

TEHAMA COUNTY AUDITOR'S OFFICE
GRANT FUNDING INFORMATION
 (Attach full copy of application and/or Notice of Award)

AUDITOR USE ONLY

Rec'd By: _____

DEPARTMENT Health Services Agency	NAME OF CONTACT Valerie Lucero	PHONE NUMBER 527-8491	BUDGET UNIT 40121
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TITLE OF GRANT Health Care Program for Children in Foster Care Psychotropic Medication Monitoring and Oversight

GRANTOR AGENCY California Department of Healthcare Services

GRANT OBJECTIVES Nursing Case management and program coordination for Children in Foster Care on Psychotropic medications

GRANT I.D. NO. _____ Federal Catalog # (if applicable): _____

GRANT PERIOD From: 4/1/2017 To: 6/30/2017 Applicable Code and/or

Legislative Reference: _____

DATE APPLICATION APPROVED BY BOARD: _____

DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT: _____

IS GRANT RENEWABLE? (Check all applicable)	Yes	No	Annually	Indefinite	Specific No. of Years
	X		X		

GRANT FUNDING Fiscal Year: 2016-2017

FEDERAL	\$14,994.00	
STATE	\$6,215.00	
OTHER		
1. TOTAL GRANT FUNDS	\$21,210.00	

COUNTY FUNDING

HARD MATCH (dollars)	\$0.00	
SOFT MATCH (In-kind)	\$0.00	
2. TOTAL COUNTY MATCH	\$0.00	

USE OF FUNDS

PERSONNEL (attach detail)	\$15,502.00	
SERVICES/SUPPLIES	\$2,980.00	
EQUIPMENT		
OTHER CHARGES	\$2,728.00	
TOTAL FUNDS (must also = 1+2 above)	\$21,210.00	

IF HARD MATCH REQUIRED,
IDENTIFY FUNDING SOURCE: _____

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? Yes: N/A No:

METHOD OF PAYMENT OF GRANT FUNDS: Reimburse: Advance:

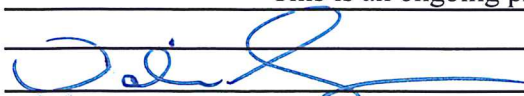
ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: _____

EXPENDITURE DEADLINE: 6/30/2017

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? Yes: No:

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) Yes: No:

This is an ongoing program that requires existing staff and office space.


Valerie S. Lucero, Executive Director

DATE 3/14/17 Form A-135 (Rev 8-21-07)