



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: 154661**

**PROFILE NAME:** SNAP NUTR ED Grant

**DIVISION RESPONSIBLE:** DPH

**PROFILE TYPE:** F – Contract Controlled

**CONTRACT TYPE:** Other

**REIMBURSEMENT PERCENTAGE:** 100.00

**LIMITATIONS:** N/A

**EXPENSES ROLL TO THIS PROFILE FROM:** N/A

**EXPENSES ROLL FROM THIS PROFILE TO:** 154661

**EXPENSES ALLOCATE TO THIS PROFILE FROM:** N/A

**EXPENSES ALLOCATE FROM THIS PROFILE TO:** N/A

**CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA) NUMBER:** N/A

**PROFILE DESCRIPTION:**

- 1) DHFS Financial Management Manual, allowable cost policies apply.
- 2) All expenses must be in compliance with the federally approved Food Stamp Nutrition Education State Plan for the time period and must be allowable costs to implement and continue breastfeeding peer counselor support to Food Stamp eligible individuals.
- 3) Report expenditures on DMT 855 monthly. The local agency must report allowable expenses and the State will reimburse up to the contract limit to the local agency.
- 4) Final expenditure reports are due November 30<sup>th</sup>.