

**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: Access Grant

GRANTOR AGENCY: Partnership Healthplan of California

GRANT OBJECTIVES: Grant funding to support efforts to increase access to care for Medi-Cal members. This funding will enable Grantee to expand availability of health care services to underserved populations.

GRANT I.D. NO. _____ Federal Catalog No. _____
(If Applicable)

GRANT PERIOD: FROM: 02/01/2026 TO: 04/30/2026 Applicable Code and/or Legislative Reference: _____

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	\$132,389	
1. TOTAL GRANT FUNDS	\$132,389	

COUNTY FUNDING

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

USE OF FUNDS

PERSONNEL (attach detail)		
SERVICES/SUPPLIES	\$132,389	
EQUIPMENT		
OTHER CHARGES	\$0	
TOTAL FUNDS (must also= 1+2 above)	\$132,389	

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: 3/1/2026

EXPENDITURE DEADLINE: 4/30/2026

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

Joyne Stokes

DATE

1-28-26