



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: 65865***

**PROFILE NAME:** Tribal Dementia Care Proj

**FULL PROFILE NAME:** Tribal Dementia Care Specialist Project GPR Reimbursement Profile

**DIVISION RESPONSIBLE:** Division of Public Health

**PROFILE TYPE:** F - Contract Controlled

**CONTRACT TYPE:** Other

**REIMBURSEMENT PERCENTAGE:** 100%

**LIMITATIONS:** 9-month funding control

**EXPENSES ROLL TO THIS PROFILE FROM:** 65862, 65863, 65882

**EXPENSES ROLL FROM THIS PROFILE TO:** 65865

**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

**REPORTING INSTRUCTIONS:** Do not report expenses to this profile.

This is the reimbursement profile for the GPR portions of Tribal Dementia Care Specialist grant expenses.