FISCAL SUMMARY WORKSHEET
CATEGORICAL FUNDING DETAIL

PROVIDER NAME:

PROVIDER NO. :

Control Center No. _____

CONTRACT NO. _____

MODE OF SERVICE	00	00	00	00	00	00	00	TOTAL
COST CENTER	00	00	00	00	00	00	00	
REGULAR SHORT-DOYLE (SGF)	0	0	0	0	0	0	0	0
COMM RESIDENTIAL TRMT (BATES)	0	0	0	0	0	0	0	0
TARGETED SUPPLEMENTAL JAIL ALTERNATIVES	0	0	0	0	0	0	0	0
TARGETED SUPPLEMENTAL PRIORITY POP.	0	0	0	0	0	0	0	0
RESIDENTIAL CARE SUPPLEMENT	0	0	0	0	0	0	0	0
HOMELESS	0	0	0	0	0	0	0	0
AB 3632	0	0	0	0	0	0	0	0
FEDERAL BLOCK GRANT	0	0	0	0	0	0	0	0
FEDERAL DEMONSTRATION BLOCK GRANT	0	0	0	0	0	0	0	0
UNEXPENDED _____, FY__-__	0	0	0	0	0	0	0	0
UNEXPENDED _____, FY__-__	0	0	0	0	0	0	0	0
MANDATORY COUNTY MATCH	0	0	0	0	0	0	0	0
FEDERAL FINANCIAL PARTICIPATION (FFP)	0	0	0	0	0	0	0	0
CONREP	0	0	0	0	0	0	0	0
COUNTY MAXIMUM OBLIGATION	0	0	0	0	0	0	0	0

08/24/87
FISSUM

Attachment to DMH Policy #400.2