

*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)

**PLEASE NOTE: Data reported should reflect only FY19 expenditures, not FY19 budgeted amounts.**

## STEP #1

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)      \$ \_\_\_\_\_
5. Exclusions (see guidance documents for more information)      \$ \_\_\_\_\_

**This worksheet is just a tool. Do not submit this worksheet with your data**



## FY19 LPHA Local Government Investment Data Collection Worksheet

6. Total Local Government Public Health Investment Minus  
Exclusions (Line 4 - Line 5)

\$ \_\_\_\_\_

Submitter Email (this is who you want the main point of contact to be  
– this person will receive the email with the link to the Step #2 form)

\_\_\_\_\_

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

System Generated Report

\_\_\_\_\_

Narrative, In-Kind Information  
and Certification Form

\_\_\_\_\_

Do you want a copy of your responses?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

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## STEP #2

*Please use guidance documents to determine appropriate categories for expenditures. No exclusions expenditures should be included in Step #2.*

Local Public Health Authority Name \_\_\_\_\_ (will auto-populate)

Total Local Government Public Health Investment  
Minus Exclusions (Line 6 on Step #1 worksheet) \$ \_\_\_\_\_ (will auto-populate)

Environmental Health \$ \_\_\_\_\_

Access to Clinical Preventive Services \$ \_\_\_\_\_

Communicable Disease Control \$ \_\_\_\_\_

Prevention & Health Promotion \$ \_\_\_\_\_

Emergency Preparedness & Response \$ \_\_\_\_\_

Cross-Cutting Strategic Development & Leadership \$ \_\_\_\_\_

Administrative and Other Indirect Costs \$ \_\_\_\_\_

Do you want a copy of your responses? \_\_\_\_\_ Yes \_\_\_\_\_ No

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