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 Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>OPTIONAL LOCAL OBJECTIVE: 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></p>			
<p>Objective 5.1</p> <p>Insert a local objective that promotes and enhances adolescents strengths, skills and supports improve health by:</p> <ul style="list-style-type: none"> Decreasing teen pregnancies¹ Reducing teen dating violence, bullying and harassment¹ <p>Examples of focus areas can include but not limited to:</p> <ul style="list-style-type: none"> Adolescent sexual health, including contraception, preconception health, STIs Racial ethnic disparities in adolescent birth rates Adolescent injuries Adolescent violence Adolescent mental health Development of a Positive Youth Development framework Reducing suicides 	<p>5.1</p> <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>5.1</p> <p>Develop process measures for applicable intervention activities here</p>	<p>5.1</p> <p>Develop short and/or intermediate outcome related performance measures for the objectives and activities here</p>

¹ 2016-2020 Title V State Priorities

² MCH Title V Block Grant Requirements

³ State Requirements

GUIDE

Version 7.0 - 150 Quarterly 4.20.20

BUDGET

INVOICES

BUDGET
REVISIONS

SUBK

SHORTCUTS

FILE NAME

This guide is intended to provide basic instructions for completing the Block Grant budget/invoice template. If you need additional assistance please contact your Contract Manager.

All data entry fields are shaded yellow.

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

ORIGINAL BUDGET

- 1 In cell C4, select the applicable program budget from the drop down menu.
- 2 In cell C5, select your Agency from the drop down menu.
- 3 In cell C6, enter the name of the subcontract (if applicable).
You may need to change the view settings and zoom out in order to see the remaining steps clearly.
- 4 In cell H9, the current allocation for Title V will automatically populate.
You can access the current fiscal year allocation tables by using the following weblink: MCAH Fiscal Documents
- 5 In cell J9, the current allocation will automatically populate depending on the selected program (SIDS for MCAH, SGF for BIH, or OAH for AFLP).
- 6 In the Personnel Detail section enter the full name, title or classification, FTE, and annual salary for all staff. For agencies drawing down Title XIX, you can use time study averages from prior years to complete the matchable columns (8, 10, 12, & 14) for Personnel. Enter the average Fringe Benefit Rate that will be applied to all staff in cell E126.
- 7 In the Operating Expense Detail section enter all operating expense data for each applicable program. Please note, column 10 will automatically calculate your maximum matchable percentage once the personnel section has been completed. However, for non-matchable items, make sure to delete the formula.
- 8 In the Capital Expenditures Detail section enter the total for any capital expenditures (\$5,000+).
- 9 In the Other Costs Detail section, enter the budget totals for any subcontracts or other charges. You must use a new template for each subcontract. The total funding and percentages from row 17 of the Subcontract Original Budget must be copied and pasted into the Subcontract section of the Agency's Original Budget. Please note, column 10 will automatically calculate your maximum matchable percentage once the personnel section has been completed. Make sure to remove the formula for all non-matchable items.
- 10 In the Indirect Costs Detail section, the agency's indirect cost rate that was approved by CDPH will autopopulate with the maximum rate approved by CDPH. A lower rate if justified is allowable. The ICR will be capped at no more than 25% of Personnel (salary and benefits) Costs or 15% of total allowable direct costs.
- 11 Click on the (I) Justification worksheet and enter the Program (column K), MCF Type (column L), MCF% (column M) and justifications for each personnel line item. If you are claiming a MCF higher than the Base MCF you must meet the MCF Requirements.
- 12 Click on the (II-V) Justifications worksheet and enter justifications for Operating Expenses, Capital Expenditures, and Other Costs.
- 13 Click on the Original Budget worksheet. Make sure the balances in row 18 are less than \$0.01.
- 14 Save the file using the File Name formats.

INVOICES

The template automatically populates the operating and personnel line items from the "ACTIVE" budget and displays them in the current invoice. It is important that you indicate which budget the invoice is being paid from in order to display the correct line items in the personnel and operating expense sections. To update, click on cell **C8** and select the current budget from the drop down menu.

INVOICE SUMMARY		FISCAL YEAR	INVOICE #	INVOICE PERIOD											
		2018-19	Q1	July - September											
Program: Maternal, Child and Adolescent Health		UNMATCHED FUNDING										NON-FINANCED MATCHING (5055)		FINANCED MATCHING (5125)	
Agency: Select		MCAH-TV	MCAH-SDS	TED	AGENCY FUNDS				MCAH-OnlyE		MCAH-OnlyE		MCAH-OnlyE		
BUDGET LINE ITEMS	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
ORIGINAL															
TOTAL															
EXPENSE CATEGORY															
(I) PERSONNEL (II) OPERATING EXPENSES (III) CAPITAL EXPENDITURES (IV) OTHER COSTS (V) INDIRECT COSTS															
TOTAL INVOICED*															
TOTAL Title V															
TOTAL SDS															
TOTAL TITLE XIX															
TOTAL AGENCY FUNDS															
\$	-	Maximum Amount Payable from State and Federal resources													

Click
HERE
to update

Invoice Fund Reconciliation

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

(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)													
TOTAL OPERATING EXPENSES															
TRAVEL															
TRAINING															
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
* Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title XIX (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.															
(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)													
TOTAL CAPITAL EXPENDITURES															
(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)													
TOTAL OTHER COSTS															
SUBCONTRACTS															
1															
2															
3															
4															
5															
OTHER CHARGES															
1															
2															
3															
4															
5															
(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)													
TOTAL INDIRECT COSTS															
of Total Wages + Fringe Benefits															

Fund Reconciliation

GA

Invoice Match Available

Located on the right side of the Operating Expenses Detail Page and the Other Costs Detail Page is the Match Available section. Only line items that were budgeted in the Enhanced and Non-Enhanced columns of the Active budget can be invoiced in the Enhanced and Non-Enhanced columns. If a line item has not been budgeted in the matchable columns but is being invoiced in the matchable columns, the cell will turn orange and the word "CHECK" will appear in the Match Available column. Please be sure to make any corrections, if necessary.

(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)										Match Available
TOTAL OPERATING EXPENSES												
TRAVEL												
TRAINING												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
<small>** Combined Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Combined Title Y (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.</small>												
(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)										Match Available
TOTAL CAPITAL EXPENDITURES												
1												
2												
3												
4												
5												
(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)										Match Available
TOTAL OTHER COSTS												
SUBCONTRACTS												
1												
2												
3												
4												
5												
OTHER CHARGES												
1												
2												
3												
4												
5												

Invoice Match Available

Personnel Match Validation

Only line items that were budgeted in the Enhanced and Non-Enhanced columns of the Active budget can be invoiced in the Enhanced and Non-Enhanced columns. If a line item in the Personnel section has **not** been budgeted in the matchable columns but is being invoiced in the matchable columns, the cell will turn orange. Please be sure to make any corrections, if necessary.

Title XIX Cover Sheets (New)

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

BUDGET REVISIONS

This template provides a maximum of three possible budget revisions. The values of the BR1, BR2, and BR3 sheets are identical to the ORIGINAL BUDGET. **Be sure to overwrite the values on the budget revision sheets only. Do not change any prior approved budgets in order to retain audit history.**

The template keeps track of the budget revisions by indicating "ACTIVE" or "NON-ACTIVE" on each budget sheet. The ORIGINAL BUDGET is currently the "ACTIVE" budget and should you need a budget revision, you will need to change the ORIGINAL BUDGET to "NON-ACTIVE" before you can make the budget revision (BR1) "ACTIVE". To activate/deactivate click on cell M2. This procedure applies to all budget revisions.

BUDGET SUMMARY		FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE	
		2018-19	ORIGINAL	ACTIVE		
<p>IMPORTANT Only one budget can be "Active" at all times.</p> <p>To Activate this budget set the prior budget to "Not Active". Hit ESC to remove this message.</p>						
Version 5.0 - 10/20/2018 Program: Maternal, Child and Adolescent Health Agency: Select SubA:		UNMATCHED FUNDING				NON-ENHANCED MATCHING (0000)
		MCAH-TV	MCAH-SES	TBD	AGENCY FUNDS	MCAH-OnlyE
		(1)	(2)	(3)	(4)	(5)
		TOTAL FUNDING %	Title V %	SIDS %	TBD %	Agency Funds %
		ALLOCATION(S)				
EXPENSE CATEGORY						
(I) PERSONNEL						
(II) OPERATING EXPENSES						
(III) CAPITAL EXPENDITURES						
(IV) OTHER COSTS						
(V) INDIRECT COSTS						
BUDGET TOTALS*						
BALANCE(S)						
TOTAL Title V						
TOTAL SIDS						
TOTAL TITLE XIX						
TOTAL AGENCY FUNDS						
\$ - Maximum Amount Payable from State and Federal resources						

Click HERE to Activate/Deactivate

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

BUDGET SUMMARY		FISCAL YEAR	BUDGET	AUTOFILL FROM ORIGINAL BUDGET	BUDGET STATUS	BUDGET BALANCE
		2018-19	BR1		NOT ACTIVE	
<p>The Original budget is currently Active</p>						
Version 5.0 - 10/20/2018 Program: Maternal, Child and Adolescent Health Agency: Select SubA:		UNMATCHED FUNDING				NON-ENHANCED MATCHING (0000)
		MCAH-TV	MCAH-SES	TBD	AGENCY FUNDS	MCAH-OnlyE
		(1)	(2)	(3)	(4)	(5)
		TOTAL FUNDING %	Title V %	SIDS %	TBD %	Agency Funds %
		ALLOCATION(S)				
EXPENSE CATEGORY						
(I) PERSONNEL						
(II) OPERATING EXPENSES						
(III) CAPITAL EXPENDITURES						
(IV) OTHER COSTS						
(V) INDIRECT COSTS						
BUDGET TOTALS*						
BALANCE(S)						
TOTAL Title V						
TOTAL SIDS						
TOTAL TITLE XIX						
TOTAL AGENCY FUNDS						
Maximum Amount Payable from State and Federal resources						

Click HERE to Activate

Budget Revision Hyperlinks

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

Budget: ORIGINAL		BR1	BR2	PRINT ORIGINAL		← Click here and follow the on-screen instructions to print the Original Justification section below.					
Program: Maternal, Child and Adolescent Health											
Agency: Select.....											
SubK:											
(I) PERSONNEL DETAIL				BASE MEDI-CAL FACTOR %				Use the following link to access the current AFA webpage and the current base MCF % for FY			
TOTALS		\$ -	\$ -								
INITIALS	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1924
1			\$ - \$ -	\$ -			MCAH				
2			\$ - \$ -	\$ -			MCAH				
3			\$ - \$ -	\$ -			MCAH				
4			\$ - \$ -	\$ -			MCAH				
5			\$ - \$ -	\$ -			MCAH				
6			\$ - \$ -	\$ -			MCAH				
7			\$ - \$ -	\$ -			MCAH				
8			\$ - \$ -	\$ -			MCAH				
9			\$ - \$ -	\$ -			MCAH				
10			\$ - \$ -	\$ -			MCAH				
11			\$ - \$ -	\$ -			MCAH				
12			\$ - \$ -	\$ -			MCAH				
13			\$ - \$ -	\$ -			MCAH				
14			\$ - \$ -	\$ -			MCAH				

Budget Revision Hyperlinks

Set Print Area

Each justification sheet contains three budget revision sections. In order to print the correct justification for each budget revision you must change the print area. To do this click on the "PRINT" button and follow the on-screen instructions.

Budget: ORIGINAL		BR1	BR2	PRINT ORIGINAL		← Click here and follow the on-screen instructions to print the Original Justification section below.				
Program: Maternal, Child and Adolescent Health										
Agency: Select.....										
SubK:										
(I) PERSONNEL DETAIL				BASE MEDI-CAL FACTOR %				Use the following link to access th		
TOTALS		\$ -	\$ -							
INITIALS	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)
1			\$ - \$ -	\$ -			MCAH			
2			\$ - \$ -	\$ -			MCAH			
3			\$ - \$ -	\$ -			MCAH			
4			\$ - \$ -	\$ -			MCAH			
5			\$ - \$ -	\$ -			MCAH			
6			\$ - \$ -	\$ -			MCAH			
7			\$ - \$ -	\$ -			MCAH			
8			\$ - \$ -	\$ -			MCAH			
9			\$ - \$ -	\$ -			MCAH			
10			\$ - \$ -	\$ -			MCAH			

SUBK - SUBCONTRACTS

For agencies that have subcontracts, you will need to use a new template to keep track of the budget and invoices. Be sure to indicate the name of the SubK in cell C6 on the Original Budget sheet. Once the budget has been developed, you must transfer the percentages and total funding amount from Row 17 of the SubK Original Budget sheet to the Agency Original Budget sheet in the Subcontract section.

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

SHORTCUTS

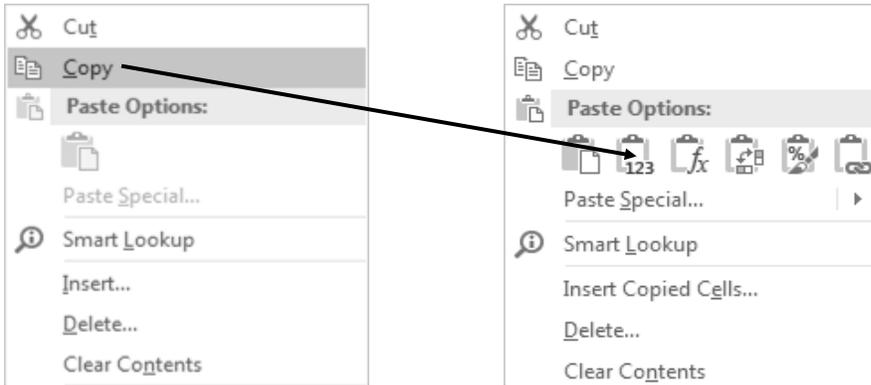
AutoFill Function

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



Paste Special Instructions

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



FILE NAME

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

Counties

[Agreement #] [Program] [Budget/Invoice] [Date]

*Examples: 201801 MCAH Q1 070118

201801 MCAH BR1 070118

CBOs

[Contract #] [FY] [Program] [Amendment/Invoice] [Date]

*Example: 17-10023 FY17-18 AFLP Q2 070118

17-10023 FY17-18 AFLP A01 070118

BUDGET SUMMARY

FISCAL YEAR
2020-21

BUDGET
ORIGINAL

BUDGET STATUS
ACTIVE

BUDGET BALANCE
0.00

Version 7.0 - 150 Quarterly 4 2020

Program:	Maternal, Child and Adolescent Health (MCAH)																
Agency:	202046 Sierra																
SubK:																	
	UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)						
	MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E						
	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
	ALLOCATION(S) →		77,002.00		3,000.00		0.00										#VALUE!

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	74,359.91		50,062.79		3,000.00		0.00		0.00				11,457.60		0.00		9,839.52
(II) OPERATING EXPENSES	13,645.65		10,622.32		0.00		0.00		10.56		0.00		3,012.77		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	3,099.50		3,051.08		0.00		0.00		0.00		0.00		48.42		0.00		0.00
(V) INDIRECT COSTS	18,589.98		13,265.81		0.00		0.00		0.00		0.00		5,324.17		0.00		0.00
BUDGET TOTALS*	109,695.04	70.20%	77,002.00	2.73%	3,000.00	0.00%	0.00	0.01%	10.56	0.00%	0.00	18.09%	19,842.96	0.00%	0.00	8.97%	9,839.52
BALANCE(S) →			0.00		0.00		0.00										

TOTAL MCAH-TV	77,002.00	→	77,002.00														
TOTAL MCAH-SIDS	3,000.00	→		3,000.00													
TOTAL TITLE XIX	17,301.13	→									0.00	[50%]	9,921.49		0.00	[75%]	7,379.64
TOTAL AGENCY FUNDS	12,391.91	→							10.56			[50%]	9,921.47			[25%]	2,459.88

\$ 97,303.13 Maximum Amount Payable from State and Federal resources

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

MCAH PROJECT DIRECTOR'S SIGNATURE

DATE

AGENCY FISCAL AGENT'S SIGNATURE

DATE

* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT																
PCA Codes	MCAH-TV	MCAH-SIDS	OAH	AGENCY FUNDS	MCAH-Cnty NE	MCAH-Cnty E										
	53107	53112	53144		53118	53117										
(I) PERSONNEL	50,062.79	3,000.00	0.00		0.00	5,728.80	0.00	7,379.64								
(II) OPERATING EXPENSES	10,622.32	0.00	0.00		0.00	1,506.39	0.00	0.00								
(III) CAPITAL EXPENSES	0.00	0.00	0.00		0.00	0.00	0.00	0.00								
(IV) OTHER COSTS	3,051.08	0.00	0.00		0.00	24.21	0.00	0.00								
(V) INDIRECT COSTS	13,265.81	0.00	0.00		0.00	2,662.09	0.00	0.00								
Totals for PCA Codes	77,002.00	3,000.00	0.00		0.00	9,921.49	0.00	7,379.64								

Program:		Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING							NON-ENHANCED MATCHING (60/60)			ENHANCED MATCHING (75/25)								
Agency:		202046 Sierra		MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Only NE			MCAH-Only E							
SubK:		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)				
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*				
(II) OPERATING EXPENSES DETAIL																						
TOTAL OPERATING EXPENSES		13,645.65		10,622.32		0.00		0.00		10.56		0.00		28.47%		0.00		15.33%		0.00	26.40%	
		% TRAVEL NON-ENH MATCH																				
		% TRAVEL ENH MATCH																				
		% PERSONNEL MATCH																				
		Match Available																				
TRAVEL		2,220.55	99.68%	2,213.44		0.00		0.00		0.00		0.00		0.00	0.32%	7.11		0.00		0.00		43.48%
TRAINING		2,325.00	73.60%	1,711.20		0.00		0.00		0.00		0.00		0.00	26.40%	613.80		0.00		0.00		0.00%
1 Office Supplies		2,220.00	73.60%	1,633.92		0.00		0.00		0.00		0.00		0.00	26.40%	586.08						0.00%
2 Communications/IT		3,000.00	73.60%	2,208.00		0.00		0.00		0.00		0.00		0.00	26.40%	792.00						0.00%
3 Duplication/Media		1,040.10	73.60%	765.51		0.00		0.00		0.00		0.00		0.00	26.40%	274.59						0.00%
4 Rents		2,080.00	73.60%	1,530.88		0.00		0.00		0.00		0.00		0.00	26.40%	549.12						0.00%
5 Utilities		720.00	73.60%	529.92		0.00		0.00		0.00		0.00		0.00	26.40%	190.08						0.00%
6 Toll Free Line		40.00	73.60%	29.44		0.00		0.00	26.40%	10.56		0.00		0.00		0.00						26.40%
7				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						
9				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						
11				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						
13				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						
15				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.

(III) CAPITAL EXPENDITURE DETAIL																						
TOTAL CAPITAL EXPENDITURES				0.00		0.00		0.00		0.00		0.00		0.00		0.00						

(IV) OTHER COSTS DETAIL																						
TOTAL OTHER COSTS		3,099.50		3,051.08		0.00		0.00		0.00		0.00		48.42		0.00						26.40%
SUBCONTRACTS				0.00		0.00		0.00		0.00		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		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		0.00		0.00
3				0.00		0.00		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		0.00		0.00
5				0.00		0.00		0.00		0.00		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		0.00		0.00		0.00		0.00
1 Educational Materials		1,670.00	100.00%	1,670.00		0.00		0.00		0.00		0.00		0.00		0.00						26.40%
2 Client Transportation		200.50	75.85%	152.08		0.00		0.00		0.00		0.00		24.15%		48.42						2.25%
3 Client Supports		1,229.00	100.00%	1,229.00		0.00		0.00		0.00		0.00		0.00		0.00						26.40%
4				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						
6				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						
8				0.00		0.00		0.00		0.00		0.00		0.00		0.00						

(V) INDIRECT COSTS DETAIL																						
TOTAL INDIRECT COSTS		18,589.98		13,265.81		0.00		0.00		0.00		0.00		5,324.17								
25.00% of Total Wages + Fringe Benefits		18,589.98	71.36%	13,265.81		0.00		0.00		0.00		0.00		28.64%		5,324.17						

Program:	Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING							NON-ENHANCED MATCHING (60/60)			ENHANCED MATCHING (75/25)				
Agency:	202046 Sierra		MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Only NE		MCAH-Only E				
SubK:	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL

TOTAL PERSONNEL COSTS		74,399.91	50,062.79	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00	11,457.60	0.00	9,839.52
FRINGE BENEFIT RATE		57.00%	18,175.66	5,566.39	0.00	0.00	0.00	0.00	0.00	0.00	4,159.77	0.00	3,572.31
TOTAL WAGES		47,363.00	31,887.13	1,910.83	0.00	0.00	0.00	0.00	0.00	0.00	7,297.83	0.00	6,267.21

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES													J-Pers MCF Per Staff	Staff Traveling (X)
1	Shanna Anseth	MCAH Director	25.00%	84,489	21,122.00	56.20%	11,870.56	0.00	0.00	0.00	0.00	28.47%	6,013.43	0.00	15.33%	3,238.00	43.8%	X	
2	Shanna Anseth	Perinatal Services Coordinator	6.78%	84,489	5,725.00	100.00%	5,725.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	43.8%	
3	Shanna Anseth	SIDS Coordinator	6.23%	84,489	5,264.00	63.70%	3,353.17	36.30%	1,910.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	43.8%	
4	Celia Sutton Pado	Medical Director	10.00%	98,804	9,880.00	56.34%	5,566.39	0.00	0.00	0.00	0.00	13.00%	1,284.40	0.00	30.66%	3,029.21	43.8%		
5	Theresa Norman	Health Assistant	10.00%	53,718	5,372.00	100.00%	5,372.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	43.8%	
6					0.00		0.00											0.0%	
7					0.00		0.00											0.0%	
8					0.00		0.00											0.0%	
9					0.00		0.00											0.0%	
10					0.00		0.00											0.0%	
11					0.00		0.00											0.0%	
12					0.00		0.00											0.0%	
13					0.00		0.00											0.0%	
14					0.00		0.00											0.0%	
15					0.00		0.00											0.0%	
16					0.00		0.00											0.0%	
17					0.00		0.00											0.0%	
18					0.00		0.00											0.0%	
19					0.00		0.00											0.0%	
20					0.00		0.00											0.0%	
21					0.00		0.00											0.0%	
22					0.00		0.00											0.0%	
23					0.00		0.00											0.0%	
24					0.00		0.00											0.0%	
25					0.00		0.00											0.0%	
26					0.00		0.00											0.0%	
27					0.00		0.00											0.0%	
28					0.00		0.00											0.0%	
29					0.00		0.00											0.0%	
30					0.00		0.00											0.0%	
31					0.00		0.00											0.0%	
32					0.00		0.00											0.0%	
33					0.00		0.00											0.0%	
34					0.00		0.00											0.0%	
35					0.00		0.00											0.0%	
36					0.00		0.00											0.0%	
37					0.00		0.00											0.0%	
38					0.00		0.00											0.0%	
39					0.00		0.00											0.0%	
40					0.00		0.00											0.0%	
41					0.00		0.00											0.0%	
42					0.00		0.00											0.0%	
43					0.00		0.00											0.0%	
44					0.00		0.00											0.0%	
45					0.00		0.00											0.0%	
46					0.00		0.00											0.0%	
47					0.00		0.00											0.0%	
48					0.00		0.00											0.0%	
49					0.00		0.00											0.0%	
50					0.00		0.00											0.0%	
51					0.00		0.00											0.0%	
52					0.00		0.00											0.0%	
53					0.00		0.00											0.0%	
54					0.00		0.00											0.0%	
55					0.00		0.00											0.0%	
56					0.00		0.00											0.0%	
57					0.00		0.00											0.0%	
58					0.00		0.00											0.0%	
59					0.00		0.00											0.0%	
60					0.00		0.00											0.0%	
61					0.00		0.00											0.0%	
62					0.00		0.00											0.0%	

Program:		Maternal, Child and Adolescent Health (MCAH)				UNMATCHED FUNDING							NON-ENHANCED MATCHING (60/60)				ENHANCED MATCHING (75/25)			
Agency:		202046 Sierra				MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS			MCAH-Cnty NE		MCAH-Cnty E			
SubK:		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
63		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
64		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
65		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
66		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
67		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
68		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
69		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
70		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
71		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
72		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
73		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
74		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
75		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
76		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
77		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
78		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
79		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
80		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
81		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
82		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
83		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
84		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
85		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
86		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
87		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
88		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
89		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
90		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
91		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
92		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
93		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
94		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
95		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
96		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
97		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
98		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
99		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
100		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
101		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
102		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
103		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
104		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
105		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
106		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
107		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
108		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
109		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
110		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
111		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
112		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
113		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
114		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
115		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
116		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
117		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
118		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
119		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
120		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
121		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
122		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
123		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
124		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
125		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
126		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
127		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
128		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
129		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
130		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
131		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
132		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	

BUDGET SUMMARY	FISCAL YEAR 2020-21	BUDGET BR1	BUDGET STATUS NOT ACTIVE	BUDGET BALANCE 0.00
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Version: 7.0 - 150 Quarterly 4.20.20

Program: **Maternal, Child and Adolescent Health (MCAH)**

Agency: **202046 Sierra**

SubK:

The Original budget is currently Active

	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →		77,002.00		3,000.00		0.00										#VALUE!

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
(I) PERSONNEL	74,359.91		50,062.79		3,000.00		0.00		0.00		11,457.60		0.00		9,839.52		
(II) OPERATING EXPENSES	13,645.65		10,622.32		0.00		0.00		10.56		3,012.77		0.00		0.00		
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		
(IV) OTHER COSTS	3,099.50		3,051.08		0.00		0.00		0.00		48.42		0.00		0.00		
(V) INDIRECT COSTS	18,589.98		13,265.81		0.00		0.00		0.00		5,324.17		0.00		0.00		
BUDGET TOTALS*	109,695.04	70.20%	77,002.00	2.73%	3,000.00	0.00%	0.00	0.01%	10.56	0.00%	0.00	18.09%	19,842.96	0.00%	0.00	8.97%	9,839.52
BALANCE(S) →			0.00		0.00		0.00										

TOTAL MCAH-TV	77,002.00	→	77,002.00
TOTAL MCAH-SIDS	3,000.00	→	3,000.00
TOTAL TITLE XIX	17,301.13	→	
TOTAL AGENCY FUNDS	12,391.91	→	10.56
			0.00 [50%] 9,921.49
			0.00 [75%] 7,379.64
			[50%] 9,921.47
			[25%] 2,459.88

\$ 97,303.13	Maximum Amount Payable from State and Federal resources
WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.	
_____ MCAH/PROJECT DIRECTOR'S SIGNATURE	_____ AGENCY FISCAL AGENT'S SIGNATURE
_____ DATE	_____ DATE

* These amounts contain local revenue submitted for information and matching purposes. MCAH does not reimburse Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	MCAH-TV	MCAH-SIDS	OAH	AGENCY FUNDS	MCAH-Cnty NE	MCAH-Cnty E
PCA Codes	53107	53112	53144		53118	53117
(I) PERSONNEL	50,062.79	3,000.00	0.00		5,728.80	7,379.64
(II) OPERATING EXPENSES	10,622.32	0.00	0.00		1,506.39	0.00
(III) CAPITAL EXPENSES	0.00	0.00	0.00		0.00	0.00
(IV) OTHER COSTS	3,051.08	0.00	0.00		24.21	0.00
(V) INDIRECT COSTS	13,265.81	0.00	0.00		2,662.09	0.00
Totals for PCA Codes	97,303.13	3,000.00	0.00		9,921.49	7,379.64

Program:	Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)				
Agency:	202046 Sierra		MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Only NE			MCAH-Only E			
SubK:	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL																	RECONCILIATION SECTION (Remaining Funds)																			
																	100.00%	50,062.79	100.00%	3,000.00		0.00		0.00		0.00	100.00%	11,457.60		0.00	100.00%	9,839.52				
																		50,062.79		3,000.00		0.00		0.00		0.00		11,457.60		0.00		0.00		9,839.52		
FRINGE BENEFIT RATE 57.00%																		26,996.91		1,089.17		0.00		0.00		0.00		0.00		0.00		0.00		0.00		3,572.31
TOTAL WAGES 47,363.00																		31,887.13		1,910.83		0.00		0.00		0.00		0.00		0.00		0.00		0.00		6,267.21

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES																	J-Pers MCF Per Staff	Staff Traveling (X)
1	Shanna Anseth	MCAH Director	25.00%	84,489	21,122.00	56.20%	11,870.56		0.00		0.00		0.00		0.00	28.47%	6,013.43		0.00	15.33%	3,238.00	43.8%	x
2	Shanna Anseth	Perinatal Services Coordinator	6.78%	84,489	5,725.00	100.00%	5,725.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
3	Shanna Anseth	SIDS Coordinator	6.23%	84,489	5,264.00	63.70%	3,353.17	36.30%	1,910.83		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
4	Celia Sutton Pado	Medical Director	10.00%	98,804	9,880.00	56.34%	5,566.39		0.00		0.00		0.00		0.00	13.00%	1,284.40		0.00	30.66%	3,029.21	43.8%	
5	Theresa Norman	Health Assistant	10.00%	53,718	5,372.00	100.00%	5,372.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
6					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
7					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
8					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
9					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
10					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
11					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
12					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
13					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
14					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
15					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
16					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
17					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
18					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
19					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
20					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
21					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
22					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
23					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
24					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
25					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
26					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
27					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
28					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
30					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
31					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
32					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
33					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
34					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
35					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
36					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
37					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
38					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
39					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
40					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
41					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
42					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
43					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
44					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
45					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
46					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
47					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
48					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
50					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
53					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
54					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
55					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
56					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
57					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
58					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%	
59																							

Program:		Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:		202046 Sierra		MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Only NE		MCAH-Only E					
SubK:		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
65		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
66		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
67		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
68		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
69		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
70		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
71		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
72		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
73		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
74		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
75		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
76		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
77		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
78		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
79		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
80		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
81		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
82		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
83		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
84		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
85		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
86		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
87		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
88		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
89		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
90		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
91		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
92		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
93		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
94		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
95		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
96		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
97		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
98		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
99		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
100		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
101		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
102		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
103		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
104		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
105		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
106		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
107		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
108		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
109		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
110		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
111		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
112		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
113		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
114		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
115		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
116		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
117		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
118		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
119		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
120		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
121		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
122		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
123		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
124		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
125		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
126		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
127		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
128		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
129		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
130		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
131		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
132		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
133		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
134		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
135		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
136		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%

Program:		Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202046 Sierra		MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Only NE		MCAH-Only E					
SubK:		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
137		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
138		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
139		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
140		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
141		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
142		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
143		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
144		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
145		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
146		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
147		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
148		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
149		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%
150		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	43.8%

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202046 Sierra
SubK:	0

(I) PERSONNEL DETAIL						BASE MEDI-CAL FACTOR %			43.80%			Use the following link to access the current AFA webpage and the current base MCF% for your agency:
TOTALS			0.58	\$ 405,989.67	\$ 47,363.00	26,996.91						
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024
1	Shanna Anseth	MCAH Director	25.00%	\$ 84,489	\$ 21,122	57.00%	12,039.54	MCAH	43.8%	Base		
2	Shanna Anseth	Perinatal Services Coordinator	6.78%	\$ 84,489	\$ 5,725	57.00%	3,263.25	MCAH	43.8%	Base		
3	Shanna Anseth	SIDS Coordinator	6.23%	\$ 84,489	\$ 5,264	57.00%	3,000.48	MCAH	43.8%	Base		
4	Celia Sutton Pado	Medical Director	10.00%	\$ 98,804	\$ 9,880	57.00%	5,631.60	MCAH	43.8%	Base		
5	Theresa Norman	Health Assistant	10.00%	\$ 53,718	\$ 5,372	57.00%	3,062.04	MCAH	43.8%	Base		
6			0.00%	\$ -	\$ -				0.0%	Base		
7			0.00%	\$ -	\$ -				0.0%	Base		
8			0.00%	\$ -	\$ -				0.0%	Base		
9			0.00%	\$ -	\$ -				0.0%	Base		
10			0.00%	\$ -	\$ -				0.0%	0		
11			0.00%	\$ -	\$ -				0.0%	0		
12			0.00%	\$ -	\$ -				0.0%	0		
13			0.00%	\$ -	\$ -				0.0%	0		
14			0.00%	\$ -	\$ -				0.0%	0		
15			0.00%	\$ -	\$ -				0.0%	0		
16			0.00%	\$ -	\$ -				0.0%	0		
17			0.00%	\$ -	\$ -				0.0%	0		
18			0.00%	\$ -	\$ -				0.0%	0		
19			0.00%	\$ -	\$ -				0.0%	0		
20			0.00%	\$ -	\$ -				0.0%	0		
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23			0.00%	\$ -	\$ -				0.0%	0		
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25			0.00%	\$ -	\$ -				0.0%	0		
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29			0.00%	\$ -	\$ -				0.0%	0		
30			0.00%	\$ -	\$ -				0.0%	0		
31			0.00%	\$ -	\$ -				0.0%	0		
32			0.00%	\$ -	\$ -				0.0%	0		
33			0.00%	\$ -	\$ -				0.0%	0		
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35			0.00%	\$ -	\$ -				0.0%	0		
36			0.00%	\$ -	\$ -				0.0%	0		
37			0.00%	\$ -	\$ -				0.0%	0		
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43			0.00%	\$ -	\$ -				0.0%	0		
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45			0.00%	\$ -	\$ -				0.0%	0		
46			0.00%	\$ -	\$ -				0.0%	0		
47			0.00%	\$ -	\$ -				0.0%	0		
48			0.00%	\$ -	\$ -				0.0%	0		

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202046 Sierra
SubK:	0

Version 7.0 - 150 Quarterly 4.20.20

49		0.00%	\$ -	\$ -			0.0%	0		
50		0.00%	\$ -	\$ -			0.0%	0		
51		0.00%	\$ -	\$ -			0.0%	0		
52		0.00%	\$ -	\$ -			0.0%	0		
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56		0.00%	\$ -	\$ -			0.0%	0		
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100		0.00%	\$ -	\$ -			0.0%	0		
101		0.00%	\$ -	\$ -			0.0%	0		
102		0.00%	\$ -	\$ -			0.0%	0		

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202046 Sierra
SubK:	0

Version 7.0 - 150 Quarterly 4.20.20

103		0.00%	\$ -	\$ -			0.0%	0		
104		0.00%	\$ -	\$ -			0.0%	0		
105		0.00%	\$ -	\$ -			0.0%	0		
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138		0.00%	\$ -	\$ -			0.0%	0		
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142		0.00%	\$ -	\$ -			0.0%	0		
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148		0.00%	\$ -	\$ -			0.0%	0		
149		0.00%	\$ -	\$ -			0.0%	0		
150		0.00%	\$ -	\$ -			0.0%	0		

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202046 Sierra
SubK:	0

Version 7.0 - 150 Quarterly 4.20.20

(II) OPERATING EXPENSES JUSTIFICATION

TOTAL OPERATING EXPENSES		TITLE V & TITLE XIX TOTAL	
	TRAVEL	2,220.55	Travel costs for MCAH Director (Senior Public Health Nurse) and Medical Officer to attend conferences and trainings necessary to meet MCAH program requirements. Costs include, but are not limited to, per diem, mileage and lodging. This category also includes mileage for intercounty travel necessary to serve consumers. Conferences scheduled are CPSP & SIDS.
	TRAINING	2,325.00	Conference and attendance fees for MCAH Director to the annual MCAH conference. Conferences scheduled are CPSP & SIDS.
1	Office Supplies	2,220.00	General Office supplies, document storage and destruction calculated at \$182/mo for 12 months.
2	Communications/IT	3,000.00	Communications and IT are a combined category for this budget because they are so interconnected. Costs include, but are not limited to, monthly AT&T costs, monthly Verizon costs, monthly maintenance costs - including IT personnel costs
3	Duplication/Media	1,040.10	The estimated cost of duplicating. Costs include, but are not limited to, \$15/mo for maintenance cost of color copier, and estimated cost of color printing and paper. Cost of advertising in two local papers and posters advertising events.
4	Rents	2,080.00	Cost of maintaining building that MCAH is housed in. Costs include, but are not limited to, maintenance supplies and cost of janitorial and maintenance personnel
5	Utilities	720.00	Cost of propane and electricity calculated at \$60/month for 12 months.
6	Toll Free Line	40.00	Toll Free Line
7	0	0.00	
8	0	0.00	
9	0	0.00	
10	0	0.00	
11	0	0.00	
12	0	0.00	
13	0	0.00	
14	0	0.00	
15	0	0.00	

(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES	0.00	
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(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	3,099.50	
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SUBCONTRACTS

1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	

OTHER CHARGES

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202046 Sierra
SubK:	0

1	Educational Materials	1,670.00	Education materials targeted towards oral health, obesity prevention, injury prevention, nutrition and healthy lifestyles. Also includes community garden supplies, new mom care packets, infant supplies and workplace wellness activities.
2	Client Transportation	200.50	Client specific transportation services, including but not limited to, gas vouchers, transportation services provided by county transportation staff. Gas vouchers will be tracked individually.
3	Client Supports	1,229.00	Items determined as necessary for risk reduction or in support of desired behaviors and/or goals such as cabinet locks, car seats, cribs, bicycle helmets, life vests, diapers, baby clothes, etc.
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	

(V) INDIRECT COSTS JUSTIFICATION

TOTAL INDIRECT COSTS	18,589.98	Per CDPH approved ICR
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INVOICE SUMMARY

FISCAL YEAR
2020-21

INVOICE #
202046 MCAH Q1

INVOICE PERIOD
July - September

Version 7.0 - 150 Quarterly 4/20/20

Program: Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)			
Agency: 202046 Sierra	MCAH-TV				MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE			MCAH-Cnty E			
Subk:	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS	TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ORIGINAL																	

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

TOTAL MCAH-TV	0.00	→	0.00														
TOTAL MCAH-SIDS	0.00	→		0.00													
TOTAL TITLE XIX	0.00	→								0.00	[50%]	0.00		0.00	[75%]	0.00	
TOTAL AGENCY FUNDS	0.00	→							0.00		[50%]	0.00			[25%]	0.00	

\$ -	Maximum Amount Payable from State and Federal resources
<p><small>AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.</small></p> <p><small>AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.</small></p>	
_____ MCAH/PROJECT DIRECTOR'S SIGNATURE	_____ AGENCY FISCAL AGENT'S SIGNATURE
_____ DATE	_____ DATE

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV	MCAH-SIDS	OAH	AGENCY FUNDS	MCAH-Cnty NE	MCAH-Cnty E
(I) PERSONNEL		53107	53112	53144		53118	53117
(II) OPERATING EXPENSES		0.00	0.00	0.00		0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00	0.00		0.00	0.00
(IV) OTHER COSTS		0.00	0.00	0.00		0.00	0.00
(V) INDIRECT COSTS		0.00	0.00	0.00		0.00	0.00
Totals for PCA Codes	0.00	0.00	0.00	0.00		0.00	0.00

Program: Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency: 202046 Sierra		MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E					
SubK:		(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)															
TOTAL OPERATING EXPENSES		100.00%	10,622.32	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	10.56	#DIV/0!	0.00	100.00%	3,012.77	#DIV/0!	0.00	#DIV/0!	0.00
PERSONNEL MATCH																	
0.00%																	
Match Available																	
TRAVEL																	
TRAINING																	
1 Office Supplies																	
2 Communications/IT																	
3 Duplication/Media																	
4 Rents																	
5 Utilities																	
6 Toll Free Line																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	

** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)															
TOTAL CAPITAL EXPENDITURES		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00

(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)															
TOTAL OTHER COSTS		100.00%	3,051.08	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	48.42	#DIV/0!	0.00	#DIV/0!	0.00
PERSONNEL MATCH																	
0.00%																	
Match Available																	
SUBCONTRACTS																	
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OTHER CHARGES																	
1 Educational Materials																	
2 Client Transportation																	
3 Client Supports																	
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(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)															
TOTAL INDIRECT COSTS		100.00%	13,265.81	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	5,324.17	#DIV/0!	0.00	#DIV/0!	0.00
PERSONNEL MATCH																	
0.00%																	
Match Available																	
25.00% of Total Wages + Fringe Benefits		0.00	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:		202046 Sierra			MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E					
SubK:					(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS					MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E					
ORIGINAL		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
61																				
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Program:		Maternal, Child and Adolescent Health (MCAH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency:		202046 Sierra				MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E						
SubK:						(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS						TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ORIGINAL																						
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Department/County: 202046 Sierra

Program Name: Maternal, Child and Adolescent Health (MCAH)

Invoice Number(s): 202046 MCAH Q1

FY and Quarter: FY 2020-21 202046 MCAH Q1

Total amount of requested Title XIX funding: \$ -

Period(s) of Service: July - September

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s):		PCA Code(s):		PCA Code(s):		Paid Time Off	
				53107 & 53112		53118		53117			
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):	
				<u>10, 11</u>		<u>1, 4, 5, 7</u>		<u>2, 3, 6, 8, 9</u>		<u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1	Shanna Anseth	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
2	Shanna Anseth	Perinatal Services Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
3	Shanna Anseth	SIDS Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
4	Celia Sutton Pado	Medical Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
5	Theresa Norman	Health Assistant	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
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Health and Safety Code Sections 124050(322.2), 124060 (322.5), 124070 (323), 124075 (322.2) are the payment authority.

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA				\$0.00			\$0.00		\$0.00		\$0.00
Title XIX federal funding:							\$0.00		\$0.00		\$0.00

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by: _____ Title: _____ Phone: _____ Email: _____

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off <u> </u>	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost

INVOICE SUMMARY

FISCAL YEAR
2020-21

INVOICE #
202046 MCAH Q2

INVOICE PERIOD
October - December

Version 7.0 - 150 Quarterly 4.20.20

Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)								
Agency:	202046 Sierra	MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E							
Subk:		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		TOTAL FUNDING		%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ORIGINAL																			

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

TOTAL MCAH-TV	0.00	→	0.00															
TOTAL MCAH-SIDS	0.00	→		→	0.00													
TOTAL TITLE XIX	0.00	→										0.00	[50%]	0.00		0.00	[75%]	0.00
TOTAL AGENCY FUNDS	0.00	→											[50%]	0.00			[25%]	0.00

\$	-	Maximum Amount Payable from State and Federal resources
<small>AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.</small>		<small>AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.</small>
_____ MCAH/PROJECT DIRECTOR'S SIGNATURE	_____ DATE	_____ AGENCY FISCAL AGENT'S SIGNATURE
		_____ AGENCY FISCAL AGENT'S SIGNATURE
		_____ DATE

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV	MCAH-SIDS	OAH	AGENCY FUNDS	MCAH-Cnty NE	MCAH-Cnty E
(I) PERSONNEL		53107	53112	53144		53118	53117
(II) OPERATING EXPENSES		0.00	0.00	0.00		0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00	0.00		0.00	0.00
(IV) OTHER COSTS		0.00	0.00	0.00		0.00	0.00
(V) INDIRECT COSTS		0.00	0.00	0.00		0.00	0.00
Totals for PCA Codes	0.00	0.00	0.00	0.00		0.00	0.00

Program: Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency: 202046 Sierra		MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E						
SubK:		(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/Agency*		
(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)																
TOTAL OPERATING EXPENSES		100.00%	10,622.32	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	10.56	#DIV/0!	0.00	100.00%	3,012.77	#DIV/0!	0.00	#DIV/0!	0.00	% PERSONNEL MATCH
			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
TRAVEL																		Match Available
TRAINING																		
1 Office Supplies																		
2 Communications/IT																		
3 Duplication/Media																		
4 Rents																		
5 Utilities																		
6 Toll Free Line																		
7																		
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14																		
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** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)																
TOTAL CAPITAL EXPENDITURES		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	% PERSONNEL MATCH
																		0.00%

(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																
TOTAL OTHER COSTS		100.00%	3,051.08	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	48.42	#DIV/0!	0.00	#DIV/0!	0.00	% PERSONNEL MATCH
			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
SUBCONTRACTS																		Match Available
1																		
2																		
3																		
4																		
5																		
OTHER CHARGES																		Match Available
1 Educational Materials																		
2 Client Transportation																		
3 Client Supports																		
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(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																
TOTAL INDIRECT COSTS		100.00%	13,265.81	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	5,324.17	#DIV/0!	0.00	#DIV/0!	0.00	% PERSONNEL MATCH
			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
25.00% of Total Wages + Fringe Benefits			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	

Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:	202046 Sierra	MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E							
SubK:		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		TOTAL FUNDING		%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ORIGINAL																			

(I) PERSONNEL DETAIL

TOTAL PERSONNEL COSTS		0.00	100.00%	50,062.79	100.00%	3,000.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	11,457.60	#DIV/0!	0.00	100.00%	9,839.52
FRINGE BENEFITS		0.00														
TOTAL WAGES		0.00														

FULL NAME (First Name Last Name)		TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES													% Time in Prog.	Staff Traveling (K)
1	Shanna Anseth	MCAH Director																	
2	Shanna Anseth	Perinatal Services Coordinator																	
3	Shanna Anseth	SIDS Coordinator																	
4	Celia Sutton Pado	Medical Director																	
5	Theresa Norman	Health Assistant																	
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Program:		Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:		202046 Sierra		MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E							
SubK:				(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
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Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:		202046 Sierra			MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E							
SubK:					(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		ORIGINAL			TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
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Department/County: 202046 Sierra

Program Name: Maternal, Child and Adolescent Health (MCAH)

Invoice Number(s): 202046 MCAH Q2

FY and Quarter: FY 2020-21 202046 MCAH Q2

Total amount of requested Title XIX funding:	\$	-
Period(s) of Service:	October - December	

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s):		PCA Code(s):		PCA Code(s):		Paid Time Off	
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1 Shanna Anseth	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
2 Shanna Anseth	Perinatal Services Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
3 Shanna Anseth	SIDS Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
4 Celia Sutton Pado	Medical Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
5 Theresa Norman	Health Assistant	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
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Health and Safety Code Sections 124050(322.2), 124060 (322.5), 124070 (323), 124075 (322.2) are the payment authority.
Attachment: Invoice

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA					\$0.00		\$0.00		\$0.00		\$0.00
Title XIX federal funding:							\$0.00		\$0.00		\$0.00

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by: _____ Title: _____ Phone: _____ Email: _____

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost

INVOICE SUMMARY

FISCAL YEAR
2020-21

INVOICE #
202046 MCAH Q3

INVOICE PERIOD
January - March

Version 7.0 - 150 Quarterly 4.20.20

Program:	Maternal, Child and Adolescent Health (MCAH)																
Agency:	202046 Sierra																
Subk:																	
	UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
	MCAH-TV			MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E					
	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS	TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ORIGINAL																	

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

TOTAL MCAH-TV	0.00	→	0.00														
TOTAL MCAH-SIDS	0.00	→		→	0.00												
TOTAL TITLE XIX	0.00	→								0.00	[50%]	0.00		0.00	[75%]	0.00	
TOTAL AGENCY FUNDS	0.00	→							0.00		[50%]	0.00			[25%]	0.00	

\$ -	Maximum Amount Payable from State and Federal resources
AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.	AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.
MCAH/PROJECT DIRECTOR'S SIGNATURE	AGENCY FISCAL AGENT'S SIGNATURE
DATE	DATE

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV	MCAH-SIDS	OAH	AGENCY FUNDS	MCAH-Cnty NE	MCAH-Cnty E
(I) PERSONNEL		0.00	0.00	0.00		0.00	0.00
(II) OPERATING EXPENSES		0.00	0.00	0.00		0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00	0.00		0.00	0.00
(IV) OTHER COSTS		0.00	0.00	0.00		0.00	0.00
(V) INDIRECT COSTS		0.00	0.00	0.00		0.00	0.00
Totals for PCA Codes	0.00	0.00	0.00	0.00		0.00	0.00

Program: Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency: 202046 Sierra		MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E							
SubK:		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	% PERSONNEL MATCH
ORIGINAL																			
(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)																	
TOTAL OPERATING EXPENSES		0.00	100.00%	10,622.32	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	10.56	#DIV/0!	0.00	100.00%	3,012.77	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
TRAVEL																			Match Available
TRAINING																			
1 Office Supplies																			
2 Communications/IT																			
3 Duplication/Media																			
4 Rents																			
5 Utilities																			
6 Toll Free Line																			
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15																			
** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.																			
(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)																	
TOTAL CAPITAL EXPENDITURES			#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	
(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																	
TOTAL OTHER COSTS		0.00	100.00%	3,051.08	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	0.00	#DIV/0!	0.00	100.00%	48.42	#DIV/0!	0.00	#DIV/0!	0.00	0.00%
SUBCONTRACTS																			Match Available
1																			
2																			
3																			
4																			
5																			
OTHER CHARGES																			Match Available
1 Educational Materials																			
2 Client Transportation																			
3 Client Supports																			
4																			
5																			
6																			
7																			
8																			
(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																	
TOTAL INDIRECT COSTS		0.00	100.00%	13,265.81	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	0.00	#DIV/0!	0.00	100.00%	5,324.17	#DIV/0!	0.00	#DIV/0!	0.00	
25.00% of Total Wages + Fringe Benefits		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	

Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202046 Sierra	MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E						
SubK:		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ORIGINAL																		

(I) PERSONNEL DETAIL

TOTAL PERSONNEL COSTS		0.00	100.00%	50,062.79	100.00%	3,000.00	#DIV/0!	0.00	#DIV/0!	0.00	0.00	100.00%	11,457.60	#DIV/0!	0.00	100.00%	9,839.52
FRINGE BENEFITS		0.00		0.00		0.00		0.00		0.00			0.00		0.00		0.00
TOTAL WAGES		0.00		0.00		0.00		0.00		0.00			0.00		0.00		0.00

FULL NAME (First Name Last Name)		TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES													% Time in Prog.	Staff Traveling (K)
1	Shanna Anseth	MCAH Director																	
2	Shanna Anseth	Perinatal Services Coordinator																	
3	Shanna Anseth	SIDS Coordinator																	
4	Celia Sutton Pado	Medical Director																	
5	Theresa Norman	Health Assistant																	
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Program:		Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:		202046 Sierra		MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E							
SubK:				(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
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Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:		202046 Sierra			MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E							
SubK:					(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		ORIGINAL			TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
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Department/County: 202046 Sierra

Program Name: Maternal, Child and Adolescent Health (MCAH)

Invoice Number(s): 202046 MCAH Q3

FY and Quarter: FY 2020-21 202046 MCAH Q3

Total amount of requested Title XIX funding: \$ -

Period(s) of Service: January - March

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1 Shanna Anseth	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
2 Shanna Anseth	Perinatal Services Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
3 Shanna Anseth	SIDS Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
4 Celia Sutton Pado	Medical Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
5 Theresa Norman	Health Assistant	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
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Health and Safety Code Sections 124050(322.2), 124060 (322.5), 124070 (323), 124075 (322.2) are the payment authority.

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA				\$0.00			\$0.00		\$0.00		\$0.00
Title XIX federal funding:							\$0.00		\$0.00		\$0.00

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by: _____ Title: _____ Phone: _____ Email: _____

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off <u> </u>	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost

INVOICE SUMMARY

FISCAL YEAR
2020-21

INVOICE #
202046 MCAH Q4

INVOICE PERIOD
April - June

Version 7.0 - 150 Quarterly 4.20.20

Program:	Maternal, Child and Adolescent Health (MCAH)																
Agency:	202046 Sierra																
Subk:																	
	UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)						
	MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E						
	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
BUDGET LINE ITEMS																	
ORIGINAL	TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

TOTAL MCAH-TV	0.00	→	0.00														
TOTAL MCAH-SIDS	0.00	→		→	0.00												
TOTAL TITLE XIX	0.00	→		→		→				0.00	[50%]	0.00		0.00	[75%]	0.00	
TOTAL AGENCY FUNDS	0.00	→		→		→					[50%]	0.00			[25%]	0.00	

\$	-	Maximum Amount Payable from State and Federal resources
<small>AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.</small>		<small>AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.</small>
FINAL INVOICE		
Y/N?		
_____ MCAH/PROJECT DIRECTOR'S SIGNATURE	_____ DATE	_____ AGENCY FISCAL AGENT'S SIGNATURE
		_____ AGENCY FISCAL AGENT'S SIGNATURE
		_____ DATE

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV	MCAH-SIDS	OAH	AGENCY FUNDS	MCAH-Cnty NE	MCAH-Cnty E
(I) PERSONNEL	53107	0.00	53112	0.00		53118	0.00
(II) OPERATING EXPENSES		0.00		0.00			0.00
(III) CAPITAL EXPENSES		0.00		0.00			0.00
(IV) OTHER COSTS		0.00		0.00			0.00
(V) INDIRECT COSTS		0.00		0.00			0.00
Totals for PCA Codes		0.00	0.00	0.00		0.00	0.00

Program: Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
Agency: 202046 Sierra		MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E								
SubK:		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
BUDGET LINE ITEMS		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
ORIGINAL																				
(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)																	PERSONNEL MATCH	
TOTAL OPERATING EXPENSES		0.00	100.00%	10,622.32	0.00%	#DIV/0!	0.00%	#DIV/0!	0.00%	10.56	100.00%	0.00	100.00%	3,012.77	0.00%	#DIV/0!	0.00%	#DIV/0!	0.00%	0.00%
TRAVEL																				Match Available
TRAINING																				
1	Office Supplies																			
2	Communications/IT																			
3	Duplication/Media																			
4	Rents																			
5	Utilities																			
6	Toll Free Line																			
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** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)																	PERSONNEL MATCH		
TOTAL CAPITAL EXPENDITURES																					0.00%

(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																	PERSONNEL MATCH		
TOTAL OTHER COSTS		0.00	100.00%	3,051.08	0.00%	#DIV/0!	0.00%	#DIV/0!	0.00%	0.00	100.00%	0.00	100.00%	48.42	0.00%	#DIV/0!	0.00%	#DIV/0!	0.00%	0.00%	
SUBCONTRACTS																					Match Available
1																					
2																					
3																					
4																					
5																					
OTHER CHARGES																					Match Available
1	Educational Materials																				
2	Client Transportation																				
3	Client Supports																				
4																					
5																					
6																					
7																					
8																					

(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																	PERSONNEL MATCH		
TOTAL INDIRECT COSTS		0.00	100.00%	13,265.81	0.00%	#DIV/0!	0.00%	#DIV/0!	0.00%	0.00	100.00%	0.00	100.00%	5,324.17	0.00%						
25.00% 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)	UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)						
Agency:	202046 Sierra	MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E							
SubK:		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		TOTAL FUNDING		%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ORIGINAL																			

(I) PERSONNEL DETAIL

RECONCILIATION SECTION (Remaining Funds)

TOTAL PERSONNEL COSTS	0.00	100.00%	50,062.79	100.00%	3,000.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	11,457.60	#DIV/0!	0.00	100.00%	9,839.52
FRINGE BENEFITS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
TOTAL WAGES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES													% Time in Prog.	Staff Traveling (K)
1	Shanna Anseth	MCAH Director																	
2	Shanna Anseth	Perinatal Services Coordinator																	
3	Shanna Anseth	SIDS Coordinator																	
4	Celia Sutton Pado	Medical Director																	
5	Theresa Norman	Health Assistant																	
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Program:		Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:		202046 Sierra		MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E							
SubK:				(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
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Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:		202046 Sierra			MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E							
SubK:					(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		ORIGINAL			TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
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Department/County: 202046 Sierra

Program Name: Maternal, Child and Adolescent Health (MCAH)

Invoice Number(s): 202046 MCAH Q4

FY and Quarter: FY 2020-21 202046 MCAH Q4

Total amount of requested Title XIX funding:	\$ -
Period(s) of Service:	April - June

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s):		PCA Code(s):		PCA Code(s):		Paid Time Off	
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1 Shanna Anseth	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
2 Shanna Anseth	Perinatal Services Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
3 Shanna Anseth	SIDS Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
4 Celia Sutton Pado	Medical Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
5 Theresa Norman	Health Assistant	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
131											
132											
133											
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140											
141											
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150											
Direct Service Expenses			\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
Indirect Costs			\$0.00	100.0%	\$0.00	0.0%	\$0.00				
Non-Reimbursable Amount			\$0.00		\$0.00		\$0.00		\$0.00		
Total Expenditures by PCA				\$0.00			\$0.00		\$0.00		\$0.00
Title XIX federal funding:							\$0.00		\$0.00		\$0.00

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by: _____ Title: _____ Phone: _____ Email: _____

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): <u>53107 & 53112</u>		PCA Code(s): <u>53118</u>		PCA Code(s): <u>53117</u>		Paid Time Off	
				Function Code(s): <u>10, 11</u>		Function Code(s): <u>1, 4, 5, 7</u>		Function Code(s): <u>2, 3, 6, 8, 9</u>		Function Code(s): <u>12</u>	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost

INVOICE SUMMARY

FISCAL YEAR
2020-21

INVOICE #
202046 MCAH S1

INVOICE PERIOD
July 1 - June 30

Version 7.0 - 150 Quarterly 4.20.20

Program: Maternal, Child and Adolescent Health (MCAH)											UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)									
Agency: 202046 Sierra											MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E						
Subk:											(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
BUDGET LINE ITEMS											TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ORIGINAL																											

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

TOTAL MCAH-TV	0.00	→	0.00												
TOTAL MCAH-SIDS	0.00	→		0.00											
TOTAL TITLE XIX	0.00	→							0.00	[50%]	0.00		0.00	[75%]	0.00
TOTAL AGENCY FUNDS	0.00	→								[50%]	0.00			[25%]	0.00

\$ -	Maximum Amount Payable from State and Federal resources	
<p>AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.</p> <p>AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.</p>		
_____ MCAH/PROJECT DIRECTOR'S SIGNATURE	_____ DATE	_____ AGENCY FISCAL AGENT'S SIGNATURE
		_____ AGENCY FISCAL AGENT'S SIGNATURE
		_____ DATE

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV	MCAH-SIDS	OAH	AGENCY FUNDS	MCAH-Cnty NE	MCAH-Cnty E
(I) PERSONNEL	53107	0.00	53112	53144		53118	53117
(II) OPERATING EXPENSES		0.00	0.00	0.00		0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00	0.00		0.00	0.00
(IV) OTHER COSTS		0.00	0.00	0.00		0.00	0.00
(V) INDIRECT COSTS		0.00	0.00	0.00		0.00	0.00
Totals for PCA Codes		0.00	0.00	0.00		0.00	0.00

Program: Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency: 202046 Sierra		MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E						
SubK:		(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/Agency*		
(II) OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)																
TOTAL OPERATING EXPENSES		100.00%	10,622.32	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	10.56	#DIV/0!	0.00	100.00%	3,012.77	#DIV/0!	0.00	#DIV/0!	0.00	% PERSONNEL MATCH
			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
TRAVEL																		Match Available
TRAINING																		
1 Office Supplies																		
2 Communications/IT																		
3 Duplication/Media																		
4 Rents																		
5 Utilities																		
6 Toll Free Line																		
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** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL		RECONCILIATION SECTION (Remaining Funds)																
TOTAL CAPITAL EXPENDITURES		#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	% PERSONNEL MATCH
																		0.00%

(IV) OTHER COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																
TOTAL OTHER COSTS		100.00%	3,051.08	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	48.42	#DIV/0!	0.00	#DIV/0!	0.00	% PERSONNEL MATCH
			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
SUBCONTRACTS																		Match Available
1																		
2																		
3																		
4																		
5																		
OTHER CHARGES																		Match Available
1 Educational Materials																		
2 Client Transportation																		
3 Client Supports																		
4																		
5																		
6																		
7																		
8																		

(V) INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)																
TOTAL INDIRECT COSTS		100.00%	13,265.81	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	5,324.17	#DIV/0!	0.00	#DIV/0!	0.00	% PERSONNEL MATCH
			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
25.00% of Total Wages + Fringe Benefits			0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	

Program:		Maternal, Child and Adolescent Health (MCAH)		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:		202046 Sierra		MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E							
SubK:				(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		ORIGINAL		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
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Program:		Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:		202046 Sierra			MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E							
SubK:					(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		ORIGINAL			TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	OAH	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
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INVOICE RECONCILIATION SUMMARY TABLE		Budgeted	Paid	Balance														
		97,303	0	97,303														
Version 7.0 - 150 Quarterly 4.20.20	Program: Maternal, Child and Adolescent Health		UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency: 202046 Sierra	SubK: 0		MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	
	TOTAL FUNDING REMAINING	%	MCAH-TV REMAINING	%	MCAH-SIDS REMAINING	%	OAH REMAINING	%	Agency Funds* REMAINING	%	Combined Fed/State REMAINING	%	Combined Fed/Agency* REMAINING	%	Combined Fed/State REMAINING	%	Combined Fed/Agency* REMAINING	
(I) PERSONNEL	100.00%	74359.91	100.00%	50062.79	100.00%	3000.00		0.00		0.00	0.00	100.00%	11457.60		0.00	100.00%	9839.52	
(II) OPERATING EXPENSES	100.00%	13645.65	100.00%	10622.32		0.00		0.00	100.00%	10.56	0.00	100.00%	3012.77		0.00		0.00	
(III) CAPITAL EXPENDITURES		0.00		0.00		0.00		0.00		0.00	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	
(IV) OTHER COSTS	100.00%	3099.50	100.00%	3051.08		0.00		0.00		0.00	0.00	100.00%	48.42		0.00		0.00	
(V) INDIRECT COSTS	100.00%	18589.98	100.00%	13265.81		0.00		0.00		0.00	0.00	100.00%	5324.17	0.00%	0.00	0.00%	0.00	
TOTALS*	100.00%	109695.04	100.00%	77002.00	100.00%	3000.00	#DIV/0!	0.00	100.00%	10.56	#DIV/0!	0.00	100.00%	19842.96	#DIV/0!	0.00	100.00%	9839.52

EXPENSE CATEGORY	TOTALS		UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)				ENHANCED (75/25)				
	% Funding	TOTAL FUNDING	(2) % Remaining	(3) PCA 53107 Remaining	(4) % Remaining	(5) PCA 53112 Remaining	(6) % Remaining	(7) PCA 53144 Remaining	(8) % Remaining	(9) PCA Remaining	(10) % Remaining	(11) PCA Remaining	(12) % Remaining	(13) PCA Remaining	(14) % Remaining	(15) PCA Remaining		
(I) PERSONNEL																		
ORIGINAL		74,359.91	1	50,062.79	1	3,000.00	1	0.00	1	0.00	1	0.00	1	11,457.60	1	0.00	1	9,839.52
Difference			1		1		1		1		1		1		1		1	
BUDGETS			1		1		1		1		1		1		1		1	
Difference			1		1		1		1		1		1		1		1	
202046 MCAH Q1	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00
202046 MCAH Q2	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00
202046 MCAH Q3	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00
202046 MCAH Q4	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00
202046 MCAH S1	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00
202046 MCAH S2	0%	0.00	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00
Adjustments/Corrections		0.00																
Total Expended Funds	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
Balance of Available Funds*	100.00%	74,359.91	100.00%	50,062.79	100.00%	3,000.00		0.00		0.00		0.00	100.00%	11,457.60		0.00	100.00%	9,839.52

(IV) OTHER COSTS			UNMATCHED FUNDING						NON - ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
			0	0	0	0	0	0	0	0	0	0	0	0	0			
BUDGETS	ORIGINAL	3,099.50	1	3,051.08	1	0.00	1	0.00	1	0.00	1	0.00	1	48.42	1	0	1	0
	Difference		1		1		1		1		1		1		1		1	
			1		1		1		1		1		1		1		1	
	Difference		1		1		1		1		1		1		1		1	
			1		1		1		1		1		1		1		1	
	Difference		1		1		1		1		1		1		1		1	
202046 MCAH Q1	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.0	#DIV/0!	0.00
202046 MCAH Q2	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.0	#DIV/0!	0.00
202046 MCAH Q3	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.0	#DIV/0!	0.00
202046 MCAH Q4	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.0	#DIV/0!	0.00
202046 MCAH S1	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.0	#DIV/0!	0.00
202046 MCAH S2	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.0	#DIV/0!	0.00
Adjustments/Corrections		0.00																
Total Expended Funds	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.0	0.00%	0.00
Balance of Available Funds*	100.00%	3,099.50	100.00%	3,051.08	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	48.42	#DIV/0!	0.0	#DIV/0!	0.00

EXPENSE CATEGORY	TOTALS		UNMATCHED FUNDING						NON-ENHANCED (50/50)					
	% Funding	(1) TOTAL FUNDING	(2) % Remaining (3)	(3) PCA 53107 Remaining (3)	(4) % Remaining (4)	(5) PCA 53112 Remaining (5)	(6) % Remaining (6)	(7) PCA 53144 Remaining (7)	(8) % Remaining Agency	(9) PCA Remaining Agency	(10) % Remaining Fed/State	(11) PCA Remaining Fed/State	(12) % Remaining Fed/Agency	(13) PCA 53118 Remaining Fed/Agency
(V) INDIRECT COSTS			UNMATCHED FUNDING						ENHANCED MATCHING (50/50)		NON-ENHANCED (50/50)			
BUDGETS	ORIGINAL	18,589.98	1	13,265.81	1	0.00	1	0.00	1	0.00	1	0.00	1	5,324.17
	Difference		1		1		1		1		1		1	
			1		1		1		1		1		1	
	Difference		1		1		1		1		1		1	
			1		1		1		1		1		1	
	Difference		1		1		1		1		1		1	
202046 MCAH Q1	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00
202046 MCAH Q2	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00
202046 MCAH Q3	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00
202046 MCAH Q4	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00
202046 MCAH S1	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00
202046 MCAH S2	0%	0.00	0%	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	0%	0.00
Adjustments/Corrections		0.00												
Total Expended Funds	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
Balance of Available Funds*	100.00%	18,589.98	100.00%	13,265.81	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	5,324.17

CDPH Audit Section

Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202046 Sierra
 SubK: 0
 FY: 2020-21

ORIGINAL BUDGET

	Budgeted Funds	Remaining Funds	
		\$	%
TOTAL MCAH-TV	77,002.00	77,002.00	100.00%
TOTAL MCAH-SIDS	3,000.00	3,000.00	100.00%
TOTAL OAH	0.00	0.00	
TOTAL TITLE XIX	17,301.13	17,301.12	100.00%
TOTAL AGENCY FUNDS	12,391.91	12,391.92	100.00%
TOTALS	109,695.04	109,695.04	100.00%

INVOICE	REIMBURSEMENT TOTALS
202046 MCAH Q1	0.00
202046 MCAH Q2	0.00
202046 MCAH Q3	0.00
202046 MCAH Q4	0.00
202046 MCAH S1	0.00
202046 MCAH S2	0.00
Adjust/Corr	0.00
YTD Total	0.00

*Balance of Available Funds includes Title V, State General Fund, Title XIX, and Agency Funds. Agency funds are not reimbursable through the MCAH Program.
 **Advance payment will be recovered at the State level when the first three quarterly invoices are submitted for payment and is dependent on funding availability

Sierra County

SPMP ATTESTATION
Exhibit A

	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
1	Shanna Anseth	Senior Public Health Nurse	BSN	RN	827741
2	Celia Sutton-Pado	Medical Officer	Medical Doctor	MD	G81637
3					
4					
5					
6					
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8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
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21					
22					
23					
24					

Submit

GOVERNMENT AGENCY TAXPAYER ID FORM

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: GovSuppliers@cdph.ca.gov or fax it to (916) 650-0100, or mail it to the address above.

Principal Government Agency Name: County of Sierra

Remit-To Address (Street or PO Box): PO Box 7

City: Loyalton State: CA Zip Code+4: 96118

Government Type: City County Special District Federal Other (Specify)
Federal Employer Identification Number (FEIN): 94-6000536

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

FI\$Cal ID# (if known)	<input type="text"/>	Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
FI\$Cal ID# (if known)	<input type="text"/>	Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
FI\$Cal ID# (if known)	<input type="text"/>	Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
FI\$Cal ID# (if known)	<input type="text"/>	Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>

Contact Person: Vickie Clark Title: Director
Phone number: 530-993-6707 E-mail address: vclark@sierracounty.ca.gov
Signature: *Vickie Clark* Date: 3-2-20

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
 County of Sierra

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **Local Government Agency**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 3

Exemption from FATCA reporting code (if any) _____

By type for accounts originated outside the U.S.

5 Address (number, street, and apt. or suite no.) See instructions.
 PO Box 425

6 City, state, and ZIP code
 Downieville, CA 95936

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

9	4	-	6	0	0	0	5	3	6
---	---	---	---	---	---	---	---	---	---

Part II

Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶ 

Date ▶ 1-20-2020

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.