**FY 19 Local Government Public Health Investment Data Collection**

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

Validation Narrative

Please describe any differences between the data you entered into the online tool and the system generated report (or report from system exported data) you uploaded into the tool in Step #1.

In-Kind Contribution Narrative

**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)

*Please complete the table below to show how the total in-kind amount in Step #1 of data collection was determined. This section must be completed if you entered a number > $0 on Line 3 of Step #1.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Description of Contribution | Fair Market Value (FMV) | FMV Based On |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
|  | Total | $ - |  |

Certification

We certify to the best of our knowledge and belief that the data submitted for the FY 2019 LPHA Expenditures Data Collection is true, complete and accurate. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject the LPHA to loss of any Public Health Modernization matching funds awarded to the LPHA based on the data submitted.

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Local Public Health Administrator Date LPHA Fiscal Officer/Administrator Date

Signature Signature