

CARS #: 252

PROFILE ID TITLE: FSET Local Transp 6 Month

FULL TITLE: FSET Local Transportation 6 Months

REPORTING INSTRUCTIONS: Report FSET expenses funded with 50% local funds matched with 50% federal funds based on your approved plan. Approved expenses are any participant reimbursement and transportation costs that directly relate to the FSET program. Report 100% of your expenses and you will be reimbursed with the 50% federal match.

PROFILE TYPE: Contract Controlled (F)

EXPENSES ROLL TO THIS PROFILE FROM: N/A

EXPENSES ROLL FROM THIS PROFILE TO: N/A

EXPENSES ALLOCATE TO THIS PROFILE FROM: N/A

EXPENSES ALLOCATE FROM THIS PROFILE TO: N/A

REIMBURSEMENT %: 50

PREPAYMENTS: 0

LIMITATIONS: N/A

FEDERAL CATALOG (CFDA) NUMBER: 10.561

DIVISION RESPONSIBLE: Division of Health Care Access and Accountability