

State of California—Health and Human Services Agency

Department of Health Care Services

**Child Health and Disability Prevention Program | Lead Poisoning and Prevention**

<b>Agency Information</b>		County/City:	Fiscal Year:
		Yolo	2023-2024
Street Address:	137 N Cottonwood Street	Health Officer Name:	Aimee Sisson, M.D.
City:	Woodland	CHDP CLPP Primary Email	
Zip Code:	95695	Address:	jaime.ordonez@yolocounty.org
Authorized Primary CHDP CLPP Representative		Clerk of the Board of Supervisors	
Name, Title:	Jaime Ordonez CHDP DD	Name:	Julie Dachtler
Phone:	530-666-8958	Phone:	530-666-8195
Email:	jaime.ordonez@yolocounty.org	Email:	Julie.dachtler@yolocounty.org
List All CHDP CLPP Program Staff			
Name:	Title:	Email:	
Sandeep Shahi	Senior Public Health Nurse	Yes	
<i>Additional rows may be added above this line.</i>			

**Child Health and Disability Prevention Program | Lead Poisoning and Prevention**

<b>Budget Worksheet</b>			County/City Name: Yolo	Fiscal Year: 2023-2024	
Column	1A	1B	1		
<b>I. Personnel Expenses</b>			Total Base FTE %	Annual Salary	Total Budget
#	Name	Title			
1	Sandeep Shahi	Senior Public Health Nurse	2.58%	\$128,400	\$3,313
2	0	0	0%	\$0	\$0
3	0	0	0%	\$0	\$0
4	0	0	0%	\$0	\$0
5	0	0	0%	\$0	\$0
6	0	0	0%	\$0	\$0
7	0	0	0%	\$0	\$0
8	0	0	0%	\$0	\$0
9	0	0	0%	\$0	\$0
10	0	0	0%	\$0	\$0
<i>(insert additional rows above this line as needed)</i>					
Total RN & PHN FTE %			2.58%		
Total Support Staff FTE %			0%		
Total Net Salaries and Wages					\$3,313
Staff Benefits (Specify %)		52.76%			\$1,748
<b>I. Total Personnel Expenses</b>					<b>\$5,061</b>
<b>II. Total Operating Expenses</b> (List in Narrative)					<b>\$0</b>
<b>III. Total Capital Expenses</b> (List in Narrative)					<b>\$0</b>
IV. Indirect Expenses (List in Narrative)					
1.	Internal (Specify %)	25%			\$1,265
2.	External (Specify %)	0%			\$0
<b>IV. Total Indirect Expenses</b> (List in Narrative)					<b>\$1,265</b>
<b>V. Total Other Expenses</b> (List in Narrative)					<b>\$0</b>
<b>Budget Grand Total</b>					<b>\$6,326.25</b>

I hereby certify under penalty of perjury that I am the duly authorized officer of the claimant herein and this claim is in all respects true, correct, and in accordance with the law; that the materials, supplies, or services claimed have been received or performed and were used or performed exclusively in connection with the program; that I have not violated any of the provisions of Section 1030 to 1036 of the Government Code in incurring the items of expense included in this claim; that prior to the end of the quarter for which the claim is submitted, warrants have been issued in payment of all expenditures included in this claim; that payment has not previously been received for the amount claimed herein; and that the original invoices, payrolls, and other vouchers in support of this claim are on file with the county.

Jaime Ordonez, CHDP Deputy Director 

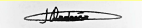
Authorized Primary CHDP CLPP Representative Name, Title

Signature

**Child Health and Disability Prevention Program | Lead Poisoning and Prevention**

<b>Budget Narrative</b>		County/City Name: Yolo	Fiscal Year: 2023-2024
I. Personnel Expenses Identify and Explain Any Changes in Personnel/Personnel Expenses			
Decrease from 2.90% to 2.58%			
II. Operating Expenses Identify and Explain All Operating Expense Line Items			
N/A			
III. Capital Expenses Identify and Explain All Capital Expense Line Items			
N/A			
IV. Indirect Expenses Identify and Explain All Indirect Expense Line Items			
Internal:	25% of salary and benefits per DHCS allowable.		
External:			
V. Other Expenses Identify and Explain All Other Expense Line Items			

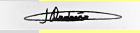
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Jaime Ordonez, CHDP Deputy Director		8/28/2023
Authorized Primary CHDP CLPP Representative Name, Title	Signature	Date

State of California—Health and Human Services Agency Department of Health Care Services  
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<b>Budget Summary</b>	County/City Name:	Fiscal Year:
	Yolo	2023-2024
A	B	
Category/Line Item	Total Budget	
I. Total Personnel Expenses	\$5,061	
II. Total Operating Expenses	\$0	
III. Total Capital Expenses	\$0	
IV. Total Indirect Expenses	\$1,265	
V. Total Other Expenses	\$0	
<b>Budget Grand Total</b>	<b>\$6,326.25</b>	

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Jaime Ordonez, Deputy Director		8/28/23
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