*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.*

Link for submitting FYs 2023 and 2024 data, the narrative documents and the system reports: <https://app.smartsheet.com/b/form/4805239d28b94862b114e48ea62d6ee8>

**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 or other funding 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 FY2023 expenditures, not FY 2023 budgeted amounts.**

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

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

**Reporting for Fiscal Year 2023 – July 1, 2022- June 30, 2023**

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. FY 2023 Total Local Government Public Health Investment Minus

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

**Reporting for Fiscal Year 2024 – July 1, 2023- June 30, 2024**

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. FY 2024 Total Local Government Public Health Investment Minus

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

FYs 2023 and 2024 File Attachments (Naming Convention: LPHA\_FYXXXX\_DocumentName)

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

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

Submitted information)

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