*If desired, you may use this worksheet to identify the specific numbers you need to input into the online data collection tool. Use of this worksheet is optional and is provided for your convenience. Please do not submit this worksheet to OHA.*

**Key Definitions**

**County General Funds** = Funds that come from the county general fund budget.

**County Other Funds** = Generally, these are funds that the county generates through collection of fees, insurance reimbursement or other means. Grants from outside funders are NOT considered County Other Funds.

* **In-Kind Support** = These are non-cash contributions. These are costs that are covered by the LPHA/County as in-kind and do not appear in the LPHA’s account systems and reports. Contribution amounts should be based on the fair market value of the contributions. (Example: LPHA uses a county-owned or leased building but is not charged rent either directly or through indirect costs). In-Kind Support can only be counted once and should only be included in lines #3 and #6 (as part of total).

**PLEASE NOTE: Data reported should reflect only FY22 expenditures, not FY22 budgeted amounts.**

Local Public Health Authority \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(you will select this from a drop-down list in the tool)

1. Local Public Health Expenditures Paid with County General Funds $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Local Public Health Expenditures Paid with County Other Funds $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Total In-Kind (non-Cash) Support from County $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Total Local Government Public Health Investment

(Line 1 + Line 2 + Line 3) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Exclusions (see guidance documents for more information) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Total Local Government Public Health Investment Minus

 Exclusions (Line 4 - Line 5) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submitter Email (this is who you want the main point of contact for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_

Submitted information)

File Attachments (make sure file name ends with LPHA name)

Upload Narrative, In-Kind Information, Certification Form and System Report

Do you want a copy of your responses? \_\_\_\_\_Yes \_\_\_\_\_No