

TEHAMA COUNTY AUDITOR'S OFFICE
GRANT FUNDING INFORMATION
 (Attach full copy of application and/or Notice of Award)

AUDITOR USE ONLY
Rec'd _____
By _____

DEPARTMENT FSS	NAME OF CONTACT Michelle Schmidt	PHONE NUMBER 530-527-6824	BUDGET UNIT
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TITLE OF GRANT: Partnership CalAIM Incentive Payment Program (IPP)

GRANTOR AGENCY: Partnership Healthplan of California

GRANT OBJECTIVES: Grant funding to support efforts to build CalAIM Provider capacity through DHCS CalAIM Incentive Payment Program (IPP).

GRANT I.D. NO. _____

Federal Catalog No. _____
(If Applicable)

FROM: 02/01/2026
 TO: 12/31/2026

Applicable Code and/or _____
 Legislative Reference: _____

GRANT PERIOD: _____

DATE APPLICATION APPROVED BY BOARD: _____

DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT: _____

IS GRANT RENEWABLE? (Check all applicable)

Yes	No	Annually	Indefinite	Specific No. of Years
		X		

GRANT FUNDING	FISCAL YEAR: 2025-2026	FISCAL YEAR:
FEDERAL		
STATE		
OTHER	\$250,000	
1. TOTAL GRANT FUNDS	\$250,000	

COUNTY FUNDING		
HARD MATCH (dollars)	\$0	
SOFT MATCH (In-kind)		
2. TOTAL COUNTY MATCH	\$0	

USE OF FUNDS		
PERSONNEL (attach detail)	\$144,124	
SERVICES/SUPPLIES	\$105,876	
EQUIPMENT		
OTHER CHARGES	\$0	
TOTAL FUNDS (must also= 1+2 above)	\$250,000	

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE: _____

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? YES NO

METHOD OF PAYMENT OF GRANT FUNDS: REIMBURSE: ADVANCE:

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: 2/1/2026

EXPENDITURE DEADLINE: 12/31/2026

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? YES NO

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) YES NO

DEPARTMENT HEAD SIGNATURE: *Jayme A. Bottel* DATE: 1-28-26