STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
DIVISION OF ENTERPRISE SERVICES
BUREAU OF FISCAL SERVICES

COMMUNITY AIDS REPORTING SYSTEM (CARS)
ACCOUNTING REPORTS MANUAL

CARS PROFILE ID: 150182

PROFILE NAME: Imm-Supp Flu CHC COVID

FULL PROFILE NAME: Immunization - Supplemental Flu Funding - CHC COVID

DIVISION RESPONSIBLE: Division of Public Health

PROFILE TYPE: F - Contract Controlled

CONTRACT TYPE: Other

REIMBURSEMENT PERCENTAGE: 100%

LIMITATIONS: None

EXPENSES ROLL TO THIS PROFILE FROM: n/a

EXPENSES ROLL FROM THIS PROFILE TO: 150182

EXPENSES ALLOCATE TO THIS PROFILE FROM: n/a

EXPENSES ALLOCATE FROM THIS PROFILE TO: n/a

CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA) NUMBER: 93.268

REPORTING INSTRUCTIONS: Community Health Centers should report expenses on a monthly or quarterly basis.