Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	31,646.00	0.00	31,646.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	0.00	0.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	2,380.00	0.00	2,380.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate	0.00	0.00	0.00	0.00	
	Total Source of Funds	34,026.00	0.00	34,026.00	0.00	
	Totals	34,026.00	0.00	34,026.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	12,862.00	0.00	12,862.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	131,923.00	131,923.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	6,758.00	0.00	6,758.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	151,543.00	131,923.00	19,620.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	0.00	0.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	0.00	0.00	0.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Body Art Fee	27,480.00	27,480.00	0.00	0.00	
	Totals	27,480.00	27,480.00	0.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	0.00	0.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	0.00	0.00	0.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	CSHCS Care Coordination	40,000.00	40,000.00	0.00	0.00	
	Totals	40,000.00	40,000.00	0.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	352,724.00	352,724.00	0.00	0.00	
	Required Match - Local	352,724.00	0.00	352,724.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	0.00	0.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	91,398.00	0.00	91,398.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	796,846.00	352,724.00	444,122.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	20,000.00	20,000.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	0.00	0.00	0.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	20,000.00	20,000.00	0.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	284,819.00	284,819.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	0.00	0.00	0.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	284,819.00	284,819.00	0.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	0.00	0.00	0.00	0.00	
	MCH Funding	322,297.00	322,297.00	0.00	0.00	Attachment : Genesee-PLAN-FY25 (ESCMCH, IAP, VFC.DOCX
	Local Funds - Other	0.00	0.00	0.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	322,297.00	322,297.00	0.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	93,204.00	93,204.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	65,000.00	0.00	65,000.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	158,204.00	93,204.00	65,000.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	0.00	0.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	0.00	0.00	0.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Fetal Infant Mortality Review	4,115.00	4,115.00	0.00	0.00	
	Totals	4,115.00	4,115.00	0.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	1,126,334.00	0.00	1,126,334.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	613,242.00	613,242.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	130,810.00	0.00	130,810.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	1,870,386.00	613,242.00	1,257,144.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	5,000.00	0.00	5,000.00	0.00	
	Fees and Collections - 3rd Party	6,665.00	0.00	6,665.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	845,000.00	0.00	845,000.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	545,700.00	545,700.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	94,000.00	0.00	94,000.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	1,496,365.00	545,700.00	950,665.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	7,500.00	0.00	7,500.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	203,507.00	203,507.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	12,625.00	0.00	12,625.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	223,632.00	203,507.00	20,125.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	75,000.00	75,000.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	42,500.00	0.00	42,500.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	117,500.00	75,000.00	42,500.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	130,000.00	130,000.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	0.00	0.00	0.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	130,000.00	130,000.00	0.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	233,404.00	0.00	233,404.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	185,883.00	185,883.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	42,733.00	0.00	42,733.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	462,020.00	185,883.00	276,137.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	1,000,000.00	1,000,000.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	0.00	0.00	0.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	1,000,000.00	1,000,000.00	0.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	70,000.00	70,000.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	0.00	0.00	0.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	70,000.00	70,000.00	0.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	140,000.00	140,000.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	0.00	0.00	0.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	140,000.00	140,000.00	0.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	119,689.00	119,689.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	0.00	0.00	0.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	119,689.00	119,689.00	0.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	266,277.00	266,277.00	0.00	0.00	
	Required Match - Local	385,447.00	0.00	385,447.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	0.00	0.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	0.00	0.00	0.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	651,724.00	266,277.00	385,447.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	1,477,771.00	1,477,771.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	0.00	0.00	0.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	1,477,771.00	1,477,771.00	0.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	176,184.00	176,184.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	0.00	0.00	0.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	176,184.00	176,184.00	0.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	14,800.00	0.00	14,800.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	187,086.00	187,086.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	0.00	0.00	0.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	201,886.00	187,086.00	14,800.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	291,213.00	0.00	291,213.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	1,626.00	1,626.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	156,806.00	0.00	156,806.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	449,645.00	1,626.00	448,019.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	0.00	0.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	0.00	0.00	0.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	IMM: VFC - AFIX Visits	15,950.00	15,950.00	0.00	0.00	
	Totals	15,950.00	15,950.00	0.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	7,500.00	0.00	7,500.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	203,507.00	203,507.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	12,627.00	0.00	12,627.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	223,634.00	203,507.00	20,127.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	26,938.00	0.00	26,938.00	0.00	
	Fees and Collections - 3rd Party	203,762.00	0.00	203,762.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	52,672.00	52,672.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	33,929.00	0.00	33,929.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	317,301.00	52,672.00	264,629.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	197,767.00	197,767.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	0.00	0.00	0.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	197,767.00	197,767.00	0.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	2,500.00	0.00	2,500.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	2,218,179.00	2,218,179.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	235,007.00	0.00	235,007.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	2,455,686.00	2,218,179.00	237,507.00	0.00	

Source of Funds

	Category	Total	Amount	Cash	Inkind	Narrative
1	**Source of Funds**					
	Fees and Collections - 1st and 2nd Party	279,111.00	0.00	279,111.00	0.00	
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00	
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00	
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00	
	Federally Provided Vaccines	0.00	0.00	0.00	0.00	
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00	
	Required Match - Local	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Local Non-ELPHS	0.00	0.00	0.00	0.00	
	Other Non-ELPHS	0.00	0.00	0.00	0.00	
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00	
	MDHHS Comprehensive	443,698.00	443,698.00	0.00	0.00	
	MCH Funding	0.00	0.00	0.00	0.00	
	Local Funds - Other	98,414.00	0.00	98,414.00	0.00	
	Inkind Match	0.00	0.00	0.00	0.00	
	MDHHS Fixed Unit Rate					
	Totals	821,223.00	443,698.00	377,525.00	0.00	