

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
AREA PLAN NSIP/OMBUDSMAN SPECIAL FUNDS EXPENDITURE REPORT
 CDA 189 (REV 02/2018)



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

FOR STATE USE ONLY			
Program Fiscal Team Analyst:	Date:	Program Fiscal Team Manager:	Date: