

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Certification Statement	County/City:	Fiscal Year:
	El Dorado	2025-26

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, including the HCPCFC Program Manual. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above.

Maureen Virgil, MAS, BSN, RN, PHN	Maureen Virgil (Sep 10, 2025 12:49:03 PDT)	
HCPCFC/County Authorized Representative	Signature	Date
Local Governing Body Chairperson Name,	Signature	Date



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

	Agangy Info		County/City:		Fiscal Year:		
	Agency Info	ormation	El Dorado		2025-26		
	Street Address:	941 Spring St.			Meloday Law, MD		
	City:	Placerville	HCPCFC	Central Email	hcpcfc@edcgov.us		
	Zip Code:			Address:			
	Authorized HCPC	FC Representative	Dire	ector of Social	Services Agency		
	Name, Title:	Maureen Virgil, MAS, BSN,		Name:	Olivia Byron-Cooper		
	Phone:	530.621.6217		Phone:	530.621.6320		
	Email:	maureen.virgil@edcgov.us		Email:	olivia.byron-cooper@edcg		
	Clerk of the Boar	rd of Supervisors		Chief Proba	tion Officer		
	Name:	Kim Dawson		Name:	Brian Richart		
	Phone:	530.621.5390		Phone:	530.621.5625		
	Email:	kim.dawson@edcgv.us		Email:	brian.richart@edcgov.us		
		List All HCPCF	C Program Sta	ff			
	Name:	Title:	Support Staff	PHN	Email:		
1	Maureen Virgil	PHN Manager	No	Yes	maureen.virgil@edcgov.us		
2	Jessica Cullen	PHN Supervisor	No	Yes	jessica.cullen@edcgov.us		
3	Sharon Guthrie	PHN II	No	Yes	sharon.guthrie@edcgov.us		
4	Erica Bobrow	Senior Office Assistant	Yes	No	erica.bobrow@edcgov.us		
5	Kyle Fliflet	Deputy Director	Yes	No	kyle.fliflet@edcgov.us		
6 7							
8							
9							
10							
Vie	w additional rows by selecti	ng the "+" to the left.					



		Base Budget Worksheet County/City Name:												
		base bud	get works	neet				El Dorado		2025-26				
Col	umn				1A	1B	1	2A	2	3A	3			
I. Pe	. Personnel Expenses				Total Base	Annual Salary	Total Budget	Enhanced	Enhanced	Non- Enhanced FTE	Non- Enhanced			
#	Name	Title	DSS	PHN	FTE %	Ariffual Salary	Total budget	FTE %	Total	%	Total			
1	1 Maureen Virgil PHN Manager No				0%	\$151,445	\$0	0%	\$0	100%	\$0			
2	Jessica Cullen	PHN Supervisor	No	Yes	0%	\$129,126	\$0	0%	\$0	100%	\$0			
3	Sharon Guthrie	PHN II	No	Yes	44%	\$110,968	\$48,826	95%	\$46,385	5%	\$2,441			
4	Erica Bobrow	Senior Office Assistant	Yes	No	0%	\$47,840	\$0	90%	\$0	10%	\$0			
5	Kyle Fliflet	Deputy Director	Yes	No	0%	\$166,421	\$0	0%	\$0	100%	\$0			
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0			
7	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0			
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0			
	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0			
10	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0			
_	w additional rows by selecting	g the "+" to the left.					AV V			ain sa				
Tot	al Net Salaries and Wages						\$48,826		\$46,385		\$2,441			
	ff Benefits (Specify %)		49	%			\$23,925		\$22,729		\$1,196			
_	otal Personnel Expenses		ri e				\$72,751		\$69,114		\$3,637			
II. T	otal Operating Expenses (Lis	st in Narrative)					\$1,223		\$0		\$1,223			
III. T	Total Capital Expenses (List in	n Narrative)					\$0				\$0			
IV. I	ndirect Expenses (List in Nar	rrative)												
1.	Internal (Specify %)		%			\$18,188				\$18,188				
2.	External (Specify %)		6			\$0				\$0				
	Total Indirect Expenses (List						\$18,188				\$18,188			
V. T	otal Other Expenses (List in	Narrative)					\$0				\$0			
					Budge	et Grand Total	\$92,162		\$69,114		\$23,048			

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Maureen Virgil, MAS, BSN, RN, PHN

Authorized HCPCFC Signor Name, Title

Signature

Date



Maureen Virgil, MAS, BSN, RN, PHN
Authorized HCPCFC Signor Name, Title

Health Care Program for Children in Foster Care

	Paca Pudmot Namativo	County/City Name:	Fiscal Year:
	ting Expenses Identify and Explain All Operating Expense Line Items applies \$1223 al Expenses Identify and Explain All Capital Expense Line Items act Expenses Identify and Explain All Indirect Expense Line Items Consistent with approved A-87 plan on file.	El Dorado	2025-26
I. Personnel Ex	penses Identify and Explain Any Changes in Personnel/Personnel Ex	penses	
Additional sal	ary equity adjustments cumulative from 2020 to current FY. FTE adj	ustments made base	d on changes in
base salaries.			
II. Operating E	expenses Identify and Explain All Operating Expense Line Items		
Office Supplie	s \$1223		
III. Capital Exp	enses Identify and Explain All Capital Expense Line Items		
Internal:	Consistent with approved A-87 plan on file.		
External:			
V. Other Expe	nses Identify and Explain All Other Expense Line Items		
and state law states for med that the HCPO	the Health Care Program for Children in Foster Care (HCPCFC) will cover and regulations, including all federal laws and regulations governical assistance pursuant to Title XIX of the Social Security Act (42 U.CFC will comply with all rules promulgated by DHCS pursuant to the organical goals, scope, and activity requirements. I further agree that the other remedies if this HCPCFC violates any of the	ng recipients of fede S.C. Section 1396 et se authorities, and th is HCPCFC may be su	ral funds granted to seq.). I further certify at all listed expenses

Signature



	Pariah ata	rouis Madiestian Manitorius 9: Or		Dd4 \	Maulsshaat			County/City N	lame:	Fiscal Year:	
	Psychoti	ropic Medication Monitoring & Ov	ersignt i	suaget v	vorksneet			El Dorado		2025-26	
Co	umn				1A	1B	1	2A	2	3A	3
I. P	ersonnel Expenses		Total Base	Annual	Total Budget	Enhanced	Enhanced	Non- Enhanced	Non- Enhanced		
#	Name	Title	DSS	PHN	FTE %	Salary	Total Budget	FTE %	Total	FTE %	Total
1	Maureen Virgil	PHN Manager	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
2	Jessica Cullen	PHN Supervisor	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
3	Sharon Guthrie	PHN II	No	Yes	21%	\$110,968	\$23,303	95%	\$22,138	5%	\$1,165
4	Erica Bobrow	Senior Office Assistant	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
5	Kyle Fliflet	Deputy Director	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
Vie	w additional rows by selecting the "+" to th	e left.								7.5	-n
Tot	al Net Salaries and Wages		_				\$23,303	j	\$22,138		\$1,165
Sta	ff Benefits (Specify %)		49	9%			\$11,418		\$10,848		\$571
I. T	otal Personnel Expenses						\$34,721		\$32,986		\$1,736
II.	otal Operating Expenses (List in Narrative)						\$0		\$0		\$0
III.	Total Capital Expenses (List in Narrative)						\$0				\$0
IV.	Indirect Expenses (List in Narrative)			-							
1.	Internal (Specify %)	5%			\$8,680				\$8,680		
2.	External (Specify %)	%			\$0				\$0		
IV.	Total Indirect Expenses (List in Narrative)					\$8,680				\$8,680	
V. ⁻	Total Other Expenses (List in Narrative)						\$0				\$0
					Budget	Grand Total	\$43,401		\$32,986		\$10,416

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Maureen Virgil, MAS, BSN, RN, PHN

Maureen Virgil (Sep 10, 2025 12:49:03)

Authorized HCPCFC Signor Name, Title

Signature



Authorized HCPCFC Signor Name, Title

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

Dovebote	opic Medication Monitoring & Oversight Budget Narrative	County/City Name:	Fiscal Year:
Psychoti	opic Medication Monitoring & Oversight Budget Narrative	El Dorado	2025-26
I. Personnel Ex	penses Identify and Explain Any Changes in Personnel/Personnel Ex	penses	
Additional sal	ary equity adjustments cumulative from 2020 to current FY. FTE adj	justments made base	d on changes in
base salaries.			
II. Operating E	expenses Identify and Explain All Operating Expense Line Items		
III. Capital Exp	enses Identify and Explain All Capital Expense Line Items		
IV. Indirect Ex	penses Identify and Explain All Indirect Expense Line Items		
Internal:	Consistent with approved A-87 plan on file.		
External:			
V. Other Expe	nses Identify and Explain All Other Expense Line Items		
and state lav states for me that the HCPO	the Health Care Program for Children in Foster Care (HCPCFC) will cover and regulations, including all federal laws and regulations governical assistance pursuant to Title XIX of the Social Security Act (42 UCFC will comply with all rules promulgated by DHCS pursuant to the organ goals, scope, and activity requirements. I further agree that the	ing recipients of fede .S.C. Section 1396 et se authorities, and th	ral funds granted to seq.). I further certify at all listed expenses
	other remedies if this HCPCFC violates any of th	e above.	
Maureen Virg	I MAS RSN RN PHN Maureen Virgil (Sep 10, 2025 12:49:03 P	DT)	

Signature



		County/City I	Name:	Fiscal Year:							
l		Caseload Relief Budge	L WOIKS	ileet				El Dorado		2025-26	
Col	umn				1A	1B	1	2A	2	3A	3
I. Pe	ersonnel Expenses				Total Base	Annual	Total Budget	Enhanced	Enhanced Total	Non-Enhanced FTE %	Non- Enhanced
#	Name	Title	DSS	PHN	FTE %	Salary	Total budget	FTE %	Limancea rotar		Total
1	Maureen Virgil	PHN Manager	No	Yes	0%	\$0	\$0	0%	\$0	100%	\$0
2	Jessica Cullen PHN Supervisor No Y				0%	\$0	\$0	0%	\$0	100%	\$0
3	Sharon Guthrie	PHN II	No	Yes	15%	\$110,968	\$16,645	94%	\$15,646	6%	\$999
4	Erica Bobrow	Senior Office Assistant	Yes	No	50%	\$47,840	\$23,920	94%	\$22,485	6%	\$1,435
5	Kyle Fliflet	Deputy Director	Yes	No	0%	\$0	\$0	0%	\$0	100%	\$0
6	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
7	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
8	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
9	0	0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
10		0	0	0	0%	\$0	\$0	0%	\$0	100%	\$0
_	w additional rows by selecting the "+	-" to the left.			ur tu			35	ú	(de	4
	al PHN FTE %				15%			94%			
Tot	al Direct Support Staff FTE %				50%			94%			
Tot	al Net Salaries and Wages		- 54				\$40,565		\$38,131	0	\$2,434
	f Benefits (Specify %)		49	9%			\$19,877		\$18,684		\$1,193
_	otal Personnel Expenses						\$60,442		\$56,815		\$3,627
II. T	otal Operating Expenses (List in Nar	rrative)					\$480		\$123		\$357
	Total Capital Expenses (List in Narra	tive)					\$0				\$0
IV. I	ndirect Expenses (List in Narrative)								ļ		
1.	Internal (Specify %)	5%			\$15,111				\$15,111		
2.	External (Specify %)	%			\$0				\$0		
IV.	Total Indirect Expenses (List in Narra	ative)				\$15,111		Į.		\$15,111	
V. T	otal Other Expenses (List in Narrativ	ve)					\$0		Ĭ		\$0
					Budget	Grand Total	\$76,033		\$56,938		\$19,095

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to Public Health Nurses and their Direct Support Staff. By signing below, I certify that the listed individual's Civil Service Classification, Duty Statement, and all budgeted activities adhere to HCPCFC program scope and meet the definition of Public Health Nurse, as defined by California Code of Regulations Section 1305, or Directly Supporting Staff, as defined by Code of Federal Regulations Section 432.2.

Maureen Virgil, MAS, BSN, RN, PHN

Maureen Virgil (Sep 10, 2025 12:49:03 PDT)

Authorized HCPCFC Signor Name, Title

Signature



Authorized HCPCFC Signor Name, Title

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

	Caseload Relief Budget Narrative		County/City Name:	Fiscal Year:
	Caseloau Kellel Buuget Nalifative		El Dorado	2025-26
I. Personnel Ex	penses Identify and Explain Any Changes in Per	sonnel/Personnel Ex	penses	
Full-time equi	valent (FTE) adjustments were implemented in r	esponse to changes	in base salaries and t	o offset reductions
	eted funding. These adjustments are essential to		ty and continuity of p	orogram activities.
	xpenses Identify and Explain All Operating Expe	nse Line Items		
Postage \$480				
III. Capital Exp	enses Identify and Explain All Capital Expense Li	ne Items		
IV. Indirect Exp	penses Identify and Explain All Indirect Expense	Line Items		
Internal:				
External:				
V. Other Exper	nses Identify and Explain All Other Expense Line	Items		
I certify that t	he Health Care Program for Children in Foster C	Care (HCPCFC) will co	mply with all applica	ble state and federal
	vs and regulations, including all federal laws and		•	•
	dical assistance pursuant to Title XIX of the Soci	•		•
	CFC will comply with all rules promulgated by D	•		•
adhere to pro	ogram goals, scope, and activity requirements. I	-		bject to sanctions or
	other remedies if this HCPC	FC violates any of the	e above.	
Maureen Virgi	il, MAS, BSN, RN, PHN	Maureen Virgil (Sep 10, 2025 12:49:03 F	PDT)	

Signature



		Administrative Budget W	orkshoo					County/City N	Name:	Fiscal Year:	
		Administrative Budget W	orksnee	τ				El Dorado		2025-26	
Co	lumn				1A	1B	1	2A	2	3A	3
I. P	ersonnel Expenses				Total Base	Annual	Total Budget	Enhanced	Enhanced	Non- Enhanced	Non- Enhanced
#	Name	Title	DSS	PHN	FTE %	Salary	Total Budget	FTE %	Total	FTE %	Total
1	Maureen Virgil	PHN Manager	No	Yes	41%	\$151,445	\$62,092			41%	\$62,092
2	Jessica Cullen	PHN Supervisor	No	Yes	20%	\$129,126	\$25,825			20%	\$25,825
3	Sharon Guthrie	PHN II	No	Yes	0%	\$110,968	\$0			0%	\$0
4	Erica Bobrow	Senior Office Assistant	Yes	No	50%	\$47,840	\$23,920			50%	\$23,920
5	Kyle Fliflet	Deputy Director	Yes	No	28%	\$166,421	\$46,598			28%	\$46,598
	0	0	0	0	0%	\$0	\$0			0%	\$0
	0	0	0	0	0%	\$0	\$0			0%	\$0
	0	0	0	0	0%	\$0	\$0			0%	\$0
	0	0	0	0	0%	\$0	\$0			0%	\$0
10	0	0	0	0	0%	\$0	\$0			0%	\$0
	w additional rows by selecting the "+" to th	e left.	₹	20						7.5	70
	tal Net Salaries and Wages						\$158,435				\$158,435
	ff Benefits (Specify %)		56	5%			\$88,724				\$88,724
	otal Personnel Expenses						\$247,159				\$247,159
II.	Total Operating Expenses (List in Narrative)						\$21,961				\$21,961
	Total Capital Expenses (List in Narrative)					ļ	\$0				\$0
IV.	Indirect Expenses (List in Narrative)			_							
1.	Internal (Specify %)	25	5%			\$61,790				\$61,790	
2.	External (Specify %)	%			\$0				\$0		
	Total Indirect Expenses (List in Narrative)				\$61,790				\$61,790		
٧.	Total Other Expenses (List in Narrative)						\$0				\$0
	·				Budget	Grand Total	\$330,910		\$0		\$330,910

I certify that the Health Care Program for Children in Foster Care (HCPCFC) will comply with all applicable state and federal and state laws and regulations, including all federal laws and regulations governing recipients of federal funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. Section 1396 et seq.). I further certify that the HCPCFC will comply with all rules promulgated by DHCS pursuant to these authorities, and that all listed expenses adhere to program goals, scope, and activity requirements. I further agree that this HCPCFC may be subject to sanctions or other remedies if this HCPCFC violates any of the above. HCPCFC staffing is limited to a Public Health Nurse Supervisor, Public Health Assistant, Fiscal Support Staff, and Administrative Support Staff.

Maureen Virgil, MAS, BSN, RN, PHN

Maureen Virgil (Sep 10, 2025 12:49:03 PDT)

Authorized HCPCFC Signor Name, Title

Signature



Maureen Virgil, MAS, BSN, RN, PHN Authorized HCPCFC Signor Name, Title

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Health Care Program for Children in Foster Care

	Administrative Dudget Nametics	County/City Name:	Fiscal Year:								
	Administrative Budget Narrative	El Dorado	2025-26								
I. Personnel E	xpenses Identify and Explain Any Changes in Personnel/Personnel Ex	penses									
Deputy Direct	or position is essential for providing fiscal support to the administra	tive operations funde	d by HCPCFC								
budget: ensur	res fiscal management activities align with administrative intent of th	e allocation and that	resources are								
utilized effect	ively to support the program; oversees the development of the HCP	CFC budget and ensu	res funds are								
allocated in compliance with local, state, and federal requirements and that reporting deadlines are met; and responsible I. Operating Expenses Identify and Explain All Operating Expense Line Items											
Fravel: \$2500 includes per diem, private vehicle mileage, commercial auto rental, air travel, hotel, etc.; mileage											
reiumbursem	ent @ federal rate/mile as published each January. Training: \$2500 re	egistration/tuition fee	s for SPMP and								
support staff	for continuing education that is program applicable. Conference fee	s: \$1200. Office supp	lies \$1559; Postage								
\$220 Cell pho	one and service \$1800. Office furniture for 3 staff \$6000. Maloractice	insurance \$4020 Lia	hility insurance								
III. Capitai Exp	penses Identify and Explain All Capital Expense Line Items										
IV. Indirect Ex	penses Identify and Explain All Indirect Expense Line Items										
	Consistent with approved A-87 plan on file.										
Internal:											
External:											
V. Other Expe	nses Identify and Explain All Other Expense Line Items										
1	1	1 24 11 12									
•	the Health Care Program for Children in Foster Care (HCPCFC) will co										
	vs and regulations, including all federal laws and regulations govern	•	•								
	dical assistance pursuant to Title XIX of the Social Security Act (42 U CFC will comply with all rules promulgated by DHCS pursuant to the										
	ogram goals, scope, and activity requirements. I further agree that th		·								
adriere to pro	other remedies if this HCPCFC violates, any of th	•	bject to salictions of								
NA	I MAC BON DAI DUNI										

Signature



	Budget Summary											Fiscal Year:			
7		Budget	Summary				El Dorado					2025-26			
Funding Source:		Base			PMM&O			Caseload Relief County/City-Feder			ral		Administrative		
А	В	С	D	В	С	D	В	С	D	В	С	D	В	С	D
Category/Line Item	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced	Total Budget	Enhanced	Non-Enhanced
I. Total Personnel Expenses	\$72,751	\$69,114	\$3,637	\$34,721	\$32,986	\$1,736	\$60,442	\$56,815	\$3,627	\$0	\$0	\$0	\$247,159		\$247,159
II. Total Operating Expenses	\$1,223	\$0	\$1,223	\$0	\$0	\$0	\$480	\$123	\$357	\$0	\$0	\$0	\$21,961		\$21,961
III. Total Capital Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
IV. Total Indirect Expenses	\$18,188		\$18,188	\$8,680		\$8,680	\$15,111		\$15,111	\$0		\$0	\$61,790		\$61,790
V. Total Other Expenses	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0
Budget Grand Total	\$92,162	\$69,114	\$23,048	\$43,401	\$32,986	\$10,416	\$76,033	\$56,938	\$19,095	\$0	\$0	\$0	\$330,910		\$330,910
E	F	G	Н	F	G	Н	F	G	Н	F	G	Н	F	G	Н
Source of Funds:	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced	Total Funds	Enhanced	Non-Enhanced
State/County Funds	\$28,803	\$17,279	\$11,524	\$13,455	\$8,247	\$5,208	\$23,782	\$14,235	\$9,548	\$0	\$0	\$0	\$165,455		\$165,455
Federal Funds (Title XIX)	\$63,360	\$51,836	\$11,524	\$29,948	\$24,740	\$5,208	\$52,251	\$42,704	\$9,548	\$0	\$0	\$0	\$165,455		\$165,455
Budget Grand Total	\$92,162	\$69,114	\$23,048	\$43,402	\$32,986	\$10,416	\$76,033	\$56,938	\$19,095	\$0	\$0	\$0	\$330,910		\$330,910

Maureen Virgil, MAS, BSN, RN, PHN Authorized HCPCFC Signor Name, Title

Signature Date