

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
AREA PLAN NSIP/OMBUDSMAN SPECIAL FUNDS/GENERAL FUND
BASELINE ADMIN MONTHLY EXPENDITURE REPORT
 CDA 189 (REV 10/2021)



PSA#:	Fiscal Year:	Contract No: AP- -	Submission Date:
-------	--------------	-------------------------	------------------

Month:	Year:
--------	-------

Part I: NSIP EXPENDITURES			
	NSIP C-1	NSIP C-2	Total
Food Costs			

Part II: OMBUDSMAN PHLCPF, SHFCPA, SNFQAF				
	Public Health LCPF	SHF Citation Penalty Account	SNF Quality & Accountability	Total
Total Expenditures				
Program Income				
Other Funds				
Contract Expenditures				

Part III: GENERAL FUNDS EXPENDITURES		
	BASELINE ADMIN	Total
Total Expenditures		

FOR STATE USE ONLY			
Local Finance Bureau Analyst:	Date:	Local Finance Bureau Manager:	Date: