



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: 560351***

**PROFILE NAME:** Nutrition Revitalization

**DIVISION RESPONSIBLE:** DPH

**PROFILE TYPE:** F – Contract Controlled

**CONTRACT TYPE:** Other

**REIMBURSEMENT PERCENTAGE:** 100.000

**LIMITATIONS:** 6-month funding control

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

**EXPENSES ROLL FROM THIS PROFILE TO:** 560351

**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:** Expenses should be reported here for the Nutrition Program Revitalization Project per the agreed project plan.