Agency Budget Request FISCAL YEAR 2023–2024



Louisiana Department of Health 326 — Office of Public Health



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BUDGET REQUEST

Fiscal Year Ending June 30,2024

NAME OF DEPARTMENT / AGENCY: Louisiana Department of Health	PHYSICAL ADDRESS: 628 North Fourth Street
BUDGET UNIT:Office of Public Health	Baton Rouge Louisiana
SCHEDULE NUMBER:	ZIP CODE:
TELEPHONE NUMBER: (225)342 - 8098	WEB ADDRESS:

WE HEREBY CERTIFY THAT THE STATEMENTS AND FIGURES ON THE ACCOMPANYING FORMS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

PRINTED NAME/TITLE:	HEAD OF BUDGET UNIT: PRINTED NAME/TITLE: Doris Gray Brown, OPH Assistant Secretar DATE: _/0/2-0/2-02 EMAIL ADDRESS: doris.brown@la.gov
PROGRAM CONTACT PERSON:See attached contacts list TITLE: TELEPHONE NUMBER: EMAIL ADDRESS:	FINANCIAL CONTACT PERSON: Ashley Dromgoole, MA, JD TITLE: OPH Chief Financial Officer TELEPHONE NUMBER: (225)342-7881 EMAIL ADDRESS: ashley.dromgoole@la.gov

Operational Plan

OPERATIONAL PLAN FORM OFFICE OF PUBLIC HEALTH AGENCY DESCRIPTION

AGENCY NUMBER AND NAME: 09-326 Office of Public Health

AGENCY MISSION: The Mission of the Office of Public Health is to protect and promote the health and wellness of all individuals and communities in Louisiana.

AGENCY GOAL(S): The goals of the Office of Public Health include the following:

1) Increase operational capacity and infrastructure to ensure efficient and effective utilization of resources.

2) Operate as a cross-functional, cohesive agency throughout all programs, services, and regions, while being reliable and responsive and meeting national standards.

3) Develop, maintain, and facilitate partnerships for the alignment of efforts and overall impact on health and wellness of individuals and communities.

4) Attract and retain a competent and diverse staff throughout our workforce to maximize productivity, deliver high quality service, and improve outcomes.

5) Lead and continually improve a public health system that identifies and reduces inequities to improve health outcomes and quality of life in Louisiana.

6) Leverage health information technology and maintain a modern IT infrastructure to maximize use and integration of data to drive decision-making.

STATEMENT OF AGENCY STRATEGIES FOR DEVELOPMENT AND IMPLEMENTATION OF HUMAN RESOURCE POLICIES THAT ARE HELPFUL AND BENEFICIAL TO WOMEN AND FAMILIES:

The Office of Public Health is dedicated to the development, implementation and management of public health services for the citizens of Louisiana. The agency will continue to deliver Maternal Child Health Services, Nutrition Services (Women, Infants and Children, WIC Services), Family Planning Services, Children Special Health Services, Early Steps Program Services, Immunization Services, Tuberculosis Services and Genetic Disease Monitoring Services. OPH promotes the physical, mental and social health of infants, children, adolescents, women, families and communities through these services via health information/statistics, environmental health, chronic diseases/health promotion, preventive health, epidemiology/surveillance, and access to essential health care services.

OPERATIONAL PLAN FORM PROGRAM DESCRIPTION

PROGRAM NAME: Public Health Services

PROGRAM AUTHORIZATION: Statutory Authority for Public Health Services: Statutory Authority is inclusive of programs within the five operating areas: Vital Records and Statistics R.S. 40:32 et. seq, R.S. 40:37, Data Release R.S. 40:41, Registration of Vital Events R.S. 40:34 et. seq., Marriage Licenses R.S. 9:201 et. seq. Putative Father Registry R.S. 9:400 et. seq.; Maternal and Child Health Services Chapter 8, Part I L.R.S. 46:971-972; R.S. 17:2111-2112, R.S. 33:1563, Hearing Impairment R.S. 46; 2261-2267, Adolescent Pregnancy R.S. 46:973-974 (Maternal and Child Health Services Block Grant, Title V of the Social Security Act); Omnibus Budget Reconciliation Acts of 1981 and 1989; P.L. 101-239; Social Security Act – Maternal and child health block Grant 42 U.S.C. 701 §501, Personal Responsibility and Work Opportunity Reconciliation act of 1996 – Temporary Assistance to Needy Families Block Grant Federal Pub.L. 104-193, Patient Protection and Affordable Care Act of 2010 42 U.S.C. 701 § Section 511(b), Medicaid Targeted Case Management 42 U.S.C. 701 § 1905(a)(19), § 1915(g), LAC Title 50 Part XV Subpart 7, Violent Crime Control and Law Enforcement Act of 1994 Federal H.R. 3355, Pub.L. 103-322, Child Death Investigation L.S.A. RS 40:2019;

Family Planning Title X of the Public Health Service Act, 42 U.S.C. 300 et. seq., 42 CFR part 59, subpart A, Subpart B, 42 CFR part 50 subpart B; 42 CFR 59.1; OPA 99-1: Compliance with State reporting laws: FY 1999 Omnibus Appropriations bill P.L. 105-277 § 219; Louisiana Children Code Art. 609A; Abortion Alternatives R.S.40.1299.35' Title XIX of the Social Security Act, as amended (42 CFR), R.S. 40:1299 thru 1299.5, Child Nutrition Act of 1966 As Amended Through P.L. 110–246, Effective October 1, 2008, R.S. 46:447.1; Title V Maternal and Child Health; § 502; Social Security Act Title XIX (P.L. 95-613); (P.L. 95-91); (P.L. 95-83); Title X, 42 U.S.C. 701:42 U.S.C. 3000, R.S. 40:5; Act 16; 42 U.S.C. 241(a), 243(b), 247(c); Health Omnibus Programs Extension (HOPE) Act; Title XXV; Public Law 100-607; Comprehensive AIDS Resources Emergency Act of 1990 (Title XXVI), R.S. 40:4,5; RS 17:170; 42 U.S.C. 2476 (Section 317 of the Public Health Act), R.S. 40:5; RS 40:1061-1068; RS 40:3.1; Sexually Transmitted Disease, RS 40:1061 thru 1068 and 1091 thru 1093, LRS 40:4(A)(2) and RS 40:5(10); Vaccines for Children, Section 1928 of the Social Security Act, Vaccine Adverse Event Reporting System 42 U.S.C. \$300a-25;

Women Infants and Children §17 of the Child Nutrition Act of 1966, WIC Breastfeeding Peer Counseling, Child Nutrition and Reauthorization Act of 2004; Health, Hunger Free Kids Act of 2010; Commodity Supplemental Food Program Section 4(a) of the Agriculture and Consumer Protection Act of 1973; State Sanitary Code, Chapter II, 42 U.S.C., 247c (Public Health Service Act 318); Public Law 95-626, R.S. 40:4,5. 40:28-29; RS 40:17, R.S. 40: 5,7, 18; RS 40:1275 thru 1278; 42 U.S.C. 246; State Sanitary Code, Chapter II, 42 U.S.C., 247c (Public Health Service Act 318); Public Law 95-626, R.S. 40:4,5. 40:28-29; RS 40:17, R.S. 40: 5,7, 18; RS 40:1275 thru 1278; 42 U.S.C. 246, Louisiana State Sanitary Code, Chapters I, II, XII, XIV, XXIII, XXIV. Children's Special Health Services R.S.40:1299.111-120 (Children's Special Health Services). Title 48; Public Health General; Part V; subpart 17; §§4901-5903 /LAC:48:V.4901-5903; Title V of the Social Security Act sections 701-710, subchapter V chapter VII, title 42; Birth Defects LAC Title 48:V.Chapters 161 and 163; Newborn Screening: RS 40:1299 – 1299.4, 1299.6, LAC title 48:V.6303; Hearing, Speech and Vision R.S. 46:2261 et. seq. LAC Title 48, Public Health General, Part V, subpart 7, Chapter 22; Section 399M of the Public Health Service Act 42 USC section 280g-1; Early Hearing Detection and Intervention Act of 2010;

Individuals with Disabilities Education Act (IDEA), Part C, Early Intervention Program for Infants and Toddlers with Disabilities, final regulations 2011, 34 CFR Part 303 RIN 1820-AB 59; Infectious Disease Epidemiology LAC Title 51, Part II. The Control of Diseases 105, LAC Title 51 Part III. The Control of Rabies and other Zoonotic Diseases 101-111; Tuberculosis, LA R.S. 40:3, 40:4, 40:5 Public Health Sanitary Code, (LAC TITLE 51): Chapter II, '115, '117, '119, '121, '125, '503, '505; Adolescent School Health Initiative, LA, R.S. 40:31.3; R.S. 40:1, et seq., R.S. 4- 6, R.S. 8- 9 et seq., 1141-51, 1152-1156, 2701-19, 2817 et. Seq; Commercial Body Art Regulation Act (Act 393 of 1999) R.S. 40:2831 - 40:2834, LAC 51 (Public Health – Sanitary Code – Parts 1-28); Chapter 32 of Title 40 of the Louisiana Revised Statutes of 1950, as amended (La. R.S. 40:2821 - 2826);

Safe Drinking Water Program, L.R.S. 40:4.A(7),(8)&(11)); 40:4.B; 40:4.11, 40:4.12; 40:5(5),(6)&(20); 40:5.6-9; 40:6; 40:8; Safe Drinking Water Administration Fee R.S. 40:31.33.LAC 51: Part I and Parts XII (Water Supplies), XIV (Plumbing), XXIV (Swimming Pools); and LA R.S. 40:32 et seq., LA R.S. 40:1299.80 et seq; Building and Premises RS36:258; Commercial Seafood LAC Title 51: Part IX; LRS 40:5.3, National Shellfish Sanitation Program, USFDA Interstate Certified Shellfish Shippers List; Infectious Waste RS 40:4 (b)(i); Milk and Dairy LAC Title 51, Part 7, U.S. Food and Drug Administration Pasteurized Milk Ordinance, 2011 Revision; Retail Food LAC Title 51Part XXIII Chapter 307, Chapter 501; Food and Drug R.S. 40:601 et. sep., 2701-2719, and 2831 et seq, RS 40:717; Operator Certification RS 40:1141-1151, Title 48, Part V, Chapter 73, 42 U.S.C. 300f, et seq. 40 CFR Parts 141-143; Emergency Medical Services, R.S. 40:1230-105; Emergency Preparedness sections 319C-1 and 319C-2 of the Public Health Service (PHS) Act as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006, Presidential Policy Directive 8: National Preparedness; Medicare Rural Hospital Flexibility Balanced Budget Act of 1997, Section 4201, P.L. 105-33, LA Act 162 of 2002; Primary Care Office and Health Professional Workforce Public Health Act, Title III, § 333D, Section 220§ of the Immigration and Nationality Technical Corrections Act of 1994, Public Health Services Act, Title III, § 339 (O), 338I, and 338 and 338B(g)(1); Health Professional Shortage Area 42 CFR, Chapter 1, Part 5, §215 of the Public Health Service Act, 58 Stat. 690, 42 U.S.C. 216, § 332 of the Public Health Service Act, 90 Stat. 2270-2272, 42 U.S.C. 245e.

PROGRAM MISSION:

The mission of Public Health Services is to protect and improve the health and well-being of Louisiana's residents, visitors, and native-born Louisianans who no longer reside in the state, by

• Improve the Health of Louisiana's residents by promoting healthy lifestyles, providing preventive health education and data necessary to enable individuals and communities to assume responsibility for their own health, and assuring the availability of essential preventive health services.

· Operating a centralized vital event registry that provides efficient access to, collection and archival of vital event records.

• Collecting, analyzing, and reporting statistics needed to determine and improve population health status.

• Protecting the health of Louisiana citizens and its visitors by providing the educational resources, regulatory oversight and preventive measures necessary to reduce the incidence of food/waterborne illnesses and other preventable diseases/conditions most commonly associated with unsafe food, water, milk, seafood, molluscan shellfish, drugs, cosmetics, onsite wastewater, biomedical waste, public institutions, commercial body art, commercial tanning, and beach recreational waters.

Preventing illness and death that can occur from waterborne disease outbreaks or exposure to contaminated drinking water or raw sewage. Improving the health of Louisiana citizens by assisting public water systems with delivering safe and affordable drinking water.

PROGRAM GOAL(S):

The Office of Public Health is dedicated to the development, implementation and management of public health services for the citizens of Louisiana. The agency will continue to deliver Maternal Child Health Services, Nutrition Services (Women, Infants and Children, WIC Services), Family Planning Services, Children Special Health Services, Early Steps Program Services, Immunization Services, Tuberculosis Services and Genetic Disease Monitoring Services. OPH promotes the physical, mental and social health of infants, children, adolescents, women, families and communities through these services via health information/statistics, environmental health, chronic diseases/health promotion, preventive health, epidemiology/surveillance, and access to essential health care services.

PROGRAM ACTIVITY: Maternal and Child Health

The Maternal and Child Health (MCH) Program of the Bureau of Family Health is the only program in the state dedicated solely to promoting the physical and mental health, safety, and well being of any pregnant woman, infant, or child. MCH provides leadership, expertise and partnership to advance the health and well-being of women, infants, children, adolescents and their families. The MCH Program administers the federal Title V MCH Block Grant and federal Title X programs which provides funding for the Maternal and Child Health, Children's Special Health Services, Family Planning, and School Based Health Centers. MCH also administers other awards including the state's Maternal, Infant, Early Childhood Home Visiting (MIECHV) grants; the Early Comprehensive Childhood Systems grant; epidemiology and data linkage grants; injury and violence prevention grants; and small awards that promote nutrition and obesity prevention.

PROGRAM ACTIVITY: Immunization

The Immunization Program is a public health prevention program designed to help in the prevention of disease, disability, and death in all Louisiana residents through vaccination. This is accomplished by the management and provision of federal and state funded vaccines, administration of the Louisiana Immunization Network (LINKS), application of appropriate epidemiologic control measures, surveillance, conducting assessments, identification and immunization of clusters of under immunized populations, enforcement of immunization laws, promotion of immunizations to persons of all ages, assurance of systematic immunization of susceptible persons of all ages in organized settings, and community outreach/collaboration.

PROGRAM ACTIVITY: Nutrition Services

Nutrition Services is comprised of three federal programs including the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); the Commodity Supplemental Food Program (CSFP); and the WIC Breastfeeding Peer Counselor (BFPC) Program. The overriding mission of Nutrition Services is to improve health outcomes, reduce health disparities, and reduce hunger in Louisiana by coordinating efforts and providing access to supplemental foods, nutrition education, breastfeeding support, and referrals to social and health services. Nutrition Services provides access to high quality supplemental food and nutrition education services, and promotes evidence-based nutrition education and breastfeeding practices, develops partnerships that utilize new and existing referral systems, utilizes available data and resources to make effective and efficient programmatic decisions, partners with and monitors WIC-authorized grocery stores, centralizes and leads a concerted effort to improve access to healthy and culturally appropriate foods. Nutrition Services also partners with other public health programs in the Bureau of Family Health for maternal and child health services and the Bureau of Chronic Disease Promotion and Healthcare Access.

PROGRAM ACTIVITY: Infectious Diseases

STD/HIV-AIDS Program is a cluster of programs designed to prevent sexually transmitted diseases and HIV/AIDS. The program ensures the availability of quality medical and social services for HIV infected and affected individuals, and to track the impact of the epidemic in Louisiana. The goal of the program is to educate citizens regarding HIV/AIDS prevention, to monitor disease trends, and to offer client-centered services via prevention, care and treatment services, surveillance and evaluation. The Tuberculosis Control prevents and controls tuberculosis through the provision of treatment, compliance monitoring, contact tracing, education, consultation with health professionals, and implementation of quarantine measures. The TB Categorical Grant Sum is the federal funding source for these TB services. Program coordinate sexually transmitted disease (STD) efforts which are directed toward prevention, detection, and treatment of sexually transmitted diseases such as syphilis, HIV/AIDS, Gonorrhea, Chlamydia, Herpes, Trichomonas, and Chancroid. The program strives to prevent morbidity and mortality related to sexually transmitted diseases among the citizens of Louisiana.

PROGRAM ACTIVITY: Laboratory Services

The goal of the laboratory services is to provide accurate, legally defensible, and timely laboratory services for public safety and personal health use by state, federal, parish and municipal entities. Currently the LDH/OPH Public Health Laboratory provides chemical, biological, and genetic laboratory support for over thirty public health programs spanning a wide variety of activities such as infectious disease epidemiology and disease prevention, environmental epidemiology and hazardous substances regulation, newborn screening and genetic testing, disaster and emergency response testing including testing for biological and chemical threat agents. We also provide testing for correctional institutions, faith and community based organizations and school based health clinics that are participating in various health programs. The OPH Laboratories' testing is organized into two major subject matter areas: Clinical and Environmental Operations with testing specialties in Microbiology, Chemistry, Newborn Screening, Immunology, Molecular Biology and Virology.

PROGRAM ACTIVITY: Family Planning/Pharmacy

Family planning helps families and singles space births and plan intended pregnancies to ensure positive birth outcomes and a healthy start for infants. Family planning services include physical exams, pregnancy testing, health screenings, laboratory testing, prescriptions, referrals, nutrition counseling and contraception as well as community outreach and coordination, and referral with community agencies and education and information on reproductive health.

Pharmacy Services is part of the treatment arm of Public Health, supplying prescription drugs, over-the-counter drugs, and medical supplies for Public Health units located throughout the State. Programs served include Family Planning, Tuberculosis, Sexually Transmitted Diseases, Hemophilia, Children's Special Health Services, Genetics, and Maternal and Child Health. Pharmacy also serves as an information source for drug identification, doses, adverse reactions, side effects, drug/drug interactions, drug/food interactions, and nutritional and herbal questions.

PROGRAM ACTIVITY: Emergency Medical Services

Emergency Medical Services assures the quality of out of hospital care through the development of education and examination standards, through the credentialing of all emergency medical services practitioners and telecommunicators, and through the inspection and compliance assurance of emergency medical services providers in the state. The program provides for investigations of all complaints involving emergency medical services practitioners, providers, and facilitates the Emergency Medical Services Certification Commission.

PROGRAM ACTIVITY: Community Preparedness

The Center for Community Preparedness (CCP) serves as the catalyst that efficiently carries out the roles and responsibilities of the Emergency Support Function (ESF)- 8. ESF-8 is responsible for providing leadership for planning, directing and coordinating the overall State efforts to provide public health and medical services. The CCP uses an all-hazards approach to integrate State and local public health jurisdictions' preparedness for and response to public health threats. The CCP is organized according to National Incident Management System, Incident Command Structure to facilitate management for: Administration/Finance, Logistics, Operations and Planning. The CCP provides strategic direction in the development and implementation of plans that protect all citizens of this state from bioterrorist attacks, emergent infectious diseases such as COVID-19, and preventative medical needs.

PROGRAM ACTIVITY: Bureau of Chronic Disease Promotion and Healthcare Access

The goal of the Bureau of Chronic Disease Prevention and Healthcare Access (BCDPHA) is to develop community based and/or health system level interventions to prevent chronic disease and to create access to primary care services for the uninsured, underinsured, and vulnerable populations of Louisiana. The Bureau works proactively to build the capacity of community health systems in order to provide integrated, efficient, and effective health care services and to promote healthy behaviors through public health interventions.

WellSpot designation program is to change the health environment in the spaces where we work, learn, eat, and live so that the healthy choice becomes the easy choice for Louisiana residents. The program works with businesses, restaurants, healthcare facilities, faith-based organizations, early childhood centers, schools, and colleges and universities to complete evidence-based benchmarks to promote the health of their clients and employees.

Tobacco Control and Health Policy program develops and implements comprehensive tobacco control strategies to reduce tobacco-related health inequities, morbidity, and mortality. The division collaborates with local, state, and national partners to establish programs and policies that address second-hand smoke exposure and support tobacco prevention and cessation initiatives for youth and adults.

Diabetes programs work to prevent and better manage diabetes for Louisiana residents by improving access and increasing participation to CDC-recognized lifestyle change programs (NDPPs) and ADA-recognized/ADCES-accredited Diabetes Self-Management Education and Support (DSMES) programs. Diabetes prevention and management programming consists of technical assistance to establish new DPP/DSMES sites, creating and strengthening community-clinical linkages, establishing DSMES telehealth sites, improving insurance coverage, and increasing awareness of prediabetes and diabetes resources.

Heart disease prevention programs help healthcare organizations implement best practices that allow their patients to better manage their hypertension and high cholesterol. BCDPHA connects these organizations with community resources and behavior change programs to provide patients with the information they need to prevent heart disease.

Oral health promotion program works to increase oral healthcare access for all citizens in the state and deliver community-based prevention services to decrease the prevalence of oral disease. As one of 20 states funded through the CDC's Division of Oral Health, BCDPHA uses CDC's best practices and focuses on improving and expanding School Sealant Programs (SSPs), Community Water Fluoridation (CWF) and Oral Health Surveillance.

School health and early childhood education program works to support healthier schools and early childhood educations centers through partnerships, professional development and technical assistance to early childhood centers, schools and school districts. The program goal is to ensure all youth have a healthy start to a healthy future.

Rural health program provides assistance to Rural Health Clinics, Federally Qualified Health Centers, Critical Access Hospitals, and other healthcare centers to improve their financial stability. The rural health program provides information regarding state and federal reimbursement structures and connects healthcare centers with grant opportunities.

Primary care program aims to improve access to primary care for Louisianans throughout the state. The program collects information to certify Louisiana Parishes and communities as Health Professional Shortage Areas. This designation qualifies healthcare centers for additional programs and funding. The program also implements the State Loan Repayment Program, which provides incentives for primary care providers to practice in underserved areas, and the Louisiana Conrad State 30 program, which provides visas for physicians to practice in Health Professional Shortage Areas.

PROGRAM ACTIVITY: Vital Records & Statistics

Vital Records and Statistics collects, issues, and maintains records of all births, deaths, marriages, and divorces in the state and also burial transit permits to licensed funeral directors. The program also oversees Vital Records Customer Service which involves education and training services provided to the general public and to the initiators of vital event records. The State Center for Health Statistics promotes public health by providing data and statistical analysis of vital records and public health records to individuals and organizations at local, state, and national levels. The Vital Stats Co-op is utilized under this arm of the Vital Records program. The co-op is a cooperative agreement through which the National Center for Health Statistics purchases Louisiana vital statistics data without identifiers.

PROGRAM ACTIVITY: Sanitarian Services

The Food and Drug Unit protects the health of consumers by assuring that foods, drugs, cosmetics, and prophylactics manufactured, processed, packed, or sold in Louisiana are pure, safe, wholesome, perform as labeled or advertised, and are not likely to cause illness, injury, or death. The Commercial Body Art Program ensures the inspection of all facilities and equipment used in tattooing, body piercing, and permanent cosmetic application. Tanning facilities are inspected and issued operating permits to facilities and for equipment that exposes human skin to ultraviolet radiation. The program also has a Federal contract with the U.S. FDA to inspect food manufacturing/processing plants.

The Commercial Seafood program protects the health of consumers through regulatory enforcement activities. The Commercial Seafood Program permits and inspects all commercial seafood processors and distributors in the state and monitors the wholesomeness of imported seafood products. The program also has a federal contract with the U.S. FDA to inspect seafood processing plants.

Infectious Waste prevents the spread of infectious diseases by regulating the packaging, transportation, and treatment of infectious biomedical waste by commercial individual transportation, storage, treatment, and health care facilities.

The Onsite Wastewater Program is responsible for the protection of public health through the education of homeowners who are required to install individual onsite wastewater systems; the training and licensure of individual wastewater system installers; the training of sanitarians; inspections of new and existing onsite wastewater systems; and the monitoring of an ongoing perpetual maintenance program throughout the state. This program has a limited responsibility for managing the private well program such as sample collection for fee (by request) and public information regarding private well safety.

The Retail Food Program prevents and minimizes food-borne disease outbreaks through consulting, monitoring, issuance of permits and regulation of food establishments and the standardization of licensed sanitarians. The program oversees the Food Safety Certification Program which consults with industry, monitors and administers the Food Safety Certification Program. This is accomplished by random checks of food service establishments for compliance with the food safety certification rule in the Louisiana Administrative Code, Title 51, issuing of food safety certificates, collection of fees, approval and monitoring of training programs, food safety courses and exams.

The Molluscan Shellfish program protects the health of consumers through regulatory and enforcement activities. Relating to Louisiana's oyster industry. The program reduces food borne illnesses from Molluscan Shellfish by assuring producers' compliance to guidelines set by the National Shellfish Sanitation Program.

The Milk and Dairy program protects the health of consumers through regulatory enforcement activities relating to milk production, ensuring compliance of milk plants and dairy farms to USFDA regulations, thereby assuring quality/safety controls and minimizing the risk of milk/dairy-borne illnesses.

Building and Premises Inspections assures safe and sanitary conditions for clients, residents, employees, and visitors of day care centers, residential facilities, schools, and public buildings.

To prevent illness and death that can occur from waterborne disease outbreaks or chemical exposure associated with contaminated drinking water; the Safe Drinking Water Program (SDWP) supervises approximately 1,400 Public Water Systems (PWS's) statewide by monitoring drinking water samples for both bacteriological and chemical contaminants. In addition, SDWP engineering staff permit all new and modified PWS's (including: source, treatment, storage, and distribution systems) and conduct sanitary surveys to ensure that the system operation, design, and infrastructure is being constructed and maintained in accordance with all applicable state regulations.

To prevent illness and death that can occur from exposure to sewerage; the Community Sewerage Program ensures the safe collection and treatment of household and human wastewaters by inspecting, reviewing and permitting sewer facilities for compliance with state regulations. In addition, Engineering Services staff responds to sewage complaints and issues compliance orders for non-compliance.

Operator Certification assures the quality of water and wastewater systems by training, educating, and licensing their operators.

PROGRAM ACTIVITY: Drinking Water and Revolving Loan Fund (DWRLF)

Administration- The DWRLF program provides low-interest loans to eligible public water systems in Louisiana assisting them with compliance with Federal and State drinking water regulations.

Capacity Development- The Office of Public Health (OPH) conducts a formal Capacity Development Program for all new and selected existing public water systems in the state as well as all loan recipients. The objective of this program is to ensure, through assessment and assistance that public water systems have the technical, managerial, and financial capacity to properly operate and provide safe drinking water to the public. As a part of the Capacity Development Program, the Office of Public Health has also developed a management training program for the decision-making personnel of water systems, including mayors, councilmen, corporate officers, owners and managers, etc. The ultimate goal is for all public water systems in the state to receive this training.

Technical Assistance- Some of the DWRLF set-aside monies are designated for technical assistance to small public water systems serving under 10,000 population. The DWRLF has a circuit rider who makes on-site visits to these systems providing assistance with technical problems and/or managerial problems. The DWRLF program also contracts with outside parties to provide circuit riders for on-site technical, financial, and managerial assistance to water systems for Capacity Development purposes, as well as provide quarterly training sessions for these systems to educate them in basic public water system requirements, and operations and maintenance.

Operator Certification Program Enhancement- Safe Drinking Water Program (SDWP) Support- DWRLF monies were also utilized to enhance the Operator Certification Program which falls under the SDWP. The DWRLF program provides funding from time to time for purchasing equipment, books, etc. for the operator certification program, depending on their funding level from other sources.

Safe Drinking Water Program (SDWP) Support- As staff support for the SDWP, the DWRLF program provides funding for a hydro geologist position responsible for compiling and interpreting the hydrogeological information relative to Louisiana aquifers and a Data Management position responsible for monitoring the statewide chemical drinking water sampling program as well as implementing the SDWIS/State Program. DWRLF is now paying for another SDWP position to assist in enforcement activities.

DEPARTMENT II 09-Louisiana Department of Health AGENCY ID: 326 Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Vital Records and Statistics

1. S

Public Health Services, through its Vital Records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2028.

Children's Budget Link: Human Resource Policies Beneficial to Women and Families Link: Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other):

Explanatory Note: Vital Records are processed and accepted through either the OPH Vital Records Central Office or the parish health units throughout the state. The local offices forward records to the OPH Central Office where they are reviewed for accuracy and consistency with all of the other documents which are received by the Registry. Once reviewed, the records receive an official record number and the death, birth, and Orleans marriage certificates are available for sale through our numerous retail outlets. The number of vital records processed is derived from the offices records of all new vital events registered with them for the performance period. This includes statewide births, deaths, marriages, abortions, and fetal deaths.

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	L				PERFORMANCE		PERFORMANCE	PERFORMANCE	PERFORMANCE
	Е		YEAREND	ACTUAL	STANDARD	EXISTING	AT	AT EXECUTIVE	STANDARD AS
LaPAS	V		PERFORMANCE	YEAREND	AS INITIALLY	PERFORMANCE	CONTINUATION	BUDGET	INITIALLY
PI	Е		STANDARD	PERFORMANCE	APPROPRIATED	STANDARD	BUDGET LEVEL	LEVEL	APPROPRIATED
CODE	L	PERFORMANCE INDICATOR NAME	FY 2021-2022	FY 2021-2022	FY 2022-2023	FY 2022-2023	FY 2023-2024	FY 2023-2024	FY 2023-2024
2547	S	Percentage of counter services customers	85%	86%	85%	85%	85%		
		served within 30 minutes							
2549	S	Percentage of emergency document requests	98%	94%	98%	98%	98%		
		filled within 24 hours							
2548	S	Percentage of mail requests filled within two	90%	88%	90%	90%	90%		
		weeks							

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Vital Records & Statistics

	GENERAL PERFORMANCE INFORMATION:								
			PERFORMANCE INDICATOR VALUES						
LaPAS		PRIOR YEAR	PRIOR YEAR	PRIOR YEAR	PRIOR YEAR	PRIOR YEAR			
PI		ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL			
CODE	PERFORMANCE INDICATOR NAME	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022			
11227	Birth record intake	61,010	61,584	59,062	57,611	56,268			
11229	Death record intake	46,771	46,091	50,763	56,806	57,068			
11231	Marriage record intake	35,641	34,653	31,408	32,421	31,257			
11232	Divorce record intake	13,724	13,474	11,374	11,248	11,785			
11234	Abortion record intake	8,887	8,621	7,557	7,458	7,868			
11235	Fetal death record intake	422	598	416	517	449			
11236	Total number of including birth, death, fetal death, marriage, divorce, abortion and still birth certificates accepted	166,455	165,021	160,580	166,061	164,695			
20430	Total number of birth, death, fetal death, marriage, divorce, abortion and still birth certificates sold	543,873	542,495	538,485	536,499	552,461			

DEPARTMENT ID: 09- Louisiana Department of Health AGENCY ID: 326- Office of Public Health PROGRAM ID: Program A- Public Health Services PROGRAM ACTIVITY: EMS

2. K Public Health Services, through its Emergency Medical Services (EMS) activity, will mobilize partnerships, develop policies and plans, enforce laws and regulations, and assure that EMS practitioners and providers comply with current statues through June 30, 2028.

Children's Budget Link: Not Applicable Human Resource Policies Beneficial to Women and Families Link: Not Applicable Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Explanatory Note: Not Applicable

					PERFORMANCE IN	DICATOR VALUES			
LaPAS PI CODE 26613		PERFORMANCE INDICATOR NAME Percent of scholastic audit site visits of EMS ²	YEAREND PERFORMANCE STANDARD FY 2021-2022 4.0%	ACTUAL YEAREND PERFORMANCE FY 2021-2022 20.0%	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2022-2023 4.0%	EXISTING PERFORMANCE STANDARD FY 2022-2023 4.0%	PERFORMANCE AT CONTINUATION BUDGET LEVEL FY 2023-2024 DELETE	PERFORMANCE AT EXECUTIVE BUDGET LEVEL FY 2023-2024	PERFORMANCE STANDARD AS INITIALLY APPROPRIATED FY 2023-2024
DELETE		education programs		20.070		1.070	DELETE		
26614 DELETE	K	Percentage of exam applications processed within ² 2 business days of completion	80.0%	100.0%	90.0%	90.0%	DELETE		
26615 DELETE		Percentage of credentialing applications ² processed within 2 business days of completion	80.0%	88.0%	90.0%	90.0%	DELETE		
26616 DELETE	К	Percentage of affirmative criminal background ² investigations completed within 90 days on behalf of the EMS Certification Commission	100%	100%	100%	100%	DELETE		
NEW		Percentage of EMS education programs that have ³ undergone quality control measures	Not Applicable 3	20.0%	N/A	10%	10%		
NEW	К	Percentage of EMS provider licenses renewed 3 within 30 days of expiration	Not Applicable 3	100%	N/A	100%	100%		
NEW		Percentage of telecommunicators registering 3 completion of required training in the Information Management System	Not Applicable 3	87%	N/A	90%	90%		
NEW	К	Percentage of affirmative criminal background ³ investigations initiated within 2 days of application submission	Not Applicable 3	97%	N/A	100%	100%		
NEW	K	Percentage of EMS practitioner applications 3 processed within 2 business days of submission	Not Applicable 3	85%	N/A	90%	90%		
NEW	K	Percentage of National Registry Psychomotor 3 Exam applications processed within 2 days of submission	Not Applicable 3	100%	N/A	100%	100%		

1 The goal was exceeded in FY22 due to CV-19 delays in the past 2 years, which resulted in more courses being available for audit in FY22

2 These indicators are being deleted and replaced by new indicators that reflect the current focus of the activity and was included in the Revised Strategic Plan FY2023-2028

3 These are new indicators for FY23-24 and does not appear under the authority of the current appropriation act

DEPARTMENT ID: 09- Louisiana Department of Health AGENCY ID: 326 Office of Public Health PROGRAM ID: Program A-Public Health Services PROGRAM ACTIVITY: Community Preparedness

3. S Public Health Services, through its Community Preparedness activity, will develop effective public health emergency management and response programs statewide that will decrease morbidity and mortality during emergencies and disaster events as well as develop effective public health emergency management and response programs each year through June 30, 2028.

Children's Budget Link: Not Applicable Human Resource Policies Beneficial to Women and Families Link: Not Applicable Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Explanatory Note: The state plans to be at the level of Established (75%) based on the CDC Public Health Emergency Preparedness Operational Readiness Review. This 75% represents the rating of established across preparedness capabilities planning in the domains of Community Resilience, Incident Management, Information Management, Countermeasures and Mitigation, and Surge Management.

				PERFORMANCE INDICATOR VALUES						
	L				PERFORMANCE		PERFORMANCE	PERFORMANCE	PERFORMANCE	
	E		YEAREND	ACTUAL	STANDARD	EXISTING	AT	AT EXECUTIVE	STANDARD AS	
LaPAS	V		PERFORMANCE	YEAREND	AS INITIALLY	PERFORMANCE	CONTINUATION	BUDGET	INITIALLY	
PI	E		STANDARD	PERFORMANCE	APPROPRIATED	STANDARD	BUDGET LEVEL	LEVEL	APPROPRIATED	
CODE	L	PERFORMANCE INDICATOR NAME	FY 2021-2022	FY 2021-2022	FY 2022-2023	FY 2022-2023	FY 2023-2024	FY 2023-2024	FY 2023-2024	
24158		Obtain a 43% Metropolitan Composite Mass	100%	100%	100%	100%	DELETE			
DELETE		Dispensing and Distribution Score.								
NEW	S	Obtain a minimum of 75% of Established rating ² on the CDC Public Health Emergency Preparedness (PHEP) Operational Readiness Review (ORR).	Not Applicable	75%	N/A	75%	75%			

1 This Performance Indicator is being deleted as this metric is obsolete and is no longer a valid measure of program performance.

2 This Performance Indicator is new for FY2023-2024 and replaces PI#24158. This new indicator aligns with CDC requirements.

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Community Preparedness

		GEN	NERAL PERFORM	IANCE INFORMA	FION:		
				PERFO	RMANCE INDICATOR	VALUES	
LaPAS PI			PRIOR YEAR ACTUAL				
CODE	PERFORMANCE INDICATOR NAME		FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
NEW	Number of Emergency Operation Center activations	1	5	2	3	7	3
NEW	Number of resource request fulfilled	1	0	1	284	822	816
NEW	Number of exercises/drills conducted	1	8	5	0	0	0
NEW	Number of trainings completed	1	11	11	17	7	9
NEW	Number of community partners	1	123	131	135	140	173

1 These are New Performance Indicators for FY2023-2024.

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Family Health

4. K Public Health Services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2028.

Children's Budget Link: Maternal and Child Health activities are linked via the Children's Cabinet and funded under the Children's Budget. Goal 1. To create a seamless system of care through the integration of services and resources. Goal 2. To achieve measurable improvements in the outcomes of all children in Louisiana.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by providing access to and provision of primary and preventive health care services to women, infants, Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Explanatory Note: Not Applicable

				PERFORMANCE INDICATOR VALUES						
	L				PERFORMANCE		PERFORMANCE	PERFORMANCE	PERFORMANCE	
	Е		YEAREND	ACTUAL	STANDARD	EXISTING	AT	AT EXECUTIVE	STANDARD AS	
LaPAS	V		PERFORMANCE	YEAREND	AS INITIALLY	PERFORMANCE	CONTINUATION	BUDGET	INITIALLY	
PI	E		STANDARD	PERFORMANCE	APPROPRIATED	STANDARD	BUDGET LEVEL	LEVEL	APPROPRIATED	
CODE	L	PERFORMANCE INDICATOR NAME	FY 2021-2022	FY 2021-2022	FY 2022-2023	FY 2022-2023	FY 2023-2024	FY 2023-2024	FY 2023-2024	
20139		Number of Maternal, Infant & Early Childhood home visits, including Nurse-Family Partnership(NFP) and Parents as Teachers (PAT)	41,000	38,978	41,100	41,100	38,000			
24162		Number of students with access to school based health center services	46,897	40,572	46,897	46,897	46,000			
26132		Percentage of patients receiving a preventive health visit at least once in the last measurement year.	30%	46%	20%	20%	30%			
26345		Percentage of students who receive an annual risk assessment	52%	49%	55%	55%	55%			

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Family Health

	(GENERAL PERFO	RMANCE INFORMA							
		PERFORMANCE INDICATOR VALUES								
LaPAS PI CODE	PERFORMANCE INDICATOR NAME	PRIOR YEAR ACTUAL FY 2017-2018	PRIOR YEAR ACTUAL FY 2018-2019	PRIOR YEAR ACTUAL FY 2019-2020	PRIOR YEAR ACTUAL FY 2020-2021	PRIOR YEAR ACTUAL FY 2021-2022				
	Percent of infants born to mothers beginning prenatal care in the first trimester	74.0%	75.5%	70.8%	72.0%	71.0%				
24164	Percentage of children with special health care needs receiving care in a Medical Home	43.0%	43.0%	50.0%	51.1%	44.2%				
2368	Number of adolescent school-based health centers (SBHCs)	64	63	60	58	58				
26617	Percentage of adolescent school-based health centers (SBHCs) that demonstrate progress with a documented continuous quality improvement (CQI) plan	Not Available	0 2	0 2	0 2	100				
26618	Percentage of students age 12 years with a screening for clinical depression	Not Available	41.2%	34.7%	61.0%	62.2%				
26619	Percentage of students with a BMI greater than 85% receiving nutritional and physical activity counseling	Not Available	Not Available	86.0%	91.0%	84.9%				
	Number of students who received a ¹ comprehensive well visit at the SBHC	7840	7840	6,550 ³	9,105	12,914				
13744	Number of patient visits to Adolescent School- Based Health Centers	128,413	128,413	1,151 3	25,537 4	126,915				

1 The National School-Based Health Alliance has encouraged states to report the percentage of unduplicated students age 0-21 who had at least one comprehensive well-child exam documented during the school year, regardless of where the exam was provided. The percentage of students with a well child visit will demonstrate the role SBHCs play in preventive health. A count of the number of students does not provide information to indicate the need for SBHCs to conduct well child visits. For this reason, a request is being made to delete this indicator.

2 None of the SBHCs had a CQI visit in FY18-19, FY19-20. No CQI visits occurred in FY 20-21 due to COVID pandemic.

3 SBHC services were provided on a limited basis when schools were closed on March 16, 2020. Some SBHCs were able to provide telehealth services upon the closure of schools.

4 SBHC services were provided on a limited basis. Some SBHCs were able to provide telehealth services upon the closure of schools.

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Immunization

5. K Public Health Services, through its Immunization Program activity, will control or eliminate preventable diseases by providing vaccine to susceptible persons each year through June 30, 2028.

Children's Budget Link: Goal 1. To create a seamless system of care through the integration of services and resources. Goal 3. To achieve measurable improvements in the outcomes of all children in Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Explanatory Note: DTaP DIPTHERIA - TETANUS - ACELLULAR PERTUSSIS VACCINE, Tdap TETANUS AND DIPTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE, Flu INFLUENZA

					PERFORMANCE IN	DICATOR VALUES			
	L				PERFORMANCE		PERFORMANCE	PERFORMANCE	PERFORMANCE
	Е		YEAREND	ACTUAL	STANDARD	EXISTING	AT	AT EXECUTIVE	STANDARD AS
LaPAS	V		PERFORMANCE	YEAREND	AS INITIALLY	PERFORMANCE	CONTINUATION	BUDGET	INITIALLY
PI	Е		STANDARD	PERFORMANCE	APPROPRIATED	STANDARD	BUDGET LEVEL	LEVEL	APPROPRIATED
CODE	L	PERFORMANCE INDICATOR NAME	FY 2021-2022	FY 2021-2022	FY 2022-2023	FY 2022-2023	FY 2023-2024	FY 2023-2024	FY 2023-2024
24165		Percentage of children 19 to 35 mos. of ¹ age up to date for 4 DTP, 3 Polio, 3 Hib, 3 HBV, 1 MMR and 1 VAR	75.0%	61.9% ²	75.0%	75.0%	70.0%		
24166	К	Percentage of kindergartners up to date ¹ with 4 DTP, 3 Polio, 3 HBV, 2 MMR, and 2 VAR	95.0%	94.5%	95.0%	95.0%	95.0%		
24167		Percentage of 6th graders, 11-12 years ¹ of age, up to date with 1 TdaP, 2MMR, 2 VAR, 3 HBV, 1 MCV4	88.0%	74.3% ³	85.0%	85.0%	80.0%		
26620	K	Percentage of adolescents above 13 years of age, ¹ up to date for Human papillomavirus completed vaccine series	70.0%	62.7% ⁴	70.0%	70.0%	70.0%		

¹ The Office of Public Health collects and analyzes immunization data from the State Immunization Information System, Louisiana Immunization Network for Kids Statewide, (LINKS)

² Data are calculated annually. Actual performance is for combined 7 series vaccination coverage which also includes 4 PCV by age 24 months, birth year 2018 of the National Immunization Survey-Child. Healthcare providers tend to "space out" the vaccines at parents' request, resulting in patients not completing the childhood 7 series by the above age.

³ Data are calculated annually

⁴ The revised Actual Yearend Performance FY2021-2022 is 63.9%. Hesitancy toward receiving the HPV vaccine remains an issue in Louisiana as well as the rest of the country. The Immunization Program is actively promoting the vaccine and reaching out to healthcare providers.

DEPARTMENT ID: 09- Louisiana Department of Health AGENCY ID: 326- Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Immunization

	G	ENERAL PERFOR	MANCE INFORMA	TION:							
			PERFOR	MANCE INDICATOR	VALUES						
LaPAS PI CODE	PERFORMANCE INDICATOR NAME	PRIOR YEAR ACTUAL FY 2017-2018	ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL								
26770	Percentage of 11th Graders or at 16 years of age ¹ with 2 MenACWY	Not Available	Not Available	75.0%	33.0%	63.0%					
	Percentage of persons 6 months of age and older ² with Flu vaccination last flu season	Not Available	Not Available	³ 41.6%	³ 47.5%	³ 44.2%					

¹ LINKS, Louisiana Immunization Network data. Meningococcal ACWY Vaccines (MenACWY) are administered to adolescents in two doses at the time of their 16th birthday.

² Data from VaxView, CDC vaccination survey data.

³ This data was revised on 09/20/2022. Prior year actual data will be updated in LaPAS at the appropriate time.

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Nutrition Services

6. K Public Health Services, through its Nutrition Services activity, will provide nutrition education and supplemental foods to eligible senior citizens, women, infants and children while serving as an adjunct to health care during critical times of growth and development. The Nutrition Services activity aims to improve health status and prevent health problems in all population groups served through its programs each year through June 30, 2028.

Children's Budget Link: Nutrition Services activities are linked via the Children's Cabinet and funded under the Children's Budget.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by providing access to and provision of primary and preventive health care services to women, infants, and children.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Explanatory Note: The Special Supplement Nutrition Program for Women. Infants, and Children (WIC) and the Commodity Supplemental Food Program (CSFP) are operated through the LDH OPH Bureau of Nutrition Services. The WIC Program provides supplemental food, nutrition education, breastfeeding support, and health care referrals to low-income, nutritionally-at-risk, pregnant, breastfeeding, and postpartum women as well as infants and children up to age five. CSFP works to improve the health of low-income elderly persons at least 60 years of age by supplementing their diets with nutritious USDA Foods.

					PERFORMANCE	INDICATOR VALUES			
	L				PERFORMANCE		PERFORMANCE	PERFORMANCE	PERFORMANCE
	Е		YEAREND	ACTUAL	STANDARD	EXISTING	AT	AT EXECUTIVE	STANDARD AS
LaPAS	V		PERFORMANCE	YEAREND	AS INITIALLY	PERFORMANCE	CONTINUATION	BUDGET	INITIALLY
PI	Е		STANDARD	PERFORMANCE	APPROPRIATED	STANDARD	BUDGET LEVEL	LEVEL	APPROPRIATED
CODE	L	PERFORMANCE INDICATOR NAME	FY 2021-2022	FY 2021-2022	FY 2022-2023	FY 2022-2023	FY 2023-2024	FY 2023-2024	FY 2023-2024
2384	К	Number of monthly WIC participants 1	100,000	84,549 ²	92,000	92,000	95,000		
24168		Number of monthly Commodity Supplemental	51,098	33,231 3	43,510	43,510	40,000		
		Food Program participants served							
25608		Percentage of postpartum women enrolled in WIC who breastfeed	24.0%	31.0% 4	30.0%	30.0%	33.0%		

¹ WIC participation on a national basis has decreased. Outreach efforts are emphasized with local clinics to promote and retain participation.

² Performance Standard for FY24 was updated to 95,000. WIC participation continues to see a National decline. In Qtr 1 WIC participation data began to trend upward but was then greatly negatively impacted by Hurricane Ida in August. In addition, in quarters 2 and 3, increases in COVID Omicron as well as clinic closures due to the weather affected participation. In Qtr 4, LA WIC was impacted by a major infant formula recall. We are working with a social marketing firm on a campaign to help increase WIC participation.

3 Performance has continued to be impacted by COVID-19

⁴ The Breastfeeding Peer Counselor Program has hired more staff to increase support efforts to prenatal and post-partum WIC participants to increase breastfeeding rates. Louisiana WIC has developed a partnership with Pacify to now provide 24hr/7 day video enabled breastfeeding support with lactation experts for our WIC participants via a mobile application.

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Nutrition Services

	GENERAL PERFORMANCE INFORMATION:											
			PERFORMANCE INDICATOR VALUES									
LaPAS	PRIOR YEAR PRIOR YEAR PRIOR YEAR PRIOR YEAR PRIOR YEAR											
PI		ACTUAL	ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL									
CODE	PERFORMANCE INDICATOR NAME	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022						
10857	Percentage of WIC eligible clients served	51.0%	52.0%	47.0%	49.5%	48.9%						
10858	Number of WIC vendor fraud investigations	0 1	14	388 2	16	20						

1 Vendor management staff shortages did not allow investigations during these years. No investigations were conducted as a result of suspicion or reported fraudulent activity.

² In 2019 BONS (Bureau of Nutrition Services) picked up on compliance buys for the open 2017 investigations. BONS initiated 400 plus investigations in 2017, paused and did nothing with those for a while, and conducted additional round of buys to complete those investigations in 2019.

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Infectious Diseases

7. K Public Health Services, through its Infectious Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2028.

Children's Budget Link: Maternal and Child Health activities are linked via the Children's Cabinet and funded under the Children's Budget. Goal 1. To create a seamless system of care through the integration of services and resources. Goal 3. To achieve measurable improvements in the outcomes of all children in Louisiana.

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by providing access to and provision of primary and preventive health care services to women, infants, children.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Explanatory Note: Not Applicable

					PERFORMANCE	INDICATOR VALUES			
	L				PERFORMANCE		PERFORMANCE	PERFORMANCE	PERFORMANCE
	Е		YEAREND	ACTUAL	STANDARD	EXISTING	AT	AT EXECUTIVE	STANDARD AS
LaPAS	V		PERFORMANCE	YEAREND	AS INITIALLY	PERFORMANCE	CONTINUATION	BUDGET	INITIALLY
PI	Е		STANDARD	PERFORMANCE	APPROPRIATED	STANDARD	BUDGET LEVEL	LEVEL	APPROPRIATED
CODE	L	PERFORMANCE INDICATOR NAME	FY 2021-2022	FY 2021-2022	FY 2022-2023	FY 2022-2023	FY 2023-2024	FY 2023-2024	FY 2023-2024
24170	K	Percentage of TB infected contacts who complete treatment	72.0%	67.0% ¹	72.0%	72.0%	72.0%		
25609	S	Percentage of culture confirmed cases completing treatment within 12 months	90.0%	80.0% ²	90.0%	90.0%	90.0%		
25610	S	Percentage of pulmonary culture confirmed cases converting sputum culture within two months	60.0%	65.0% ³	60.0%	60.0%	60.0%		
25039	S	Percentage of newly diagnosed HIV clients linked to HIV-related medical care within 30 days of diagnosis	75.0%	76.6% ⁴	75.0%	75.0%	75.0%		
25611	S	Percentage of persons living with HIV whose most recent viral load in the past 12 months was <200 copies/mL	66.0%	67.8%	66.0%	66.0%	66.0%		
25612	S	Percentage of primary and secondary syphilis cases treated within 14 days of specimen collection	85.0%	84.0%	85.0%	85.0%	85.0%		

1 COVID Delta variant caused limited Health Unit access due to staffing shortages, clinic availability, and patient apprehension to seek medical services.

2 An increase in patient co-morbidities and some patient non-adherence to medication regimens led to a decrease in more patients not completing treatment within 12 months.

3 Improved outcomes due to a change in treatment procedures, switching to a longer, daily intensive phase, and 3x/week continuation phase.

4 The Louisiana Dept of Health STD/HIV/Hepatitis Program has many programs in place to facilitate linkage to care including Rapid Start programs, Disease Intervention Specialist and Linkage to Care Coordination Services.

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Infectious Diseases

	GENERAL PERFORMANCE INFORMATION:											
			PERFOR	MANCE INDICATOR	VALUES							
LaPAS		PRIOR YEAR	PRIOR YEAR	PRIOR YEAR	PRIOR YEAR	PRIOR YEAR						
PI		ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL						
CODE	PERFORMANCE INDICATOR NAME	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022						
	Number of HIV tests conducted at publicly- funded sites	121,543	133,848	88,498	80,498	100,018 1						
25613	Number of primary and secondary syphilis cases	567	644	607	841	876						
25614	Number of people living with HIV in Louisiana	20,901	22,301	21,667	21,651	22,679						
25615	Number of new HIV diagnoses in Louisiana	1,091	1,021	786	907	936 ²						
26621	Number of new confirmed Hepatitis C diagnoses in Louisiana	Not Available	5,578	3,992	4,965	2,914 ²						

¹ Community Based Organizations (CBO) that were not able to screen during COVID, started HIV screening again. Also we started screening at several new sites during FY2021-2022

² This data was updated due to information being incorrectly entered-in FY2022 LaPAS report. The prior year actual values will be updated in January 2023.

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Infectious Disease Epidemiology

8. S Public Health Services, through the Infectious Disease Epidemiology (IDEpi) activity, will conduct surveillance of infectious diseases to decrease the burden of infectious diseases (excluding TB, STD and HIV), conduct outbreak investigations and maintain public health preparedness against infectious diseases each year through June 30, 2028.

Children's Budget Link: Maternal and Child Health activities are linked via the Children's Cabinet and funded under the Children's Budget. Goal 1. To create a seamless system of care through the integration of services and resources. Goal 3. To achieve measurable improvements in the outcomes of all children in Louisiana.

Human Resource Policies Beneficial to Women and Families Link: This objective supports Act 1078 by providing access to and provision of primary and preventive health to women, infants, and children. Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Explanatory Note: Not Applicable

				PERFORMANCE IN	IDICATOR VALUES				
	L				PERFORMANCE		PERFORMANCE	PERFORMANCE	PERFORMANCE
	E		YEAREND	ACTUAL	STANDARD	EXISTING	AT	AT EXECUTIVE	STANDARD AS
LaPAS	V		PERFORMANCE	YEAREND	AS INITIALLY	PERFORMANCE	CONTINUATION	BUDGET	INITIALLY
PI	E		STANDARD	PERFORMANCE	APPROPRIATED	STANDARD	BUDGET LEVEL	LEVEL	APPROPRIATED
CODE	L	PERFORMANCE INDICATOR NAME	FY 2021-2022	FY 2021-2022	FY 2022-2023	FY 2022-2023	FY 2023-2024	FY 2023-2024	FY 2023-2024
26622	S	Initiate investigation within 10 working days of report to IDEpi	90.0%	99.00% 1	90.0%	90.0%	90.0%		
26623	s	Completed case investigation within 10 working days of starting investigation	90.0%	99.00% 1	90.0%	90.0%	90.0%		
26624	S	Percent of outbreaks with determined etiology	90.0%	86% 2	90.0%	90.0%	90.0%		

1 The vast majority of investigations in our system were COVID-19 cases processed automatically upon receipt of a lab report.

² During the COVID-19 response, fewer non-COVID outbreaks are reported or identified than usual due to burdens on healthcare systems and decreased social gatherings. 27 non-COVID outbreaks have been identified this FY, two took place in the aftermath of Hurricane Ida for which the exact etiology was not determined, and three GI outbreaks (Gastrointestial) did not have sufficient samples collected to determine an etiology.

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Public Health Services PROGRAM ACTIVITY: Laboratory Services

Public Health Services, through its Laboratory Services activity, will assure timely testing and reporting of laboratory results of specimens to monitor for pollutants, contaminants in water, food, drugs, and environmental materials each year through June 30, 2028.

Children's Budget Link:

9. S

Human Resource Policies Beneficial to Women and Families Link: This objective will support Act 1078 by providing access to and provision of primary and preventive health care services to women, infants, children.

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Explanatory Note: N/A

					PERFORMANCE IN	DICATOR VALUES			
	L				PERFORMANCE		PERFORMANCE	PERFORMANCE	PERFORMANCE
	E		YEAREND	ACTUAL	STANDARD	EXISTING	AT	AT EXECUTIVE	STANDARD AS
LaPAS	V		PERFORMANCE	YEAREND	AS INITIALLY	PERFORMANCE	CONTINUATION	BUDGET	INITIALLY
PI	E		STANDARD	PERFORMANCE	APPROPRIATED	STANDARD	BUDGET LEVEL	LEVEL	APPROPRIATED
CODE	L	PERFORMANCE INDICATOR NAME	FY 2021-2022	FY 2021-2022	FY 2022-2023	FY 2022-2023	FY 2023-2024	FY 2023-2024	FY 2023-2024
26380	S	At least 95% of specimens submitted to the OPH	95.0%	98.0%	95.0%	95.0%	95.0%		
		Laboratory meet acceptance criteria for testing							

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Laboratory Services

	GENERAL PERFORMANCE INFORMATION:											
		PERFORMANCE INDICATOR VALUES										
LaPAS	PRIOR YEAR PRIOR YEAR PRIOR YEAR PRIOR YEAR PRIOR YEAR											
PI		ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL						
CODE	PERFORMANCE INDICATOR NAME	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022						
17387	17387 Number of lab tests/specimens tested 1 242,796 244,313 260,062 2 308,477 2 233,799											

¹ The number of lab tests/specimens tested is the actual number of specimens delivered and tested by the State Public Health Lab. Note that multiple tests may be performed on a single specimen.

² This variance is a continuation of the increase in testing in combination with the increase in clinical specimen submissions for COVID-19 testing.

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Environmental Epidemiology and Toxicology

10. S Public Health Services, through its Environmental Epidemiology and Toxicology activity (SEET), will identify toxic chemicals in the environment; evaluate the extent of human exposure and the adverse health effects caused by them; make recommendations to prevent and reduce exposure to hazardous chemicals; promote public understanding of the health effects of chemicals in the environment each year through June 30, 2028.

Children's Budget Link: Not Applicable

Human Resource Policies Beneficial to Women and Families Link: Not Applicable

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Explanatory Note: Not Applicable

					PERFORMAN	NCE INDICATOR VA	ALUES		
	L				PERFORMANCE		PERFORMANCE	PERFORMANCE	PERFORMANCE
	Е		YEAREND	ACTUAL	STANDARD	EXISTING	AT	AT EXECUTIVE	STANDARD AS
LaPAS	V		PERFORMANCE	YEAREND	AS INITIALLY	PERFORMANCE	CONTINUATION	BUDGET	INITIALLY
PI	Е		STANDARD	PERFORMANCE	APPROPRIATED	STANDARD	BUDGET LEVEL	LEVEL	APPROPRIATED
CODE	L	PERFORMANCE INDICATOR NAME	FY 2021-2022	FY 2021-2022	FY 2022-2023	FY 2022-2023	FY 2023-2024	FY 2023-2024	FY 2023-2024
24198	S	Number of health consults and technical 1	500	420	500	500	500		
		assists							
24199	ç	Number of emergency reports screened 2	9.000	9,284	9.000	9,000	9,000		
24199	3	from the Louisiana State Police and	9,000	9,204	9,000	9,000	9,000		
		National Response Center							
		National Response Center							

¹ The number of health consults and technical assists are directly dictated by the number of inquiries and referrals received

² The number fluctuates depending on the number of reports received from the Louisiana State Police, National Response Center, and Poison Center

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Environmental Epidemiology and Toxicology

	GENERAL PERFORMANCE INFORMATION:											
			PERFORMANCE INDICATOR VALUES									
LaPAS	PRIOR YEAR PRIOR YEAR PRIOR YEAR PRIOR YEAR PRIOR YEAR											
PI		ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL						
CODE	PERFORMANCE INDICATOR NAME	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022						
24196	24196 Number of indoor air quality phone consults 1 531 485 492 209 427											

¹ The number of indoor air calls depends on the number of inquiries received from citizens.

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Bureau of Chronic Disease Prevention and Healthcare Access

11. K

Public Health Services, through its Bureau of Chronic Disease Prevention and Healthcare Access (BCDPHA) activity, will provide support to communities, federally qualified health centers, physician practices, rural health clinics, small rural hospitals including critical access hospitals in order to expand and sustain access to primary and preventive health services in rural and underserved communities of Louisiana each year through June 30, 2028.

Children's Budget Link: This section is not applicable. Human Resource Policies Beneficial to Women and Families Link: This section is not applicable. Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other):

Explanatory Note: The Bureau of Chronic Disease Prevention and Healthcare Access was modified to include information regarding other rural health organizations. The School Based Health indicators are now captured under the Bureau of Family Health.

					PERFORMANCE I	NDICATOR VALUES	5		
	L				PERFORMANCE		PERFORMANCE	PERFORMANCE	PERFORMANCE
	E		YEAREND	ACTUAL	STANDARD	EXISTING	AT	AT EXECUTIVE	STANDARD AS
LaPAS	V		PERFORMANCE	YEAREND	AS INITIALLY	PERFORMANCE	CONTINUATION	BUDGET	INITIALLY
PI	E		STANDARD	PERFORMANCE	APPROPRIATED	STANDARD	BUDGET LEVEL	LEVEL	APPROPRIATED
CODE	L	PERFORMANCE INDICATOR NAME	FY 2021-2022	FY 2021-2022	FY 2022-2023	FY 2022-2023	FY 2023-2024	FY 2023-2024	FY 2023-2024
25619	S	Number of providers that have received education through conferences or BCDPHA provided trainings (Modified)	325	836 1	325	325	325		
25620	S	Percentage of State Loan Repayment Program funds awarded to new and existing health care providers recruited and retained to work in Louisiana Health professional shortage areas	100%	100%	100%	100%	100%		
25621	S	Percentage of health professional shortage areas analyzed and submitted to the Health Resources and Services Administration by the federal deadline.	100%	100.0%	100%	100%	100%		
12219	К	Number of National Health Service Corps providers practicing in Louisiana	123	251 2	180	180	180		

The number of providers trained exceeded the quarterly targets due to an extensive marketing campaign through the Louisiana Rural Health Association and the e-newsletter. The Bureau hosted the annual Rural Health Workshop and the Emergency Preparedness table top exercise and both exceeded expectations.

2 The National Health Service Corp program received extra funding due to COVID which allowed for additional providers to be accepted into the program.

1

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326- Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Bureau of Chronic Disease Prevention and Healthcare Access

GENERAL PERFORMANCE INFORMATION:						
		PERFORMANCE INDICATOR VALUES				
LaPAS PI CODE	PERFORMANCE INDICATOR NAME	PRIOR YEAR ACTUAL FY 2017-2018	PRIOR YEAR ACTUAL FY 2018-2019	PRIOR YEAR ACTUAL FY 2019-2020	PRIOR YEAR ACTUAL FY 2020-2021	PRIOR YEAR ACTUAL FY 2021-2022
25860	Number of critical access hospitals (CAHs) reporting Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) data	20	20	21	21	42
	Number of parishes and/or areas designated as Health Professional Shortage Areas by the Federal government	197	64	64	39	96
	Percent of Federally Qualified Health Centers ¹ (FQHCs) receiving technical assistance (TA)	Not Available	Not Available	2.0%	10.0%	17.0%
	Percent of Rural Health Clinics (RHCs) receiving ¹ technical assistance (TA)	Not Available	Not Available	19.0%	25.0%	21.0%

¹ This is a new indicator for FY20-21.

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Bureau of Chronic Disease Prevention and Healthcare Access

S Public Health Services, through its Bureau of Chronic Disease Prevention and Healthcare Access activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2028.

Children's Budget Link: This section is not applicable. Human Resource Policies Beneficial to Women and Families Link: This section is not applicable. Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Explanatory Note: N/A

12.

				PERFORMANCE INDICATOR VALUES					
	L				PERFORMANCE		PERFORMANCE	PERFORMANCE	PERFORMANCE
	E		YEAREND	ACTUAL	STANDARD	EXISTING	AT	AT EXECUTIVE	STANDARD AS
LaPAS	V		PERFORMANCE	YEAREND	AS INITIALLY	PERFORMANCE	CONTINUATION	BUDGET	INITIALLY
PI	E		STANDARD	PERFORMANCE	APPROPRIATED	STANDARD	BUDGET LEVEL	LEVEL	APPROPRIATED
CODE	L	PERFORMANCE INDICATOR NAME	FY 2021-2022	FY 2021-2022	FY 2022-2023	FY 2022-2023	FY 2023-2024	FY 2023-2024	FY 2023-2024
25624	S	Number of registered callers to the Louisiana 1	13,000 ²	2,836	2,500	2,500	2,500		
		Tobacco Quitline							

¹ Registered Caller is defined as a caller who calls the Quitline and registers for cessation services.

² The FY22 Performance Standard of 13,000 was incorrectly projected in the FY22 Operational Plan and has been-revised to 2500 to reflect a better estimate of the number of registered callers.

DEPARTMENT ID: 09- Louisiana Department of Health AGENCY ID: 326- Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Bureau of Chronic Disease Prevention and Healthcare Access

		JENERAL PERFOR	MANCE INFORMA	TION:		
			PERFOR	MANCE INDICATOR	VALUES	
LaPAS PI CODE	PERFORMANCE INDICATOR NAME	PRIOR YEAR ACTUAL FY 2017-2018	PRIOR YEAR ACTUAL FY 2018-2019	PRIOR YEAR ACTUAL FY 2019-2020	PRIOR YEAR ACTUAL FY 2020-2021	PRIOR YEAR ACTUAL FY 2021-2022
26774	Percentage of organizations designated as "WellSpots" reporting implementation of comprehensive tobacco or smoke-free workplace policies	Not Available	81.0%	99.0%	95.0%	92.0%
26775	Percentage of organizations designated as "WellSpots" reporting implementation of a worksite wellness program	Not Available	23.3%	26.2%	24.0%	40.0%
26776	Percent of School Districts receiving professional development and technical assistance on comprehensive school wellness best practices	Not Available	55.7%	61.4%	65.0%	19.0%

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Sanitation Services

13. K

Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2028.

Children's Budget Link: Not Applicable Human Resource Policies Beneficial to Women and Families Link: Not Applicable Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): Not Applicable

Explanatory Note: Not Applicable

					PERFORMANCE IN	DICATOR VALUES			
	L				PERFORMANCE		PERFORMANCE	PERFORMANCE	PERFORMANCE
	Е		YEAREND	ACTUAL	STANDARD	EXISTING	AT	AT EXECUTIVE	STANDARD AS
LaPAS	V		PERFORMANCE	YEAREND	AS INITIALLY	PERFORMANCE	CONTINUATION	BUDGET	INITIALLY
PI	E		STANDARD	PERFORMANCE	APPROPRIATED	STANDARD	BUDGET LEVEL	LEVEL	APPROPRIATED
CODE	L	PERFORMANCE INDICATOR NAME	FY 2021-2022	FY 2021-2022	FY 2022-2023	FY 2022-2023	FY 2023-2024	FY 2023-2024	FY 2023-2024
24201	K	Yearly mortality count attributed to unsafe	0	0	0	0	0		
		water, food and sewage							
24202	K	Percentage of permitted facilities in	90.0%	89.0%	90.0%	90.0%	90.0%		
		compliance quarterly due to							
		inspections							
24207	S	Percentage of required samples in compliance	95.0%	96.4%	95.0%	95.0%	95.0%		
24207	5	refeelinge of required samples in compliance	55.070	50.470	55.070	55.070	55.070		
24204	S	Percentage of sewerage systems properly	100%	100%	100%	100%	100%		
		installed							

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Sanitarian Services

		GENERAL PERFOR	RMANCE INFORMA	ATION:		
			PERFOR	MANCE INDICATOR	VALUES	
LaPAS PI CODE		PRIOR YEAR ACTUAL FY 2017-2018	PRIOR YEAR ACTUAL FY 2018-2019	PRIOR YEAR ACTUAL FY 2019-2020	PRIOR YEAR ACTUAL FY 2020-2021	PRIOR YEAR ACTUAL FY 2021-2022
24209	PERFORMANCE INDICATOR NAME Number of existing sewage systems inspections	8,066	7,946	6,637 ²	7,154	8,247
24211	Number of food, water, sewage-borne illness reported	649	613	423 ²	0	1,564
11886	Percentage of establishments/facilities in compliance	90.0%	92.0%	93.0%	91.0%	94.0%
2485	Number of inspections of permitted establishments/facilities	42,016	103,240 1	6,482 ²	37,303	104,602
11215	Number of food related complaints received from the public	549	483	277 2	459	772
24210	Number of sewage system applications taken	7,430	7,154 1	416 ²	12,652	12,182
24205	Number of plans reviewed	6,366	6,151	4,567 2	798	5,447
24206	Number of samples taken	8,042	8,111	8,024	18,776	8,296
24208	Number of new sewage systems properly installed	6,042	6,005	5,086 ²	8,285	9,751

¹ This is corrected data received after FY19 4th quarter LaPAS closed.

2 Due to COVID-19, the overall program activities were reduced.

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Engineering

14. K Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2028.

Children's Budget Link: Human Resource Policies Beneficial to Women and Families Link: Not Applicable

Explanatory Note: Not Applicable

					PERFORMANCE IN	DICATOR VALUES			
	L				PERFORMANCE		PERFORMANCE	PERFORMANCE	PERFORMANCE
	Е		YEAREND	ACTUAL	STANDARD	EXISTING	AT	AT EXECUTIVE	STANDARD AS
LaPAS	V		PERFORMANCE	YEAREND	AS INITIALLY	PERFORMANCE	CONTINUATION	BUDGET	INITIALLY
PI	Е		STANDARD	PERFORMANCE	APPROPRIATED	STANDARD	BUDGET LEVEL	LEVEL	APPROPRIATED
CODE	L	PERFORMANCE INDICATOR NAME	FY 2021-2022	FY 2021-2022	FY 2022-2023	FY 2022-2023	FY 2023-2024	FY 2023-2024	FY 2023-2024
2497	К	Percent of the population served by community water systems that receive drinking water that meets all applicable health-based drinking water standards	90.0%	86.5%	90.0%	90.0%	90.0%		
24521	к	Percentage of community water systems that have undergone a Class 1 sanitary survey within the past three years as required by state and federal regulations	98.0%	100%	98.0%	98.0%	98.0%		
25629	s	Percentage of water and sewer plans reviewed within 60 days of receipt of submittal	95.0%	100%	98.0%	98.0%	98.0%		
24523	s	Number of Louisiana public water systems provided financial and technical assistance	500	500	500	500	500		

DEPARTMENT ID: 09 - Louisiana Department of Health AGENCY ID: 326 - Office of Public Health PROGRAM ID: Program A - Public Health Services PROGRAM ACTIVITY: Engineering

		GENERAL PERFOR	MANCE INFORMA	ATION:		
			PERFOR	MANCE INDICATOR	VALUES	
LaPAS PI CODE	PERFORMANCE INDICATOR NAME	PRIOR YEAR ACTUAL FY 2017-2018	PRIOR YEAR ACTUAL FY 2018-2019	PRIOR YEAR ACTUAL FY 2019-2020	PRIOR YEAR ACTUAL FY 2020-2021	PRIOR YEAR ACTUAL FY 2021-2022
24522	Total number of CEU hours received by certified public water and community sewage operators from LDH approved training courses (Name modified)	92,196	69,900	33,149 1	26,703 1	59,615
24520	Percentage of surface water public water systems monitored annually for chemical compliance	100%	100%	100%	100%	100%
24524	Number of low-interest loans made	10	12	11	13	7
24525	Number of public water systems provided technical assistance	343	700	424 1	380 1	306
24526	Number of water systems provided capacity development technical assistance	256	268	227	253	306
11225	Number of public water systems in Louisiana	1,307	1,311	1,304	1,293	1,277

¹ Due to COVID-19, program activities were reduced.

OPERATIONAL PLAN FORM OPERATIONAL PLAN ADDENDA

Program Structure Chart Attached:

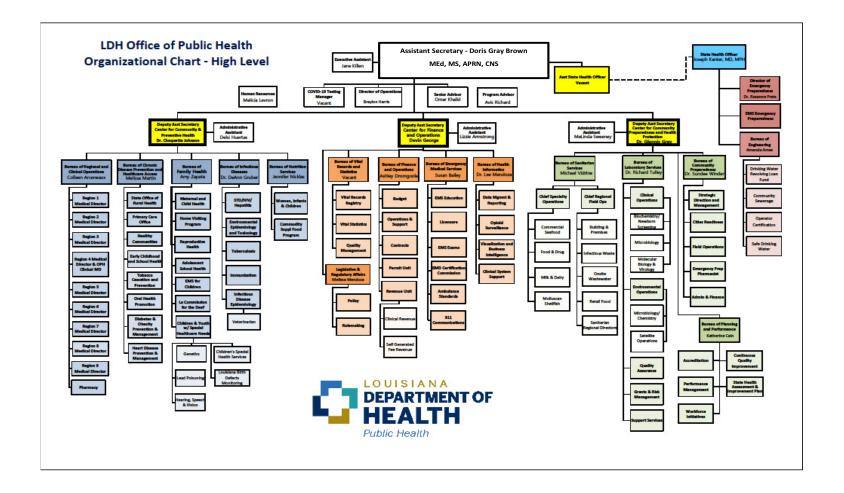
ORGANIZATION AND PROGRAM STRUCTURE CHARTS CHECKLIST:

Organization Chart Attached: X OTHER: List any other attachments to operational plan. 1 PI Documentation

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09A–326 - Office of Public Health



Budget Request Overview

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description		Existing Operating Budget	FY2023-2024	Ourse/Uniden FOD	Devent Channel
Description	Actuals	as of 10/01/2022	Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	57,691,356	60,887,752	61,969,980	1,082,228	1.78%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	1,044,621,670	287,213,926	87,294,811	(199,919,115)	(69.61)%
FEES & SELF-GENERATED	43,503,084	56,680,985	57,252,510	571,525	1.01%
STATUTORY DEDICATIONS	9,491,118	15,451,873	15,590,222	138,349	0.90%
FEDERAL FUNDS	488,172,406	717,542,157	634,317,796	(83,224,361)	(11.60)%
TOTAL MEANS OF FINANCING	\$1,643,479,634	\$1,137,776,693	\$856,425,319	\$(281,351,374)	(24.73)%

Fees and Self-Generated

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Percent Change
Fees & Self-Generated	42,891,629	56,069,530	56,635,447	565,917	1.01%
Vital Records Conversion Fund	425,404	425,404	426,603	1,199	0.28%
Oyster Sanitation Fund	186,051	186,051	190,460	4,409	2.37%
Total:	\$43,503,084	\$56,680,985	\$57,252,510	\$571,525	1.01%

Statutory Dedications

Description	FY2021-2022 Ex Actuals	xisting Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Percent Change
Telecommunications for the Deaf Fund	2,660,858	5,956,979	6,081,890	124,911	2.10%
Rural Primary Care Physicians Developmen	_	2,673,634	2,673,634	—	—
Emergency Medical Technician Fund	9,000	_	_	_	_
Louisiana Fund	6,821,260	6,821,260	6,834,698	13,438	0.20%
Total:	\$9,491,118	\$15,451,873	\$15,590,222	\$138,349	0.90%

Total Agency

Agency Expenditures

Description	FY2021-2022 Ex Actuals	xisting Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Percent Change
Salaries	77,983,313	84,583,662	83,360,532	(1,223,130)	(1.45)%
Other Compensation	6,929,523	7,792,731	8,158,075	365,344	4.69%
Related Benefits	48,174,691	53,256,006	54,850,605	1,594,599	2.99%
TOTAL PERSONAL SERVICES	\$133,087,526	\$145,632,399	\$146,369,212	\$736,813	0.51%
Travel	1,753,877	2,756,728	2,822,063	65,335	2.37%
Operating Services	12,851,704	13,861,790	14,190,314	328,524	2.37%
Supplies	10,360,684	14,969,327	15,324,101	354,774	2.37%
TOTAL OPERATING EXPENSES	\$24,966,265	\$31,587,845	\$32,336,478	\$748,633	2.37%
PROFESSIONAL SERVICES	\$46,588,762	\$61,725,612	\$63,263,509	\$1,537,897	2.49 %
Other Charges	1,414,149,209	871,541,218	585,742,154	(285,799,064)	(32.79)%
Debt Service	—	—	—	—	—
Interagency Transfers	23,499,816	27,289,619	27,294,755	5,136	0.02%
TOTAL OTHER CHARGES	\$1,437,649,026	\$898,830,837	\$613,036,909	\$(285,793,928)	(31.80)%
Acquisitions	1,188,055	—	1,419,211	1,419,211	_
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$1,188,055	_	\$1,419,211	\$1,419,211	—
TOTAL EXPENDITURES	\$1,643,479,634	\$1,137,776,693	\$856,425,319	\$(281,351,374)	(24.73)%
Agency Positions					
Classified	1,221	1,218	1,217	(1)	(0.08)%
Unclassified	14	14	14	_	_
TOTAL AUTHORIZED T.O. POSITIONS	1,235	1,232	1,231	(1)	(0.08)%
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	_	_	_	_	
TOTAL NON-T.O. FTE POSITIONS	105	105	105	_	_
TOTAL POSITIONS	1,340	1,337	1,336	(1)	(0.07)%

Cost Detail

Means of Financing

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
State General Fund	57,691,356	60,887,752	61,969,980	1,082,228
Interagency Transfers	1,044,621,670	287,213,926	87,294,811	(199,919,115)
Fees & Self-Generated	42,891,629	56,069,530	56,635,447	565,917
Vital Records Conversion Fund	425,404	425,404	426,603	1,199
Oyster Sanitation Fund	186,051	186,051	190,460	4,409
Telecommunications for the Deaf Fund	2,660,858	5,956,979	6,081,890	124,911
Rural Primary Care Physicians Developmen	_	2,673,634	2,673,634	_
Emergency Medical Technician Fund	9,000	_	_	_
Louisiana Fund	6,821,260	6,821,260	6,834,698	13,438
Federal Funds	488,172,406	717,542,157	634,317,796	(83,224,361)
Total:	\$1,643,479,634	\$1,137,776,693	\$856,425,319	\$(281,351,374)

Salaries

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5110010	SAL-CLASS-TO-REG	72,911,828	82,021,794	80,798,664	(1,223,130)
5110015	SAL-CLASS-TO-OT	1,909,475	_	_	—
5110020	SAL-CLASS-TO-TERM	842,928	_	—	—
5110025	SAL-UNCLASS-TO-REG	2,081,889	2,561,868	2,561,868	_
5110030	SAL-UNCLASS-TO-OT	179,292	_	_	_
5110035	SAL-UNCLASS-TO-TERM	57,901	_	_	_
Total Salaries:		\$77,983,313	\$84,583,662	\$83,360,532	\$(1,223,130)

Other Compensation

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5120010	COMPENSATION/WAGES	6,671,605	7,670,475	8,035,819	365,344
5120035	STUDENT LABOR	44,600	122,256	122,256	—

Other Compensation (continued)

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5120105	COMP-CL-NON TO-OT	201,482	—	—	_
5120110	COMP-CL-NON TO-TERM	11,836	_	_	_
Total Other Compensation:		\$6,929,523	\$7,792,731	\$8,158,075	\$365,344

Related Benefits

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5130010	RET CONTR-STATE EMP	29,146,044	33,928,844	34,905,708	976,864
5130020	RET CONTR-TEACHERS	334,291	—	_	—
5130050	POSTRET BENEFITS	8,478,344	8,600,000	8,600,000	—
5130055	FICA TAX (OASDI)	170,458	144,907	144,907	—
5130060	MEDICARE TAX	1,139,908	1,305,100	1,352,938	47,838
5130065	UNEMPLOYMENT BENEFIT	18,297	30,000	30,000	—
5130070	GRP INS CONTRIBUTION	8,873,667	9,231,155	9,801,052	569,897
5130085	OTH RELATED BENEFIT	_	16,000	16,000	—
5130090	TAXABLE FRINGE BEN	13,682	_	_	_
Total Related Benefits:		\$48,174,691	\$53,256,006	\$54,850,605	\$1,594,599

Travel

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5200000	TOTAL TRAVEL	—	2,756,728	2,822,063	65,335
5210010	IN-STATE TRAVEL-ADM	14,688	_	_	—
5210015	IN-STATE TRAVEL-CONF	185,770	—	—	—
5210020	IN-STATE TRAV-FIELD	1,290,715	—	—	—
5210025	IN-STATE TRV-BD MEM	512	_	_	—
5210030	IN-STATE TRV-IT/TRN	25,965	_	_	_
5210032	IN-STATE TRV-IT TRN	551	_	_	_
5210050	OUT-OF-STATE TRV-ADM	1,855	_	—	—

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5210055	OUT-OF-STTRV-CONF	151,248	—	—	—
5210060	OUT-OF-STTRV-FIELD	5,177	—	—	—
5210065	OUT-OF-STTRV-BD MEM	(1,082)	—	_	—
5210070	OUT-OF-STTRV-IT/TRN	3,722	—	_	—
5210080	TRAVEL CLEARING	(2,453)	—	_	—
5210100	TRAVEL-NON-EMPLOYEES	40,040	—	_	—
5210105	STAFF TRAINING	3,089	—	_	—
5210110	CONFERENCE REG FEES	33,840	—	_	—
5210115	CERTIFICATION FEES	240	_	—	—
Total Travel:		\$1,753,877	\$2,756,728	\$2,822,063	\$65,335

Operating Services

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5300000	TOTAL OPERATING SERV	_	13,861,790	14,190,314	328,524
5310001	SERV-ADVERTISING	4,335	_	_	_
5310003	SERV-MARKETING	(4,618)	_	_	_
5310004	SERV-BANK FEES	310	_	_	_
5310005	SERV-PRINTING	20,401	_	_	_
5310007	SERV-TRANSPORTATION	1,621	_	_	_
5310008	SERV-OFFICE RELOC EX	1,557	_	_	_
5310009	SERV-MOVING SERVICES	6,001	_	_	_
5310010	SERV-DUES & OTHER	177,214	_	_	_
5310011	SERV-SUBSCRIPTIONS	34,335	_	_	_
5310013	SERV-LAB FEES	1,480,136	_	_	_
5310014	SERV-DRUG TESTING	613,927	_	_	_
5310015	SERV-SECURITY	28,750	_	_	_
5310016	SERV-PURCHASED	60,495	_	_	_

Operating Services (continued)

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5310017	SERV-DOC DESTRUCTION	1,179	_	_	—
5310018	SERV-TEMP STAFFING	107,460	—	—	—
5310019	SERV-FREIGHT	4,974	_	_	_
5310020	SERV-FREIGHT-OVERSEA	291	—	_	—
5310025	SERV-LOCKSMITH	356	_	_	_
5310030	SERV-ADMIN FEES	2,776	—	_	—
5310031	SER-CRDT CRD TRN FEE	45,544	—	_	_
5310033	SERV-OTH LAB-VET	2,303	_	_	—
5310037	SERV - TRAINING	8,636	—	_	—
5310040	SERV-BANK (NON-DEBT)	14,593	—	_	—
5310042	SERV-BAR DUES	1,253	—	_	_
5310049	SERV-DUES & OTHER	29,085	_	_	_
5310050	SERV-DUES & OTHER	2,919	—	_	_
5310052	SERV-REGISTRATIONS	774	—	_	—
5310400	SERV-MISC	370,187	—	_	—
5330001	MAINT-BUILDINGS	160,590	—	_	—
5330003	MAINT-PESTCONTROL	9,062	—	_	_
5330004	MAINT-GARBAGE DISP	38,536	_	—	—
5330005	MAINT-WSTDISP-SHRED	11,108	—	_	_
5330006	MAINT-HAZ WASTE DISP	72,475	_	_	—
5330007	MAINT-PROPERTY	3	—	_	—
5330008	MAINT-EQUIPMENT	1,119,035	—	_	—
5330010	MAINT-TRAFFIC SIGNAL	550	—	_	—
5330011	MAINT-COMMUNICTN EQP	159,874	—	_	—
5330012	MAINT-JANITORIAL	226,669	—	_	_
5330013	MAINT-CLEANING SERV	75,595	—	—	—
5330014	MAINT-GROUNDS	2,996	—	_	_

Operating Services (continued)

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5330016	MAINT-DATA PROC EQP	36	—	—	—
5330018	MAINT-AUTO REPAIRS	48,152	—	_	—
5330026	MAINT-SOFTWRE MTCE	2,250	_	_	_
5340010	RENT-REAL ESTATE	2,078,870	—	_	—
5340015	RENT-OPER COST-BLDG	3,910,756	—	_	—
5340020	RENT-EQUIPMENT	205,954	—	_	—
5340025	RENT-AUTOMOBILES	333	—	_	—
5340030	RENT-DATA PROC EQUIP	1,874	—	_	—
5340045	RENT-STORAGE SPACE	3,830	—	_	—
5340070	RENT-OTHER	122,588	—	_	—
5340072	SOFTWARE LICENSING	297	—	_	—
5350001	UTIL-INTERNET PROVID	8,723	—	_	—
5350002	UTIL-DATA LINE/CIRCT	13,940	—	_	—
5350004	UTIL-TELEPHONE SERV	556,848	—	_	—
5350005	UTIL-OTHER COMM SERV	23,936	—	_	—
5350006	UTIL-MAIL/DEL/POST	92,713	_	_	—
5350007	UTIL-POSTAGE DUE	1,845	—	_	—
5350008	UTIL-DEL UPS/FED EXP	184,237	—	_	—
5350009	UTIL-GAS	34,992	—	_	—
5350010	UTIL-ELECTRICITY	398,262	—	_	—
5350011	UTIL-WATER	5,146	—	_	—
5350012	UTIL-CABLE	4,806	_	_	—
5350015	UTIL-COAL	50	—	—	—
5350016	UTIL-SERVICES	2,263	_	_	—
5350017	UTIL-OPR SER-LAUNDRY	4,031	_	_	
5350018	UTIL-MAIL/DEL/POST	236,895	—	—	—
5350019	UTIL-MAIL/DEL/POST	29			_

Operating Services (continued)

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5350020	UTIL-MAIL/DEL/POST	3,025	—	—	—
5350021	UTIL-SEWER	1,526	—	—	—
5350400	UTIL-OTHER	10,214	_	—	—
Total Operating Services:		\$12,851,704	\$13,861,790	\$14,190,314	\$328,524

Supplies

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5400000	TOTAL SUPPLIES	_	14,969,327	15,324,101	354,774
5410001	SUP-OFFICE SUPPLIES	420,857	_	—	_
5410002	SUP-TELEPH & ACCESS	1,176	_	—	_
5410003	SUP-BANKING	830	_	—	_
5410004	SUP-SECURITY/LAW ENF	165	_	—	_
5410005	SUP-PHARMACEUTICAL	2,296,388	_	—	_
5410006	SUP-COMPUTER	214,171	_	_	_
5410007	SUP-CLOTHING/UNIFORM	9,739	_	_	_
5410008	SUP-MEDICAL	177,280	_	—	_
5410009	SUP-EDUCATION & REC	284,276	_	_	_
5410010	SUP-TEXTBOOKS	2,124	_	—	_
5410013	SUP-FOOD & BEVERAGE	3,320	_	—	_
5410015	SUP-AUTO	13,523	_	_	_
5410016	SUP-BLD	154	_	_	_
5410017	SUP-JANITORIAL	30,135	_	_	_
5410019	SUP-CHEMICAL/GAS MAT	141,567	_	_	_
5410020	SUP-COMMUNICATIONS	18,940	_	_	_
5410021	SUP-ELECTRONICS/ELEC	40,434	_	_	_
5410023	SUP-PERSONAL	374	_	—	—

Agency Summary Statement

Supplies (continued)

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5410025	SUP-LAB SUPPLIES	4,796,321	—	—	—
5410026	SUP-METALS/MINERALS	1,060	—	—	—
5410027	SUP-OTHER MEDICAL	1,469,897	—	—	—
5410028	SUP-STORAGE/PACKAGNG	17,555	—	—	_
5410030	SUP-TOOLS	439	—	—	_
5410031	SUP-REP/MNT SUP-AUTO	369	_	_	_
5410032	SUP-REP/MNT SUP-OTHR	1,423	—	—	_
5410035	SUP-SOFTWARE	7,372	—	—	_
5410036	SUP-FUELTRAC	284,792	_	—	_
5410042	SUP-SCIENT.SAMPLING	89,881	—	—	_
5410049	SUP-FUEL-BOATS	1,855	—	—	_
5410053	SUP-PROT APP & EQUIP	647	_	_	_
5410055	SUP-STORES DECREASE	(76,094)	_	_	_
5410056	SUP-MDSE FOR RESALE	55,280	—	—	—
5410057	SUP-DISPO TABLEWARE	549	_	_	_
5410059	SUP-KITCHENWARE	87	_	_	_
5410060	SUP-POOL SUPPLIES	884	_	_	_
5410400	SUP-OTHER	51,305	_	_	_
5410512	SUP-CONS INV FUEL-IM	1,607	_	_	_
Total Supplies:		\$10,360,684	\$14,969,327	\$15,324,101	\$354,774

Professional Services

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5500000	TOTAL PROF SERVICES	—	61,725,612	63,263,509	1,537,897
5510001	PROF SERV-ACCT/AUDIT	5,320	_	_	—
5510002	PROF SERV-BANK/FIN	2,741	_	—	—
5510003	PROF SERV-MGT CONSUL	9,117,910	_	—	_

Professional Services (continued)

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5510004	PROF SERV-ENG/ARCHIT	112,662	_	_	—
5510005	PROF SERV-LEGAL	9,061	—	—	—
5510006	PROF SERV-LGL-GR PRO	30	—	—	—
5510007	PROF SERV-MED/DEN	3,427,761	—	—	—
5510012	PROF SERV-EDUCATION	79,607	—	—	—
5510013	PROF SERV-IT	15,809	_	_	_
5510020	PROF SERV-BLD/CONSTR	816	_	_	_
5510021	PROF SERV-ENVIRONMTL	9,155	—	—	—
5510023	PROF SERV-INDUSTCLN	53,901	_	_	_
5510025	PROF SRV-PUB SAFETY	18,649	_	_	_
5510027	PROF SERV-TRANS/STOR	1,132,714	—	—	_
5510028	PROF SERV-ADV/PRINT	60,570	_	_	_
5510030	PROF SERV-COMMUNICAT	965	_	_	_
5510038	PROF SERV-TRAVEL	(750)	_	_	_
5510400	PROF SERV-OTHER	32,541,841	_	_	_
Total Professional Services:		\$46,588,762	\$61,725,612	\$63,263,509	\$1,537,897

Other Charges

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	671,541,218	385,742,154	(285,799,064)
5610001	LOC AID-LOCL SCHL BD	63,764	_	_	—
5610003	OTHER PUBLIC ASST	282	_	_	_
5610013	LOC AID-PUB ASST-EDU	435,610	_	_	_
5610015	LOC AID-MEDICAID PMT	42,470,382	_	_	_
5610016	LOC AID-NON MEDI PMT	237,747	_	_	_
5610020	PUBLIC ASST-HEALTH	115,605	—	_	_

Other Charges (continued)

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5620013	MISC-PRIZES/AWARDS	10,000,369	—	_	—
5620056	MISC-CONTRACTUAL SRV	8,419,075	—	_	—
5620063	MISC-OPERATNG SVCS	59,608,700	_	—	—
5620064	MISC-PROF SVCS	232,152,456	—	_	—
5620065	MISC-SUPPLIES OTHER	21,671,150	—	_	—
5620066	MISC-TRVL IN STATE	11,645	_	_	_
5620067	MISC-TR OUT OF STATE	302	—	_	_
5620068	MISC-ACQ/MAJ REP OTH	499,492	_	_	_
5620069	MISC-INTERAGENCY OTH	8,431,933	_	_	_
5620076	MISC-OC-WAGES	112,000	_	_	_
5620081	MISC-OC-F.I.C.A. TAX	5,496	_	—	—
5620082	MISC-OC-MEDICARE TAX	1,624	_	_	_
5620083	MISC-OC-GRP INS CONT	12,000	—	_	—
5620128	MISC-PROMO ITEMS	14,181,398	_	_	—
5620137	MISC-OC-PS-MEDICAL	1,014,833,800	200,000,000	200,000,000	_
5620138	MISC-OC-PRO SRV TRVL	1,040,387	—	_	_
5620158	MISC-SUPPLIES-MRE	(156,567)	_	_	_
5620161	MISC-TR OUT OF STATE	560	_	_	_
Total Other Charges:		\$1,414,149,209	\$871,541,218	\$585,742,154	\$(285,799,064)

Interagency Transfers

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	27,289,619	27,294,755	5,136
5950001	IAT-COMMODITY/SERV	3,782,294	—	—	—
5950007	IAT-PRINTING	105,612	_	_	_
5950008	IAT-POSTAGE	79,032	_	_	_
5950013	IAT-TEL-LANET DATA	1,132,786	_	_	_

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Interagency Transfers (continued)

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5950014	IAT-TELEPHONE	593,625	—	—	—
5950015	IAT-TELE-LAND LINES	3,259	—	—	—
5950017	IAT-INSURANCE	1,233,751	—	—	—
5950026	IAT-RENTALS	3,500,258	—	—	—
5950030	IAT-MEDICAL SERVICES	1,153,492	—	—	—
5950032	IAT-ADMIN IND COST	135,703	—	_	—
5950033	IAT-INTER AGY TRANS	1,291,347	—	_	—
5950034	IAT-OFFICE SUPPLIES	16	—	—	—
5950035	IAT-MEDICAL SUPPLIES	1,120	—	_	—
5950038	IAT-OTHER OPER SERV	5,447,378	_	_	_
5950042	IAT-PASS-THROUGH	1,143,312	—	—	—
5950049	IAT-CIVIL SERVICE	546,456	—	_	_
5950051	IAT-OSUP	73,784	—	_	—
5950052	IAT-LEG. AUDITOR	318	—	_	_
5950055	IAT-ADMIN LAW JUDGE	34,281	_	_	_
5950058	IAT-TECH SVCS	1,001,261	—	—	_
5950059	IAT-ST PROCUREMENT	2,240,731	—	_	—
Total Interagency Transfers:		\$23,499,816	\$27,289,619	\$27,294,755	\$5,136

Acquisitions

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5710221	ACQ-COMP HARDWARE	226,806	_	198,436	198,436
5710223	ACQ-COMM EQUIP	13,455	_	700	700
5710224	ACQ-OFFICE FURN&EQP	236,189	—	26,873	26,873
5710226	ACQ-CONSTR/OTHER EQ	62,435	_	_	—
5710227	ACQ-MEDICAL EQUIP	501,043	_	406,988	406,988

Acquisitions (continued)

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5710229	ACQ-SEC/LAW ENFOR EQ	12,449	—	_	—
5710230	ACQ-ED/REC EQUIP	9,659	_	_	—
5710233	ACQ-LIBRARY	315	_	_	—
5710235	ACQ-DATA NETWK EQUIP	659	—	_	—
5710236	ACQ-OTHER	124,987	—	522,449	522,449
5710237	ACQ-ART ADMIN	58	_	_	—
5710250	ACQ-AUTOMOBILES	_	_	225,000	225,000
5710253	ACQ-COMP SOFTWARE	_	—	38,765	38,765
Total Acquisitions:		\$1,188,055	_	\$1,419,211	\$1,419,211
Total Agency Expenditures:		\$1,643,479,634	\$1,137,776,693	\$856,425,319	\$(281,351,374)

PROGRAM SUMMARY STATEMENT

3262 - Public Health Services

Means of Financing

Description		Existing Operating Budget	FY2023-2024	Ourse/Uniden FOD	Devent Channel
Description	Actuals	as of 10/01/2022	Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	57,691,356	60,887,752	61,969,980	1,082,228	1.78%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	1,044,621,670	287,213,926	87,294,811	(199,919,115)	(69.61)%
FEES & SELF-GENERATED	43,503,084	56,680,985	57,252,510	571,525	1.01%
STATUTORY DEDICATIONS	9,491,118	15,451,873	15,590,222	138,349	0.90%
FEDERAL FUNDS	488,172,406	717,542,157	634,317,796	(83,224,361)	(11.60)%
TOTAL MEANS OF FINANCING	\$1,643,479,634	\$1,137,776,693	\$856,425,319	\$(281,351,374)	(24.73)%

Fees and Self-Generated

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Percent Change
Fees & Self-Generated	42,891,629	56,069,530	56,635,447	565,917	1.01%
Vital Records Conversion Fund	425,404	425,404	426,603	1,199	0.28%
Oyster Sanitation Fund	186,051	186,051	190,460	4,409	2.37%
Total:	\$43,503,084	\$56,680,985	\$57,252,510	\$571,525	1.01%

Statutory Dedications

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Percent Change
Telecommunications for the Deaf Fund	2,660,858	5,956,979	6,081,890	124,911	2.10%
Rural Primary Care Physicians Developmen	—	2,673,634	2,673,634	—	—
Emergency Medical Technician Fund	9,000	_	_	_	_
Louisiana Fund	6,821,260	6,821,260	6,834,698	13,438	0.20%
Total:	\$9,491,118	\$15,451,873	\$15,590,222	\$138,349	0.90%

Program Expenditures

Description	FY2021-2022 Ex Actuals	xisting Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Percent Change
Salaries	77,983,313	84,583,662	83,360,532	(1,223,130)	(1.45)%
Other Compensation	6,929,523	7,792,731	8,158,075	365,344	4.69%
Related Benefits	48,174,691	53,256,006	54,850,605	1,594,599	2.99%
TOTAL PERSONAL SERVICES	\$133,087,526	\$145,632,399	\$146,369,212	\$736,813	0.51%
Travel	1,753,877	2,756,728	2,822,063	65,335	2.37%
Operating Services	12,851,704	13,861,790	14,190,314	328,524	2.37%
Supplies	10,360,684	14,969,327	15,324,101	354,774	2.37%
TOTAL OPERATING EXPENSES	\$24,966,265	\$31,587,845	\$32,336,478	\$748,633	2.37%
PROFESSIONAL SERVICES	\$46,588,762	\$61,725,612	\$63,263,509	\$1,537,897	2.49 %
Other Charges	1,414,149,209	871,541,218	585,742,154	(285,799,064)	(32.79)%
Debt Service	_	_	_	_	_
Interagency Transfers	23,499,816	27,289,619	27,294,755	5,136	0.02%
TOTAL OTHER CHARGES	\$1,437,649,026	\$898,830,837	\$613,036,909	\$(285,793,928)	(31.80)%
Acquisitions	1,188,055	_	1,419,211	1,419,211	_
Major Repairs	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	\$1,188,055	—	\$1,419,211	\$1,419,211	_
TOTAL EXPENDITURES	\$1,643,479,634	\$1,137,776,693	\$856,425,319	\$(281,351,374)	(24.73)%
Program Positions					
Classified	1,221	1,218	1,217	(1)	(0.08)%
Unclassified	14	14	14	_	_
TOTAL AUTHORIZED T.O. POSITIONS	1,235	1,232	1,231	(1)	(0.08)%
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	_	_	_	_	_
TOTAL NON-T.O. FTE POSITIONS	105	105	105	_	_
TOTAL POSITIONS	1,340	1,337	1,336	(1)	(0.07)%

Cost Detail

Means of Financing

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
State General Fund	57,691,356	60,887,752	61,969,980	1,082,228
Interagency Transfers	1,044,621,670	287,213,926	87,294,811	(199,919,115)
Fees & Self-Generated	42,891,629	56,069,530	56,635,447	565,917
Vital Records Conversion Fund	425,404	425,404	426,603	1,199
Oyster Sanitation Fund	186,051	186,051	190,460	4,409
Telecommunications for the Deaf Fund	2,660,858	5,956,979	6,081,890	124,911
Rural Primary Care Physicians Developmen	—	2,673,634	2,673,634	_
Emergency Medical Technician Fund	9,000	_	_	_
Louisiana Fund	6,821,260	6,821,260	6,834,698	13,438
Federal Funds	488,172,406	717,542,157	634,317,796	(83,224,361)
Total:	\$1,643,479,634	\$1,137,776,693	\$856,425,319	\$(281,351,374)

Salaries

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5110010	SAL-CLASS-TO-REG	72,911,828	82,021,794	80,798,664	(1,223,130)
5110015	SAL-CLASS-TO-OT	1,909,475	_	—	_
5110020	SAL-CLASS-TO-TERM	842,928	—	_	_
5110025	SAL-UNCLASS-TO-REG	2,081,889	2,561,868	2,561,868	_
5110030	SAL-UNCLASS-TO-OT	179,292	_	_	_
5110035	SAL-UNCLASS-TO-TERM	57,901	_	_	_
Total Salaries:		\$77,983,313	\$84,583,662	\$83,360,532	\$(1,223,130)

Other Compensation

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5120010	COMPENSATION/WAGES	6,671,605	7,670,475	8,035,819	365,344
5120035	STUDENT LABOR	44,600	122,256	122,256	—

Other Compensation (continued)

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5120105	COMP-CL-NON TO-OT	201,482	—	—	—
5120110	COMP-CL-NON TO-TERM	11,836	_	—	—
Total Other Compensation:		\$6,929,523	\$7,792,731	\$8,158,075	\$365,344

Related Benefits

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5130010	RET CONTR-STATE EMP	29,146,044	33,928,844	34,905,708	976,864
5130020	RET CONTR-TEACHERS	334,291	—	—	—
5130050	POSTRET BENEFITS	8,478,344	8,600,000	8,600,000	—
5130055	FICA TAX (OASDI)	170,458	144,907	144,907	—
5130060	MEDICARE TAX	1,139,908	1,305,100	1,352,938	47,838
5130065	UNEMPLOYMENT BENEFIT	18,297	30,000	30,000	—
5130070	GRP INS CONTRIBUTION	8,873,667	9,231,155	9,801,052	569,897
5130085	OTH RELATED BENEFIT	_	16,000	16,000	—
5130090	TAXABLE FRINGE BEN	13,682	—	_	_
Total Related Benefits:		\$48,174,691	\$53,256,006	\$54,850,605	\$1,594,599

Travel

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5200000	TOTAL TRAVEL	—	2,756,728	2,822,063	65,335
5210010	IN-STATE TRAVEL-ADM	14,688	_	_	—
5210015	IN-STATE TRAVEL-CONF	185,770	—	—	—
5210020	IN-STATE TRAV-FIELD	1,290,715	—	—	—
5210025	IN-STATE TRV-BD MEM	512	_	_	—
5210030	IN-STATE TRV-IT/TRN	25,965	_	_	_
5210032	IN-STATE TRV-IT TRN	551	_	_	_
5210050	OUT-OF-STATE TRV-ADM	1,855	_	—	—

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Travel (continued)

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5210055	OUT-OF-STTRV-CONF	151,248	—	—	—
5210060	OUT-OF-STTRV-FIELD	5,177	—	—	—
5210065	OUT-OF-STTRV-BD MEM	(1,082)	—	_	_
5210070	OUT-OF-STTRV-IT/TRN	3,722	—	—	—
5210080	TRAVEL CLEARING	(2,453)	—	_	—
5210100	TRAVEL-NON-EMPLOYEES	40,040	_	_	_
5210105	STAFF TRAINING	3,089	_	_	_
5210110	CONFERENCE REG FEES	33,840	_	_	_
5210115	CERTIFICATION FEES	240	_	_	_
Total Travel:		\$1,753,877	\$2,756,728	\$2,822,063	\$65,335

Operating Services

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5300000	TOTAL OPERATING SERV	—	13,861,790	14,190,314	328,524
5310001	SERV-ADVERTISING	4,335	—	—	—
5310003	SERV-MARKETING	(4,618)	—	_	_
5310004	SERV-BANK FEES	310	—	_	—
5310005	SERV-PRINTING	20,401	—	_	_
5310007	SERV-TRANSPORTATION	1,621	_	_	_
5310008	SERV-OFFICE RELOC EX	1,557	—	_	_
5310009	SERV-MOVING SERVICES	6,001	—	_	—
5310010	SERV-DUES & OTHER	177,214	_	_	_
5310011	SERV-SUBSCRIPTIONS	34,335	—	_	_
5310013	SERV-LAB FEES	1,480,136	—	_	_
5310014	SERV-DRUG TESTING	613,927	_	_	_
5310015	SERV-SECURITY	28,750	—	_	_
5310016	SERV-PURCHASED	60,495	_	_	—

Operating Services (continued)

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5310017	SERV-DOC DESTRUCTION	1,179	—	—	_
5310018	SERV-TEMP STAFFING	107,460	_	—	_
5310019	SERV-FREIGHT	4,974	_	_	_
5310020	SERV-FREIGHT-OVERSEA	291	_	_	—
5310025	SERV-LOCKSMITH	356	—	—	_
5310030	SERV-ADMIN FEES	2,776	_	_	—
5310031	SER-CRDT CRD TRN FEE	45,544	_	_	_
5310033	SERV-OTH LAB-VET	2,303	—	—	_
5310037	SERV - TRAINING	8,636	_	_	_
5310040	SERV-BANK (NON-DEBT)	14,593	—	_	_
5310042	SERV-BAR DUES	1,253	_	_	_
5310049	SERV-DUES & OTHER	29,085	_	_	_
5310050	SERV-DUES & OTHER	2,919	_	_	_
5310052	SERV-REGISTRATIONS	774	_	_	—
5310400	SERV-MISC	370,187	_	_	_
5330001	MAINT-BUILDINGS	160,590	_	_	_
5330003	MAINT-PESTCONTROL	9,062	—	—	_
5330004	MAINT-GARBAGE DISP	38,536	_	_	_
5330005	MAINT-WSTDISP-SHRED	11,108	_	_	_
5330006	MAINT-HAZ WASTE DISP	72,475	_	_	—
5330007	MAINT-PROPERTY	3	_	_	_
5330008	MAINT-EQUIPMENT	1,119,035	—	_	_
5330010	MAINT-TRAFFIC SIGNAL	550	_	_	_
5330011	MAINT-COMMUNICTN EQP	159,874	_	_	_
5330012	MAINT-JANITORIAL	226,669	—	—	—
5330013	MAINT-CLEANING SERV	75,595	_	_	
5330014	MAINT-GROUNDS	2,996	—	—	_

Operating Services (continued)

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5330016	MAINT-DATA PROC EQP	36	—	_	_
5330018	MAINT-AUTO REPAIRS	48,152	—	—	—
5330026	MAINT-SOFTWRE MTCE	2,250	—	_	_
5340010	RENT-REAL ESTATE	2,078,870	—	_	_
5340015	RENT-OPER COST-BLDG	3,910,756	—	_	_
5340020	RENT-EQUIPMENT	205,954	—	_	_
5340025	RENT-AUTOMOBILES	333	—	_	_
5340030	RENT-DATA PROC EQUIP	1,874	—	_	_
5340045	RENT-STORAGE SPACE	3,830	_	_	_
5340070	RENT-OTHER	122,588	_	_	_
5340072	SOFTWARE LICENSING	297	_	_	_
5350001	UTIL-INTERNET PROVID	8,723	_	_	_
5350002	UTIL-DATA LINE/CIRCT	13,940	_	_	_
5350004	UTIL-TELEPHONE SERV	556,848	—	_	_
5350005	UTIL-OTHER COMM SERV	23,936	_	_	_
5350006	UTIL-MAIL/DEL/POST	92,713	—	_	_
5350007	UTIL-POSTAGE DUE	1,845	_	_	_
5350008	UTIL-DEL UPS/FED EXP	184,237	_	_	_
5350009	UTIL-GAS	34,992	_	_	_
5350010	UTIL-ELECTRICITY	398,262	_	_	_
5350011	UTIL-WATER	5,146	_	_	_
5350012	UTIL-CABLE	4,806	_	_	_
5350015	UTIL-COAL	50	_	_	_
5350016	UTIL-SERVICES	2,263	_	_	_
5350017	UTIL-OPR SER-LAUNDRY	4,031	_	_	_
5350018	UTIL-MAIL/DEL/POST	236,895	_	_	_
5350019	UTIL-MAIL/DEL/POST	29	_	_	

Operating Services (continued)

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5350020	UTIL-MAIL/DEL/POST	3,025	—	_	—
5350021	UTIL-SEWER	1,526	_	_	_
5350400	UTIL-OTHER	10,214	_	—	—
Total Operating Services:		\$12,851,704	\$13,861,790	\$14,190,314	\$328,524

Supplies

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5400000	TOTAL SUPPLIES	—	14,969,327	15,324,101	354,774
5410001	SUP-OFFICE SUPPLIES	420,857	_	_	_
5410002	SUP-TELEPH & ACCESS	1,176	_	_	_
5410003	SUP-BANKING	830	_	_	_
5410004	SUP-SECURITY/LAW ENF	165	_	_	_
5410005	SUP-PHARMACEUTICAL	2,296,388	_	_	_
5410006	SUP-COMPUTER	214,171	_	_	_
5410007	SUP-CLOTHING/UNIFORM	9,739	_	_	_
5410008	SUP-MEDICAL	177,280	_	_	_
5410009	SUP-EDUCATION & REC	284,276	_	_	_
5410010	SUP-TEXTBOOKS	2,124	_	_	_
5410013	SUP-FOOD & BEVERAGE	3,320	_	_	_
5410015	SUP-AUTO	13,523	_	_	_
5410016	SUP-BLD	154	_	_	_
5410017	SUP-JANITORIAL	30,135	_	_	_
5410019	SUP-CHEMICAL/GAS MAT	141,567	_	_	_
5410020	SUP-COMMUNICATIONS	18,940	_	_	_
5410021	SUP-ELECTRONICS/ELEC	40,434	_	_	_
5410023	SUP-PERSONAL	374	—	_	_

Supplies (continued)

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5410025	SUP-LAB SUPPLIES	4,796,321	—	_	—
5410026	SUP-METALS/MINERALS	1,060	—	—	—
5410027	SUP-OTHER MEDICAL	1,469,897	—	_	—
5410028	SUP-STORAGE/PACKAGNG	17,555	—	_	—
5410030	SUP-TOOLS	439	—	_	_
5410031	SUP-REP/MNT SUP-AUTO	369	_	_	_
5410032	SUP-REP/MNT SUP-OTHR	1,423	_	_	_
5410035	SUP-SOFTWARE	7,372	_	_	_
5410036	SUP-FUELTRAC	284,792	_	_	_
5410042	SUP-SCIENT.SAMPLING	89,881	—	_	_
5410049	SUP-FUEL-BOATS	1,855	_	_	—
5410053	SUP-PROT APP & EQUIP	647	_	_	_
5410055	SUP-STORES DECREASE	(76,094)	_	—	_
5410056	SUP-MDSE FOR RESALE	55,280	_	_	_
5410057	SUP-DISPO TABLEWARE	549	_	_	_
5410059	SUP-KITCHENWARE	87	_	_	_
5410060	SUP-POOL SUPPLIES	884	_	_	_
5410400	SUP-OTHER	51,305	_	_	_
5410512	SUP-CONS INV FUEL-IM	1,607	_	_	_
Total Supplies:		\$10,360,684	\$14,969,327	\$15,324,101	\$354,774

Professional Services

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5500000	TOTAL PROF SERVICES	—	61,725,612	63,263,509	1,537,897
5510001	PROF SERV-ACCT/AUDIT	5,320	_	_	—
5510002	PROF SERV-BANK/FIN	2,741	_	_	—
5510003	PROF SERV-MGT CONSUL	9,117,910	_	_	_

Professional Services (continued)

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5510004	PROF SERV-ENG/ARCHIT	112,662	—	_	—
5510005	PROF SERV-LEGAL	9,061	—	—	—
5510006	PROF SERV-LGL-GR PRO	30	_	—	_
5510007	PROF SERV-MED/DEN	3,427,761	_	_	_
5510012	PROF SERV-EDUCATION	79,607	_	—	_
5510013	PROF SERV-IT	15,809	_	_	_
5510020	PROF SERV-BLD/CONSTR	816	_	_	_
5510021	PROF SERV-ENVIRONMTL	9,155	_	_	_
5510023	PROF SERV-INDUSTCLN	53,901	_	_	—
5510025	PROF SRV-PUB SAFETY	18,649	_	_	_
5510027	PROF SERV-TRANS/STOR	1,132,714	_	—	_
5510028	PROF SERV-ADV/PRINT	60,570	_	_	_
5510030	PROF SERV-COMMUNICAT	965	_	_	_
5510038	PROF SERV-TRAVEL	(750)	_	_	_
5510400	PROF SERV-OTHER	32,541,841	_	_	_
Total Professional Services:		\$46,588,762	\$61,725,612	\$63,263,509	\$1,537,897

Other Charges

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	671,541,218	385,742,154	(285,799,064)
5610001	LOC AID-LOCL SCHL BD	63,764	—	—	—
5610003	OTHER PUBLIC ASST	282	_	_	_
5610013	LOC AID-PUB ASST-EDU	435,610	_	_	_
5610015	LOC AID-MEDICAID PMT	42,470,382	_	_	_
5610016	LOC AID-NON MEDI PMT	237,747	_	_	—
5610020	PUBLIC ASST-HEALTH	115,605	_	_	_

Other Charges (continued)

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5620013	MISC-PRIZES/AWARDS	10,000,369	_		
5620056	MISC-CONTRACTUAL SRV	8,419,075	—	_	_
5620063	MISC-OPERATNG SVCS	59,608,700	—	_	_
5620064	MISC-PROF SVCS	232,152,456	—	_	_
5620065	MISC-SUPPLIES OTHER	21,671,150	—	_	_
5620066	MISC-TRVL IN STATE	11,645	_	_	_
5620067	MISC-TR OUT OF STATE	302	_	—	_
5620068	MISC-ACQ/MAJ REP OTH	499,492	_	_	_
5620069	MISC-INTERAGENCY OTH	8,431,933	_	_	
5620076	MISC-OC-WAGES	112,000	_	_	_
5620081	MISC-OC-F.I.C.A. TAX	5,496	_	—	_
5620082	MISC-OC-MEDICARE TAX	1,624	_	_	_
5620083	MISC-OC-GRP INS CONT	12,000	_	_	
5620128	MISC-PROMO ITEMS	14,181,398	_	_	_
5620137	MISC-OC-PS-MEDICAL	1,014,833,800	200,000,000	200,000,000	_
5620138	MISC-OC-PRO SRV TRVL	1,040,387	_	_	_
5620158	MISC-SUPPLIES-MRE	(156,567)	_	_	_
5620161	MISC-TR OUT OF STATE	560	_	_	_
Total Other Charges:		\$1,414,149,209	\$871,541,218	\$585,742,154	\$(285,799,064)

Interagency Transfers

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	27,289,619	27,294,755	5,136
5950001	IAT-COMMODITY/SERV	3,782,294	—	_	—
5950007	IAT-PRINTING	105,612	_	_	_
5950008	IAT-POSTAGE	79,032	_	_	_
5950013	IAT-TEL-LANET DATA	1,132,786	_	—	_

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Interagency Transfers (continued)

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5950014	IAT-TELEPHONE	593,625	_	—	—
5950015	IAT-TELE-LAND LINES	3,259	_	—	—
5950017	IAT-INSURANCE	1,233,751	_	—	—
5950026	IAT-RENTALS	3,500,258	_	_	—
5950030	IAT-MEDICAL SERVICES	1,153,492	—	—	—
5950032	IAT-ADMIN IND COST	135,703	—	_	_
5950033	IAT-INTER AGY TRANS	1,291,347	—	_	_
5950034	IAT-OFFICE SUPPLIES	16	—	_	_
5950035	IAT-MEDICAL SUPPLIES	1,120	—	_	_
5950038	IAT-OTHER OPER SERV	5,447,378	—	_	_
5950042	IAT-PASS-THROUGH	1,143,312	—	_	_
5950049	IAT-CIVIL SERVICE	546,456	_	_	_
5950051	IAT-OSUP	73,784	—	_	_
5950052	IAT-LEG. AUDITOR	318	—	_	_
5950055	IAT-ADMIN LAW JUDGE	34,281	_	_	_
5950058	IAT-TECH SVCS	1,001,261	_	—	—
5950059	IAT-ST PROCUREMENT	2,240,731	_	_	_
Total Interagency Transfers:		\$23,499,816	\$27,289,619	\$27,294,755	\$5,136

Acquisitions

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5710221	ACQ-COMP HARDWARE	226,806	—	198,436	198,436
5710223	ACQ-COMM EQUIP	13,455	—	700	700
5710224	ACQ-OFFICE FURN&EQP	236,189	_	26,873	26,873
5710226	ACQ-CONSTR/OTHER EQ	62,435	_	_	_
5710227	ACQ-MEDICAL EQUIP	501,043	_	406,988	406,988

Program Summary Statement

Acquisitions (continued)

Commitment Item	Name	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB
5710229	ACQ-SEC/LAW ENFOR EQ	12,449	—	_	_
5710230	ACQ-ED/REC EQUIP	9,659	—	_	—
5710233	ACQ-LIBRARY	315	_	_	—
5710235	ACQ-DATA NETWK EQUIP	659	—	_	_
5710236	ACQ-OTHER	124,987	—	522,449	522,449
5710237	ACQ-ART ADMIN	58	_	_	—
5710250	ACQ-AUTOMOBILES	_	—	225,000	225,000
5710253	ACQ-COMP SOFTWARE	_	_	38,765	38,765
Total Acquisitions:		\$1,188,055	—	\$1,419,211	\$1,419,211
Total Expenditures for Program 3262		\$1,643,479,634	\$1,137,776,693	\$856,425,319	\$(281,351,374)
Total Agency Expenditures:		\$1,643,479,634	\$1,137,776,693	\$856,425,319	\$(281,351,374)

SOURCE OF FUNDING SUMMARY

Agency Overview

Interagency Transfers

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Form ID
MCH BLOCK GRANT				_	11331
INTERAGENCY TRANSFERS	1,221	235,819	58,775	(177,044)	11406
INTERAGENCY TRANSFERS	_	264,024	269,127	5,103	11407
INTERAGENCY TRANSFERS	_	226,417	_	(226,417)	11409
INTERAGENCY TRANSFERS	226,582	240,000	240,000	_	11412
INTERAGENCY TRANSFERS	104,486,309	200,000,000	_	(200,000,000)	11413
INTERAGENCY TRANSFERS	936,576,234	79,986,700	79,986,700	_	11414
CSHCS	3,557	10,500	10,500	_	11415
MEDICAID	4,978	178,190	178,190	—	11416
MEDICAID	368,089	10,000	10,000	_	11418
MEDICAID	—	1,820,466	1,175,690	(644,776)	11419
INTERAGENCY TRANSFERS		122,143	_	(122,143)	11420
DCFS-TANF	2,819,569	2,877,075	2,877,075	_	11422
MEDICAID		227,000	227,000	—	11423
INTERAGENCY TRANSFERS	—	148,000	148,000	—	11424
DEPT OF EDUCATION(ED)	_	257,000	110,000	(147,000)	11425
MEDICAID	610	3,000	3,000	_	11426
INTERAGENCY TRANSFERS	6,178	6,592	6,592	—	11427
GOHSEP	124,303	250,000	—	(250,000)	11429
INTERAGENCY TRANSFERS	959	25,000	25,000	_	11430
DEPT OF EDUCATION(ED)	134	245,000	245,000	_	11432
DCFS	2,947	81,000	81,000	—	11433
INTER FUND TRANSFER IN	_	_	80,885	80,885	12626
INTER FUND TRANSFER IN	_	_	1,562,277	1,562,277	12628
Total Interagency Transfers	\$1,044,621,670	\$287,213,926	\$87,294,811	\$(199,919,115)	

Fees & Self-Generated

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Form ID
Q08-OYSTER SANITATON	186,051	186,051	190,460	4,409	11402
H18-VITAL REC CONV FUND	425,404	425,404	426,603	1,199	11403
HIV/AIDS PROGRAMS	_	196,760	18,933	(177,827)	11489

Fees & Self-Generated (continued)

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Form ID
CSHCS	88,641	150,000	150,000	_	11490
EMERGENCY MEDICAL SVCS	36,059	475,000	475,000	_	11491
FEES & SELF GENERATED	1,133	45,420	45,420	_	11492
INFECTIOUS DISEASE EPI	1,182	54,930	54,930	_	11494
FAMILY PLANNING	6,378,730	3,990,000	3,990,000	_	11495
FAMILY PLANNING	1,048,969	1,048,969	1,048,969	_	11496
FEES & SELF GENERATED	4,766,522	3,900,000	3,900,000	_	11497
FEES & SELF GENERATED	623,031	1,701,799	1,701,799	_	11498
SPECIAL LAB	_	35,020	35,020	_	11499
CERTIFICATION	—	30,500	30,500	_	11500
PRAMS	—	30,000	_	(30,000)	11501
FEES & SELF GENERATED	3,978	19,500	19,500	_	11502
TOBACCO CONTROL	—	150,000	_	(150,000)	11503
FEES & SELF GENERATED		30,881	32,994	2,113	11504
FEES & SELF GENERATED	_	159,781	12,083	(147,698)	11505
FEES & SELF GENERATED	238,684	365,670	150,000	(215,670)	11506
FEES & SELF GENERATED	_	9,524,489	10,469,483	944,994	11507
FEES & SELF GENERATED	247	14,757	14,757	_	11508
STD	277,651	200,000	200,000	_	11509
STD	—	64,177	64,177	_	11511
TB CONTROL PREVENTION	2,120,172	900,677	900,677	_	11512
FEES & SELF GENERATED	791	125,000	125,000	_	11517
SAFE DRINKING WATER	16,404,202	19,200,000	19,200,000	_	11518
FOOD AND DRUG	99,470	850,000	850,000	_	11520
FEES & SELF GENERATED	68	16,000	16,000	_	11521
FEES & SELF GENERATED	62,771	70,000	70,000	_	11523
FEES & SELF GENERATED	32,781	70,000	70,000	_	11524
FEES & SELF GENERATED	204,895	117,200	117,200	_	11526
FEES & SELF GENERATED	74	50,000	50,000	_	11527
FEES & SELF GENERATED	5,812	123,000	123,000	_	11528
FEES & SELF GENERATED	1,323,672	5,500,000	5,500,000	_	11530
FEES & SELF GENERATED	_	100,000	100,000	_	11531
FEES & SELF GENERATED	810,099	1,500,000	1,500,000	_	11532
TANNING FACILITIES	—	60,000	60,000	_	11535
VITAL RECORDS	2,635,049	5,200,000	5,200,000	_	11537

Fees & Self-Generated (continued)

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Form ID
FEES & SELF GENERATED	4,298	—	_	_	11871
FEES & SELF GENERATED	82,183	—	—	—	11872
FEES & SELF GENERATED	152	_	_	_	11873
FEES & SELF GENERATED	11,785	—	—	—	11875
FEES & SELF GENERATED	393,420	_	_	_	11883
FEES & SELF GENERATED	5,235,108	_	—	_	11887
FEES & SELF GENERATED	—	_	340,005	340,005	12644
Total Fees & Self-Generated	\$43,503,084	\$56,680,985	\$57,252,510	\$571,525	

Statutory Dedications

	FY2021-2022	Existing Operating Budget	FY2023-2024		
Description	Actuals	as of 10/01/2022	Total Request	Over/Under EOB	Form ID
E02-TELECOM DEAF FUND	2,660,858	5,956,979	6,081,890	124,911	11400
H45-RURAL PC PHY DEV FD	—	2,673,634	2,673,634	—	11401
Z13-LOUISIANA FUND	928,456	500,000	500,000	_	11404
Z13-LOUISIANA FUND	3,063,603	6,321,260	6,334,698	13,438	11405
EMERGENCY MEDICAL SVCS	9,000	—	_	_	11713
MISC COLLECTIONS	97,616	—	—	—	11714
MISC COLLECTIONS	312,208	—	_	_	11715
MISC COLLECTIONS	2,419,377	—	—	—	11716
Total Statutory Dedications	\$9,491,118	\$15,451,873	\$15,590,222	\$138,349	

Federal Funds

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024	Over/Under EOB	Form ID
Description	Actuals	ds 01 10/01/2022	Total Request	Over/Under EUB	Form ID
HIV/AIDS PROGRAMS	191,947	1,046,792	459,740	(587,052)	11021
HIV/AIDS PROGRAMS	6,918,688	6,555,275	6,500,000	(55,275)	11240
HIV/AIDS PROGRAMS	1,364,281	1,261,279	1,250,000	(11,279)	11242
HIV/AIDS PROGRAMS	25,281,800	9,220,280	9,178,394	(41,886)	11244
HIV/AIDS PROGRAMS	29,186,588	52,070,913	52,021,482	(49,431)	11247
HIV/AIDS PROGRAMS	2,209,743	3,632,295	3,665,637	33,342	11251
HIV/AIDS PROGRAMS	_	234,247	234,247	_	11253
HIV/AIDS PROGRAMS	671,361	744,238	743,324	(914)	11254
HIV/AIDS PROGRAMS	276,788	339,926	339,926	_	11258
HIV/AIDS PROGRAMS	2,497,873	5,181,041	3,951,584	(1,229,457)	11259
BIOTERRORISM GRANT	2,267,147	1,213,000	_	(1,213,000)	11265

Source of Funding Summary

Federal Funds (continued)

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Form ID
LDH - COVID-19 CCP RSP	8,624,289	27,109,706	13,554,853	(13,554,853)	11267
BIOTERRORISM GRANT	627,076	24,166,255	13,083,128	(11,083,127)	11269
BIOTERRORISM GRANT	10,873,268	12,614,815	12,614,815	_	11275
NCIPC OPIOID CRISIS	4,259,583	5,126,945	5,126,945	_	11278
LDH - COVID-19 CCP RSP	188,184	3,149,171	2,116,345	(1,032,826)	11281
FEDERAL	66,386	580,722	580,722	_	11283
CSHCS	261,344	159,998	160,000	2	11286
CSHCS	4,808,396	5,544,314	5,544,314	_	11287
EMERGENCY MEDICAL SVCS	224,224	203,836	203,836	_	11289
EMERGENCY MEDICAL SVCS	108,004	130,000	130,000	_	11290
EMERGENCY MEDICAL SVCS	303,098	873,862	350,000	(523,862)	11292
RAPE CRISIS PROGRAM	61,925	101,362	101,362	_	11293
VIOLENCE AGAINST WOMEN	573,782	625,938	595,938	(30,000)	11294
EPID LAB CAPACITY (ELC)	2,538,948	2,439,654	2,439,654	_	11296
EPID LAB CAPACITY (ELC)	162,038,463	19,411,561	19,969,594	558,033	11297
EPID LAB CAPACITY (ELC)	3,234,670	25,195,082	16,796,721	(8,398,361)	11299
EPID LAB CAPACITY (ELC)	81,427,155	40,670,821	8,200,000	(32,470,821)	11301
ANTIBIOTIC RES RET FOOD	110,453	147,000	135,000	(12,000)	11302
NFECTIOUS DISEASE EPI	· _ ·	11,344,979	11,344,979	_	11303
AMILY PLANNING	4,990,672	4,788,720	4,788,720	_	11305
AMILY PLANNING	334,661	500,000	500,000	_	11306
FAMILY PLANNING	854,882	624,000	624,000	_	11308
HUD LEAD	191,197	350,000	350,000	_	11309
MCH BLOCK GRANT	2,005,273	780,000	780,000	_	11310
-DH - COVID-19 CCP RSP	14,283,656	23,900,284	35,864,076	11,963,792	11311
MMUNIZATION GRANT	· · · · _	3,780,643	3,780,643	_	11313
FEDERAL	_	20,600		(20,600)	11315
CHILD DEATH REVIEW	_	50,000	50,000		11316
EDERAL	280,084	330,086	330,086	_	11317
EDERAL	220,731	504,408	504,408	_	11318
EDERAL	431,600	648,135	648,135	_	11319
FEDERAL	62,483	95,600	95,600	_	11321
PRAMS	107,268	180,020	160,020	(20,000)	11323
FEDERAL	222,089	250,000	245,000	(5,000)	11324
LDH - COVID-19 CCP RSP		140,000		(140,000)	11325

Source of Funding Summary

Federal Funds (continued)

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Form ID
SUICIDE PREVENTION	228,648	651,000	651,000	_	11326
SYSTEMS DEVELOPMENT	40,156	100,000	100,000	—	11327
FEDERAL	22,039	280,068	330,086	50,018	11330
MCH BLOCK GRANT	2,667,662	9,957,507	4,457,507	(5,500,000)	11331
FEDERAL	301,825	450,000	450,000	_	11333
MCH BLOCK GRANT	3,186,228	4,339,889	4,339,889	_	11335
FEDERAL	349,093	1,067,248	2,199,605	1,132,357	11337
MCH BLOCK GRANT	9,137,422	12,428,386	10,381,042	(2,047,344)	11339
LDH - COVID-19 CCP RSP	160,372	534,000	_	(534,000)	11341
RURAL HEALTH	130,971	331,128	331,128	_	11342
STUDENT LOAN REPAYMENT	391,315	999,992	678,706	(321,286)	11345
PRIMARY CARE GRANT	147,062	182,731	182,731	_	11346
SHIP	_	611,517	580,492	(31,025)	11348
SHIP	237,295	255,197	_	(255,197)	11349
WELL-AHEAD HEALTH GRANT	102,077	418,810	260,000	(158,810)	11350
CRITICAL ACCESS FLEX	450,379	656,066	469,843	(186,223)	11351
ORAL HEALTH GRANT	282,706	616,528	616,528	_	11353
ORAL HEALTH GRANT	_	399,999	399,999	_	11354
BRFSS	343,026	390,000	390,000	_	11356
PREVENTIVE HEALTH GRNT	104,188	725,000	725,000	_	11357
FEDERAL	_	17,221,350	8,719,898	(8,501,452)	11359
OPIOID OVERDOSE SURV	1,054,597	1,213,055	1,213,055	_	11360
PREVENTIVE HEALTH GRNT	333,912	450,000	450,000	_	11361
WELL-AHEAD HEALTH GRANT	708,006	1,045,000	930,000	(115,000)	11363
PREVENTIVE HEALTH GRNT	_	553,000	450,000	(103,000)	11365
TOBACCO CONTROL	1,241,746	2,219,020	1,608,775	(610,245)	11367
FEDERAL	95,907	1,247,227	1,247,227	_	11368
FEDERAL	2,071,397	1,502,761	1,127,761	(375,000)	11369
FEDERAL	_	2,282,136	2,282,136	_	11371
FEDERAL	489,120	2,052,469	2,052,469	_	11372
FEDERAL	_	211,145,671	201,159,503	(9,986,168)	11374
CSFP	3,911,535	3,980,625	4,100,000	119,375	11375
WIC ADMINISTRATION	73,194,188	121,248,217	122,000,000	751,783	11377
PEER COUNSELING GRANT	1,102,889	1,742,819	1,700,000	(42,819)	11378
MCH BLOCK GRANT	163,214	316,437	316,437	_	11379

Source of Funding Summary

Federal Funds (continued)

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Total Request	Over/Under EOB	Form ID
STD	1,752,847	2,843,545	4,138,802	1,295,257	11380
STD	2,143,878	2,644,300	2,236,830	(407,470)	11381
STD	—	67,393	123,554	56,161	11382
TB CONTROL PREVENTION	2,042,083	1,024,555	1,024,555	—	11383
TB CONTROL PREVENTION	803,670	871,822	871,822	—	11384
BEACH MONITORING	118,873	354,836	300,000	(54,836)	11385
SAFE DRINKING WATER	1,618,554	2,500,000	2,500,000	—	11386
SAFE DRINKING WATER	1,643,017	1,453,000	1,453,000	_	11387
FEDERAL	70,653	517,620	517,620	_	11388
OCCUPATIONAL INJURY	391,554	512,906	512,906	_	11389
OCCUPATIONAL INJURY	—	89,614	_	(89,614)	11390
FEDERAL	_	50,000	_	(50,000)	11391
APPLETREE PROGRAM	314,839	251,361	251,361	_	11392
PRIVATE WELL INITIATIVE	_	139,694	139,694	_	11393
ENV PUBLIC HEALTH TRK	590,354	631,639	631,639	_	11394
FOOD AND DRUG	119,831	201,617	211,193	9,576	11395
MFD FOOD STANDARDS	139,790	336,459	200,000	(136,459)	11396
COMMERCIAL SEAFOOD	53,954	71,360	74,750	3,390	11397
VITAL RECORDS	50,134	376,354	376,354	_	11398
VITAL RECORDS	_	951,426	398,574	(552,852)	11399
FEDERAL	(12,860,076)	_	_	_	11980
PREVENTIVE HEALTH GRNT	367,089	_	_	_	11997
OPIOID OVERDOSE SURV	278,558	_	_	_	11998
FEDERAL	166,408	_	_	_	11999
BREATH	104,602	_	_	_	12000
POOL EDUCATION	40,731	_	_	_	12001
SUICIDE PREVENTION	117,184	_	_	_	12002
HIV/AIDS PROGRAMS	147,552	_	_	_	12003
QUITLINE	327,764	_	_	_	12004
SHIP	9,719,301	_	_	_	12006
CHILD DEATH REVIEW	26,526	_	_	_	12007
CORE SVIPP	49,995	_	_	_	12008
FEDERAL		_	1,341,097	1,341,097	12617
Total Federal Funds	\$488,168,700	\$717,542,157	\$634,317,796	\$(83,224,361)	
Total Sources of Funding:	\$1,585,784,572	\$1,076,888,941	\$794,455,339	\$(282,433,602)	

SOURCE OF FUNDING DETAIL

Interagency Transfers

Form 11331 — 326-Maternal Child Health Services-MCH Block Grant

	Existing Operation	ating Budget as of 1	10/01/2022	FY202	23-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation			—	_		—	_		—
Related Benefits	—	—	_	_	—	_	_	—	
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	
Travel	_	_	_	_	_		_		_
Operating Services				_	_		_		
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	—	—	_	_	_	_	_	—	—
PROFESSIONAL SERVICES	_	—	_	_	_	_	_	—	—
Other Charges	_		_	_	_		_		
Debt Service				_	_		_		
Interagency Transfers	_		—	_	—	—	_		—
TOTAL OTHER CHARGES	—	—	_	_	_	_	_	—	—
Acquisitions	_		_	_	_		_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	—	_	_	_	_	_	_		_
TOTAL EXPENDITURES	—	_	—	_	_	_	_	_	_

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of the funds is to promote and maintain the health of children; prevent health problems including speech, hearing and vision problems associated with indigent children; prevent health problems associated with indigent women in the childbearing years; to reduce infant and maternal mortality; expand Medicaid and WIC coverage and lower health care costs in Louisiana. Legal Citation: MCH Block Grant, 42 U.S.C.701-9; Title V, Social Security Act, 42 U.S.C.1396, as amended, PL 97-35. Source of funding - U.S. Department of Health and Human Services Grant #6B04MC45219.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11331 — 326-Maternal Child Health Services-MCH Block Grant

Form 11406 — 326-HIV Louisiana State Opiod Response 2.0

	Existing Opera	ating Budget as of 1	10/01/2022	FY202	23-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	_	—	—	—	_
Other Compensation	_	—	_		_	—	—	—	
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	_	_	_	_		_	—	
Travel	_	_	_		_	_	_	_	
Operating Services	_		_	_	_	_	_		_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	
PROFESSIONAL SERVICES	_	_	_	_	_		_	—	
Other Charges	235,819	_	_	58,775	_	_	58,775	_	
Debt Service	_	—	_	—	—	_	_	—	
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$235,819	_	_	\$58,775	_		\$58,775	—	
Acquisitions	_	_	_		_	_	_	_	
Major Repairs	—	—	_	—	_	—	—	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	—	_	_	_	_	_	
TOTAL EXPENDITURES	\$235,819	_	_	\$58,775	_	_	\$58,775	_	

Form 11406 — 326-HIV Louisiana State Opiod Response 2.0

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds will be to partner with the Office of Behavioral Health in the implemenation of the State Opioid Response (SOR) 2.0 grant. The OPH HIV/STD/Hepatitis Program will integrate national standards and best practices to syringe service programs (SSPs) by embedding Health Coordinators in SSPs to oversee Hepatitis C Virus (HCV) testing, linkages to care, overdose education, and Naloxone Distribution (OEND). There is no legal citation for receipt of these funds. The source of funds are from the Louisiana Office of Behavioral Health.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11407 — 326 HIV Syringe Service Program

	Existing Opera	ating Budget as of 1	10/01/2022	FY2023-2024 Total Request			FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	—	—	—	—	—	—	—	—	_	
Other Compensation	—	—	—	—	—	—	—	—	—	
Related Benefits		—	_	_	_	_	_	—	_	
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	_	
Travel	_	_	_	_			_	_		
Operating Services	—	_	_	_	_	_	_	_	_	
Supplies	_	_	_	_	_	_	_	_	_	
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	—	_	
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	—	_	
Other Charges	264,024		_	269,127	_		269,127	_		
Debt Service			_	_	_		_	_		
Interagency Transfers	_	_	_	_	_	_	_	_	_	
TOTAL OTHER CHARGES	\$264,024	_	_	\$269,127	_	_	\$269,127	—	_	
Acquisitions		_	_	_	_	_	_	_		
Major Repairs	_	_	_	_	_	_	_	—	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$264,024	_	_	\$269,127	_	_	\$269,127	_		

Form 11407 — 326 HIV Syringe Service Program

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds will be to partner with the Office of Behavioral Health to integrate national standards and best practices to syringe service programs (SSPs) by embedding Health Coordinators in SSPs to oversee Hepatitis C Virus (HCV) testing, linkages to care, overdose education, and Naloxone Distribution (OEND). There is no legal citation for receipt of these funds. Source of funds are from the Office of Behavioral Health.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11409 — 326-HIV Screening, Brief Intervention, Referral to Treatment

	Existing Opera	Existing Operating Budget as of 10/01/2022			23-2024 Total Requ	est	FY2	024-2025 Projected	l l
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation	—		_			_	_	—	—
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES		—		_	_	_	_	—	_
Travel	_	_	_		_	_	_	_	
Operating Services	_		_	_	_	_	_		_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	—	_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	—	_
Other Charges	226,417		_	_		_	_		
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$226,417	_		_	_	_	_	—	_
Acquisitions	_	_	_		_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES	\$226,417	_	_	_	_	_	_	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds will be to partner with the Office of Behavioral Health to facilitate a Screening, Brief Intervention, Referral to Treatment (SBIRT) program, at a minimum of five (5) Louisiana hospitals aimed at identifying persons with OUD who are either pregnant or have a child with neonatal opiate withdrawal symptoms. There is no legal citation for receipt of these funds. The source of funds are from the Office of Behavioral Health.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11409 — 326-HIV Screening, Brief Intervention, Referral to Treatment

Form 11412 — 326-BT Alternate Care Site

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	35,000	—	—	35,000	—	—	35,000	—	
Other Compensation	25,000		_	25,000	_	_	25,000		
Related Benefits	34,591	_	_	35,960	_	_	35,960	_	_
TOTAL PERSONAL SERVICES	\$94,591	_	_	\$95,960	_	_	\$95,960	_	
Travel	_		_		_	_	_		
Operating Services	68,000	_	_	68,000	_	_	68,000	_	_
Supplies	3,000	_	_	3,000	_	_	3,000	_	_
TOTAL OPERATING EXPENSES	\$71,000	_	_	\$71,000	_	_	\$71,000	_	_
PROFESSIONAL SERVICES	\$1,000	_	_	\$1,000	_	_	\$1,000	_	
Other Charges	1,000		_	1,000	_	_	1,000		
Debt Service	_								
Interagency Transfers	72,409	_	_	71,040	_	_	71,040	_	_
TOTAL OTHER CHARGES	\$73,409	_	_	\$72,040	_	_	\$72,040	—	
Acquisitions	_		_	_	_	_	_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_	_			_		_	
TOTAL EXPENDITURES	\$240,000	_	_	\$240,000	_	_	\$240,000	_	

Form 11412 — 326-BT Alternate Care Site

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to establish systems that, at a minimum, can provide triage, treatment and initial stabilization, so as to: 1) support Alternate Care Sites (ACS) with wrap-around services/equipment and/or 2) decompress the demand upon hospital emergency departments and/or 3) create surge capacity for chronic care needs so as to prevent demand upon hospital emergency departments. There is no legal citation for receipt of these funds. The source of funds are from the Louisiana Department of Health - Office of the Secretary.
Agency discretion or Federal requirement?	Line item requests reflect federal requirements stated in the grant award received by LDH and as outlined in the IAT agreement with the Office of Public Health.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11413 — 326-FEMA Reimbursements

	Existing Opera	Existing Operating Budget as of 10/01/2022			23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation			—	_		_	_		_
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	_
Travel				_	_	_	_		
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	116,600	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$116,600	—	_	_	_	_	_	—	_
PROFESSIONAL SERVICES	\$2,596,599	_	_	_	_	_	_	_	_
Other Charges	197,286,801	_	_		_	_	_	_	_
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$197,286,801	_	_	_	_	_	_	—	_
Acquisitions		_	_		_	_	_	_	
Major Repairs	_	_	—	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	—	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$200,000,000	_	_	—	_	_	_		

Form 11413 — 326-FEMA Reimbursements

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support surge hospital staffing contracts due to COVID-19 hospitalizations. These funds are reimbursed through the Federal Emergency Management Agency (FEMA) from the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP). The source of funding was from an agency BA-7 that was approved on August 5th, 2022.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	This funding will expire on December 31, 2022 and not be available in SFY24.
Is the Total Request amount for multiple years?	No.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11414 — 326-FEMA COVID-19

	Existing Opera	ating Budget as of 1	10/01/2022	FY202	23-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation		_	_			_		—	—
Related Benefits	_	_	_	_	_	_	_	_	
TOTAL PERSONAL SERVICES	_	_		_	_		_	_	
Travel			_	_	_		_	_	_
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	—	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_		_	_		_	_	_
PROFESSIONAL SERVICES	_	_		_	_		_	—	—
Other Charges	79,986,700	_	_	79,986,700	_		79,986,700		
Debt Service		_	_	_			_	_	
Interagency Transfers	—	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$79,986,700	_		\$79,986,700	_		\$79,986,700	—	—
Acquisitions		_	_		_	_	_	_	_
Major Repairs	—	_	_	_	_	_	_	—	_
TOTAL ACQ. & MAJOR REPAIRS	_	_		_	_	_	_	_	_
TOTAL EXPENDITURES	\$79,986,700			\$79,986,700	_		\$79,986,700	_	_

Form 11414 — 326-FEMA COVID-19

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to reimburse the Office of Public Health for expenditures incurred in response to the COVID-19 pandemic. The source of funding is from FEMA reimbursements throught the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP).
Agency discretion or Federal requirement?	Line item requests reflect approved expenditures allowable for FEMA reimbursement.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	No.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11415 — 326-Childrens Special Health Services

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	10,500	—	—	10,500		—	10,500	—	_
Other Compensation		—	—	—		—		—	_
Related Benefits	—	—	_	_	—	_	_	—	_
TOTAL PERSONAL SERVICES	\$10,500	_		\$10,500	_	_	\$10,500		_
Travel	_		_		_	_	_	_	
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	_
PROFESSIONAL SERVICES	_	_		_	_	_	_	_	
Other Charges	_	_	_	_	_	_	_	_	
Debt Service	—	—	_	_	—	_	_	—	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	_	_	_	_	_	_	_	_
Acquisitions	_	_	_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$10,500	_	_	\$10,500	_	_	\$10,500	_	

Form 11415 — 326-Childrens Special Health Services

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to plan, coordinate, improve access, and administer community based, culturally competent, family centered systems of care for children with severe/chronic disabling conditions in order to minimize their disabilities and maximize their potential of enjoying an independent and self-sufficient life and lower health care costs in Louisiana by providing health services to children from patient insurance collections. Funding Source: Medicaid Title XIX of the Social Security Act, as amended (42 U.S.C. 1396)
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Percentage of children with special health care needs receiving care in a Medical Home.
Additional information or comments.	Not applicable.

Form 11416 — 326- Family Planning

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	178,190	—	—	178,190	—	—	178,190	—	_
Other Compensation	_	—	_	_		—	_		—
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	\$178,190	_	_	\$178,190	_	_	\$178,190	_	_
Travel		_	_		_				
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_		_
PROFESSIONAL SERVICES	_	—	_	_	_	_	_	_	_
Other Charges	_	_	_	_		_	_		
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	_	_	_	_	_	_	_	—
Acquisitions	_		_		_	_			
Major Repairs	—	_	_	—	_	—	—	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES	\$178,190	_	_	\$178,190	_	_	\$178,190	_	

Form 11416 — 326- Family Planning

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to effect a reduction in infant mortality and morbidity by the provision of family planning and related health services to women, men, and adolescents. Title V, Maternal & amp; Child Health, Section 502, Social Security Act Title XIX, (P.L. 95-613); (P.L. 95-91); (P.L. 95-83); Title X, 42 U.S.C. 701, 42 U.S.C. 3000. Source of funding: Medicaid.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11418 — 326-Genetic Disease

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	10,000	—	—	10,000		—	10,000	—	_
Other Compensation		—	—			_	—	—	—
Related Benefits	—	—	_	_	—	_	_	—	_
TOTAL PERSONAL SERVICES	\$10,000			\$10,000	_	_	\$10,000		_
Travel	_	_	_		_				_
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_
Other Charges	_	_	_	_	_		_	_	_
Debt Service	—	—	_	_	—	_	_	—	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	—		_	_	_	_	—	_
Acquisitions	_	_	_	_	_		_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES	\$10,000	_	_	\$10,000	_		\$10,000		

Form 11418 — 326-Genetic Disease

Question	Narrative Response
State the purpose, source and legal citation.	The purpose is to provide Medicaid eligible patients Genetic Disease Services to prevent and treat complications of birth defects. The source of funds is Medicaid reimbursement Title XIX of the Social Security Act as amended (42 U.S.C. 1396).
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11419 — 326-Immunization

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	541,220	—	—	316,220	—	—	316,220	—	—
Other Compensation	—		_	_		—	_	_	—
Related Benefits	_	_	_	97,775	_	_	97,775	_	
TOTAL PERSONAL SERVICES	\$541,220	_	_	\$413,995	_	_	\$413,995	_	_
Travel			_			_			
Operating Services	_		_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	_
PROFESSIONAL SERVICES		_		_	_	_	_	_	_
Other Charges	1,279,246	_	_	761,695	_		761,695		
Debt Service									
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$1,279,246	_	_	\$761,695	_	_	\$761,695	_	_
Acquisitions			_			_			_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_		_	_	_	_
TOTAL EXPENDITURES	\$1,820,466	_	_	\$1,175,690	_	_	\$1,175,690	_	_

Form 11419 — 326-Immunization

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to: 1) provide onboarding and interface connection with LINKS PHC-hub and new interfacing with statewide HIE; 2) design and develop LINKS training materials and provider communications; 3) provide LINKS users with technical assistance and support with any and all LINKS related issues. Title XIX of the Social Security Act, as amended (42 U.S.C. 1396). Source of funding: Federal CMS through LDH Medicaid.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11420 — 326-Perinatal Quality Collaborative

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	5,000	—	—	—	—	—	—	—	_
Other Compensation	—	—	—		_	—	_	—	—
Related Benefits	—	—	_	_	—	_	_	—	_
TOTAL PERSONAL SERVICES	\$5,000	_	_	_	_	_	_		_
Travel	_	_		_	_	_	_	_	
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	_
PROFESSIONAL SERVICES	\$114,143	_	_	_	_	_	_	_	_
Other Charges	_	_	_	_	_	_	_	_	
Debt Service	—	—	_	_	—	_	_	—	_
Interagency Transfers	3,000	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$3,000	_	_	_	—	_	_	_	_
Acquisitions	_	_	_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	_	_	_	_	_	_
TOTAL EXPENDITURES	\$122,143	_	_	_	_	_	_	_	

Form 11420 — 326-Perinatal Quality Collaborative

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to facilitate a Screening, Brief, Intervention, Referral to Treatment (SBIRT) Program at a minimum of five (5) Louisiana hospitals aimed at identifying persons with OUD who are either pregnant or have a child with neonatal opiate withdrawal symptoms. The source of funds are Interagency Transfers from the Office of Behavioral Health.
Agency discretion or Federal requirement?	Line item requests reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11422 — 326-MCH Nurse Family Partnership

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Reque	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	447,156	—	—	500,000	—	—	500,000	—	_
Other Compensation	4,793	—	—	—	—	—	—	—	—
Related Benefits	627,206	_	_	250,000	_	_	250,000	_	_
TOTAL PERSONAL SERVICES	\$1,079,155	_	_	\$750,000		_	\$750,000	_	_
Travel	14,182		_	7,500	_	_	7,500		_
Operating Services	193,675			93,675			93,675		
Supplies	18,000		_	18,000		_	18,000		
TOTAL OPERATING EXPENSES	\$225,857	—	_	\$119,175	_	_	\$119,175	—	_
PROFESSIONAL SERVICES	_	—	_	\$1,685,327	_	_	\$1,685,327	—	_
Other Charges	1,249,490		_	_		_	_		_
Debt Service	_		_	_	_	_	—		_
Interagency Transfers	322,573		_	322,573	—	_	322,573		_
TOTAL OTHER CHARGES	\$1,572,063	—	_	\$322,573	_	_	\$322,573	—	_
Acquisitions			_						
Major Repairs	_		_	_	_	_	_		_
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	_		_	_	—	
TOTAL EXPENDITURES	\$2,877,075		_	\$2,877,075		_	\$2,877,075		_

Form 11422 — 326-MCH Nurse Family Partnership

Question	Narrative Response
State the purpose, source and legal citation.	Nurse Home Visitation is a program for first-time mothers during pregnancy and throughout the first two years of the child's life. During visits, nurses educate families with a focus on health, parenting, school readiness, and home safety. In addition, the nurse provides social support and serve as a link to existing community services. Pregnant women at less than twenty-eight weeks of gestation, with no previous live births, and income less than 133% of poverty are eligible for the program. Funding Source: Title XIX of the Social Security Act, as amended (42 U.S.C. 1396) and Title V of the Social Security Act through the Department of Children and Family Services.
Agency discretion or Federal requirement?	Line item requests reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Number of Maternal, Infant and Early Childhood home visits, including Nurse-Family Partnership(NFP) and Parents as Teachers (PAT). 2) Percent of infants born to mothers beginning prenatal care in the first trimester.
Additional information or comments.	Not applicable.

Form 11423 — 326-Tobacco Control

Expenditures	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	124,903	—	—	120,000	—	—	120,000		
Other Compensation	880	—	_	2,000	—	_	2,000		_
Related Benefits	73,217	_	—	73,119	_	—	73,119	_	_
TOTAL PERSONAL SERVICES	\$199,000	_	_	\$195,119	_	_	\$195,119	_	
Travel	_	_	_	500	_		500		
Operating Services	_	_	—	3,000	_	_	3,000	_	_
Supplies	_	_	_	2,000	_	_	2,000	_	_
TOTAL OPERATING EXPENSES	_	_	_	\$5,500	_	_	\$5,500		
PROFESSIONAL SERVICES	\$8,000	_	_	\$6,381	—	_	\$6,381	_	
Other Charges	_		_	_	_		_		
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	20,000	_	_	20,000	_	_	20,000	_	_
TOTAL OTHER CHARGES	\$20,000	—	—	\$20,000	_	—	\$20,000	_	
Acquisitions	_		_	_			_		
Major Repairs	—	_	—	—	_	—	—	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	_	_	—	_	_	
TOTAL EXPENDITURES	\$227,000	_	_	\$227,000	_	_	\$227,000	_	

Form 11423 — 326-Tobacco Control

Question	Narrative Response			
State the purpose, source and legal citation.	The purpose of these funds is to increase the capacity for Tobacco Cessation and Control services that are available to the citizens of Louisiana. Source of funding: Medicaid - Title XIX of the Social Security Act, as amended (42 U.S.C. 1396)			
Agency discretion or Federal requirement?	Line item requests reflect agency discretion.			
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.			
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.			
Additional information or comments.	Not applicable.			
Provide the amount of any indirect costs.	Not applicable.			
Any indirect costs funded with other MOF?	Not applicable.			
Objectives and indicators in the Operational Plan.	Percentage of organizations designated as 'WellSpots' reporting implementation of comprehensive tobacco or smoke- free workplace policies.			
Additional information or comments.	Not applicable.			

Form 11424 — 326-Quitline

Expenditures	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	20,000	—	—	20,000	—	—	20,000	—	_
Other Compensation	50,000	—	—	49,000		_	49,000	—	—
Related Benefits	40,356	—	_	41,354		_	41,354	—	_
TOTAL PERSONAL SERVICES	\$110,356	_	—	\$110,354	_	—	\$110,354	_	_
Travel	500		_	_	_	_	_	_	_
Operating Services	500	—	_	1,002		_	1,002	—	_
Supplies	200	_	_	200	_	_	200	_	_
TOTAL OPERATING EXPENSES	\$1,200	_	_	\$1,202	_		\$1,202	_	_
PROFESSIONAL SERVICES	\$26,944	_	_	\$26,944	_	_	\$26,944	_	_
Other Charges			_	_				_	
Debt Service	—	—	_	_		_		—	_
Interagency Transfers	9,500	_	_	9,500	_	_	9,500	_	_
TOTAL OTHER CHARGES	\$9,500	—	_	\$9,500	_	_	\$9,500	_	_
Acquisitions	_	_	_	_		_		_	_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_		_	_	—			_
TOTAL EXPENDITURES	\$148,000	—	_	\$148,000	—	—	\$148,000	_	—

Form 11424 — 326-Quitline

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to increase the capacity for quitline services that are available to the citizens of Louisiana. Source of funding: Title XIX of the Social Security Act, as amended (42 U.S.C. 1396) Medicaid.
Agency discretion or Federal requirement?	Line item requests reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Number of registered callers to the Louisiana Tobacco Quitline.
Additional information or comments.	Not applicable.

Form 11425 — 326-School Based Health

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation	_		_	_		—	_		—
Related Benefits	_	_	_	_	_	_	_	_	
TOTAL PERSONAL SERVICES	_	_		_	_	_	_	_	_
Travel	_	_			_		_		
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	2,400	_	_	1,000	_	_	1,000	_	_
TOTAL OPERATING EXPENSES	\$2,400	—	_	\$1,000	_	_	\$1,000	_	_
PROFESSIONAL SERVICES	\$249,110	_	_	\$109,000	_	_	\$109,000	_	_
Other Charges	_		_	_		_	_		
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	5,490		_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$5,490	_	_	_	_	_	_	_	_
Acquisitions			_		_	_			_
Major Repairs	—	_	—	—	_	—	—	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$257,000	_	_	\$110,000	_	_	\$110,000	_	_

Form 11425 — 326-School Based Health

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to implement federal CDC grant activities outlined in CDC DP1801 for school-based health surveillance on youth risk behaviors and school health policies and practices. There is no legal citation for receipt of these funds. The source of funding is from the Louisiana Department of Education.
Agency discretion or Federal requirement?	Line item requests reflect approved expenditures outlined in the grant activities from the Louisiana Department of Education.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Percent of School Districts receiving professional development and technical assistance on comprehensive school wellness best practices.
Additional information or comments.	Not applicable.

Form 11426 — 326-Tuberculosis

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	3,000	—	_	3,000	_	—	3,000	—	_
Other Compensation		—	_			—	_		_
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	\$3,000	_	_	\$3,000	_	_	\$3,000	_	_
Travel	_		_		_		_		
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_		_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	
Other Charges	_	_	_	_	_	_	_		
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	—	_	_	_	_	_	_	_
Acquisitions	_	_	_	_	_	_	_		
Major Repairs	—	—	_	—	_	—	—	—	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	_	_	_	_	—	_
TOTAL EXPENDITURES	\$3,000	_	_	\$3,000	_	_	\$3,000	_	

Form 11426 — 326-Tuberculosis

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to provide services to indigent at-risk, or infected individuals, or the community as a whole. Reimbursement is in accordance with Title XIX of the Social Security Act, as amended (42 U.S.C. 1396). Source of funding: Medicaid.
Agency discretion or Federal requirement?	Line item requests reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Percentage of TB infected contacts who complete treatment. 2) Percentage of culture confirmed cases completing treatment within 12 months. 3) Percentage of pulmonary culture confirmed cases converting sputum culture within two months.
Additional information or comments.	Not applicable.

Form 11427 — 326-Safe Drinking Water

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	6,592	—	—	6,592	_	—	6,592	—	_
Other Compensation	—	—	—	—		—			—
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	\$6,592	_	_	\$6,592	_	_	\$6,592	_	_
Travel			_		_	_	_		
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_
Other Charges			_		_	_	_		
Debt Service			_	_			_	_	
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	—	_	_	_	_	_	_	_
Acquisitions			_		_		_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	—	_
TOTAL EXPENDITURES	\$6,592	_	_	\$6,592	_	_	\$6,592	_	

Form 11427 — 326-Safe Drinking Water

Question	Narrative Response
State the purpose, source and legal citation.	Citation: Safe Drinking Water Act (42 U.S.C. 300g-2) The purpose of these funds are to supplement state efforts in assuring safe drinking water to its population. Source of Funding: 1) Louisiana Department of State Parks 2) Louisiana Department of Public Safety and Corrections 3) Louisiana Department of Transportation and Development
Agency discretion or Federal requirement?	Line item requests reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Percent of the population served by community water systems that receive drinking water that meets all applicable health-based drinking water standards. 2) Percentage of community water systems that have undergone a Class 1 sanitary survey within the past three years as required by state and federal regulations.
Additional information or comments.	Not applicable.

Form 11429 — 326- American Rescue Plan

	Existing Opera	Existing Operating Budget as of 10/01/2022			23-2024 Total Requ	est	FY2	024-2025 Projected	l
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	158,578	—	—	—	_	—	—	—	_
Other Compensation			_	_	_	_	_		—
Related Benefits	91,422	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	\$250,000	—	_	_	_	_	_	—	_
Travel	_	_	_		_		_	_	
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES		_	_	_	_	_	_		_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_
Other Charges	_			_	_	_	_		
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	—	_	_	_	_	_	—	—
Acquisitions	_			_	_	_	_		
Major Repairs	—	—	_	—	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	—	_	_	—	—	—	_	_	_
TOTAL EXPENDITURES	\$250,000	_	_	_	_	_	_	_	

Form 11429 — 326- American Rescue Plan

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are for Engineering Services staff time and travel as related to program administration, plans review, and construction inspections for the American Rescue Plan (ARP) infrastructure program. The source of funding is from the Division of Administration.
Agency discretion or Federal requirement?	Line item requests reflect approved expenditures related to the American Rescue Plan infrastructure program.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11430 — 326-Environmental Epidemiology

ExpendituresMeans of FinancingIn-Kind MatchCash MatchMeans of FinancingMeans of StatuandOther Compensation————————————————————————————————=Means of MeansMeans of Means<		Existing Opera	ating Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2	024-2025 Projected	
Other Compensation -	ditures		In-Kind Match	Cash Match		In-Kind Match	Cash Match		In-Kind Match	Cash Match
Related Benefits	ies	25,000	—	—	25,000	_	—	25,000	—	—
TOTAL PERSONAL SERVICES \$25,000 — — \$25,000 — — \$25,000 — Travel — …	r Compensation	_		—	_	—	_	_		—
Travel - <td>ed Benefits</td> <td>_</td> <td>—</td> <td>_</td> <td>—</td> <td>—</td> <td>_</td> <td>—</td> <td></td> <td>_</td>	ed Benefits	_	—	_	—	—	_	—		_
Operating Services -	L PERSONAL SERVICES	\$25,000	—	_	\$25,000	_	_	\$25,000	_	_
Supplies –<	9	_		_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES<	ating Services	_	_							
PROFESSIONAL SERVICES -	lies	_	_	_	_	_	_	_	_	_
Other Charges - <	L OPERATING EXPENSES	_	_	_	_	_	_	_	_	_
Debt Service - <t< td=""><td>ESSIONAL SERVICES</td><td>_</td><td>—</td><td>_</td><td>_</td><td>_</td><td>_</td><td>_</td><td>_</td><td>_</td></t<>	ESSIONAL SERVICES	_	—	_	_	_	_	_	_	_
Interagency Transfers -	r Charges	_	_	_	_	_		_		
TOTAL OTHER CHARGES -	Service	_	_							
Acquisitions - <t< td=""><td>agency Transfers</td><td>_</td><td>_</td><td>_</td><td>_</td><td>_</td><td>_</td><td>_</td><td>_</td><td>_</td></t<>	agency Transfers	_	_	_	_	_	_	_	_	_
Major Repairs — … <	L OTHER CHARGES	_	—	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS — — — — — — — — — — — — —	uisitions		_	_	_	_		_		
	or Repairs	—	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES \$25,000\$25,000\$25,000\$25,000	L ACQ. & MAJOR REPAIRS	_		_	_	_	_	_	_	_
	L EXPENDITURES	\$25,000	_	_	\$25,000	_	_	\$25,000	_	_

Form 11430 — 326-Environmental Epidemiology

Question	Narrative Response
State the purpose, source and legal citation.	Funds have been made available from the Louisiana Department of Agriculture and Forestry to study health-related pesticide incident reports. Source of funding: Louisiana Department of Agriculture and Forestry.
Agency discretion or Federal requirement?	Line item requests reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11432 — 326-Retail Food

	Existing Opera	ting Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	245,000	—	—	245,000	—	—	245,000	—	_	
Other Compensation	—	—	_			_				
Related Benefits	_	_	_	_	_	_	_	_	_	
TOTAL PERSONAL SERVICES	\$245,000	_	_	\$245,000	_	_	\$245,000	_	_	
Travel	_			_	_	_	_			
Operating Services	_	_	_	_	_	_	_	_	_	
Supplies	_	_	_	_	_	_	_	_	_	
TOTAL OPERATING EXPENSES		_	_	_	_	_	_	_	_	
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_	
Other Charges	_	_	_	_	_	_	_	_		
Debt Service	—	—	_	_	—	_	_		_	
Interagency Transfers	_	_	_	_	_	_	_	_	_	
TOTAL OTHER CHARGES	_	_	_	—	_	—	_	_	_	
Acquisitions				_	_	_	_			
Major Repairs	—	—	—	—	_	—	—	—	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$245,000	_	_	\$245,000	_	_	\$245,000	_		

Form 11432 — 326-Retail Food

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to inspect all summer feeding sites. The source of funding is from the Louisiana Department of Education.
Agency discretion or Federal requirement?	Line item requests reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11433 — 326-Vital Records

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	36,097	—	—	36,197		—	36,197	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	\$36,097	_	_	\$36,197	_	_	\$36,197		_
Travel			_	_	_	_	_		_
Operating Services						_	_	—	
Supplies	—	—	_	_	_	_	_	—	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	
Other Charges	44,903	_	_	44,803	_	_	44,803		_
Debt Service		—	_	_		_	_	_	_
Interagency Transfers	—	_	_	_	_	_	_	_	
TOTAL OTHER CHARGES	\$44,903	_	_	\$44,803	_	_	\$44,803	—	
Acquisitions			_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_	_	_	_	_	_		_
TOTAL EXPENDITURES	\$81,000	_	_	\$81,000	_	_	\$81,000		

Form 11433 — 326-Vital Records

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to: 1) provide Vital Records information and data for the purposes of adoptions and foster care; 2) Provide paternity information through LEERS for the purpose of support enforcement. Source of funding: Department of Children and Family Services.
Agency discretion or Federal requirement?	Line item requests reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 12626 — 326-Inflation

	Existing Opera	ating Budget as of 1	10/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	—	—	—	—	—	—	—	—	_	
Other Compensation			_		—	_	_		_	
Related Benefits	_	_	_	_	_	_	_	_	_	
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_		
Travel	_	_		348	_		348	_		
Operating Services	_	_	_	6,214	_	_	6,214	_	_	
Supplies	_	_	_	3,323	_	_	3,323	_	_	
TOTAL OPERATING EXPENSES	_	—	_	\$9,885	_	_	\$9,885	—		
PROFESSIONAL SERVICES	_	_	_	\$71,000	_	_	\$71,000	_		
Other Charges			_	_	_		_			
Debt Service	_	_	_	_	_	_	_	—	_	
Interagency Transfers	_	_	_	_	_	_	_	_	_	
TOTAL OTHER CHARGES	_	—	_	_	_	_	_	—		
Acquisitions			_	_	_		_			
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_		
TOTAL EXPENDITURES	_	_	_	\$80,885	_	_	\$80,885	_		

Form 12626 — 326-Inflation

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are for inflation adjustments based on standard inflation factors. There is no legal citation for these funds.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

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Form 12628 — 326-Unallotted

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	
Other Compensation	_	_	_	_		_	_	—	_
Related Benefits	_	_	—	_	_	—	_	_	_
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	
Travel	_	_	_	_	_	_	_	_	
Operating Services	_	_	—	_	_	_	_		_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_
Other Charges	_	_	_	1,562,277	_	_	1,562,277	_	_
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	_	_	\$1,562,277	_	_	\$1,562,277	_	_
Acquisitions	_	_	_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	_	_	_	\$1,562,277	_	_	\$1,562,277	_	_

Form 12628 — 326-Unallotted

Question	Narrative Response
State the purpose, source and legal citation.	This represents appropriated revenue not linked to a specific programmatic activity that is deemed uncollectable based on current revenue estimates. As such, the source is indeterminate and no legal citation exists.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Fees & Self-Generated

Form 11402 — 326-Oyster Sanitation Fund

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation			_	_		—	—		—
Related Benefits									
TOTAL PERSONAL SERVICES	_	_		_	_	_	_	_	—
Travel			_	_		_			_
Operating Services	86,051			88,090			88,090		
Supplies	100,000	_	_	102,370	_	_	102,370	_	_
TOTAL OPERATING EXPENSES	\$186,051	_		\$190,460	_	_	\$190,460	—	—
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	—	_
Other Charges			_	_		_			_
Debt Service									
Interagency Transfers		_	_	_		_	_		
TOTAL OTHER CHARGES	—	_		_	—	_	_	—	_
Acquisitions			_	_		_			_
Major Repairs	_	_	_	_	_	_	_		_
TOTAL ACQ. & MAJOR REPAIRS	_	_		_	_	_	_		_
TOTAL EXPENDITURES	\$186,051	_	_	\$190,460	—	_	\$190,460	—	—

Form 11402 — 326-Oyster Sanitation Fund

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to certify (open or close) Louisiana Shellfish growing areas to safeguard the health of citizens against the health hazards of contamination and polution. These funds are through the Statutory Dedication of the Oyster Sanitation Fund. Legal Citation: R.S. 40:5:10.
Agency discretion or Federal requirement?	The line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 11403 — 326-Vital Records Conversion Fund

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	82,500	—	—	82,500	—	—	82,500	—	_
Other Compensation	22,000	—	—	22,000	—	—	22,000	—	_
Related Benefits	63,866		_	63,866	—	_	63,866	—	_
TOTAL PERSONAL SERVICES	\$168,366	—	_	\$168,366	_	—	\$168,366	_	_
Travel	500		_	512	_	_	512		_
Operating Services	50,000		_	51,185	_		51,185		
Supplies	100		_	102	_	_	102	—	_
TOTAL OPERATING EXPENSES	\$50,600	—	_	\$51,799	_	_	\$51,799	_	_
PROFESSIONAL SERVICES		_	_	_	_	_		_	_
Other Charges	192,218		_	192,218	_	_	192,218		_
Debt Service	_		_		_				
Interagency Transfers	14,220	_	_	14,220	_	_	14,220	_	_
TOTAL OTHER CHARGES	\$206,438	—	_	\$206,438	_	_	\$206,438	_	_
Acquisitions	_		_	_	_	_	_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		—	_	_	_	_		_	
TOTAL EXPENDITURES	\$425,404		_	\$426,603	_	_	\$426,603	_	

Form 11403 — 326-Vital Records Conversion Fund

Question	Narrative Response
State the purpose, source and legal citation.	These funds are from fees collected by the clerks of court for copies of birth certificates. The proceeds of which are deposited in a fund designated for the conversion of Vital Records to electronic format. The legal citation for this is R.S. 40:39, 1 (B)(2).
Agency discretion or Federal requirement?	The line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 11489 — 326-HIV AIDS

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	—	—	—	—	—	—	—	—	—	
Other Compensation	—	—	—	—	—	—	—	—	—	
Related Benefits	_	_	_	—	_	_	—	_	_	
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	_	
Travel	_	_		_	_		_	_		
Operating Services	_	_	_	_	_	_	_	_	_	
Supplies	—	_	_	_	_	_	_	_	_	
TOTAL OPERATING EXPENSES	_	_	_	_	_		_	_		
PROFESSIONAL SERVICES	\$173,423	_	_	\$18,933	_	_	\$18,933	_	—	
Other Charges	23,337		_	_	_		_			
Debt Service				_			_			
Interagency Transfers	—	_	_	_	_	_	_	_	_	
TOTAL OTHER CHARGES	\$23,337	—	_	_	_		_	—		
Acquisitions		_	_		_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$196,760	_	_	\$18,933	_	_	\$18,933	_	_	

Form 11489 — 326-HIV AIDS

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of this funding is to provide ongoing surveillance, risk reduction counseling and HIV antibody testing for high risk persons, to make sound information about AIDS/HIV infection effectively available to adolescents, young adults and the general public and to collect important epidemiological data from clients in our service. Legal citation: 42 USC - 241(a), 243(b), 247(c); LSA - R.S. 40:5.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at this time.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11490 — 326-Childrens Special Health Services-Healthy Louisiana Pla

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	150,000	—	—	150,000	—	—	150,000	—	
Other Compensation	_		_	—		_	_	—	
Related Benefits	_	_	_	_	_	_	_	_	
TOTAL PERSONAL SERVICES	\$150,000	_	_	\$150,000	_	_	\$150,000	_	_
Travel	_	_	_	_	_	_	_	_	
Operating Services	_		_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	—	
Other Charges	_	_	_	_	_	_	_	_	
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	_	_	_	_	_	_	_	_
Acquisitions			_	_	_				
Major Repairs	—	_	—	_	_	—	—	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$150,000	_	_	\$150,000	_	_	\$150,000	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of the funds is to plan, coordinate, improve access, and administer community based, culturally competent, family centered systems of care for children with severe/chronic, disabling conditions in order to minimize their disabilities and maximize their potential of enjoying an independent and self-sufficient life and lower health care costs in Louisiana by providing health services to children from patient insurance collections. Source of funding: Fee scale and Bayou Health Plans.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Percentage of children with special health care needs receiving care in a Medical Home.
Additional information or comments.	Not applicable.

Form 11490 — 326-Childrens Special Health Services-Healthy Louisiana Pla

Form 11491 — 326-Emergency Medical Services

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation	10,000	—	—	10,000	_	_	10,000		_
Related Benefits	136,057	—	_	141,444		_	141,444		_
TOTAL PERSONAL SERVICES	\$146,057	_	_	\$151,444	_	_	\$151,444	—	_
Travel		_	_		_	_			_
Operating Services	135,000		—	129,613	_	_	129,613		_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$135,000	_	_	\$129,613	_	_	\$129,613		_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_
Other Charges	193,943	_	_	193,943	_		193,943		_
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$193,943	_	_	\$193,943	_	_	\$193,943	_	_
Acquisitions	_	_	_	_	_	_	_		_
Major Repairs	_	_	—	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	—	_
TOTAL EXPENDITURES	\$475,000	_	_	\$475,000	_	_	\$475,000	_	

Form 11491 — 326-Emergency Medical Services

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to insure optimum pre-hospital emergency medical services through effective Emergency Medical Service (EMS) education and Certification of care providers according to accepted national standards; to oversee the education, examination, certification and scope of practice for first responders and emergency medical technicians - basic, intermediate, and paramedic. Source of funds: the funds are generated from a reinstatement fee for suspended or revoked driver's licenses and testing and certification fees for EMTs.
Agency discretion or Federal requirement?	Line item requests reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11492 — 326-Rabies-Local Funds

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	24,000	—	—	21,619	_	—	21,619	—	_
Other Compensation	—	—	—	—	—	—	—	—	_
Related Benefits	21,420	—	_	22,001	—	_	22,001	—	_
TOTAL PERSONAL SERVICES	\$45,420	_	_	\$43,620	_	_	\$43,620	_	_
Travel	_		_		_	_	_		
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	1,800	_	_	1,800	_	_
TOTAL OPERATING EXPENSES	_	_	_	\$1,800	_	_	\$1,800	—	_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	—	_
Other Charges	_	_	_	_	_	_	_	_	
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	_	_	_	—	_	_	_	_
Acquisitions	_	_	_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	—	_	_	_	_
TOTAL EXPENDITURES	\$45,420	_	_	\$45,420	_	_	\$45,420	_	_

Form 11492 — 326-Rabies-Local Funds

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support the Office of Public Health Laboratory testing of animals for rabies. The source of funds are local funds collected from the parishes. Legal citation - State Constitution of 1974, Article VI, Part II and the Louisiana Revised Statutes, Volume 22A, Public Finances, Section 31:1 to 39:End. Revised Statutes, Volume 22A, Public Finances, Section 31:1 to 39:End.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of budget request.
Is the Total Request amount for multiple years?	The requested amount is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11494 — 326-Epidemiology-Local Funds

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	27,200	—	—	27,200	—	_	27,200	—	_
Other Compensation	4,800	—	—	4,800	—	—	4,800	—	_
Related Benefits	22,930	—	_	22,930	_	_	22,930	—	_
TOTAL PERSONAL SERVICES	\$54,930	_	_	\$54,930	_	_	\$54,930	_	_
Travel				_	_		_	_	
Operating Services	—	—	_	_	_	_	_	—	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_
Other Charges				_	_		_	_	
Debt Service	_	_	_	_	_	_	_	—	—
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	_			_	_	_	—	_
Acquisitions		_		_	_		_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES	\$54,930	_	_	\$54,930	_		\$54,930		

Form 11494 — 326-Epidemiology-Local Funds

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support ongoing activities of the Office of Public Health Infectious Disease Epidemiology section. The source of funds are local funds collected from the parishes. Legal citation - State Constitution of 1974, Article VI, Part II and the Louisiana Revised Statutes, Volume 22A, Public Finances, Section 31:1 to 39:End. Revised Statutes, Volume 22A, Public Finances, Section 31:1 to 39:End.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11495 — 326-Family Planning-Healthy Louisiana Plan

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	2,586,677		—	3,010,842	—	—	3,010,842	—	_
Other Compensation	66,000		_	66,000	—	—	66,000		_
Related Benefits	1,334,250	_	_	550,085	_	_	550,085	_	_
TOTAL PERSONAL SERVICES	\$3,986,927	_	_	\$3,626,927	_	_	\$3,626,927	_	
Travel			_		_	_	_		
Operating Services	3,073	_	_	3,073	_	_	3,073	_	_
Supplies	_		_	250,000	_	_	250,000	_	_
TOTAL OPERATING EXPENSES	\$3,073	_	_	\$253,073	_	_	\$253,073		
PROFESSIONAL SERVICES		_	_	_	_	_		_	
Other Charges	_		_	100,000	_	_	100,000		
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_		_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	_	_	\$100,000	_	—	\$100,000	_	
Acquisitions	_		_	10,000	_	_	10,000		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	\$10,000	_	—	\$10,000	—	_
TOTAL EXPENDITURES	\$3,990,000	_	_	\$3,990,000	_	_	\$3,990,000	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support the activities of the Office of Public Health Reproductive Health (Family Planning) program. Charges are made to patients based on a sliding fee schedule for services to patients whose family income is above 100% of the Federal poverty guidelines. Legal Citation: Title X, US Public Health Service Act, 42 U.S.C.701.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11496 — 326-Family Planning (Local Funds)

	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	789,904		—	789,904	—	—	789,904		_
Other Compensation	10,151	—	—	10,151	—	—	10,151	—	—
Related Benefits	247,416	—	_	248,914	—	_	248,914		_
TOTAL PERSONAL SERVICES	\$1,047,471	_	—	\$1,048,969	_	—	\$1,048,969	—	—
Travel	_		_	_	_	_	_		_
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_		_	_	_	_	_	_
PROFESSIONAL SERVICES	_	_		_	_	_		_	_
Other Charges	1,498	_	_		_	_	_		_
Debt Service	_				_				
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$1,498	_	_	_	_	_		_	_
Acquisitions	_		_	_	_	_	_		_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	—	_	_	_	_	_	_
TOTAL EXPENDITURES	\$1,048,969	_	_	\$1,048,969	_	_	\$1,048,969	_	_

Form 11496 — 326-Family Planning (Local Funds)

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support activities in the Office of Public Health Reproductive Health (Family Planning) program. The source of funds are local funds collected from the parishes. Legal citation - State Constitution of 1974, Article VI, Part II and the Louisiana Revised Statutes, Volume 22A, Public Finances, Section 31:1 to 39:End. Revised Statutes, Volume 22A, Public Finances, Section 31:1 to 39:End.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11497 — 326-Genetic Diseases-Healthy Louisiana Plan, Formula and For

	Existing Opera	nting Budget as of 10	0/01/2022	FY202	3-2024 Total Reque	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,710,000	—	—	1,710,000	—	—	1,710,000		_
Other Compensation	20,000	—	—	20,000	—	—	20,000	—	—
Related Benefits	960,499	—	_	1,366,331	—	_	1,366,331		_
TOTAL PERSONAL SERVICES	\$2,690,499	_	_	\$3,096,331		—	\$3,096,331	_	_
Travel	7,000		_	7,000		_	7,000		_
Operating Services	245,115	—		245,115	—		245,115		
Supplies	866,504	—	_	460,672	—	_	460,672		_
TOTAL OPERATING EXPENSES	\$1,118,619	—	_	\$712,787	_	_	\$712,787	—	_
PROFESSIONAL SERVICES	\$39,168	_	_	\$39,168	_	_	\$39,168	_	
Other Charges	_	_	_	_			_		_
Debt Service	_	—		_	_		_		
Interagency Transfers	51,714	_	_	51,714	_	_	51,714	_	_
TOTAL OTHER CHARGES	\$51,714	—	—	\$51,714	_	—	\$51,714	—	_
Acquisitions	_	_	_	_			_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$3,900,000		_	\$3,900,000	_	_	\$3,900,000		

Question	Narrative Response
State the purpose, source and legal citation.	A \$30.00 fee is collected for newborn screening forms to be used for non-Medicaid and private insurance clients receiving laboratory and follow-up services through the genetic disease program. Legal Citation: R.S. 40:1299 et seq. Source of funding: Fee Scale and Bayou Health Plans.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11497 — 326-Genetic Diseases-Healthy Louisiana Plan, Formula and For

Form 11498 — 326-Immunization-Healthy Louisiana Plan and Local Funds

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	808,780	—	—	808,780	—	—	808,780		_
Other Compensation	30,000	—	—	30,000	—	—	30,000	—	—
Related Benefits	321,799	_	_	286,799	_	_	286,799	_	_
TOTAL PERSONAL SERVICES	\$1,160,579	-	_	\$1,125,579	_	_	\$1,125,579	—	_
Travel	_		_	25,000	_	_	25,000		_
Operating Services	—		_	100,000	—	_	100,000		_
Supplies	_	_	_	100,000	_	_	100,000	_	_
TOTAL OPERATING EXPENSES	_	—		\$225,000	_	_	\$225,000	_	_
PROFESSIONAL SERVICES	_	-	_	_	_	_	_	_	
Other Charges	541,220		_	341,220		_	341,220		
Debt Service	_						_		
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$541,220	-	_	\$341,220	_	_	\$341,220	—	_
Acquisitions	_		_	10,000		_	10,000		_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	\$10,000		_	\$10,000	_	_
TOTAL EXPENDITURES	\$1,701,799	—	_	\$1,701,799	_	_	\$1,701,799	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of the funds is to provide the full range of immunizations to prevent disease, disability and death from vaccine-preventable diseases in children and adults, and lower health care costs in Louisiana by providing health services with fees collected from patients that are above 100% poverty level. HB130 was enacted as ACT 125 during the 2000 1st Extraordinary Session, allowing the DHH-Office of Public Health to collect a co-pay to partially cover operational costs of health services provided in Parish Health Units. Source of funds: Fee Scale and Healthy Louisiana Plans.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Percentage of children 19 to 35 months of age up to date for 4 DTP, 3 Polio, 3 Hib, 3 HBV, 1 MMR and 1 VAR. 2) Percentage of kindergartners up to date with 4 DTP, 3 Polio, 3 HBV, 2 MMR, and 2 VAR. 3) Percentage of adolescents above 13 years of age up to date for Human papillomavirus completed vaccine series.
Additional information or comments.	Not applicable.

Form 11498 — 326-Immunization-Healthy Louisiana Plan and Local Funds

Form 11499 — 326-Special Lab Testing

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2	024-2025 Projected	l
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	18,000	—	—	18,000	—	—	18,000	—	_
Other Compensation	100	—	—	—	—	—	—	—	
Related Benefits	10,435	—	_	10,788		_	10,788	—	_
TOTAL PERSONAL SERVICES	\$28,535	_	_	\$28,788	_	_	\$28,788	_	_
Travel			_		_			_	
Operating Services	2,000	_	_	2,000	_	_	2,000	_	_
Supplies	2,485	_	_	2,232	_	_	2,232	_	_
TOTAL OPERATING EXPENSES	\$4,485	—	_	\$4,232	_	_	\$4,232	_	_
PROFESSIONAL SERVICES		_		_	_	_	_	—	_
Other Charges	_	_	_	_		_	_	_	
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	2,000	_	_	2,000	_	_	2,000	_	_
TOTAL OTHER CHARGES	\$2,000	_	_	\$2,000	_	_	\$2,000	—	_
Acquisitions	_	_	_	_		_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES	\$35,020	_	_	\$35,020	_	_	\$35,020		

Form 11499 — 326-Special Lab Testing

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to provide testing, lab procedures, lab functions, etc. at the State Laboratory on human specimens, environmental samples, cultures, analytical and research procedures and related services for non-OPH health care providers. Fees are charged based on a published fee schedule. Legal Citation: Administrative Procedure Act, LSA -R.S. 49:950, et seq.; LSA 40.29 as amended and reenacted by ACT No. 840 of 1997 Title 48, Part V. LI, Chapter 137, section 3701.1-3701.3.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11500 — 326-Lab Certification

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	4,000	—	—	4,000	—	—	4,000	—	_	
Other Compensation	_	_	—	—		—		—	_	
Related Benefits	3,224	—	_	3,239		_	3,239	—	_	
TOTAL PERSONAL SERVICES	\$7,224	—	_	\$7,239	_	_	\$7,239	—	_	
Travel	_		_		_	_	_	_	_	
Operating Services	_	_	_	_	_	_	_	_	_	
Supplies	_	_	_	_	_	_	_	_	_	
TOTAL OPERATING EXPENSES	_	—	_	_	_	_	_	_	_	
PROFESSIONAL SERVICES	\$21,789	_	_	\$21,774	_	_	\$21,774	—	_	
Other Charges	1,487		_	1,487	_	_	1,487	_	_	
Debt Service			_		_		_	—		
Interagency Transfers	_	_	_	_	_	_	_	_	_	
TOTAL OTHER CHARGES	\$1,487	_	_	\$1,487	_	_	\$1,487	_	_	
Acquisitions	_		_		_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_		_	_	_	_			
TOTAL EXPENDITURES	\$30,500	_	_	\$30,500	_	_	\$30,500	_		

Form 11500 — 326-Lab Certification

Question	Narrative Response
State the purpose, source and legal citation.	A non-refundable application fee is collected from laboratories seeking certification for chemical analysis of drinking water. Legal citation - La. Admin. Code tit. 48, ß V-8027.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11501 — 326-Pregnancy Risk Asessement Monitoring System

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation		—	_	—		_	_		_
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	
Travel		_	_		_	_	_	_	
Operating Services	_		_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	
TOTAL OPERATING EXPENSES	—	_	_	_	_	_	_	—	
PROFESSIONAL SERVICES	\$30,000	_		_	_	_	_	_	
Other Charges			_	_	_	_	_		
Debt Service		_	_	_					
Interagency Transfers	_	_	_	_	_	_	_	_	
TOTAL OTHER CHARGES	—	—		_	_	_	_	—	
Acquisitions		_	_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	—	_	
TOTAL EXPENDITURES	\$30,000	_	_	_	_	_	_		

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to implement the twelve question Social Determinants of Health Supplement (SDOH) on maternal experiences and attitudes before, during, and shortly after pregnancy and complete routine data collection. Source of funds - Council of State and Territorial Epidemiologists (CSTE). There is no legal citation for receipt of these funds.
Agency discretion or Federal requirement?	Line item requests reflect terms outlined in the agreement between the Office of Public Health and Council of State and Territorial Epidemiologists (CSTE).
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11501 — 326-Pregnancy Risk Asessement Monitoring System

Form 11502 — 326-Public Health Informatics

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	19,500	—	—	19,500		—	19,500	—	_
Other Compensation	—	—	—	—	—	—	—	—	_
Related Benefits	_	—	_	_	_	_	_	—	_
TOTAL PERSONAL SERVICES	\$19,500	_	_	\$19,500	_	_	\$19,500		_
Travel	_		_		_	_		_	_
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	_
PROFESSIONAL SERVICES	_	_		_	_	_	_	_	_
Other Charges	_	_	_	_	_	_	_	_	
Debt Service	_	—	_	_	_	_	_	—	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	_	_	_	_	_	_	_	_
Acquisitions	_	_	_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	—	_	_	_	_	_	_
TOTAL EXPENDITURES	\$19,500	_	_	\$19,500	_	_	\$19,500	_	

Form 11502 — 326-Public Health Informatics

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to integrate public health with information technology for the systematic application of health informatics and computer sciences to public health practice, research an learning. The source of funding comes from the Health Care Utilization Project.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11503 — 326-Tobacco Control

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	97	—	—	—		—	—	—	_
Other Compensation	1,120	—	—	—	—	—	—	—	—
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	\$1,217	_	—	_	_	—	_	_	_
Travel	500		_	_	_	_	_		
Operating Services	3,000			_					
Supplies	2,000	—	_	_		_	_		
TOTAL OPERATING EXPENSES	\$5,500	_	_	_	_	_	_	_	_
PROFESSIONAL SERVICES	\$143,283	_	_	_	_	_	_	—	_
Other Charges			_	_	_	_			
Debt Service				_					
Interagency Transfers	_	_	_	_	_	_	_		_
TOTAL OTHER CHARGES	—	_	_	_	_	_	_	—	_
Acquisitions	_	_	_	_	_	_	_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES	\$150,000	_	_	_	_	—	_	—	_

Form 11503 — 326-Tobacco Control

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support Tobacco Cessation related activities in the Office of Public Health's Tobacco Control Program. Source of funds - Association of State and Territorial Health Officials (ASTHO).
Agency discretion or Federal requirement?	Line item requests reflect terms outlined in the agreement between the Office of Public Health and the Association of State and Territorial Health Officials (ASTHO).
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11504 — 326-Texas Tech University Telehealth (TEXLA)

Other Charges 26,806 30,494 Debt Service Interagency Transfers 1,000 1,000 TOTAL OTHER CHARGES \$27,806 \$31,494 Acquisitions Major Repairs TOTAL ACQ. & MAJOR REPAIRS		Existing Opera	ating Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Other Compensation 499 — — — — — — — — — …	spenditures		In-Kind Match	Cash Match		In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Related Benefits 576 — …	alaries	500	—	—	—	—	—	—	—	
TOTAL PERSONAL SERVICES \$1,575	Other Compensation	499		_	_		_	_		_
Travel — — — — — — — — — — — — — — — — … <td>elated Benefits</td> <td>576</td> <td>_</td> <td>_</td> <td>_</td> <td>_</td> <td>_</td> <td>_</td> <td>_</td> <td>_</td>	elated Benefits	576	_	_	_	_	_	_	_	_
Operating Services 500 - - 500 - - Supplies 1,000 - - 1,000 - - TOTAL OPERATING EXPENSES \$1,500 - - \$1,500 - - PROFESSIONAL SERVICES - - - - - - - Other Charges 26,806 - - 30,494 - - - Debt Service - - - - - - - Interagency Transfers 1,000 - - 1,000 - - - Acquisitions - - - - - - - - Major Repairs - - - - - - - -	OTAL PERSONAL SERVICES	\$1,575	_	_	_	_	_	_	_	
Supplies 1,000 — — 1,000 — …	ravel	_		_	_	_	_	_		
TOTAL OPERATING EXPENSES \$1,500 — — \$1,500 — …	Operating Services	500		—	500	_	—	500		_
PROFESSIONAL SERVICES — …	upplies	1,000	_	_	1,000	_	_	1,000	_	_
Other Charges 26,806 — — 30,494 — — — Debt Service — …	OTAL OPERATING EXPENSES	\$1,500	_	_	\$1,500	_	_	\$1,500	_	_
Debt Service - <t< td=""><td>ROFESSIONAL SERVICES</td><td>_</td><td>_</td><td>_</td><td>_</td><td>_</td><td>_</td><td>_</td><td>_</td><td>_</td></t<>	ROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_
Interagency Transfers 1,000 — — 1,000 — — TOTAL OTHER CHARGES \$27,806 — — — \$31,494 — — Acquisitions — — — — \$31,494 — — Major Repairs — — — — — — — — TOTAL ACQ. & MAJOR REPAIRS — — — — — — — — —)ther Charges	26,806		_	30,494	_	_	30,494		
TOTAL OTHER CHARGES \$27,806 — — \$31,494 — — — Acquisitions — …	Debt Service	_		_	_		_	_		_
Acquisitions - <t< td=""><td>nteragency Transfers</td><td>1,000</td><td>_</td><td>_</td><td>1,000</td><td>_</td><td>_</td><td>1,000</td><td>_</td><td>_</td></t<>	nteragency Transfers	1,000	_	_	1,000	_	_	1,000	_	_
Major Repairs — # # # # # # # # # # # # <	OTAL OTHER CHARGES	\$27,806	_		\$31,494	_	_	\$31,494	_	
TOTAL ACQ. & MAJOR REPAIRS — — — — — — — — —	Acquisitions	_		_	_	_	_	_		
	Major Repairs	—	_	—	—	_	—	—	_	_
TOTAL EXPENDITURES \$30,881 — _ \$32,994 — _	OTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	
	OTAL EXPENDITURES	\$30,881		_	\$32,994	_	_	\$32,994	_	

Form 11504 — 326-Texas Tech University Telehealth (TEXLA)

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are for the Health Resources and Services Administration Telehealth Resource Grant program to serve as Louisiana Site Coordinator on behalf of TexLa Telehealth Resource Center. Source of funding is a sub-award agreement with Texas Tech University Health Sciences Center.
Agency discretion or Federal requirement?	Line item requests reflect terms outlined in the Cooperative Endeavor agreement between the Office of Public Health and Texas Tech University.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

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Form 11505 — 326-Healthy Kids

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation	—	—	—		_	—	_	—	—
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_		_	_	_	_	_	_	_
Travel	_	_	_	_	_	_		_	
Operating Services	_		_	_	_	—	_		_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	_
PROFESSIONAL SERVICES	\$158,781	_	_	\$12,083	_	_	\$12,083	_	_
Other Charges	_	_	_		_	_		_	
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	1,000	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$1,000	_	_	_	_	—	_	_	_
Acquisitions	_	_	_		_	_		_	
Major Repairs	_		_	_	_	—	_		_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	—	—	—	_	_
TOTAL EXPENDITURES	\$159,781	_	_	\$12,083	_	_	\$12,083	_	

Form 11505 — 326-Healthy Kids

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to provide Healthy Kids Health Future - Technical Assistance program services throught the Office of Public Health Bureau of Chronic Disease and Healthcare Access Program. Source of funding is through the Nemours Foundation.
Agency discretion or Federal requirement?	Line item requests reflect terms outlined in the Cooperative Endeavor agreement between the Office of Public Health and the Nemours Foundation.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11506 — 326-Building Resilient Inclusive Communities (BRIC)

	Existing Opera	iting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	30,000	—	—	30,000	—	—	30,000	—	_
Other Compensation	—		_	_	—	_		—	_
Related Benefits	17,295	—	_	17,980	—	_	17,980	—	_
TOTAL PERSONAL SERVICES	\$47,295	_	_	\$47,980	_	_	\$47,980	_	_
Travel	_	_			_	_	_	_	
Operating Services	100	_	_	_	_	_	_	_	_
Supplies	960	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$1,060	—	_	_	_	_	_	_	_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_
Other Charges	312,315	_		97,020	_	_	97,020	_	
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	5,000	_	_	5,000	_	_	5,000	_	_
TOTAL OTHER CHARGES	\$317,315	_	_	\$102,020	_	_	\$102,020	_	_
Acquisitions	_	_		_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES	\$365,670	_	_	\$150,000	_	_	\$150,000	_	_

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to implement Building Resilient Inclusive Communities (BRIC) that will improve, establish and maintain equitable and socially just state partnerships on nutrition security, physical activity, and social connectedness related to COVID-19. Source of funding is through the National Association of Chronic Disease Directors (NACDD).
Agency discretion or Federal requirement?	Line item requests reflect terms outlined in the Cooperative Endeavor agreement between the Office of Public Health and the National Association of Chronic Disease Directors (NACDD).
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11506 — 326-Building Resilient Inclusive Communities (BRIC)

Form 11507 — 326-Unallotted

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	_	—	—	_
Other Compensation	—		_			_	_		_
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	
Travel	_		_	_	_		_	_	
Operating Services	241,404	_	_	—	_	_	_	_	_
Supplies	2,348,352	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$2,589,756		_	_	_	_	_	_	_
PROFESSIONAL SERVICES	\$3,161,365	_	_	_	_	_	_	_	_
Other Charges	3,171,493		_	10,469,483	_		10,469,483		
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	601,875	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$3,773,368	—	_	\$10,469,483	_	_	\$10,469,483	_	_
Acquisitions				_	_	_	_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES	\$9,524,489		_	\$10,469,483	_	_	\$10,469,483	_	_

Form 11507 — 326-Unallotted

Question	Narrative Response
State the purpose, source and legal citation.	This represents appropriated revenue not linked to a specific programmatic activity that is deemed uncollectable based on current revenue estimates. As such, the source is indeterminate and no legal citation exists.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	Not applicable.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 11508 — 326-Nutrition Services

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	8,000	—	—	8,000	—	8,000	—	—	
Other Compensation	_		_	_		_	_	—	
Related Benefits	4,099	_	_	4,350	_	4,350	_	_	
TOTAL PERSONAL SERVICES	\$12,099	_	_	\$12,350	_	\$12,350	_	_	
Travel	_		_	_		_	_	_	
Operating Services	1,000	_	_	1,000	_	1,000	_	_	
Supplies	1,158		_	907	_	907	_	_	_
TOTAL OPERATING EXPENSES	\$2,158	_	_	\$1,907	_	\$1,907	_		
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	
Other Charges	_		_	_		_	_	_	
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	500		_	500	_	500	_	_	_
TOTAL OTHER CHARGES	\$500	_	_	\$500	_	\$500	_	_	
Acquisitions	_	_	_	_	_	_	_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$14,757		_	\$14,757	_	\$14,757	_	_	

Form 11508 — 326-Nutrition Services

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support activities in the Office of Public Health Nutrition Services program. Source of funds - Civil Penalties imposed on WIC Food Vendors for violations of federal WIC guidelines.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is based on fines collected on violations.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11509 — 326-Sexually Transmitted Diseases (STD)-TelePrep

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	_	_		_	_	_	_
Other Compensation	15,000	—	_	—		_	_	—	
Related Benefits	185,000	_	_	_	_	_	_	_	
TOTAL PERSONAL SERVICES	\$200,000	_	_	_	_	_	_	_	_
Travel	_	_	_	_	_		_	_	
Operating Services	_		_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	
PROFESSIONAL SERVICES	_	_	_	\$145,000	_	_	\$145,000	—	
Other Charges	_	_	_	55,000	_		55,000	_	
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	—	_	\$55,000	_	_	\$55,000	_	_
Acquisitions	_	_	_	_	_		_	_	
Major Repairs	—	—	—	—	_	—	—	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$200,000	_	_	\$200,000	_	_	\$200,000	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support ongoing Sexually Transmitted Disease efforts. Source of funds: Healthy Louisiana plans and eligible patient insurance billings.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Percentage of primary and secondary syphilis cases treated within 14 days of specimen collection.
Additional information or comments.	Not applicable.

Form 11509 — 326-Sexually Transmitted Diseases (STD)-TelePrep

Form 11511 — 326-Sexual Transmitted Diseases (STD) Local Funds

Expenditures Salaries	Means of Financing 64,177	In-Kind Match	Cash Match	Means of Financing			Means of		
Salaries	64,177				In-Kind Match	Cash Match	Financing	In-Kind Match	Cash Match
			—	64,177	—	—	64,177	—	_
Other Compensation	_		_	_	—	—	_		_
Related Benefits	_		_	_	—	_	_	—	_
TOTAL PERSONAL SERVICES	\$64,177	_	_	\$64,177	_	_	\$64,177	_	_
Travel	_		_	_	_	_	_	_	
Operating Services	_		_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_		_	_	_	_	_	_	_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_
Other Charges	_		_	_	_	_	_	_	
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	_	_		_	_		_	_
Acquisitions	_		_	_	_		_	_	
Major Repairs	—	_	—	—	—	—	—	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES	\$64,177	_	_	\$64,177	_	_	\$64,177	_	_

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support activities in the Office of Public Health Sexually Transmitted Disease program. Source of funds are local funds collected from the parishes. Legal citation - State Constitution of 1974, Article VI, Part II and the Louisiana Revised Statutes, Volume 22A, Public Finances, Section 31:1 to 39:End. Revised Statutes, Volume 22A, Public Finances, Section 31:1 to 39:End.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11511 — 326-Sexual Transmitted Diseases (STD) Local Funds

Form 11512 — 326-Tuberculosis- Local Funds and Healthy Louisiana Plans

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	340,000	—	—	330,000	—	—	330,000	—	_
Other Compensation	_		—	_	_	_	_	_	—
Related Benefits	300,677	_	_	300,677	_	_	300,677	_	_
TOTAL PERSONAL SERVICES	\$640,677	—	_	\$630,677	_	_	\$630,677	_	_
Travel			_		_	_	_		_
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_
Other Charges	_	_	_	_	_		_	_	_
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	260,000	_	_	260,000	_	_	260,000	_	_
TOTAL OTHER CHARGES	\$260,000	_	_	\$260,000	_	_	\$260,000	_	_
Acquisitions	_		_	10,000	_	_	10,000	_	_
Major Repairs	_		_	_	_	_	_		_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	\$10,000	_	_	\$10,000	_	_
TOTAL EXPENDITURES	\$900,677		_	\$900,677	_	_	\$900,677	_	_

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to provide services to indigent at-risk, or infected individuals, or the community as a whole. Source of funds: Local funds collected from the parishes and Healthy Louisiana Plans. Legal citation for local funds - State Constitution of 1974, Article VI, Part II and the Louisiana Revised Statutes, Volume 22A, Public Finances, Section 31:1 to 39:End. Revised Statutes, Volume 22A, Public Finances, Section 31:1 to 39:End.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Percentage of TB infected contacts who complete treatment. 2) Percentage of culture confirmed cases completing treatment within 12 months.
Additional information or comments.	Not applicable.

Form 11512 — 326-Tuberculosis- Local Funds and Healthy Louisiana Plans

Form 11517 — 326-Commercial Body Art

	Existing Opera	iting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	73,100	—	—	71,600	—	—	71,600	—	—	
Other Compensation	850		_	350		_	350	—	_	
Related Benefits	38,206		_	38,994	—	_	38,994		_	
TOTAL PERSONAL SERVICES	\$112,156	—	_	\$110,944	_	_	\$110,944	—	_	
Travel	1,500	_	_	1,500	_	_	1,500		_	
Operating Services	1,000			1,000			1,000			
Supplies	912		_	2,124		_	2,124			
TOTAL OPERATING EXPENSES	\$3,412	—	_	\$4,624	_	_	\$4,624	_	_	
PROFESSIONAL SERVICES	_	—	_	_	—	_	_	—	_	
Other Charges	1,432	_	_	1,432	_	_	1,432		_	
Debt Service	_		_	_		_	_			
Interagency Transfers	8,000		_	8,000		_	8,000			
TOTAL OTHER CHARGES	\$9,432	—	_	\$9,432	_	_	\$9,432	—	_	
Acquisitions	_		_				_			
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS		—	_	_		_		_	_	
TOTAL EXPENDITURES	\$125,000	_	_	\$125,000	_		\$125,000	_		

Form 11517 — 326-Commercial Body Art

Question	Narrative Response
State the purpose, source and legal citation.	The Office of Public Health, as authorized by Louisiana Revised Statutes 40:2741, et. Seq., is responsible for regulating Commercial Body Art facilities which perform tattoos, body piercing and permanent cosmetics. Additionally, the statutes authorize the DHH-Office of Public Health to collect fees for the registration of facilities, facility managers, facility operators and persons or private entities offering training to tattoo and body piercing operators on sanitary and safe procedures.
Agency discretion or Federal requirement?	La. R.S.40:(L)(3) stipulates that the monies collected from such fees shall be used by the department for the purpose of implementing and enforcing the provisions of this Chapter. Fees collected under this Statute are to be earmarked for regulating only Commercial Body Art facilities.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11518 — 326-Safe Drinking Water

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Reque	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	8,390,908	—	—	7,693,408	—	—	7,693,408	—	—	
Other Compensation	_		_	156,000	—	_	156,000	_	—	
Related Benefits	4,895,351	_	_	4,999,672	_	_	4,999,672	_	_	
TOTAL PERSONAL SERVICES	\$13,286,259	—	_	\$12,849,080	_	—	\$12,849,080	_	_	
Travel	750,000		_	450,000		_	450,000		_	
Operating Services	3,100,000			2,986,450	_		2,986,450	_		
Supplies	891,578		_	1,291,578	—	_	1,291,578	—	_	
TOTAL OPERATING EXPENSES	\$4,741,578	_	_	\$4,728,028	_		\$4,728,028	—		
PROFESSIONAL SERVICES	\$32,821	_	_	\$35,000	_		\$35,000	—	_	
Other Charges	239,342		_	639,342		_	639,342	_		
Debt Service	_				_		—	_		
Interagency Transfers	900,000	_	_	920,000	_	_	920,000	—	_	
TOTAL OTHER CHARGES	\$1,139,342	—	_	\$1,559,342	_		\$1,559,342	—	_	
Acquisitions	_			28,550	_	_	28,550	_		
Major Repairs	_	—	_	_	_	_	_	—	_	
TOTAL ACQ. & MAJOR REPAIRS			_	\$28,550	_	_	\$28,550	_		
TOTAL EXPENDITURES	\$19,200,000	_	_	\$19,200,000	—	_	\$19,200,000	_	_	

Form 11518 — 326-Safe Drinking Water

Question	Narrative Response
State the purpose, source and legal citation.	HB 995 was enacted as ACT 605 during the Regular Legislative Session, amending R.S. 40:31.33 to increase the Safe Drinking Water fee to comply with the provisions of R.S. 40:5.6 and the federal Safe Drinking Water Act, to offset the annual costs of the Louisiana Rural Water Association in an amount not to exceed five hundred thousand dollars, and to fund up to 40 additional sanitarian positions. Effective January 1, 2017, legislation changed the \$3.20 per service connection annual fee (\$2.88 to State, \$0.32 to water system) to a \$12.00 per service connection annual fee (\$11.40 to State, \$0.60 to water system) for community water systems. The \$100 annual fee to non-community systems will remain the same.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Percent of the population served by community water systems that receive drinking water that meets all applicable health-based drinking water standards.
Additional information or comments.	Not applicable.

Form 11520 — 326-Food and Drug

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	374,276	—	—	365,276	—	—	365,276	—		
Other Compensation	18,880	—	—	20,264	—	—	20,264	—	—	
Related Benefits	188,223	—	_	188,223	—	_	188,223	—		
TOTAL PERSONAL SERVICES	\$581,379	—	—	\$573,763	_	—	\$573,763	_	—	
Travel	15,827		_	15,827	_	_	15,827		_	
Operating Services	40,000			40,000	_		40,000			
Supplies			_	_			_			
TOTAL OPERATING EXPENSES	\$55,827	—	_	\$55,827	—	_	\$55,827	_		
PROFESSIONAL SERVICES	_	—	_	_	_	_	_	_	—	
Other Charges	212,794		_	220,410		_	220,410		_	
Debt Service	—	—	_	_	—	_	_	_		
Interagency Transfers	—		_	_	—	_	_	—		
TOTAL OTHER CHARGES	\$212,794	—	_	\$220,410	_	_	\$220,410	—	—	
Acquisitions			_							
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	—	—	—	_	—	—	—	—	
TOTAL EXPENDITURES	\$850,000	—	_	\$850,000	_	_	\$850,000	_		

Form 11520 — 326-Food and Drug

Question	Narrative Response
State the purpose, source and legal citation.	Permit fees are collected from food, drug, and cosmetic manufacturers and distributors, skin tanning facilities and water vending machines. License fees are collected from secondhand container dealers/processors. Food, drug, and cosmetic product examination and investigation (registration) fees are collected from both in and out of state manufacturers. Soft drink registration fees are collected from out of state bottlers selling in state. Legal Citations: R.S. 40:601 as amended, 40:713, 40:734 (J), as provided by Department Rule published in The State Register of June 20, 1989 as authorized by R.S. 3:55.2(F) (Act 13, 1st Extraordinary Session, 1988 and Act 587 of 1990), R.S. 40:683 40:2719. Food and Drug fees collected are: Class Code 1 - \$175; Class Code 2 - \$475; Class Code 3 - \$775; Class Code 4 - \$1,075; Class Code 5 - \$1,375; Class Code 6 (single warehouses) - \$300; and Class Code 9 (New Openings) - \$175 minimum (to be collected at opening).
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11521 — 326-Infectious Waste

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	9,600	—	—	9,080	—	—	9,080	—	_	
Other Compensation	80	—	—	—	—	—	—	—	_	
Related Benefits	5,396	_	_	5,312	_	_	5,312	_	_	
TOTAL PERSONAL SERVICES	\$15,076	_	—	\$14,392	—	_	\$14,392	_	_	
Travel	100	_	_	500	_	_	500	_	_	
Operating Services	100		_	434			434			
Supplies	50	—	_	_	—	_	_	—		
TOTAL OPERATING EXPENSES	\$250	_	_	\$934	_	_	\$934	_	_	
PROFESSIONAL SERVICES		_	_	_	_	_	_	_		
Other Charges	_	_	_	_	_	_	_			
Debt Service	_	_	_	_	_	_	_	_	_	
Interagency Transfers	674	_	_	674	_	_	674	_	_	
TOTAL OTHER CHARGES	\$674	_	_	\$674	_	_	\$674	_	_	
Acquisitions	_	_	_	_	_	_	_			
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	—	_	_	_	_	
TOTAL EXPENDITURES	\$16,000	_	_	\$16,000	_	_	\$16,000	_	_	

Form 11521 — 326-Infectious Waste

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to protect the public, health care workers and solid waste disposal workers from the health hazards of potentially infectious biomedical wastes by regulating their packaging, transportation and treatment. Legal citation: RS 40:4(A)(2) (Act 267 of 1990).
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11523 — 326-Milk and Dairy

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	59,698	—	—	60,633	—	—	—	60,633	_
Other Compensation	—	—	—			—	—	—	—
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	\$59,698	_	_	\$60,633	_	_	_	\$60,633	_
Travel		_	_		_		_	_	_
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_
Other Charges	10,302		_	9,367	_	_	_	9,367	_
Debt Service							_	—	
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$10,302	—	_	\$9,367	_	_	_	\$9,367	_
Acquisitions		_	_		_		_	_	_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_	_	_	_	_	_		_
TOTAL EXPENDITURES	\$70,000	_	_	\$70,000	_	_	_	\$70,000	_

Form 11523 — 326-Milk and Dairy

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of this program is to assure safe wholesome dairy products for public consumption, and maintain a zero level of milk borne diseases and to certify Louisiana milk producers and processors as interstate milk shippers and suppliers. Legal citation - LA Rev Stat ß 40:881.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11524 — 326-Molluscan Shellfish

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	49,685	—	—	70,000	—	—	70,000	—	_	
Other Compensation	—	—	_	—		—		—	—	
Related Benefits	_	_	_	_	_	_	_	_	_	
TOTAL PERSONAL SERVICES	\$49,685	_	_	\$70,000	_	_	\$70,000	_	_	
Travel		_	_	_	_		_	_		
Operating Services	_		_	_	_	_	_	_	_	
Supplies	_	_	_	_	_	_	_	_	_	
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_		
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_		
Other Charges	20,315	_	_	_	_	_	_	_		
Debt Service	—	—	_	_		_	_	—	_	
Interagency Transfers	_	_	_	_	_	_	_	_	_	
TOTAL OTHER CHARGES	\$20,315	_	_	_	_	_	_	_	—	
Acquisitions			_		_					
Major Repairs	—	—	—	—	—	—	—	—	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_		
TOTAL EXPENDITURES	\$70,000	_	_	\$70,000	_	_	\$70,000	_	_	

Form 11524 — 326-Molluscan Shellfish

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to certify (open or close) Louisiana shellfish growing areas to safeguard the health of the citizenry against the health hazards of contamination and pollution. A portion of the fees collected by The Department of Wildlife and Fisheries are transferred via Interagency Transfer to OPH to support the cost of operating this program. Legal Citation for these funds are R.S. 40:5:10.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11526 — 326-Operator Certification

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	57,783		_	54,784	—	—	54,784	—	_
Other Compensation	12,000		_	11,000		—	11,000	—	_
Related Benefits	46,451	_	_	50,240	_	_	50,240	_	
TOTAL PERSONAL SERVICES	\$116,234	—	_	\$116,024	_	—	\$116,024	_	_
Travel			_		_		_		
Operating Services	_		_	_	_	_	_	_	_
Supplies	_	_	_	1,176	_	_	1,176	_	_
TOTAL OPERATING EXPENSES	_	_	_	\$1,176	_	_	\$1,176	—	_
PROFESSIONAL SERVICES		_	_	_	_	_		_	_
Other Charges	966		_	_	_		_		_
Debt Service			_		_				
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$966	_	_	_	_	_		_	_
Acquisitions			_		_		_		_
Major Repairs	_	—	_	_	_	_	_	—	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_		_	_		_	_
TOTAL EXPENDITURES	\$117,200		_	\$117,200	_	_	\$117,200		

Form 11526 — 326-Operator Certification

Question	Narrative Response
State the purpose, source and legal citation.	Fees are collected for certification of water and wastewater operators in compliance with R.S. 40:1148 and R.S. 40:1148 and R.S. 40:1142(F) as mandated under R.S. 39:55.2(f), Act 13 of 1988.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Total number of Continuing Education Unit (CEU) hours received by certified public water and community sewage operators from LDH.
Additional information or comments.	Not applicable.

Form 11527 — 326-Private Water Supply

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	24,780	—	—	24,309	—	—	24,309	—	_	
Other Compensation	300		—	—		—	—	—	_	
Related Benefits	24,920	_	_	25,691	_	_	25,691	_	_	
TOTAL PERSONAL SERVICES	\$50,000	_	_	\$50,000	_	_	\$50,000		_	
Travel	_		_		_		_	_		
Operating Services	_	_	_	_	_	_	_	_	_	
Supplies	_	_	_	_	_	_	_	_	_	
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_		
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_		
Other Charges	_		_	_		_	_	_		
Debt Service	_	_	_	_	_	_	_	_	_	
Interagency Transfers	_		_	_	_	_	_	_	_	
TOTAL OTHER CHARGES	_	_	_	_	_	_	_	_	_	
Acquisitions	_		_	_		_	_	_		
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	—	_	_	_	_	_	_	_		
TOTAL EXPENDITURES	\$50,000	_	_	\$50,000	_	_	\$50,000	_	_	

Form 11527 — 326-Private Water Supply

Question	Narrative Response
State the purpose, source and legal citation.	R.S. 40:5.7. This statute was passed in 1990 to assist the Office of Public Health in funding a service to the owners of individual water wells for the collection of bacteriological analysis of said water.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11528 — 326-Retail Food Certification

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	74,650	—	—	73,769	—	—	73,769	—	—
Other Compensation	2,100		_	1,600	—	_	1,600		—
Related Benefits	46,110	—	_	47,631	—	_	47,631		_
TOTAL PERSONAL SERVICES	\$122,860	_	_	\$123,000	_	_	\$123,000	—	_
Travel		_	_	_	_	_	_		_
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	—	_	_	_	_	_	_	_
PROFESSIONAL SERVICES		_	_	_	_	_	_	_	_
Other Charges	140	_	_	_	_	_	_		
Debt Service	—					_			
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$140	_	_	_	_	_	_	_	_
Acquisitions	_	_	_	_	_	_	_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	—	_
TOTAL EXPENDITURES	\$123,000	_	_	\$123,000	_	_	\$123,000	_	

Form 11528 — 326-Retail Food Certification

Question	Narrative Response
State the purpose, source and legal citation.	The 1999 Regular Session of the State Legislature passed a law to provide safer retail food establishments by certifying that at least one person (the owner or an employee) has taken a comprehensive food safety course and passed the test. Pursuant to LA R.S. 40:5.5(F), Act 647, a fee of \$25 is collected for each 5-year certificate.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11530 — 326-Retail Food

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	2,959,862	—	—	3,042,896	—	—	3,042,896	—	—	
Other Compensation	152,854		_	85,938		_	85,938		_	
Related Benefits	1,711,274	_	_	1,878,202	_	_	1,878,202	_	_	
TOTAL PERSONAL SERVICES	\$4,823,990	_	_	\$5,007,036	_	_	\$5,007,036	_	_	
Travel	177,056			82,544		_	82,544			
Operating Services	49,900	_	_	51,400	_	_	51,400	_	_	
Supplies	5,000	_	_	5,000	_	_	5,000	_	_	
TOTAL OPERATING EXPENSES	\$231,956	—	_	\$138,944	_	_	\$138,944	_	_	
PROFESSIONAL SERVICES	\$112,984	_	_	\$97,984	_	_	\$97,984	_	_	
Other Charges	331,070			138,036		_	138,036		_	
Debt Service	_	_	_	_	_	_	_	_	_	
Interagency Transfers	_		_	118,000	_	_	118,000	_	_	
TOTAL OTHER CHARGES	\$331,070	_	_	\$256,036	_	_	\$256,036	_	_	
Acquisitions	_		_	_	_	_	_		_	
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	—	_	_	—	_	_	_	
TOTAL EXPENDITURES	\$5,500,000	_	_	\$5,500,000	_	_	\$5,500,000	_	_	

Form 11530 — 326-Retail Food

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of the program is to provide for safe consumables through the periodic inspection of retail food outlets. Revenues are generated through permit fees. Legal citation - La R.S. 40:40:31.37
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Percentage of permitted facilities in compliance quarterly due to inspections. 2) Percentage of establishments/ facilities in compliance. 3) Number of inspections of permitted establishments/facilities.
Additional information or comments.	Not applicable.

Form 11531 — 326-Commercial Seafood

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	67,846	—	—	60,956	—	—	60,956	—	_
Other Compensation	860	—	_	560		—	560		—
Related Benefits	30,000	_	_	34,178	_	_	34,178	_	_
TOTAL PERSONAL SERVICES	\$98,706	_	_	\$95,694	_	_	\$95,694	_	_
Travel	331		_	331	_	_	331		
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	963	_	_	3,975	_	_	3,975	_	_
TOTAL OPERATING EXPENSES	\$1,294	_	_	\$4,306	_	_	\$4,306	_	_
PROFESSIONAL SERVICES		_	_	_	_	_	_	_	_
Other Charges		_	_		_		_		
Debt Service	—	—	_	_		_	_		_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	_	_	_	_	_	_	_	_
Acquisitions	_	_	_	_		_	_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES	\$100,000	_	_	\$100,000	_	_	\$100,000	_	

Form 11531 — 326-Commercial Seafood

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to certify that seafood produced in Louisiana meets the requirements of the State Food, Drug, and Cosmetic Law LSA -R.S. 40:601, et. Seq. State Sanitary Code, Chapter IX. Permit Fees are collected from seafood processors and distributors in accordance with R.S. 39:55.2(F) (Act 13, 1988).
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11532 — 326-Sewerage Private

	Existing Opera	iting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	224,235	—	—	220,231	—	—	220,231	—	_	
Other Compensation	15,000	—	—	15,000	—	—	15,000	—	—	
Related Benefits	605,000		_	688,889	—	_	688,889		_	
TOTAL PERSONAL SERVICES	\$844,235	—	_	\$924,120	_	_	\$924,120	—	—	
Travel	160,000		_	160,000	_	_	160,000		_	
Operating Services	_									
Supplies	_	_	_	_	_	_	_	_	_	
TOTAL OPERATING EXPENSES	\$160,000	—	_	\$160,000	_	_	\$160,000	_	_	
PROFESSIONAL SERVICES	_	—	_	_	_	_	_	—	_	
Other Charges	495,765		_	415,880	_	_	415,880		_	
Debt Service	_		_	_	_	_	_		_	
Interagency Transfers	_	_	_	_	_	_	_	_	_	
TOTAL OTHER CHARGES	\$495,765	—	_	\$415,880	_	_	\$415,880	—	_	
Acquisitions	_		_			_	_		_	
Major Repairs	_	_	_	_	_	_	_	—	_	
TOTAL ACQ. & MAJOR REPAIRS		—	_	_		_	_	—	_	
TOTAL EXPENDITURES	\$1,500,000	_	_	\$1,500,000	_	_	\$1,500,000		_	

Form 11532 — 326-Sewerage Private

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to monitor and regulate sewerage treatment and disposal and other wastewater matters to protect the public health from wastewater-borne disease outbreaks. Legal Citation: R.S. 40:1141-48.2321.23.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Percentage of sewerage systems properly installed. 2) Number of existing sewage system inspections. 3) Number of sewage system applications taken.
Additional information or comments.	Not applicable.

Form 11535 — 326-Tanning

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	44,100	—	—	43,100	—	—	43,100	—	_	
Other Compensation	600		_	600		_	600	_	_	
Related Benefits	13,220	_	_	13,865	_	_	13,865	_	_	
TOTAL PERSONAL SERVICES	\$57,920	_		\$57,565	_	_	\$57,565	_	_	
Travel	1,000		_	1,000	_	_	1,000			
Operating Services	500	_	_	1,000	_	_	1,000	_	_	
Supplies	580	_	_	435	_	_	435	_	_	
TOTAL OPERATING EXPENSES	\$2,080	_	_	\$2,435	_	_	\$2,435	_	_	
PROFESSIONAL SERVICES	—	_			_	_		_	_	
Other Charges	_		_	_			_			
Debt Service	_		_		_	_	_			
Interagency Transfers	_		_	_	_	_	_	_	_	
TOTAL OTHER CHARGES	—	_			_	_		_	_	
Acquisitions	_		_	_			_			
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$60,000	_	_	\$60,000	_	_	\$60,000	_	_	

Form 11535 — 326-Tanning

Question	Narrative Response
State the purpose, source and legal citation.	This program inspects and issues operating permits to tanning facilities and equipment that expose human skin to ultraviolet radiation. Inspections are performed twice per year. Revenues are generated through permit fees as per La R.S. 40:2701.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11537 — 326-Vital Records

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Reque	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	1,494,627	—	_	1,349,295	—	_	1,349,295		—	
Other Compensation	210,000	—	—	212,000	—	—	212,000	—	—	
Related Benefits	1,381,037	—	_	1,947,849	—	_	1,947,849		_	
TOTAL PERSONAL SERVICES	\$3,085,664	—	_	\$3,509,144	_	_	\$3,509,144	—	_	
Travel	15,000		_	15,000	_	_	15,000		_	
Operating Services	1,400,000	_	_	910,998	_	_	910,998		_	
Supplies	_	—	_	_	_	_	_	_	_	
TOTAL OPERATING EXPENSES	\$1,415,000	—	_	\$925,998	_		\$925,998	_	_	
PROFESSIONAL SERVICES	—	_	_	_	_		_	_	_	
Other Charges	589,397		_	634,919			634,919		_	
Debt Service	—									
Interagency Transfers	109,939	—	_	109,939	_	_	109,939	_	_	
TOTAL OTHER CHARGES	\$699,336	—	_	\$744,858	_	_	\$744,858	_		
Acquisitions	_	_	_	20,000	_	_	20,000		_	
Major Repairs	_	_	_	_	_	_	_	—	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	\$20,000	_	_	\$20,000	_	_	
TOTAL EXPENDITURES	\$5,200,000		_	\$5,200,000	_	_	\$5,200,000		_	

Form 11537 — 326-Vital Records

Question	Narrative Response
State the purpose, source and legal citation.	The Louisiana Vital Records Registry Program is mandated by LSA R.S. 40:32 et seq. The program collects, processes, manages, preserves, amends, and issues vital records. Fees are collected for customer services including the issuance of certified copies of birth, death, marriage, stillbirth, putative father and evidentiary records, and for the issuance of burial transit permits and marriage licenses.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Percentage of counter services customers served within 30 minutes. 2) Percentage of emergency document requests filled within 24 hours. 3) Percentage of mail requests filled within two weeks.
Additional information or comments.	Not applicable.

Form 11871 — 326 Environmental Epidemiology

	Existing Opera	ating Budget as of 1	10/01/2022	FY202	23-2024 Total Requ	est	FY2	024-2025 Projected	l
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation		—	_		_	—	—	—	—
Related Benefits		—	_	_	—	_	_	—	_
TOTAL PERSONAL SERVICES	_	_		_	_	_	_	—	_
Travel	_	_	_	_	_		_	_	
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	—		_	_	_	_	—	_
PROFESSIONAL SERVICES	_	—		_	_	_	_	_	_
Other Charges	_	_	_	_	_		_	_	
Debt Service	_	_					_	—	
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	—	—	—	_	_	_	—	_
Acquisitions	_	_	_	_	_		_	_	
Major Repairs	_	_	_	_	_	_	_	—	_
TOTAL ACQ. & MAJOR REPAIRS	_			_	_	_	_		_
TOTAL EXPENDITURES	_	_		_	_	_	_	_	

Form 11871 — 326 Environmental Epidemiology

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to protect the public from environmental health hazards.
Agency discretion or Federal requirement?	Future funding is favorable at the time of this budget request.
Describe any budgetary peculiarities.	Future funding is favorable at the time of this budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 11872 — 326 Building and Premises

	Existing Opera	Existing Operating Budget as of 10/01/2022			23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation	—	—	_			_	_		
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	_
Travel	_	_	_		_	_	_	_	
Operating Services			_	_	_	—	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	
PROFESSIONAL SERVICES	—	_	_	_	_	_	_	_	_
Other Charges	_	_		_	_	_	_		
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	—	_	_	_		_	—	_
Acquisitions	_	_	_		_	_	_	_	
Major Repairs	_	_	_	_	_	—	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES	_	_	_	_	_	_	_	_	

Form 11872 — 326 Building and Premises

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to inspect nursing homes and schools.
Agency discretion or Federal requirement?	Line item requests reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is favorable at the time of this budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 11873 — 326 Insect Vector

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries		_	_		_	_	—	_	—
Other Compensation		—	_	_	_	_	_	—	_
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	_
Travel	_		_	_	_		_	_	
Operating Services	_		_	_	_	_	_		_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_		_	_	_	_	_	_	_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_
Other Charges	_	_	_	_	_		_	_	
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	—		_	_	_	_	—	_
Acquisitions	_	_	_	_	_		_	_	
Major Repairs	_	_	—	—	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	—	—	—	—	_	_
TOTAL EXPENDITURES	_	_	_	_	_	_	_	_	

Form 11873 — 326 Insect Vector

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are for mosquito and other pest abatement.
Agency discretion or Federal requirement?	Line item requests reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is favorable at the time of this budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 11875 — 326 Performance Improvement Manager

	Existing Operation	ating Budget as of 1	10/01/2022	FY202	23-2024 Total Requ	lest	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	_	_	_	—	—	_	_		_
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	—		_			_	_	_
Travel	_	_	_	_	_	_	_	_	
Operating Services	_	_	—	_	_	—	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	—	_
PROFESSIONAL SERVICES	_	_		_	_	_	_	_	_
Other Charges	_	_	_	_	_	_	_	_	
Debt Service	_	_	_		_				
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	—		_			_	—	_
Acquisitions	_	_	_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	—	_	_	—	_	_	_
TOTAL EXPENDITURES	_	_	—	_	_	—	_	—	_

Form 11875 — 326 Performance Improvement Manager

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to strengthen Public Health Infrastructure for improved health outcomes related to Policy and Performance Improvement.
Agency discretion or Federal requirement?	Line item requests reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is favorable at the time of this budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 11883 — 326 Covid-19 ACS

Means of Financing	In-Kind Match		Means of					
_		Cash Match	Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
	—	—	—	—	—	—	—	_
_		_	_	—	_	_		_
_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_
_		_	_	_	_	_		_
_		_	_	_	_	_		_
_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_
_		_	_	_	_	_		
_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_
_	_	_	_	—	_		—	_
_		_	_	_	_	_		
_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	
_		_	_	_	_	_		

Form 11883 — 326 Covid-19 ACS

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to provide COVID-19 testing through the Office of Public Health Laboratory.
Agency discretion or Federal requirement?	Line item requests reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at this time.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 11887 — 326 Covid 19 Lab Testing - Other

	Existing Operation	ating Budget as of 1	10/01/2022	FY202	23-2024 Total Requ	lest	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation	—	—	—	—	—	—	—	—	_
Related Benefits	_	—	_	_	—	_	_	—	_
TOTAL PERSONAL SERVICES	_	_	—	_	_	_	_	—	_
Travel	_			_	_	_	_		
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_		_	_	_	_	—	_
PROFESSIONAL SERVICES	_	_		_	_	_	_	_	_
Other Charges	_			_	_	_	_		
Debt Service	_	_							
Interagency Transfers	_		_	_	_	_	_		
TOTAL OTHER CHARGES	_	_	—	_	_	_	—	—	_
Acquisitions	_			_	_	_	_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_		_	_	_	—		_
TOTAL EXPENDITURES	_	_	_	_	_	_	_	_	

Form 11887 — 326 Covid 19 Lab Testing - Other

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to provide additional COVID-19 laboratory testing.
Agency discretion or Federal requirement?	Line item requests reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at this time.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 12644 — 326-Inflation

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	—	—	—	—	_	—	—	—	—	
Other Compensation			_		_	_	_		—	
Related Benefits	_	_	_	_	_	_	_	_	_	
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	_	
Travel	_			26,741	_	_	26,741			
Operating Services	_	_	_	123,778	_	_	123,778	_	_	
Supplies	_	_	_	97,681	_	_	97,681	_	_	
TOTAL OPERATING EXPENSES	_	_	_	\$248,200	_	_	\$248,200	_	_	
PROFESSIONAL SERVICES	_	_	_	\$91,805	_	_	\$91,805	—	_	
Other Charges	_	_	_	_	_	_	_			
Debt Service	—	—					_			
Interagency Transfers	_	_	_	_	_	_	_	_	_	
TOTAL OTHER CHARGES	—	—	_	_	_		_	—	_	
Acquisitions	_	_	_	_	_	_	_	_		
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_		_	_	_	_	_	_	_	
TOTAL EXPENDITURES	_		_	\$340,005	_	_	\$340,005	_	_	

Form 12644 — 326-Inflation

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are for inflation adjustments based on standard inflation factors. There is no legal citation for these funds.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Statutory Dedications

Form 11400 — 326-Louisiana Commission for the Deaf

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	252,500	—	—	252,500	—	—	252,500	—	_	
Other Compensation	50,000	—	_	50,000		—	50,000		_	
Related Benefits	184,875	_		184,875			184,875			
TOTAL PERSONAL SERVICES	\$487,375	_	_	\$487,375	_	_	\$487,375	_		
Travel	20,000		_	20,474	_		20,474		_	
Operating Services	6,000	—	_	6,142	_	_	6,142		—	
Supplies	20,000	—	_	20,474	_	_	20,474		_	
TOTAL OPERATING EXPENSES	\$46,000	_	_	\$47,090	_	_	\$47,090	—	_	
PROFESSIONAL SERVICES	\$5,224,509	_	_	\$5,348,330	_	_	\$5,348,330	_	—	
Other Charges	159,095		_	159,095	_	_	159,095		_	
Debt Service	—	—	_	_	_	_	_		—	
Interagency Transfers	40,000		_	40,000	_	—	40,000		—	
TOTAL OTHER CHARGES	\$199,095	_	_	\$199,095	_	_	\$199,095	—	_	
Acquisitions	_		_		_		_		_	
Major Repairs	—	—	—	—	—	—	—	—	—	
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	—	—	_	—	—	—	
TOTAL EXPENDITURES	\$5,956,979	_	_	\$6,081,890	_	_	\$6,081,890	_	_	

Form 11400 — 326-Louisiana Commission for the Deaf

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds will be used solely to establish, administer, and promote a statewide program to provide accessibility services and assistive technology for persons who are deaf, deaf/blind, hard of hearing, speech impaired, or others with similar disabilities or impairments. La. R.S. 47:1061(4) established the Telecommunications for the Deaf Fund.
Agency discretion or Federal requirement?	The line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11401 — 326-Rural Primary Care Physcian Development Fund

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation	—		—		_	—	_	—	—
Related Benefits	_	_	_	—	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	
Travel	_		_	_	_	_	_	_	_
Operating Services	_	_	_	_	_	_	_		_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_
Other Charges	2,673,634		_	2,673,634	_	_	2,673,634	_	_
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$2,673,634	_	_	\$2,673,634	_	_	\$2,673,634	—	_
Acquisitions	_		_	_	_	_	_	_	_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$2,673,634	_	_	\$2,673,634	_	_	\$2,673,634	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to: 1) increase the number of primary care practitioners in shortage areas through a program for repayment of student loans; 2) establish a program for physician retention and recruitment, and scholarship program. La. Statute Title 39:100.146 established the creation of the Rural Primary Care Physicians Development Fund.
Agency discretion or Federal requirement?	The line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of budget request.
Is the Total Request amount for multiple years?	The amount requested is for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11401 — 326-Rural Primary Care Physcian Development Fund

Form 11404 — 326-Louisiana Fund Tobacco Control

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2	024-2025 Projected	l
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation	_	—	_	_		_	—	—	_
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	_
Travel	_		_		_	_	_	_	
Operating Services	_	_	_	_	_	_	_		_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	_
PROFESSIONAL SERVICES	\$500,000	_	_	\$500,000	_	_	\$500,000	_	_
Other Charges			_	_		_	_	_	
Debt Service					—			—	
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	_	_	_	—	_	_	_	_
Acquisitions	_	_	_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$500,000	_	_	\$500,000	_	_	\$500,000	_	

Form 11404 — 326-Louisiana Fund Tobacco Control

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to provide for and maintain the health of children in Louisiana through the Tobacco Control Program. The source of these funds is the Statutory Dedication of the Tobacco Settlement Funds (The Louisiana Fund). La. RS 39:98.4 Acts 1999, No. 1295, ß1, eff. July 1, 2000; Acts 2008, No. 867, ß1.
Agency discretion or Federal requirement?	The line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Percentage of School Districts receiving professional development and technical assistance on comprehensive school wellness best practices.
Additional information or comments.	Not applicable.

Form 11405 — 326-Louisiana Fund School Based Health

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	_
Travel		_	_		_		_		_
Operating Services	9,500	_	_	9,725	_	_	9,725	_	_
Supplies	500	_	_	512	_	_	512	_	_
TOTAL OPERATING EXPENSES	\$10,000	_	_	\$10,237	_	_	\$10,237	_	_
PROFESSIONAL SERVICES	\$57,000	_		\$70,201	_	_	\$70,201	_	_
Other Charges	6,254,260	_	_	6,254,260	_	_	6,254,260	_	_
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$6,254,260	—	_	\$6,254,260	_	_	\$6,254,260	_	_
Acquisitions	_	_	_	_	_	_	_	_	_
Major Repairs	—	—	—	—	—	—	—	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	_	—	_	_	_	
TOTAL EXPENDITURES	\$6,321,260	_	_	\$6,334,698	_	_	\$6,334,698	_	

Form 11405 — 326-Louisiana Fund School Based Health

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to provide for and maintain the health of children in Louisiana through the Adolescent School-Based Health Program. The source of these funds is the Statutory Dedication of the tobacco Settlement Funds (The Louisiana Fund). La. RS 39:98.4 Acts 1999, No. 1295, ß1, eff. July 1, 2000; Acts 2008, No. 867, ß1.
Agency discretion or Federal requirement?	The line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Number of students with access to school based health center services.
Additional information or comments.	Not applicable.

Form 11713 — 326 Emergency Medical Services

	Existing Opera	ating Budget as of 1	10/01/2022	FY202	23-2024 Total Requ	est	FY2	024-2025 Projected	l
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation		_	_	_	—	_	_		_
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	—	_	_	_	_	_	_	_
Travel	_	_	_	_	_	_	_		
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	—	_
PROFESSIONAL SERVICES	_	—	_	_	_	_	_	_	_
Other Charges	_			_	_		_		
Debt Service	_	_							
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	—	_	_	_	_	_	—	_
Acquisitions	_	_	_	_	_	_	_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_		_	_	_	_	_		_
TOTAL EXPENDITURES	_	_	_	_	_	_	_	_	

Form 11713 — 326 Emergency Medical Services

Question	Narrative Response
State the purpose, source and legal citation.	Pursuant to R.S.47:463.47, a special fund in the state treasury, known as the Emergency Medical Technician Fund, was established and consist of monies generated by fees collected from the purchase of license plates for certified emergency medical technicians. Pursuant to 1236.5, these monies shall be appropriated to the LDH solely for purchasing equipment for the testing of applicants for certification as an emergency medical technician.
Agency discretion or Federal requirement?	The line item reflect Agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 11714 — 326 Louisiana Fund - Maternal Child Health

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2	024-2025 Projected	l
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation		_	_	—	—	_	_		—
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	—		_	_		_	_	_
Travel	_	_	_	_	_	_	_		
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	—	_
PROFESSIONAL SERVICES	_	—		_	_		_	_	_
Other Charges	_		_	_	_	_	_		
Debt Service	_	_							
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	_		_	_	_	_	—	_
Acquisitions	_	_	_	_	_	_	_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_			_	_	—	_		_
TOTAL EXPENDITURES	_	_	_	_	_	_	_	_	_

Form 11714 — 326 Louisiana Fund - Maternal Child Health

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to provide for and maintain the health of children in Louisiana through the Maternal and Child Health program. The source of these funds is the Statutory Dedication of the tobacco Settlement Funds (The Louisiana Fund).
Agency discretion or Federal requirement?	The line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 11715 — 326 Louisiana Fund Children's Special Health Services

	Existing Operation	ating Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	_	_	_			_	_	—	—
Other Compensation	_		_	_		_	_	—	_
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	—	_
Travel	_	_	_		_	_	_	_	
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	—	
PROFESSIONAL SERVICES	_	_	_	_	_		_	_	_
Other Charges	_	_	_		_	_	_	_	
Debt Service		—			—	_	_	_	
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	—	_	_	—		_	—	_
Acquisitions	_	_	_		_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_		_	—	_		_		
TOTAL EXPENDITURES	_		_	_	_	_	_	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to provide for and maintain the health of children in Louisiana through the Children's Special Health Services Program. The source of these funds is the Statutory Dedication of the tobacco Settlement Funds (The Louisiana Fund).
Agency discretion or Federal requirement?	The line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 11715 — 326 Louisiana Fund Children's Special Health Services

Form 11716 — 326 Louisiana Fund Genetic Disease

	Existing Opera	ating Budget as of 1	10/01/2022	FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries		—	_		_	_	_	—	_
Other Compensation	_	_	_	_	—	_	_	_	_
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	_
Travel	_	_	_	_	_	_	_	_	
Operating Services	_		_	_	_	_	_		_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	—	_
Other Charges	_	_	_	_	_	_	_	_	
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	—	_	_	_	_	_	—	_
Acquisitions	_	_	_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	—	_	_	_	_	_	—	_	
TOTAL EXPENDITURES	_	_	_	_	_	_	_	_	

Form 11716 — 326 Louisiana Fund Genetic Disease

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to provide for and maintain the health of children in Louisiana through the Genetic Diseases Program. The source of these funds is the Statutory Dedication of the tobacco Settlement Funds (The Louisiana Fund).
Agency discretion or Federal requirement?	The line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Federal Funds

Form 11021 — 326 - HIV Behavioral Surveillance

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	6,500	—	—	6,500	—	—	6,500	—	—
Other Compensation	750	_	—	—	_	_	—		—
Related Benefits	4,180			3,896			3,896		
TOTAL PERSONAL SERVICES	\$11,430	_		\$10,396	_		\$10,396	_	_
Travel	100	_			_	_			_
Operating Services	1,500			1,500			1,500		
Supplies	500	_	_	600	_	_	600	_	_
TOTAL OPERATING EXPENSES	\$2,100	_	_	\$2,100	_	_	\$2,100	—	_
PROFESSIONAL SERVICES	\$3,000	_	_	\$3,000	_	_	\$3,000	—	_
Other Charges	997,262		_	426,244	_	_	426,244		
Debt Service	_						_		
Interagency Transfers	33,000	_	_	18,000	_	_	18,000		
TOTAL OTHER CHARGES	\$1,030,262	_	_	\$444,244	_	_	\$444,244	—	_
Acquisitions	_	_			_	_			
Major Repairs	—	_	_	_	_	_	_		_
TOTAL ACQ. & MAJOR REPAIRS		_		_	_	_	_	_	_
TOTAL EXPENDITURES	\$1,046,792	—	_	\$459,740	_	—	\$459,740	—	_

Form 11021 — 326 - HIV Behavioral Surveillance

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to establish and maintain a surveillance system to monitor select behaviors and access to prevention services among groups at highest risk for HIV infection. Source of funding - Centers for Disease Control and Prevention Grant ID #6NU62PS005801.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11240 — 326-HIV AIDS Prevention

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Reque	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	350,000	—	—	350,000	—	—	350,000	—	_
Other Compensation	10,000	—	—	10,000	—	—	10,000	—	—
Related Benefits	207,544	—	_	215,762	—	_	215,762		_
TOTAL PERSONAL SERVICES	\$567,544	—	_	\$575,762	_	_	\$575,762	—	_
Travel	5,000	_	_	5,000		_	5,000		_
Operating Services	250,000	_	_	250,000	_	_	250,000		_
Supplies	775,000	_	_	800,000	_	_	800,000	_	_
TOTAL OPERATING EXPENSES	\$1,030,000	_	_	\$1,055,000	_	_	\$1,055,000	_	_
PROFESSIONAL SERVICES	\$1,400,000	_	_	\$2,700,000	_	_	\$2,700,000	_	_
Other Charges	3,403,731	_	_	2,025,238		_	2,025,238		_
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	154,000	_	_	144,000	_	_	144,000	_	_
TOTAL OTHER CHARGES	\$3,557,731	—	_	\$2,169,238	_	_	\$2,169,238	_	
Acquisitions	_	_	_	_		_	_		_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	_	_	_	_	—	_
TOTAL EXPENDITURES	\$6,555,275	_	_	\$6,500,000	_	_	\$6,500,000		_

Form 11240 — 326-HIV AIDS Prevention

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of this grant is to provide ongoing surveillance, risk reduction counseling and HIV antibody testing for high risk persons, to make sound information about AIDS/HIV infection effectively available to adolescents, young adults and the general public and to collect important epidemiological data from clients in our service. Source of funding - Centers for Disease Control Grant #5NU62PS924522
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Number of HIV tests conducted at publicly-funded sites.
Additional information or comments.	Not applicable.

Form 11242 — 326-AIDS Surveillance

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	68,000	—	—	68,000	—	—	68,000	—	_
Other Compensation	2,000	—	—	2,000	—	—	2,000	—	—
Related Benefits	40,356		_	41,954	—	_	41,954	—	_
TOTAL PERSONAL SERVICES	\$110,356	—	_	\$111,954	_	_	\$111,954	—	_
Travel	500		_	_	_	_	_		_
Operating Services	82,000		_	82,500	_	_	82,500		
Supplies	10,000	_	_	10,000	_	_	10,000	_	_
TOTAL OPERATING EXPENSES	\$92,500	_	_	\$92,500	_	_	\$92,500	_	_
PROFESSIONAL SERVICES	\$666,577	_	_	\$821,067	_	_	\$821,067	_	_
Other Charges	346,846		_	179,479	_		179,479		_
Debt Service	—		_		_		_		
Interagency Transfers	45,000	_	_	45,000	_	_	45,000	_	_
TOTAL OTHER CHARGES	\$391,846	—	_	\$224,479	_	_	\$224,479	—	_
Acquisitions	_		_		_		_		
Major Repairs	_		_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_	_	_	_	_		_	_
TOTAL EXPENDITURES	\$1,261,279	—	_	\$1,250,000	_	_	\$1,250,000	—	_

Form 11242 — 326-AIDS Surveillance

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of this funding is to provide ongoing surveillance of the disease and to collect important epidemiological data about AIDS. Source of funding - Centers for Disease Control Grant #5NU62PS924522.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Number of people living with HIV in Louisiana. 2) Number of new HIV diagnoses in Louisiana.
Additional information or comments.	Not applicable.

Form 11244 — 326-HIV Care

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	110,000	—	—	110,000	—	—	110,000	—	_	
Other Compensation	8,000		_	8,000		_	8,000		_	
Related Benefits	68,028	_	_	70,722	_	_	70,722	_	_	
TOTAL PERSONAL SERVICES	\$186,028	_	_	\$188,722	_	—	\$188,722	_	_	
Travel	1,000		_	_		_	_		_	
Operating Services	15,000	—	_	16,500	—	_	16,500	—	_	
Supplies	500	_	_	_	_	_	_	_	_	
TOTAL OPERATING EXPENSES	\$16,500	_	_	\$16,500	_	_	\$16,500	_	_	
PROFESSIONAL SERVICES	\$950,000	_	_	\$950,000	_	_	\$950,000	_	_	
Other Charges	7,991,752		_	7,947,172		_	7,947,172		_	
Debt Service					_			_		
Interagency Transfers	76,000	_	_	76,000	_	_	76,000	_	_	
TOTAL OTHER CHARGES	\$8,067,752	_	_	\$8,023,172	_	_	\$8,023,172	_	_	
Acquisitions	_	_	_	_	_	_	_	_		
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_		
TOTAL EXPENDITURES	\$9,220,280	_	_	\$9,178,394	_	_	\$9,178,394	_	_	

Form 11244 — 326-HIV Care

Question	Narrative Response
State the purpose, source and legal citation.	These funds are provided under the Ryan White CARE Act through the Health Resources and Services Administration in the Department of Health and Human Services. These funds are utilized to provide primary medical care, case management, transportation and other services to HIV infected individuals in Louisiana. Source of funds - Bureau of Health Resources Grant #6X07HA00018
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Percentage of newly diagnosed HIV clients linked to HIV-related medical care within 30 days of diagnosis. 2) Percentage of persons living with HIV whose most recent viral load in the past 12 months was <200 copies/mL.
Additional information or comments.	Not applicable.

Form 11247 — 326-HIV ADAP (HIV CARE B AIDS Drug ASSISTANCE) REBATE

	Existing Opera	iting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,590,000	—	—	1,440,000	—	—	1,440,000	—	_
Other Compensation	46,000	—	—	46,000	—	—	46,000	—	—
Related Benefits	943,172		_	890,616	—	_	890,616		_
TOTAL PERSONAL SERVICES	\$2,579,172	—	—	\$2,376,616	_	_	\$2,376,616	—	
Travel	8,000		_	7,000	_	_	7,000		
Operating Services	122,000		_	162,000			162,000		
Supplies	303,000			404,000	_		404,000		
TOTAL OPERATING EXPENSES	\$433,000	—		\$573,000	_	_	\$573,000	—	
PROFESSIONAL SERVICES	—	—	—	\$5,764,901	_	_	\$5,764,901	—	_
Other Charges	48,883,741		_	43,111,304	_	_	43,111,304		
Debt Service	—		—	_	_	_	_		_
Interagency Transfers	175,000	_	_	175,000	_	_	175,000	_	_
TOTAL OTHER CHARGES	\$49,058,741	—	_	\$43,286,304	_	_	\$43,286,304	—	
Acquisitions	_		_	20,661	_	_	20,661		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_	_	\$20,661		_	\$20,661	_	
TOTAL EXPENDITURES	\$52,070,913	_	_	\$52,021,482	_	_	\$52,021,482		

Question	Narrative Response
State the purpose, source and legal citation.	These funds are provided under the Ryan White CARE Act through the Health Resources and Services Administration in the Department of Health and Human Services. These funds are utilized to provide primary medical care, case management, transportation and other services to HIV infected individuals in Louisiana; purchase medications for persons with HIV infection who cannot afford to purchase them otherwise. The funds are transferred to the LSU Health Care Services Division and LSUMC-Shreveport, who purchase the medications and distribute them through their clinics statewide. Source of funding - Department of Health and Human Services Grant #6X07HA00018.
Agency discretion or Federal requirement?	Designated amounts are placed in expenditure categories per negotiated grant agreement.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11251 — 326-HIV Housing Opportunities for Persons With AIDS

	Existing Opera	iting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	7,000	—	—	7,000	—	—	7,000		_
Other Compensation	2,500	—	—	2,500	—	—	2,500	—	—
Related Benefits	5,477	_	_	5,694	_	_	5,694	_	_
TOTAL PERSONAL SERVICES	\$14,977	—	_	\$15,194	_	_	\$15,194	—	_
Travel	500		_	_	_	_	_		_
Operating Services	3,000		_	3,600	_	_	3,600		
Supplies	100		_	_	_	_	_		
TOTAL OPERATING EXPENSES	\$3,600	—	_	\$3,600	_	_	\$3,600	—	_
PROFESSIONAL SERVICES	—	—	_	\$4,000	_	_	\$4,000	—	_
Other Charges	3,601,718		_	3,630,843		_	3,630,843		_
Debt Service	—		_	_	_	_	_		_
Interagency Transfers	12,000	_	_	12,000	_	_	12,000	_	_
TOTAL OTHER CHARGES	\$3,613,718	—	_	\$3,642,843	_	—	\$3,642,843	—	—
Acquisitions			_	_	_	_	_		_
Major Repairs	—		_	_		_	_		_
TOTAL ACQ. & MAJOR REPAIRS		—	_		_	_	_	—	_
TOTAL EXPENDITURES	\$3,632,295	—	_	\$3,665,637	_	_	\$3,665,637		_

Question	Narrative Response
State the purpose, source and legal citation.	These funds are available through the Department of Housing and urban Development to provide for housing opportunities for persons with AIDS in the form of rental assistance payment and housing through seven residential facilities throughout the state. Source of funding - Department of Housing and Urban Development Grant #LAH21F999
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11251 — 326-HIV Housing Opportunities for Persons With AIDS

Form 11253 — 326-Louisiana Assesments of Persons Presenting With HIV

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation			_	_		_	_	—	—
Related Benefits	—	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	—	_	_	_	_	_	_	_
Travel	_	_	_	_	_	_	_	_	_
Operating Services	_		_	_	_	_	_		_
Supplies	_	_	_	10,000	_	_	10,000	_	_
TOTAL OPERATING EXPENSES	_	_	_	\$10,000	_	_	\$10,000	_	_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_
Other Charges	234,247	_	_	224,247	_	_	224,247	_	_
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$234,247	—	_	\$224,247	_	_	\$224,247	—	_
Acquisitions	_	_	_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES	\$234,247	_	_	\$234,247	_	_	\$234,247	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to enhance surveillance of persons with early and late HIV diagnosis to understand system and individual factors associated with new infection and delayed testing. Source of funding - Centers for Disease Control and Prevention Grant #1NU62PS924785.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11253 — 326-Louisiana Assesments of Persons Presenting With HIV

Form 11254 — 326-HIV-AIDS Personal Responsibility and Education Program

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	15,000	—	—	15,000	—	—	15,000	—	_
Other Compensation	500	—	—	—	—	—	—	—	—
Related Benefits	8,936	—	_	8,990	_	_	8,990	_	_
TOTAL PERSONAL SERVICES	\$24,436	—	—	\$23,990	_	—	\$23,990	_	_
Travel	100		_	_	_	_	_		_
Operating Services	2,000			2,300			2,300	—	
Supplies	200		_	_		_	—	—	_
TOTAL OPERATING EXPENSES	\$2,300	—		\$2,300	_		\$2,300	—	_
PROFESSIONAL SERVICES	\$120,000	—	_	\$120,000	_	_	\$120,000	—	—
Other Charges	579,502		_	578,234	_		578,234	_	_
Debt Service	_						_	—	
Interagency Transfers	18,000	_	_	18,800	_	_	18,800	_	_
TOTAL OTHER CHARGES	\$597,502	—	_	\$597,034	_	_	\$597,034	_	_
Acquisitions	_		_		_		_	_	
Major Repairs	—		_	_		_	—	—	_
TOTAL ACQ. & MAJOR REPAIRS		_		_	_		_		_
TOTAL EXPENDITURES	\$744,238	—		\$743,324	_		\$743,324	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to implement a program for the prevention of pregnancy and HIV/STD among young African American Women in Louisiana. Source of funds - Department of Health and Human Services Grant #2101LAPREP
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11254 — 326-HIV-AIDS Personal Responsibility and Education Program

Form 11258 — 326-HIV AIDS Hepatitis B and C Detection, Care and Treatment

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Reque	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	35,000	—	—	37,000	—	37,000	—	—	_
Other Compensation	2,000		_	_	—	_	_	—	_
Related Benefits	21,331	_	_	22,176	_	22,176	_	_	
TOTAL PERSONAL SERVICES	\$58,331	—	_	\$59,176		\$59,176	_		
Travel	500		_	_	_	_	_		
Operating Services	1,500	—	_	2,000	—	2,000	_	—	_
Supplies	71,595	—	_	71,595	—	71,595	_	—	_
TOTAL OPERATING EXPENSES	\$73,595	—	_	\$73,595	_	\$73,595	_	_	
PROFESSIONAL SERVICES	\$190,000	_	_	\$190,000	_	\$190,000	_	_	
Other Charges	_		_				_	_	
Debt Service	_						_	—	
Interagency Transfers	18,000	_	_	17,155	_	17,155	_	_	_
TOTAL OTHER CHARGES	\$18,000	—	_	\$17,155	_	\$17,155	_	—	
Acquisitions	_		_				_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_		_	_	_	_	
TOTAL EXPENDITURES	\$339,926	_	_	\$339,926	_	\$339,926	_	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are for ongoing education and treatment of Adult Viral Hepatitis. Source of funds - Centers for Disease Control and Prevention Grant #5NU51PS005183
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11258 — 326-HIV AIDS Hepatitis B and C Detection, Care and Treatment

Form 11259 — 326-HIV AIDS Ending the HIV Epidemic

	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	35,000	—	—	36,000	—	—	36,000		_
Other Compensation	1,000	—	—	—	—	—	—	—	—
Related Benefits	20,754		_	21,576	—	_	21,576		_
TOTAL PERSONAL SERVICES	\$56,754	—	—	\$57,576	_	_	\$57,576	—	—
Travel	500		_	_	_	_	_		_
Operating Services	2,000			2,500			2,500		
Supplies	6,000		_	6,000	_	_	6,000		
TOTAL OPERATING EXPENSES	\$8,500	—		\$8,500	_	_	\$8,500	_	_
PROFESSIONAL SERVICES	\$450,000	—	_	\$450,000	_	_	\$450,000	_	_
Other Charges	4,610,787		_	3,380,508	_	_	3,380,508		
Debt Service									
Interagency Transfers	55,000	_	_	55,000	_	_	55,000	_	_
TOTAL OTHER CHARGES	\$4,665,787	—	_	\$3,435,508	_	_	\$3,435,508	—	_
Acquisitions			_		_	_	_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_				_		_	_
TOTAL EXPENDITURES	\$5,181,041		_	\$3,951,584	_	_	\$3,951,584		_

Form 11259 — 326-HIV AIDS Ending the HIV Epidemic

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support the development and implementation of programs tailored to ending the HIV epidemic in the U.S. Source of funds - Centers for Disease Control and Prevention Grant #1NU62PS924620.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11265 — 326-Bioterrorism COVID-19 Crisis Response

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	40,000	—	—	—	—	—	—	—	_
Other Compensation	20,000	—	—	—	—	—	—	—	
Related Benefits	34,591	—	_	_	_	_	_	—	_
TOTAL PERSONAL SERVICES	\$94,591	—	_	_	_	_	_	—	
Travel	1,000		_	_	_	_	_		
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	5,000	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$6,000	_	_	_	_	_	_	_	
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	
Other Charges	1,105,409		_	_	_	_	_		
Debt Service				_		_		_	
Interagency Transfers	7,000	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$1,112,409	—	_	-	_	_	_	—	_
Acquisitions			_	_	_	_	_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$1,213,000	_	_	_	_	_	_		

Form 11265 — 326-Bioterrorism COVID-19 Crisis Response

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to prevent, prepare for, and respond to Coronavirus Disease by supporting the federal government's public health emergency response efforts. Source of funds - Centers for Disease Control and Prevention Grant #6NU90TP922129
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11267 — 326-COVID-19 Health Disparities

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Reque	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	478,413	—	—	475,000	—	—	475,000	—		
Other Compensation	1,400,000	—	—	1,400,000	—	—	1,400,000	—		
Related Benefits	1,082,926		_	1,123,759	—	_	1,123,759		_	
TOTAL PERSONAL SERVICES	\$2,961,339	—	_	\$2,998,759	_	_	\$2,998,759	—		
Travel	8,647	_	_	20,000	_	_	20,000			
Operating Services	_			_	_		_			
Supplies	—		_	_	—	_	_		_	
TOTAL OPERATING EXPENSES	\$8,647	—	_	\$20,000	_	_	\$20,000	—	_	
PROFESSIONAL SERVICES	_	_	_		_	_		—	_	
Other Charges	23,793,254			10,189,628			10,189,628		_	
Debt Service	_				_		_			
Interagency Transfers	346,466	_	_	346,466	_	_	346,466		_	
TOTAL OTHER CHARGES	\$24,139,720	—	—	\$10,536,094	_	_	\$10,536,094	—	_	
Acquisitions	_			_			_		_	
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS		—	_	_		_		—		
TOTAL EXPENDITURES	\$27,109,706		_	\$13,554,853	_	_	\$13,554,853		_	

Form 11267 — 326-COVID-19 Health Disparities

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds will be exclusively used only for approved activities related to the national initiative to address COVID-19 Health Disparities among populations at high-risk and underserved, including racial and ethnic minority populations and rural communities. Funds cannot be used for research, clinical care, or publicity and propaganda (lobbying). Source of funding - Centers for Disease Control and Prevention Grant ID #1NH75OT000076.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11269 — 326-COVID-19 Public Health Workforce

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Reque	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,300,000	—	—	700,000	—	—	700,000	—	_
Other Compensation	1,100,000		_	1,700,000	_	_	1,700,000		_
Related Benefits	1,383,626	_	_	1,438,412	_	_	1,438,412	_	_
TOTAL PERSONAL SERVICES	\$3,783,626	—	_	\$3,838,412	_	—	\$3,838,412	—	_
Travel	50,000		_	20,000	_	_	20,000		_
Operating Services	150,000		_		—		_		
Supplies	10,000		_	_	—	_	—		_
TOTAL OPERATING EXPENSES	\$210,000	—	_	\$20,000	_	_	\$20,000	—	_
PROFESSIONAL SERVICES	_	-	_	_	_	_	_	—	
Other Charges	19,929,326		_	8,981,413	_		8,981,413		_
Debt Service	_		_		—		_		
Interagency Transfers	243,303	_	_	243,303	_	_	243,303	_	_
TOTAL OTHER CHARGES	\$20,172,629	-	_	\$9,224,716	_	_	\$9,224,716	—	
Acquisitions	_		_		_		_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	—	_	_	_	_	_	_
TOTAL EXPENDITURES	\$24,166,255		_	\$13,083,128	_	_	\$13,083,128		_

Form 11269 — 326-COVID-19 Public Health Workforce

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds will be to establish, expand, and sustain a public health workforce. Funds cannot be used for research, clinical care, or publicity and propaganda (lobbying). Source of funding - Centers for Disease Control and Prevention Grant ID #1NU90TP922184.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11275 — 326-Public Health Emergency Preparedness and Response

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Reque	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	2,640,025	—	—	3,100,000	—	—	3,100,000	—	_
Other Compensation	230,000	—	—	150,000	—	—	150,000	—	—
Related Benefits	2,156,268	—		1,875,135	—		1,875,135		
TOTAL PERSONAL SERVICES	\$5,026,293	_	—	\$5,125,135	_	_	\$5,125,135	—	_
Travel	10,000		_	25,000		_	25,000		_
Operating Services	1,050,000	—		1,050,000	—		1,050,000		
Supplies	250,000	—	_	250,000	—		250,000		
TOTAL OPERATING EXPENSES	\$1,310,000	—		\$1,325,000	_	_	\$1,325,000	—	_
PROFESSIONAL SERVICES	\$1,545,000	—	_	\$45,000	—	_	\$45,000	—	_
Other Charges	3,603,522		_	4,939,680		_	4,939,680		_
Debt Service	—	—	_	_	—	_	_		_
Interagency Transfers	1,130,000	—	_	1,130,000	—		1,130,000		
TOTAL OTHER CHARGES	\$4,733,522	_	_	\$6,069,680	_	_	\$6,069,680	—	_
Acquisitions			_	50,000		_	50,000		_
Major Repairs	_	—	_	_	_	_	_		
TOTAL ACQ. & MAJOR REPAIRS			_	\$50,000		_	\$50,000	_	_
TOTAL EXPENDITURES	\$12,614,815	_	_	\$12,614,815	_	_	\$12,614,815	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of the grant for Focus A: Preparedness, Planning and Readiness Assessment is to develop a state and regional response plans, develop a public health inventory capacity survey and needs assessment, implement an automated recall/notification system, provide education and training for public health officials, provide for Vital Records automation, establish a National Pharmaceutical stockpile reception, staging, storage and distribution protocol, link OPH to LOEP emergency operations centers and develop state and regional level public health incident response teams. Source of funds - Centers for Disease Control and Prevention Grant ID #5NU90TP922016.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11275 — 326-Public Health Emergency Preparedness and Response

Form 11278 — 326-0PIOID Prevention (NCIPC)

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	23-2024 Total Reque	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	160,000	—	—	160,000	—	—	160,000	—	—
Other Compensation	140,000		_	140,000	—	_	140,000		_
Related Benefits	172,953		_	179,801	_	_	179,801	_	_
TOTAL PERSONAL SERVICES	\$472,953	—	_	\$479,801	_	_	\$479,801	_	_
Travel	20,000		_	20,000	_	_	20,000		_
Operating Services	100,000		_	100,000	_	_	100,000	_	_
Supplies	10,000	_	_	10,000	_	_	10,000	_	_
TOTAL OPERATING EXPENSES	\$130,000	_	_	\$130,000	_	_	\$130,000	—	
PROFESSIONAL SERVICES	_	_	_	\$800,000	_	_	\$800,000	_	_
Other Charges	4,293,992			3,487,144	_		3,487,144		_
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	230,000	_	_	230,000	_	_	230,000	_	_
TOTAL OTHER CHARGES	\$4,523,992	_	_	\$3,717,144	_	_	\$3,717,144	_	_
Acquisitions	_			_	_		_	_	_
Major Repairs	—	_	—	—	—	—	—	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	—	_	_	_
TOTAL EXPENDITURES	\$5,126,945	_	_	\$5,126,945	_	_	\$5,126,945	_	_

Form 11278 — 326-OPIOID Prevention (NCIPC)

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are for Opioid Abuse Prevention activities statewide in the Louisiana Office of Public Health. Source of funding - Centers for Disease Control and Prevention Grant # 6NU17CE924991-01.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11281 — 326- Community Health Workers For Public Health Response

	Existing Opera	ating Budget as of 1	10/01/2022	FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	_
Travel	_	_	_	_	_		_		
Operating Services	_	_	_	_	_	_	_		_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	_
PROFESSIONAL SERVICES	—	_	_	_	_	_	_	_	_
Other Charges	3,149,171	_	_	2,116,345	_		2,116,345	_	_
Debt Service		—	_	_	—	_	_	—	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$3,149,171	_	_	\$2,116,345	—	_	\$2,116,345	_	_
Acquisitions		_	_	_	_		_	_	
Major Repairs	_	_	_	_	_	_	_		_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	—	_	_	_
TOTAL EXPENDITURES	\$3,149,171	_	_	\$2,116,345	_	_	\$2,116,345	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to expand existing community health workers response efforts in resonse to the COVID- 19 pandemic. The Office of Public Health will train, deploy, and engage community health workers throughout the state of Louisiana. Source of funding - Centers for Disease Control and Prevention Grant # 1NU58DP007052.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11281 — 326- Community Health Workers For Public Health Response

Form 11283 — 326-Universal Newborn Screening

	Existing Operating Budget as of 10/01/2022			F1202	3-2024 Total Reque	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	2,000	—	—	2,200	—	—	2,200	—	
Other Compensation	200		—	—	—	—	—		
Related Benefits	1,268	_	_	1,319	_	_	1,319	_	_
TOTAL PERSONAL SERVICES	\$3,468	_		\$3,519		_	\$3,519	_	
Travel	500		_	_			_		
Operating Services	3,000		_	3,550	_	_	3,550	_	_
Supplies	50	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$3,550	_	_	\$3,550	_	_	\$3,550	_	
PROFESSIONAL SERVICES	\$556,704	—	_	\$556,653	_	_	\$556,653	_	
Other Charges	_		_	_	_		_		
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	17,000	_	_	17,000	_	_	17,000	_	_
TOTAL OTHER CHARGES	\$17,000	_	_	\$17,000	_	_	\$17,000	_	
Acquisitions	_		_	_	_		_		
Major Repairs	—	_	—	—	—	—	—	_	_
TOTAL ACQ. & MAJOR REPAIRS	—	_	—	_	_	_	_	—	_
TOTAL EXPENDITURES	\$580,722	_	_	\$580,722	_	_	\$580,722	_	_

Form 11283 — 326-Universal Newborn Screening

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of the funds is to refine and improve Louisiana's universal newborn hearing screening program 'Sound Start' by developing a sustainable statewide system for infants and children who are deaf or hard of hearing and their families and to refine the system already developed. Source of funding - Department of Health and Human Services Grant #6H61MC00014.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Re	esearch,							
	FY202	3-2024 Total Requ	est	FY2024-2025 Projected				
'n	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match		
_	1,100	—	—	1,100	—	—		
_	—							

Form 11286 — 326-Early Hearing Detection Intervention Tracking, Research, Existing Operating Budget as of 10/01/2022

Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,000	—	—	1,100	—	—	1,100	—	_
Other Compensation	100	—	—	—	—	—	—	—	_
Related Benefits	634		_	659		_	659		_
TOTAL PERSONAL SERVICES	\$1,734	_	_	\$1,759	_	_	\$1,759	_	_
Travel	—	_	—	—	—	—	—	—	_
Operating Services	15,000		_	15,000	_	_	15,000		—
Supplies	—		_	_	_	_	_		
TOTAL OPERATING EXPENSES	\$15,000	—		\$15,000	_	_	\$15,000	—	_
PROFESSIONAL SERVICES	\$102,000	_	_	\$101,975	_	_	\$101,975	_	_
Other Charges	37,764	_	_	37,766	_	_	37,766	_	_
Debt Service	_	_	_	_	_	_	—	_	—
Interagency Transfers	3,500	_	_	3,500	_	_	3,500	_	_
TOTAL OTHER CHARGES	\$41,264	—	—	\$41,266	—	_	\$41,266	_	_
Acquisitions		_	_	_	_	_	_	_	_
Major Repairs	—		_	_		_	_		_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES	\$159,998	_	—	\$160,000	_	_	\$160,000	_	_

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to provide for the tracking, research, and integration of systems relative to the Newborn Hearing Screening Program. Source of funding - Centers for Disease Control and Prevention Grant #5NU50DD0000064.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11286 — 326-Early Hearing Detection Intervention Tracking, Research,

Form 11287 — 326-Children's Special Health Services-MCH Block Grant

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Reque	st	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	1,545,781	—	93,179	1,445,781	—	193,719	1,445,781	—	193,719	
Other Compensation	37,000	—	—	37,000	—	—	37,000	—	—	
Related Benefits	1,059,051		_	1,000,984		100,000	1,000,984		100,000	
TOTAL PERSONAL SERVICES	\$2,641,832	—	\$93,179	\$2,483,765	—	\$293,719	\$2,483,765	_	\$293,719	
Travel	15,000		_	30,000		_	30,000		_	
Operating Services	310,000			330,000			330,000			
Supplies	27,000		_	90,865			90,865			
TOTAL OPERATING EXPENSES	\$352,000	—	_	\$450,865	—	_	\$450,865	—		
PROFESSIONAL SERVICES	\$1,489,684	—	\$422,000	\$1,669,684	—	\$222,000	\$1,669,684	—	\$222,000	
Other Charges	1,060,798		_	840,000		_	840,000		_	
Debt Service	—		_	—		—	_		_	
Interagency Transfers			178,000			178,000			178,000	
TOTAL OTHER CHARGES	\$1,060,798	—	\$178,000	\$840,000	—	\$178,000	\$840,000	—	\$178,000	
Acquisitions			_	100,000		_	100,000		_	
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	—	—	\$100,000	—	—	\$100,000	—	—	
TOTAL EXPENDITURES	\$5,544,314	—	\$693,179	\$5,544,314	—	\$693,719	\$5,544,314	—	\$693,719	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of the funds is to plan, coordinate, improve access, and administer community based, culturally competent, family centered systems of care for children with severe/chronic, disabling conditions in order to minimize their disabilities and maximize their potential of enjoying an independent and self-sufficient life. Legal Citation: MCH Block Grant, 42 U.S.C.701-9; Title V, Social Security Act, 42 U.S.C.1396, as amended, PL 97-35. Required match \$3 State for \$4 Federal. Source of funding - Department of Health and Human Services Grant #6B04MC45219. Match ratio: 3:4 Entity required to provide match: Office of Public Health.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Percentage of children with special health care needs receiving care in a Medical Home.
Additional information or comments.	Not applicable.

Form 11287 — 326-Children's Special Health Services-MCH Block Grant

Form 11289 — 326-Emergency Medical Services-Preventive Health Block Grant

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	100,000	—	—	100,000	—	
Other Compensation	21,768	_	_	21,768		—	21,768	—	
Related Benefits	—	_	_	_	_	_	_	_	
TOTAL PERSONAL SERVICES	\$21,768	_	_	\$121,768	_	_	\$121,768	—	
Travel		_	_	13,000	_		13,000		
Operating Services	—	_	_	5,387	_	_	5,387	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	—	_	_	\$18,387	_	_	\$18,387	_	
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	
Other Charges	182,068		_	48,641	_	_	48,641		
Debt Service									
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$182,068	_	_	\$48,641	_	_	\$48,641	—	
Acquisitions			_	15,040	_	_	15,040		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	\$15,040	_	_	\$15,040	_	
TOTAL EXPENDITURES	\$203,836	_	_	\$203,836	_	_	\$203,836	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to insure optimum pre-hospital emergency medical services through effective Emergency Medical Service (EMS) education and Certification of care providers according to accepted national standards; to oversee the education, examination, certification and scope of practice for first responders and emergency medical technicians -basic, intermediate and paramedic. Source of funding - Department of Health and Human Services Grant #1NB010T009411.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Percentage of EMS education programs that have undergone quality control measures. 2) Percentage of EMS provider licenses renewed within 30 days of expiration. 3) Percentage of telecommunicators registering completion of required training in the Information Management System. 4) Percentage of affirmative criminal background investigations initiated within 2 days of application submission. 5) Percentage of EMS practitioner applications processed within 2 business days of submission. 6) Percentage of National Registry Psychomotor Exam applications processed within 2 days of submission.
Additional information or comments.	Not applicable.

Form 11289 — 326-Emergency Medical Services-Preventive Health Block Grant

Form 11290 — 326-Emergency Medical Services for Children

	Existing Opera	Existing Operating Budget as of 10/01/2022			3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	2,000	—	—	2,000	—	—	2,000	—	
Other Compensation			_	_		_	_	—	_
Related Benefits	1,153	_	_	1,199	_	_	1,199	_	_
TOTAL PERSONAL SERVICES	\$3,153	_		\$3,199	_	_	\$3,199		
Travel	200		_		_	_	_	_	
Operating Services	500	_	_	700	_	_	700	_	_
Supplies	—	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$700	—	_	\$700	_	_	\$700	_	
PROFESSIONAL SERVICES	\$121,147	_		\$121,101	_	_	\$121,101	_	
Other Charges			_		_	_	_	_	
Debt Service			_		_		_	—	
Interagency Transfers	5,000	_	_	5,000	_	_	5,000	_	_
TOTAL OTHER CHARGES	\$5,000	-	_	\$5,000	_	_	\$5,000	—	
Acquisitions			_		_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$130,000	_	_	\$130,000	_	_	\$130,000	_	_

Form 11290 — 326-Emergency Medical Services for Children

Question	Narrative Response
State the purpose, source and legal citation.	These funds are awarded by the Department of Health and Human Services, Maternal and Child Health Bureau under the authorization of SSA, Title V. Section 502 (A) (1), 420SC702, P.L. 104-208 for the purpose of improving emergency medical services to children. Source of funds - Department of Health and Human Services Grant #6H33MC06702.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11292 — 326-Emergency Medical Services for Children Targeted Issue

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	4,000	—	—	4,000	—	—	4,000	—	_
Other Compensation	1,500		—	1,500		_	1,500		—
Related Benefits	3,171	_	_	3,296	_	_	3,296	_	_
TOTAL PERSONAL SERVICES	\$8,671	_	_	\$8,796	_	_	\$8,796	_	_
Travel	_		_	_	_		_		
Operating Services	500		_	500	_	_	500	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$500	_	_	\$500	_	_	\$500	_	_
PROFESSIONAL SERVICES	\$856,691	_	_	\$332,704	_	_	\$332,704	_	_
Other Charges			_	_	_	_	_		
Debt Service			_	_	—	_	—		_
Interagency Transfers	8,000	_	_	8,000	_	_	8,000	_	_
TOTAL OTHER CHARGES	\$8,000	—	_	\$8,000	_	_	\$8,000	—	_
Acquisitions			_	_	_	_	_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES	\$873,862		_	\$350,000	_	_	\$350,000		

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to establish a statewide system of collaboration to provide resources, support networks, education, training, and personnel development that will improve pediatric emergency care across Louisiana. This system will improve readiness by creating a statewide consortium of Pediatric Emergency Care Coordinators (PECC) in Emergency Medical Service agencies. Source of funding - Department of Health and Human Services Grant #5H34MC33242.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11292 — 326-Emergency Medical Services for Children Targeted Issue

Form 11293 — 326-Rape Crisis-Preventive Health Block Grant

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,001	—	—	1,001	—	—	1,001	—	_
Other Compensation	—	—	—	—		—	—	—	
Related Benefits	577	_	_	600	_	_	600	_	_
TOTAL PERSONAL SERVICES	\$1,578	_	_	\$1,601	_	_	\$1,601		
Travel		_	_		_	_	_		
Operating Services	1,000	_	_	1,000	_	_	1,000	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$1,000	_	_	\$1,000	_	_	\$1,000	_	_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_
Other Charges	96,284	_	_	96,261		_	96,261	_	_
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	2,500	_	_	2,500	_	_	2,500	_	_
TOTAL OTHER CHARGES	\$98,784	_	_	\$98,761	_	_	\$98,761	_	_
Acquisitions	_	_	_	_		_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	—	_	_	_	_	_	
TOTAL EXPENDITURES	\$101,362	_	_	\$101,362	_	_	\$101,362	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of this grant is to fund programs for rape prevention and education. Source of Funding: Department of Health and Human Services Grant #1NB01OT009411.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11294 — 326-Violence Against Women

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Reque	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	90,001	—	—	90,001	—	—	90,001	—	_
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	52,463	—	_	54,540	—	_	54,540	—	_
TOTAL PERSONAL SERVICES	\$143,464	—	—	\$145,541	_	—	\$145,541	_	_
Travel	500		_	_		_	_		_
Operating Services	8,000			8,500		_	8,500	_	
Supplies	_	—	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$8,500	—		\$8,500	_	_	\$8,500	_	_
PROFESSIONAL SERVICES	\$454,974	_	_	\$422,897	_	_	\$422,897	—	_
Other Charges	_		_	_		_	_		_
Debt Service	_		_	_	_	_		_	_
Interagency Transfers	19,000	_	_	19,000	_	_	19,000	_	_
TOTAL OTHER CHARGES	\$19,000	—	—	\$19,000	_	—	\$19,000	_	—
Acquisitions	_					_	_		_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—		_		_	_	_	_
TOTAL EXPENDITURES	\$625,938		_	\$595,938		_	\$595,938	_	_

Form 11294 — 326-Violence Against Women

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are for 'rape prevention and education programs conducted by rape crisis centers' (and funded through the Federal Violence Against Women Act), and funneled through the same route as this Prevention Block but it has a different authorization of appropriation. Additionally, there is a requirement to prove that at least 25% of this money is spent on education targeted to middle and senior high school age kids. Source of funds - Centers for Disease Control and Prevention Grant #5NUF2CE002498.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11296 — 326-Epidemiology Laboratory Surveillance

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Reque	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	950,000	—	—	900,000	—	—	900,000	—	—
Other Compensation	90,000	—	—	20,000	—	—	20,000		—
Related Benefits	599,571	_	_	551,391	_	_	551,391	_	_
TOTAL PERSONAL SERVICES	\$1,639,571	—	—	\$1,471,391	_	—	\$1,471,391	—	—
Travel	10,000		_	10,000		_	10,000		_
Operating Services	7,000	_		7,000	_		7,000		
Supplies	80,000	—		80,000	—		80,000		
TOTAL OPERATING EXPENSES	\$97,000	—	_	\$97,000	_	_	\$97,000	—	_
PROFESSIONAL SERVICES	\$200,000	—	_	\$391,921	—	_	\$391,921	—	_
Other Charges	452,083		_	428,342			428,342		_
Debt Service	_	_							
Interagency Transfers	51,000	—	_	51,000	—	_	51,000		
TOTAL OTHER CHARGES	\$503,083	—	—	\$479,342	_	—	\$479,342	—	—
Acquisitions	_		_				_		
Major Repairs	_		_	_	_	_	_		
TOTAL ACQ. & MAJOR REPAIRS	_	_	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,439,654	—	_	\$2,439,654	_	_	\$2,439,654	—	

Form 11296 — 326-Epidemiology Laboratory Surveillance

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to provide support of the Epidemiology and Laboratory Capacity for Infectious Diseases National Electronic Disease Surveillance System activities; to support West Nile Virus and related arboviral surveillance and responses. Source of funding - Centers for Disease Control and Prevention Grant #6NU50CK000532.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Initiate investigation within 10 working days of report to Infectious Disease Epidemiology. 2) Completed case investigation within 10 working days of starting investigation. 3) Percent of outbreaks with determined etiology.
Additional information or comments.	Not applicable.

Form 11297 — 326-Epidemiology Laboratory Surveillance -COVID-19

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	275,000	—	—	225,000	—	—	225,000		_
Other Compensation	40,000	—	—	40,000	—	—	40,000	—	—
Related Benefits	181,601	—	_	158,825	—	_	158,825		_
TOTAL PERSONAL SERVICES	\$496,601	—	_	\$423,825	_	_	\$423,825	—	_
Travel	4,000		_	4,000	_	_	4,000		_
Operating Services	10,000			10,000			10,000		
Supplies	10,000		_	10,000	_		10,000		_
TOTAL OPERATING EXPENSES	\$24,000	—	_	\$24,000	_		\$24,000	_	_
PROFESSIONAL SERVICES	_	_	_		_		_	_	_
Other Charges	18,715,960		_	19,346,769	_	_	19,346,769		
Debt Service	_								
Interagency Transfers	175,000	_	_	175,000	_	_	175,000	_	_
TOTAL OTHER CHARGES	\$18,890,960	—	_	\$19,521,769	_	_	\$19,521,769	—	_
Acquisitions	_		_	_	_	_			
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		—	_			—		_	_
TOTAL EXPENDITURES	\$19,411,561	_	_	\$19,969,594	_	_	\$19,969,594		

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to rapidly establish and monitor key activities related to COVID-19 in the areas of epidemiology, laboratory, and informatics. Source of funds - Centers for Disease Control and Prevention Grant #6NU50CK000532-02; 03.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11297 — 326-Epidemiology Laboratory Surveillance -COVID-19

Form 11299 — 326-Epidemiology Laboratory Surveillance CV-19 Expanded Supp

	Existing Opera	ting Budget as of 10	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,300,000	—	_	750,000		_	750,000		_
Other Compensation	900,000	—	_	450,000		_	450,000		_
Related Benefits	1,268,324	_	_	719,206	_	_	719,206	_	
TOTAL PERSONAL SERVICES	\$3,468,324	_	_	\$1,919,206	_	_	\$1,919,206	_	
Travel	50,000	_	_	50,000	_		50,000		
Operating Services			—	_	_	_	_	_	
Supplies	_	_	_	50,000	_	_	50,000	_	_
TOTAL OPERATING EXPENSES	\$50,000	_	_	\$100,000	_	_	\$100,000		
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	
Other Charges	20,966,758		_	14,067,515	_		14,067,515		
Debt Service	_	—	_	_	_	_	_	_	_
Interagency Transfers	710,000	_	_	710,000	_	_	710,000	_	_
TOTAL OTHER CHARGES	\$21,676,758	_	_	\$14,777,515	_	_	\$14,777,515	_	
Acquisitions			_						
Major Repairs	_	_	—	—	—	—	—	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	—	_	_	_
TOTAL EXPENDITURES	\$25,195,082	_	_	\$16,796,721	_	_	\$16,796,721		_

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to provide additional critical support to jurisdictions as they continue to address COVID- 19 in their communities. These funds support testing, case investigation and contact tracing, surveillance, containment, and mitigation efforts. Source of funding - Centers for Disease Control and Prevention Grant #6NU50CK000532-02; 04;08.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11299 — 326-Epidemiology Laboratory Surveillance CV-19 Expanded Supp

Form 11301 — 326-Epidemiology Lab Surveillance CV-19 Reopening Schools

	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	150,000	—	—	40,000	—	—	40,000	—	_
Other Compensation	25,000	—	_	6,000	—	_	6,000	—	—
Related Benefits	100,889	_	_	27,570	_	_	27,570	_	_
TOTAL PERSONAL SERVICES	\$275,889	_	_	\$73,570	_	_	\$73,570	_	_
Travel	5,000		_	5,000	_	_	5,000		
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$5,000	_	_	\$5,000	_	_	\$5,000	_	_
PROFESSIONAL SERVICES	_	_		_	_	_	_	_	_
Other Charges	40,079,932		_	7,811,430	_	_	7,811,430		
Debt Service									
Interagency Transfers	310,000	_	_	310,000	_	_	310,000	_	_
TOTAL OTHER CHARGES	\$40,389,932	—	_	\$8,121,430	_	_	\$8,121,430	—	_
Acquisitions			_		_	_	_		
Major Repairs		_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_			_	_		_	
TOTAL EXPENDITURES	\$40,670,821	_		\$8,200,000	_	_	\$8,200,000	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to enable schools from Kindergarten through grade 12 to establish COVID-19 screening testing programs to support and maintain safe in-person learning. Source of funding - Centers for Disease Control and Prevention Grant ID# 6NU50CK000532-02-07.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11301 — 326-Epidemiology Lab Surveillance CV-19 Reopening Schools

Form 11302 — 326-Antibiotic Resistance Surveillance in Retal Food

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Reque	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	46,001	—	—	40,000	—	—	40,000	—	_
Other Compensation	6,000		_	6,000	_	—	6,000		_
Related Benefits	29,979		_	27,570	—	_	27,570		_
TOTAL PERSONAL SERVICES	\$81,980	—	_	\$73,570	_	_	\$73,570	_	_
Travel	1,500		_	1,500	_	_	1,500		_
Operating Services	17,000			17,000			17,000		
Supplies	15,000		_	15,000			15,000		
TOTAL OPERATING EXPENSES	\$33,500	-	_	\$33,500	_	_	\$33,500	—	_
PROFESSIONAL SERVICES	\$5,000	-	_	\$5,000	_	_	\$5,000	—	_
Other Charges	19,520		_	18,470			18,470		
Debt Service	_		_	_	_	_	_		_
Interagency Transfers	7,000	_	_	4,460	_	_	4,460	_	_
TOTAL OTHER CHARGES	\$26,520	-	_	\$22,930	_	_	\$22,930	—	_
Acquisitions			_	_			_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	—	—	_	—	_	—	—	—	_
TOTAL EXPENDITURES	\$147,000	—	_	\$135,000		_	\$135,000	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to monitor trends in antibiotic resistance in retail meat items. Activities include testing for antibiotic resistance in Salmonella and Campylobacter isolated from meat items purchased at retail food stores per FDA protocol. Source of funds - U.S. Food and Drug Administration Grant #1U01FD007125.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11302 — 326-Antibiotic Resistance Surveillance in Retal Food

Form 11303 — 326-COVID-19 Crisis Response -Infectious Disease Epidemiolgy

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	750,000	—	—	750,000	—	—	750,000	—	_
Other Compensation	150,000		_	150,000	_	—	150,000		_
Related Benefits	518,860	_	_	539,404	_	_	539,404	_	_
TOTAL PERSONAL SERVICES	\$1,418,860	—	_	\$1,439,404	_	_	\$1,439,404	—	
Travel	2,000		_	2,000	_	_	2,000		
Operating Services	2,000		_	2,000	_	_	2,000		_
Supplies	2,000	—	_	2,000	_	_	2,000		_
TOTAL OPERATING EXPENSES	\$6,000	—		\$6,000	_	_	\$6,000	—	
PROFESSIONAL SERVICES	_	_		_	_	_		_	
Other Charges	8,830,119		_	8,809,575	_		8,809,575		
Debt Service	_		_				_		
Interagency Transfers	1,090,000	—	_	1,090,000	_	_	1,090,000		_
TOTAL OTHER CHARGES	\$9,920,119	—		\$9,899,575	_	_	\$9,899,575	—	
Acquisitions	_	_	_	_	_	_	_		_
Major Repairs	_	_	_	_	_	_	_	—	_
TOTAL ACQ. & MAJOR REPAIRS		—	_	_	_	_		—	
TOTAL EXPENDITURES	\$11,344,979		_	\$11,344,979	_	_	\$11,344,979		

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to prevent, prepare for, and respond to Coronavirus Disease by supporting the federal government's public health emergency response efforts. Source of funds - Centers for Disease Control and Prevention Grant #1NU90TP922129-01-00.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11303 — 326-COVID-19 Crisis Response -Infectious Disease Epidemiolgy

Form 11305 — 326-Family Planning Title X

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Reque	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	1,026,711		—	1,602,546	—	—	1,602,546	—	_	
Other Compensation	154,000		—	154,000	—	—	154,000		—	
Related Benefits	676,677		_	556,023	—	_	556,023	—	_	
TOTAL PERSONAL SERVICES	\$1,857,388	—	_	\$2,312,569	_	—	\$2,312,569	_	_	
Travel	_		_	_	_	_	_		_	
Operating Services	525,041		_	509,041	_	_	509,041	_	_	
Supplies	1,082,154		_	1,082,404	—	_	1,082,404	—	_	
TOTAL OPERATING EXPENSES	\$1,607,195	—	_	\$1,591,445	_		\$1,591,445	_	_	
PROFESSIONAL SERVICES	\$924,137	—	_	\$384,706	_	_	\$384,706	-	_	
Other Charges	_		_	_	_	_	_		_	
Debt Service			_	_	—	_	_			
Interagency Transfers	400,000			400,000	—	_	400,000		_	
TOTAL OTHER CHARGES	\$400,000	—	_	\$400,000	—	—	\$400,000	—	_	
Acquisitions			_	100,000			100,000		_	
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS		_	_	\$100,000			\$100,000	_		
TOTAL EXPENDITURES	\$4,788,720		_	\$4,788,720	_	_	\$4,788,720	_	_	

Form 11305 — 326-Family Planning Title X

Question	Narrative Response
State the purpose, source and legal citation.	These funds are used to provide comprehensive family planning and reproductive health services contraceptive services and supplies, basic gynecologic care, cancer and general medical screening, education, counseling and referral to all persons who want these services. The purpose of this program is to reduce unplanned pregnancies. Unplanned pregnancies result in increases in maternal and infant morbidity. Legal Citation: Public Health Services Act, Title X (42 U.S.C.701 and 3000). Source of funding - U.S. Department of Health an Human Services Grant #1FPHPA006523.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11306 — 326-Family Planning MCH Block Grant

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	293,835	—	221,666	293,835	—	214,166	293,835	—	214,166	
Other Compensation	9,120	—	6,880	9,120	—	6,880	9,120	—	6,880	
Related Benefits	189,562		116,854	189,700	—	124,354	189,700	—	124,354	
TOTAL PERSONAL SERVICES	\$492,517	—	\$345,400	\$492,655	_	\$345,400	\$492,655	_	\$345,400	
Travel	_		2,000	_	_	2,000	_	_	2,000	
Operating Services	_		18,000	_	_	18,000	_	_	18,000	
Supplies	_	_	1,800	_	_	1,800	_	_	1,800	
TOTAL OPERATING EXPENSES	_	_	\$21,800	_	—	\$21,800	_	_	\$21,800	
PROFESSIONAL SERVICES	\$7,483	_	\$1,800	\$7,345	_	\$1,800	\$7,345	_	\$1,800	
Other Charges			_			_	_			
Debt Service					_	_	_	—		
Interagency Transfers	_	_	6,000	_	_	6,000	_	_	6,000	
TOTAL OTHER CHARGES	_	_	\$6,000	_	—	\$6,000	_	—	\$6,000	
Acquisitions	_		_	_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$500,000		\$375,000	\$500,000	_	\$375,000	\$500,000	_	\$375,000	

Form 11306 — 326-Family Planning MCH Block Grant

Question	Narrative Response
State the purpose, source and legal citation.	These funds are used to provide comprehensive family planning and reproductive health services contraceptive services and supplies, basic gynecologic care, cancer and general medical screening, education, counseling and referral to all persons who want these services. The purpose of this program is to reduce unplanned pregnancies. Unplanned pregnancies result in increases in maternal and infant morbidity. Legal Citation: MCH Block Grant, 42 U.S.C.701-9; Title V, Social Security Act, 42 U.S.C.1396, as amended, PL 97-35. Source of funding - U.S. Department of Health and Human Services Grant #6B04MC45219.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11308 — 326-Family Planning -Preventive Health Block Grant

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	346,096	—	—	336,096	—	—	336,096	—	_
Other Compensation	5,950		_	5,950		_	5,950	—	_
Related Benefits	56,979		_	56,979	—	_	56,979	—	_
TOTAL PERSONAL SERVICES	\$409,025	-	_	\$399,025	_	_	\$399,025	—	_
Travel	15,000		_	25,000	_	_	25,000		_
Operating Services	125,000		_	125,000	_		125,000	_	
Supplies	74,975			74,975	_		74,975	_	
TOTAL OPERATING EXPENSES	\$214,975	—		\$224,975	_	_	\$224,975	_	_
PROFESSIONAL SERVICES	—	_		_	_	_		_	_
Other Charges	_		_		_	_	_		
Debt Service	—		_		_		_		
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES		-	_	_	_	_	_	—	_
Acquisitions	_		_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_		_	_	_	_	_	_
TOTAL EXPENDITURES	\$624,000	—	_	\$624,000	_	_	\$624,000	_	_

Question	Narrative Response
State the purpose, source and legal citation.	These funds are used to provide comprehensive family planning and reproductive health services contraceptive services and supplies, basic gynecologic care, cancer and general medical screening, education, counseling and referral to all persons who want these services. The purpose of this program is to reduce unplanned pregnancies. Unplanned pregnancies result in increases in maternal and infant morbidity. Legal citation: Omnibus Budget Reconciliation Act of 1982 (Public Law 97-35); 45 CFR 16, 74. Source of funding - U.S. Department of Health and Human Services Grant #1NB010T009411.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11308 — 326-Family Planning -Preventive Health Block Grant

Form 11309 — 326-Childhood Lead Prevention

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Reque	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	165,000	—	—	165,000	—	—	165,000	—	—	
Other Compensation	5,000	—	—	5,000	—	—	5,000	—	—	
Related Benefits	98,007	—	_	101,888	—	_	101,888	—	_	
TOTAL PERSONAL SERVICES	\$268,007	_	—	\$271,888	_	—	\$271,888	_	—	
Travel	_		_	_	_	_	_		_	
Operating Services	3,000	_	_	3,000	_	_	3,000	_	_	
Supplies	_	_	_	_	_	_	_	_		
TOTAL OPERATING EXPENSES	\$3,000	—	_	\$3,000	_	_	\$3,000	_	_	
PROFESSIONAL SERVICES	\$63,993	—	_	\$60,112	_	_	\$60,112	—	_	
Other Charges	_		_	_						
Debt Service	_	_			—					
Interagency Transfers	15,000	_	_	15,000	_	_	15,000	_	_	
TOTAL OTHER CHARGES	\$15,000	_	_	\$15,000		_	\$15,000	_	_	
Acquisitions	_	_	_	_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$350,000	_	_	\$350,000	_	_	\$350,000	_	_	

Form 11309 — 326-Childhood Lead Prevention

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are for prevention and surveillance activities related to childhood lead poisoning prevention in Louisiana. Source of funding -Centers for Disease Control and Prevention Grant #1NUE2EH001443.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11310 — 326-Genetic Disease-MCH Block Grant

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	—	—	—		—	—	—			
Other Compensation	20,000	—	—	20,000	—	—	20,000	—	—	
Related Benefits	—		_	54,101	—	_	54,101			
TOTAL PERSONAL SERVICES	\$20,000	-	_	\$74,101	_	_	\$74,101	—	—	
Travel				13,000	_	_	13,000			
Operating Services	_		_	_	_	_	_	_		
Supplies	238	_	585,000	100,238	_	585,000	100,238	_	585,000	
TOTAL OPERATING EXPENSES	\$238	_	\$585,000	\$113,238	_	\$585,000	\$113,238	_	\$585,000	
PROFESSIONAL SERVICES	\$185,912	_		\$31,811	_		\$31,811	_		
Other Charges	481,669	_		408,669	_	_	408,669		_	
Debt Service					_	_				
Interagency Transfers	92,181	_	_	92,181	_	_	92,181	_		
TOTAL OTHER CHARGES	\$573,850	—		\$500,850	_		\$500,850	_		
Acquisitions	_			60,000	_	_	60,000			
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	\$60,000	—	_	\$60,000	_	_	
TOTAL EXPENDITURES	\$780,000	_	\$585,000	\$780,000	_	\$585,000	\$780,000	_	\$585,000	

Form 11310 — 326-Genetic Disease-MCH Block Grant

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to promote and maintain the health of children with genetic diseases and prevent genetic health problems. Legal Citation: MCH Block Grant, 42 U.S.C.701-9; Title V, Social Security Act, 42 U.S.C.1396, as amended, PL 97-35. Source of funding - U.S. Department of Health and Human Services Grant #6B04MC45219.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11311 — 326-Immunization COVID-19 Outbreak Response

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Reque	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	1,300,000	—	—	900,000	—	—	900,000	—	—	
Other Compensation	400,000		—	400,000	—	_	400,000		_	
Related Benefits	980,069		_	779,140	—	_	779,140		_	
TOTAL PERSONAL SERVICES	\$2,680,069	—	_	\$2,079,140	_	_	\$2,079,140	—	_	
Travel	50,000		_	50,000		_	50,000		_	
Operating Services	_		_	_	_	_	_	_	_	
Supplies	_	_	_	_	_	_	_	_	_	
TOTAL OPERATING EXPENSES	\$50,000	_	_	\$50,000	_	_	\$50,000	_	_	
PROFESSIONAL SERVICES	_	_	_	_				_	_	
Other Charges	20,960,215		_	33,524,936		_	33,524,936		_	
Debt Service	_									
Interagency Transfers	210,000	_	_	210,000	_	_	210,000	_	_	
TOTAL OTHER CHARGES	\$21,170,215	_	_	\$33,734,936			\$33,734,936	_	_	
Acquisitions	_			_	_	_	_		_	
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$23,900,284	_	_	\$35,864,076	_	_	\$35,864,076	_	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds will be to support activities such as (but are not limited to): 1) Provide and improve COVID- 19, Influenza, and other vaccine preventable disease coverage rates during the pandemic; 2) Limit and respond to COVID-19, Influenza, and other VPD outbreaks; 3) Provide target response and information and marketing efforts involving COVID-19, Influenza, and other VPD threats; 4) Provide LINKS Data Analysis and generate reports, determine outcomes, impacts, and opportunities for improvement. Source of funding - Centers for Disease Control and Prevention Grant ID #6NH23IP922621.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11311 — 326-Immunization COVID-19 Outbreak Response

Form 11313 — 326-Immunization

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	1,742,000	—	—	1,742,000	—	—	1,742,000	—		
Other Compensation	35,000	—	—	35,000	—	—	35,000	—		
Related Benefits	841,556			889,608	_	_	889,608			
TOTAL PERSONAL SERVICES	\$2,618,556	—	_	\$2,666,608	_	—	\$2,666,608	—		
Travel	53,000	_	_	53,000	_	_	53,000		_	
Operating Services	195,000	_	_	195,000	_	_	195,000		_	
Supplies	10,000	_	_	10,000	_	_	10,000	_	_	
TOTAL OPERATING EXPENSES	\$258,000	—	_	\$258,000	_		\$258,000	—		
PROFESSIONAL SERVICES	\$589,889	_	_	\$541,837	_		\$541,837	_		
Other Charges	20,000		_	10,000	_	_	10,000			
Debt Service	—				_	_	_			
Interagency Transfers	294,198	_	_	294,198	_	_	294,198	—	_	
TOTAL OTHER CHARGES	\$314,198	_	_	\$304,198	_	_	\$304,198	-		
Acquisitions	_		_	10,000	_	_	10,000			
Major Repairs	_	_	_	_	_	_	_	_		
TOTAL ACQ. & MAJOR REPAIRS		_	_	\$10,000			\$10,000	_		
TOTAL EXPENDITURES	\$3,780,643	_	_	\$3,780,643	_	_	\$3,780,643	_	_	

Form 11313 — 326-Immunization

Question	Narrative Response
State the purpose, source and legal citation.	Funds are used to purchase vaccines and supplies to continue at least a 90% immunization level amongst Louisiana children. Funds are also used to perform active surveillance to identify and control outbreaks of diseases. The activity is funded by the Public Health Services Act, Section 317 (42 U.S.C. 2476). Source of funding - Centers for Disease Control and Prevention Grant #6NH23IP922621.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	 Percentage of children 19 to 35 mos. of age up to date for 4 DTP, 3 Polio, 3 Hib, 3 HBV, 1 MMR and 1 VAR. 2) Percentage of kindergartners up to date with 4 DTP, 3 Polio, 3 HBV, 2 MMR, and 2 VAR. Percentage of 6th graders, 11-12 years of age, up to date with 1 TdaP, 2 MMR, 2 VAR, 3 HBV, 1 MCV4. 4) Percentage of adolescents above 13 years of age, up to date for Human papillomavirus completed vaccine series.
Additional information or comments.	Not applicable.

Form 11315 — 326-Association of Public Health Laboratories Newborn Screen

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	3,001	—	—	—	—	—	—	—	_
Other Compensation	—		—			—	_	—	
Related Benefits	1,730	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	\$4,731	_	_	_	_	_	_	_	
Travel	_		_	_		_		_	
Operating Services	500		—	_	_	—	_		_
Supplies	100	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$600	_	_	_	_	_	_	_	
PROFESSIONAL SERVICES	\$14,769	_	_	_	_	_	_	_	
Other Charges	_		_	_		_		_	
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	500		_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$500	_	_	_	_	_	_	_	
Acquisitions	_		_	_		_		_	
Major Repairs	—	—	—	—	—	—	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$20,600	_	_	_	_	_	_	_	_

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to develop state-wide comprehensive newborn screening improvements by establishing cooperative endeavors with pilot hospitals and developing an educational plan for reaching parents and providers during the prenatal period. Source of funding - Association of Public Health Laboratories Grant ID#56300-6500-158-20-07.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11315 — 326-Association of Public Health Laboratories Newborn Screen

Form 11316 — 326-Child Death Review-MCH Block Grant

		Existing Operating Budget as of 10/01/2022			23-2024 Total Reque	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	500	—	—	500	—	—	500	—	—	
Other Compensation	50		_	_	—	_	_	—		
Related Benefits	317	_	_	300	_	_	300	_	_	
TOTAL PERSONAL SERVICES	\$867	_	_	\$800			\$800			
Travel	_		_		_	_	_	_		
Operating Services	500		_	500	_	_	500	_		
Supplies	_	_	_	_	_	_	_	_		
TOTAL OPERATING EXPENSES	\$500	—	_	\$500	_	_	\$500	_		
PROFESSIONAL SERVICES	\$47,633	_	_	\$48,200	_	_	\$48,200	_		
Other Charges	_		_		_	_	_	_		
Debt Service	_	_	_	_	_	_	_	_	_	
Interagency Transfers	1,000	_	_	500	_	_	500	_	_	
TOTAL OTHER CHARGES	\$1,000	_	_	\$500	_	_	\$500	_		
Acquisitions	_		_	_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	—	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$50,000	_	_	\$50,000	_	_	\$50,000	_	_	

Form 11316 — 326-Child Death Review-MCH Block Grant

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of the funds is to reduce infant and maternal mortality. Legal Citation: MCH Block Grant, 42 U.S.C.701-9; Title V, Social Security Act, 42 U.S.C.1396, as amended, PL 97-35. Source of funding - Department of Health and Human Services Grant #6B04MC45219.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11317 — 326-National Violent Death Reporting System

Salaries 36,000 - - 36,000 - - 36,000 - Other Compensation 500 - - - - - - - Related Benefits 21,043 - 21,576 - 21,576 - - - TOTAL PERSONAL SERVICES \$57,543 - - \$57,576 - - - - Travel -		Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Reque	est	FY2	2024-2025 Projected	
Other Compensation 500 — — — — — — — — — — …	Expenditures		In-Kind Match	Cash Match		In-Kind Match	Cash Match		In-Kind Match	Cash Match
Related Benefits 21,043 21,576 21,576 TOTAL PERSONAL SERVICES \$57,543 \$57,576 \$57,576 \$57,576 Travel Operating Services 3,500 3,500 3,500 Supplies 100 3,500 3,500 TOTAL OPERATING EXPENSES \$3,600 \$3,500 \$3,500 PROFESSIONAL SERVICES \$261,943 \$3,500 \$262,010 Other Charges \$262,010 Debt Service Interagency Transfers 7,000 7,000 7,000	Salaries	36,000	—	—	36,000	—	—	36,000	—	_
TOTAL PERSONAL SERVICES \$57,543 — — \$57,576 — — \$57,576 — Travel — …	Other Compensation	500	—	—	—	—	—	—	—	—
Travel — … <td>Related Benefits</td> <td>21,043</td> <td>—</td> <td>_</td> <td>21,576</td> <td>—</td> <td>_</td> <td>21,576</td> <td>—</td> <td>_</td>	Related Benefits	21,043	—	_	21,576	—	_	21,576	—	_
Operating Services 3,500 3,500 3,500 Supplies 100 TOTAL OPERATING EXPENSES \$3,600 \$3,500 \$3,500 PROFESSIONAL SERVICES \$261,943 \$3,500 \$3,500 Other Charges	TOTAL PERSONAL SERVICES	\$57,543	—	_	\$57,576	_		\$57,576	—	_
Supplies 100 — …	Travel	_		_		_	_	_	_	_
TOTAL OPERATING EXPENSES \$3,600 — — \$3,500 — — \$3,500 — PROFESSIONAL SERVICES \$261,943 — — \$262,010 — — \$262,010 — Other Charges — — — \$262,010 — — \$262,010 — Debt Service — …	Operating Services	3,500	_	_	3,500	_	_	3,500	_	_
PROFESSIONAL SERVICES \$261,943 — — \$262,010 — — \$262,010 — Other Charges — … <td>Supplies</td> <td>100</td> <td>_</td> <td>_</td> <td>_</td> <td>_</td> <td>_</td> <td>_</td> <td>_</td> <td>_</td>	Supplies	100	_	_	_	_	_	_	_	_
Other Charges — … <	TOTAL OPERATING EXPENSES	\$3,600	_		\$3,500	—		\$3,500	—	_
Debt Service - <t< td=""><td>PROFESSIONAL SERVICES</td><td>\$261,943</td><td>—</td><td>_</td><td>\$262,010</td><td>—</td><td>—</td><td>\$262,010</td><td>—</td><td>—</td></t<>	PROFESSIONAL SERVICES	\$261,943	—	_	\$262,010	—	—	\$262,010	—	—
Interagency Transfers 7,000 — 7,000 — 7,000 — TOTAL OTHER CHARGES \$7,000 — — \$7,000 — — 7,000 — Acquisitions — — — \$7,000 — — \$7,000 — Major Repairs — — — \$7,000 — — \$7,000 — TOTAL ACQ. & MAJOR REPAIRS — — — 7,000 — — — 7,000 —	Other Charges	_		_		_	_	_	_	
TOTAL OTHER CHARGES \$7,000 — — \$7,000 — Acquisitions — …<	Debt Service					—		_	—	
Acquisitions - <t< td=""><td>Interagency Transfers</td><td>7,000</td><td>_</td><td>_</td><td>7,000</td><td>_</td><td>_</td><td>7,000</td><td>_</td><td>_</td></t<>	Interagency Transfers	7,000	_	_	7,000	_	_	7,000	_	_
Major Repairs — … <	TOTAL OTHER CHARGES	\$7,000	—	_	\$7,000	_		\$7,000	—	_
TOTAL ACQ. & MAJOR REPAIRS — — — — — — — — — — — — —	Acquisitions	_		_		_	_	_	_	_
	Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES \$330,086 — — \$330,086 — — \$330,086 —	TOTAL ACQ. & MAJOR REPAIRS	_	_		_			_		_
	TOTAL EXPENDITURES	\$330,086	_		\$330,086	_		\$330,086	_	_

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to fund Louisiana for collecting violent death information using the National Violent Death Reporting System (NVDRS). Source of funding - Centers for Disease Control and Prevention Grant #6NU17CE010034.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11318 — 326-Early Childhood Comprehensive System

•	Evicting Oner	ting Budget ac of 1	0/01/2022	EVOA	2 2024 Total Domin	t	EVa	024 2025 Drojected	
-		ating Budget as of 1	0/01/2022		3-2024 Total Reque	251		024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	80,000	—	—	80,000	—	—	80,000	—	_
Other Compensation	500	—	—	—	—	—	—	—	—
Related Benefits	46,409		_	47,947	—	_	47,947	—	_
TOTAL PERSONAL SERVICES	\$126,909	—	_	\$127,947	_	—	\$127,947	_	_
Travel	500	—	—	—	_	—	—	—	—
Operating Services	4,000		_	4,000		_	4,000	—	_
Supplies	—		_	—	_	_		—	—
TOTAL OPERATING EXPENSES	\$4,500	—	_	\$4,000	—	_	\$4,000	—	_
PROFESSIONAL SERVICES	\$369,999	—	_	\$369,461	_	_	\$369,461	—	_
Other Charges	_		_	_		_	_		_
Debt Service	_		_	_		_	_	—	_
Interagency Transfers	3,000		_	3,000	—	_	3,000	—	
TOTAL OTHER CHARGES	\$3,000	—	_	\$3,000	_	_	\$3,000	—	_
Acquisitions	_		_	_		_	_		_
Major Repairs	_		_	_	_	_	_		
TOTAL ACQ. & MAJOR REPAIRS		—	_			_		_	_
TOTAL EXPENDITURES	\$504,408		_	\$504,408		_	\$504,408		_
Sector Se									

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Question	Narrative Response
State the purpose, source and legal citation.	The purpose of this grant is to plan, develop, and ultimately implement collaborations and partnerships to support families and communities in their development of children that are healthy and ready to learn at school entry by building early childhood service systems that address the critical components of access to comprehensive pediatric services and medical homes; social-emotional development of young children; early care and education, parenting education and family support. Source of funding - Department of Health and Human Services Grant #6H25MC0271.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11319 — 326-Maternal Depression

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	30,000	—	—	30,000	—	—	30,000	—	_
Other Compensation	1,000		—	1,000		—	1,000	—	_
Related Benefits	17,872		_	18,580	—	_	18,580	—	_
TOTAL PERSONAL SERVICES	\$48,872	_	_	\$49,580	_	_	\$49,580	_	_
Travel	500		_	500		_	500	_	_
Operating Services	7,000	_	_	7,000	_	_	7,000		
Supplies	_					_		—	
TOTAL OPERATING EXPENSES	\$7,500	_	_	\$7,500	_	_	\$7,500	_	_
PROFESSIONAL SERVICES	\$571,763	_	_	\$571,055	_	_	\$571,055	_	_
Other Charges	_	_	_	_	_				
Debt Service	_						_	—	_
Interagency Transfers	20,000	_	_	20,000	_	_	20,000	_	_
TOTAL OTHER CHARGES	\$20,000	_	_	\$20,000	_	_	\$20,000	_	_
Acquisitions	_		_	_		_	_	_	_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_				_			
TOTAL EXPENDITURES	\$648,135	_	_	\$648,135	_	_	\$648,135	_	_

Form 11319 — 326-Maternal Depression

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds will be to promote health in pregnant and postpartum women and their infants by establishing mental health consultation, training, and care coordination support for health care providers serving pregnant and postpartum women. Source of funding - Department of Health and Human Services Grant #1 UK3MC32243.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11321 — 326-Maternal Child Health Mortality Surveillance

Expenditures	Means of Financing								
Experiarcares	Finalicity	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	5,000	—	—	5,000	—	—	5,000	—	—
Other Compensation	500	—	—	—	—	—	—	—	—
Related Benefits	3,171		_	2,997	—	_	2,997	—	_
TOTAL PERSONAL SERVICES	\$8,671	_	_	\$7,997	_	_	\$7,997	—	_
Travel	_		_	_		_	_		
Operating Services	1,000	_	_	1,000	_	_	1,000	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$1,000	_	_	\$1,000	_	_	\$1,000	_	_
PROFESSIONAL SERVICES	\$84,429	_	_	\$85,103	_	_	\$85,103	_	_
Other Charges	_		_	_	_	_	_	_	
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	1,500		_	1,500	_	_	1,500	_	_
TOTAL OTHER CHARGES	\$1,500	_		\$1,500	_	_	\$1,500	_	_
Acquisitions	_		_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	—	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES	\$95,600	_	_	\$95,600	_	_	\$95,600	_	_

Form 11321 — 326-Maternal Child Health Mortality Surveillance

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to enhance state-based Sudden Unexpected Infant Death (SUID) information collection systems to comprehensively describe the circumstances surrounding sudden unexpected infant death cases. Source of funding - Centers for Disease Control and Prevention Grant #5NU38DP000008.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11323 — 326-Pregnancy Risk Assessment Monitoring System

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	5,001	—	—	5,000	—	—	5,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	2,883		_	2,997		_	2,997	—	_
TOTAL PERSONAL SERVICES	\$7,884	-	_	\$7,997	_	_	\$7,997	—	_
Travel			_		_	_	_		
Operating Services	3,500		_	3,500	_	_	3,500	_	_
Supplies	16,000		_	16,000		_	16,000	—	_
TOTAL OPERATING EXPENSES	\$19,500	_	_	\$19,500	_	_	\$19,500	_	_
PROFESSIONAL SERVICES	\$149,136	—	_	\$129,023	_	_	\$129,023	_	_
Other Charges			_		_	_	_		
Debt Service	—		_	_		_	_	—	_
Interagency Transfers	3,500	_	_	3,500	_	_	3,500	_	_
TOTAL OTHER CHARGES	\$3,500	—	_	\$3,500	_	_	\$3,500	_	_
Acquisitions	_		_	_		_	_	_	_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES	\$180,020	_	_	\$160,020	_	_	\$160,020	_	_

Question	Narrative Response					
State the purpose, source and legal citation.	The Pregnancy Risk Assessment Monitoring System is part of the CDC initiative to reduce infant mortality and low birth weight. The program is an ongoing, population-based surveillance system designed to identify and monitor selected maternity behavior experiences that occur before, during and after pregnancy among stratified sample of mothers who have recently delivered a live-born infant. The purpose of PRAMS is to supplement data from vital records to generate data for planning and assessing prenatal health programs. Findings from PRAMS are meant to enhance the understanding of the relationship between maternal behaviors and experiences and adverse pregnancy outcomes with the goals of developing and assessing programs to identify high-risk pregnancies and reduce adverse pregnancy outcomes. Legal Citation: Public Health Services, Centers for Disease Control and Prevention PHS Act Sec 301(a), 317(K), 42 USC 241 (A) 247B (K). Source of funding - Centers for Disease Control and Prevention Grant #5U01DP006220.					
Agency discretion or Federal requirement?	Line items reflect agency discretion.					
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.					
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.					
Additional information or comments.	Not applicable.					
Provide the amount of any indirect costs.	Not applicable.					
Any indirect costs funded with other MOF?	Not applicable.					
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.					
Additional information or comments.	Not applicable.					

Form 11323 — 326-Pregnancy Risk Assessment Monitoring System

Form 11324 — 326-Perinatal Quality Collaborative

Expenditures	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation	500	—	—	—		—	—	—	—
Related Benefits	3,171	—	_	2,997		_	2,997	—	_
TOTAL PERSONAL SERVICES	\$3,671	_	_	\$2,997	_	_	\$2,997	_	_
Travel			_		_		_	_	
Operating Services	3,000	_	_	3,000	_	_	3,000	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$3,000	_	_	\$3,000	_	_	\$3,000	_	_
PROFESSIONAL SERVICES	\$241,329	_	_	\$234,003	_	_	\$234,003	_	_
Other Charges			_		_		_	_	
Debt Service	_						_	—	
Interagency Transfers	2,000	_	_	5,000	_	_	5,000	_	_
TOTAL OTHER CHARGES	\$2,000	_	_	\$5,000	_	_	\$5,000	_	_
Acquisitions			_		_		_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_	_	_	_	_			_
TOTAL EXPENDITURES	\$250,000	_	_	\$245,000	_		\$245,000		_

Form 11324 — 326-Perinatal Quality Collaborative

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support efforts to establish the Louisiana Perinatal Quality Collaborative (LaPQC) that successfully uses improvement science, data, and public health approaches to improve maternal and infant health care and health outcomes. LaPQC will continue to develop expanded capacity to advance evidence-based clinical practices and processes through continuous quality improvement to lead significant improvements in preterm birth and perinatal morbidity and mortality rates and the health populations disproportionately affected by poor perinatal outcomes. Source of funding - Centers for Disease Control and Prevention Grant #5NU58DP006357.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

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Form 11325 — 326-COVID-19 Perinatal Quality Collaborative

		Existing Operating Budget as of 10/01/2022			23-2024 Total Requ	=3L	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	5,000	—	—	—	—	—	—	—	_
Other Compensation	500		—	_		_	_	—	_
Related Benefits	3,171	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	\$8,671	_	_	_	_	_	_	_	_
Travel	_		_	_	_	_	_	_	_
Operating Services	3,500		_	_	_	—	—		_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$3,500		_	_		_	_	_	_
PROFESSIONAL SERVICES	\$126,329	_	_	_	—	_	_	_	_
Other Charges			_	_		_			_
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	1,500	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$1,500	_	_	_	—		_	—	_
Acquisitions	_		_	_	_	_	_	_	_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	—	_	_	_
TOTAL EXPENDITURES	\$140,000	_	_	_	_	_	_	_	_

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support efforts to establish the Louisiana Perinatal Quality Collaborative (LaPQC) that successfully uses improvement science, data, and public health approaches to improve maternal and infant health care and health outcomes related to the COVID-19 pandemic in Louisiana. LaPQC will continue to develop expanded capacity to advance evidence-based clinical practices and processes through continuous quality improvement to lead significant improvements in preterm birth and perinatal morbidity and mortality rates and the health populations disproportionately affected by poor perinatal outcomes. Source of funding - Centers for Disease Control and Prevention Grant #5NU58DP006357
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11326 — 326-Suicide Prevention

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Reque	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	5,500	—	—	5,500	—	—	5,500	—	_
Other Compensation	5,000	—	—	5,000	—	—	5,000	—	
Related Benefits	6,053			6,293			6,293		
TOTAL PERSONAL SERVICES	\$16,553	—	_	\$16,793	_	_	\$16,793	—	_
Travel	_		_	_			_		
Operating Services	10,000	_	_	10,000	_	_	10,000	_	_
Supplies	712	_	_	712	_	_	712	_	_
TOTAL OPERATING EXPENSES	\$10,712	_	_	\$10,712	_		\$10,712	_	_
PROFESSIONAL SERVICES	\$617,735	_	_	\$617,495	_		\$617,495	_	_
Other Charges	_		_	_			_		
Debt Service	_						_		
Interagency Transfers	6,000	_	_	6,000	_	_	6,000	_	_
TOTAL OTHER CHARGES	\$6,000	_	_	\$6,000	_		\$6,000	_	_
Acquisitions	_	_	_	_		_	_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	_	_	—	_	—	
TOTAL EXPENDITURES	\$651,000	_	_	\$651,000		_	\$651,000	_	_

Form 11326 — 326-Suicide Prevention

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to implement and evaluate a comprehensive public health approach to suicide prevention in order to reduce suicide morbitiy and mortality, with attention to one or more vulnerable populations representing a significant portion of the suicide burden (i.e. large numbers) and with suicide rates greater than the general population. Source of funding - Centers for Disease Control and Prevention Grant #5NU50CE002597.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11327 — 326-System Development

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,000	—	—	1,500	—	—	1,500	—	_
Other Compensation	500	—	—	—	—	—	—	—	_
Related Benefits	865	—	_	899		_	899	—	_
TOTAL PERSONAL SERVICES	\$2,365	_	_	\$2,399	_	_	\$2,399	_	_
Travel	_		_		_	_	_	_	
Operating Services	500	_	_	500	_	_	500	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$500	—	_	\$500	_	_	\$500	_	_
PROFESSIONAL SERVICES	\$96,635	_	_	\$96,601	_	_	\$96,601	_	_
Other Charges	_	_	_	_	_	_	_		
Debt Service	—	—	_	_		_	_	—	_
Interagency Transfers	500	_	_	500	_	_	500	_	_
TOTAL OTHER CHARGES	\$500	_	_	\$500	_	_	\$500	_	_
Acquisitions	_	_	_	_		_	_	_	_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$100,000	_	_	\$100,000	_	_	\$100,000	_	

Form 11327 — 326-System Development

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of this grant is to develop a framework for the development of comprehensive, coordinated systems of care for high risk infants and children. Source of funding - Department of Health and Human Services Grant #6H18MC00021.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

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Form 11330 — 326-Maternal Death Due to Violence

	Existing Opera	iting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	5,001	—	—	5,001	—	—	5,001	—	_
Other Compensation	_		—	—	—	—		—	
Related Benefits	2,883	_	_	2,997	_	_	2,997	_	_
TOTAL PERSONAL SERVICES	\$7,884	_	_	\$7,998	_		\$7,998	_	_
Travel	_		_		_				_
Operating Services	500	_	_	500	_	_	500	_	_
Supplies	3,500	_	_	3,500	_	_	3,500	_	_
TOTAL OPERATING EXPENSES	\$4,000	—	_	\$4,000	_	_	\$4,000	_	_
PROFESSIONAL SERVICES	\$266,184	—	_	\$316,088	_	_	\$316,088	—	_
Other Charges	_	_		_	_		_		
Debt Service	_			_					
Interagency Transfers	2,000	_	_	2,000	_	_	2,000	_	_
TOTAL OTHER CHARGES	\$2,000	_	_	\$2,000	_		\$2,000	_	_
Acquisitions	_		_	_	_	_	_	_	_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$280,068	_	_	\$330,086	_	_	\$330,086		_

Form 11330 — 326-Maternal Death Due to Violence

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to improve the identification, tracking, and review of violent deaths in pregnant and postpartum women, promote system-level changes that improve and expand early identification of (and response) to preventing maternal deaths due to homicides and suicides. Source of funding - Department of Health and Human Services Grant #1ASTWH210092.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11331 — 326-Maternal Child Health Services-MCH Block Grant

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Reque	est	FY2	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	1,400,000	—	—	1,400,000	—	—	1,400,000	—	—	
Other Compensation	120,000	_	_	120,000	—	—	120,000		—	
Related Benefits	865,817	—	_	910,994	—	_	910,944		_	
TOTAL PERSONAL SERVICES	\$2,385,817	—	_	\$2,430,994	_	_	\$2,430,944	—	_	
Travel	5,000		_	15,000			15,000		_	
Operating Services	150,000	_	_	150,000	_	_	150,000	_	_	
Supplies	15,000	—	_	15,000	_	_	15,000	_	_	
TOTAL OPERATING EXPENSES	\$170,000	—	_	\$180,000	_	_	\$180,000	—	_	
PROFESSIONAL SERVICES	\$6,811,210	—		\$1,466,513	_	_	\$1,466,513	_	_	
Other Charges	300,000		_				_		_	
Debt Service	_	_			_					
Interagency Transfers	290,480	—	_	280,000	_	_	280,000	_	_	
TOTAL OTHER CHARGES	\$590,480	—	_	\$280,000	_	_	\$280,000	—	_	
Acquisitions	_		_	100,000			100,000		_	
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS		_	_	\$100,000	_	_	\$100,000	—	_	
TOTAL EXPENDITURES	\$9,957,507	_	_	\$4,457,507	_	_	\$4,457,457		_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of the funds is to promote and maintain the health of children; prevent health problems including speech, hearing and vision problems associated with indigent children; prevent health problems associated with indigent women in the childbearing years; to reduce infant and maternal mortality; expand Medicaid and WIC coverage and lower health care costs in Louisiana. Legal Citation: MCH Block Grant, 42 U.S.C.701-9; Title V, Social Security Act, 42 U.S.C.1396, as amended, PL 97-35. Source of funding - U.S. Department of Health and Human Services Grant #6B04MC45219.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11331 — 326-Maternal Child Health Services-MCH Block Grant

Form 11333 — 326-Maternal Child Health Mortality Review

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	5,001	—	—	5,001	—	—	5,001	—	_
Other Compensation	_		—	—		—			
Related Benefits	2,883	_	_	2,997	_	_	2,997	_	_
TOTAL PERSONAL SERVICES	\$7,884	-	_	\$7,998	_	_	\$7,998	—	_
Travel	_		_	_	_	_	_		_
Operating Services	5,000	_	_	5,000	_	_	5,000	_	_
Supplies	500	_	_	500	_	_	500	_	_
TOTAL OPERATING EXPENSES	\$5,500	_	_	\$5,500	_	_	\$5,500	_	_
PROFESSIONAL SERVICES	\$422,616	_	_	\$422,502	_		\$422,502	_	_
Other Charges	_		_	_	_	_	_		_
Debt Service					_	_			
Interagency Transfers	14,000	_	_	14,000	_	_	14,000	_	_
TOTAL OTHER CHARGES	\$14,000	_	_	\$14,000	_		\$14,000	_	_
Acquisitions	_		_	_	_	_	_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_	_		_			_	
TOTAL EXPENDITURES	\$450,000	_	_	\$450,000	_	_	\$450,000	_	_

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to manage and enhance comprehensive reviews of maternal deaths for identifying prevention opportunities. Source of funding - Centers for Disease Control and Prevention Grant #1 NU58DP006683-01.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11335 — 326-Nurse Family Partnership -MCH Block Grant

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	5,000	—	1,347,844	800,000		500,000	800,000		500,000	
Other Compensation	10,207	—	—	5,000	—	10,000	5,000	—	10,000	
Related Benefits	263,820		155,341	587,799	_	250,000	587,799		250,000	
TOTAL PERSONAL SERVICES	\$279,027	_	\$1,503,185	\$1,392,799	_	\$760,000	\$1,392,799	_	\$760,000	
Travel	818	_	_	15,000	_	7,500	15,000	_	7,500	
Operating Services		_	91,325	100,000		116,325	100,000		116,325	
Supplies		_	_		_	_		_		
TOTAL OPERATING EXPENSES	\$818	_	\$91,325	\$115,000	_	\$123,825	\$115,000	_	\$123,825	
PROFESSIONAL SERVICES	—	_	\$1,000,000	\$1,907,136	_	\$1,710,685	\$1,907,136	—	\$1,710,685	
Other Charges	3,618,107	_	_	449,449	_	_	449,449	_	_	
Debt Service	—	_	_	—	_	_	—	_	_	
Interagency Transfers	441,937	_	5,490	400,505	_	5,490	400,505	_	5,490	
TOTAL OTHER CHARGES	\$4,060,044	_	\$5,490	\$849,954	_	\$5,490	\$849,954	_	\$5,490	
Acquisitions		_	_	75,000	_	_	75,000	_		
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	\$75,000	—	—	\$75,000	—	—	
TOTAL EXPENDITURES	\$4,339,889	_	\$2,600,000	\$4,339,889	_	\$2,600,000	\$4,339,889		\$2,600,000	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to promote and maintain the health of children, prevent health problems including speech, hearing and vision problems associated with indigent children; prevent health problems associated with indigent women in the childbearing years; to reduce infant and maternal mortality; expand Medicaid and WIC coverage and lower health care costs in Louisiana. Funding source: U.S. Department of Health and Human Services. Legal Citation: MCH Block Grant, 42 U.S.C. 701-9, Social Security Act, 42 U.S.C. 1396, as amended, P.L. 97-35. Source of funding - U.S. Department of Health and Human Services Grant #6B04MC45219.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Number of Maternal, Infant and Early Childhood home visits, including Nurse-Family Partnership (NFP) and Parents as Teachers (PAT).
Additional information or comments.	Not applicable.

Form 11335 — 326-Nurse Family Partnership -MCH Block Grant

Form 11337 — 326-COVID-19 American Resue Plan Act Funding for Home Visiti

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	150,000	—	_	150,000	—	—	150,000	—	—
Other Compensation	50,000	—	—	50,000	—	—	50,000	—	—
Related Benefits	115,302		_	119,868	—	_	119,868		_
TOTAL PERSONAL SERVICES	\$315,302	—	_	\$319,868	_	_	\$319,868	—	_
Travel	2,000		_	20,000	_	_	20,000		_
Operating Services	2,000			2,000			2,000		
Supplies	10,000		_	70,000	_	_	70,000		_
TOTAL OPERATING EXPENSES	\$14,000	—	_	\$92,000	_	_	\$92,000	—	_
PROFESSIONAL SERVICES	—	—	_	\$1,447,946	_	_	\$1,447,946	—	_
Other Charges	707,946		_	259,791	_	_	259,791		_
Debt Service	—								
Interagency Transfers	30,000	_	_	30,000	_	_	30,000	_	_
TOTAL OTHER CHARGES	\$737,946	—	_	\$289,791	_	_	\$289,791	—	_
Acquisitions	_		_	50,000	_	_	50,000		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	\$50,000	_	—	\$50,000	—	
TOTAL EXPENDITURES	\$1,067,248		_	\$2,199,605	_	_	\$2,199,605		_

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to promote and maintain the health of children, prevent health problems including speech, hearing and vision problems associated with indigent children; prevent health problems associated with indigent women in the childbearing years; to reduce infant and maternal mortality; expand Medicaid and WIC coverage and lower health care costs in Louisiana in response to the COVID-19 pandemic. Source of funding - U.S. Department of Health and Human Services Grant #6X1141905.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11337 — 326-COVID-19 American Resue Plan Act Funding for Home Visiti

Form 11339 — 326-Maternal Infant and Childhood Home Visiting Direct & Inf

	Existing Opera	iting Budget as of 1	0/01/2022	FY202	3-2024 Total Reque	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,299,999	—	—	1,000,000	—	—	1,000,000	—	_
Other Compensation	20,000	—	—	20,000	—	—	20,000	—	—
Related Benefits	760,994	—	_	611,325	—	_	611,325		_
TOTAL PERSONAL SERVICES	\$2,080,993	_	—	\$1,631,325	_	—	\$1,631,325	—	
Travel	25,000		_	25,000		_	25,000		
Operating Services	105,000	_		105,000			105,000		
Supplies	8,000	—	_	28,000		_	28,000		
TOTAL OPERATING EXPENSES	\$138,000	—		\$158,000	_	_	\$158,000	—	
PROFESSIONAL SERVICES	\$6,267,996	—	_	\$7,761,717	_	_	\$7,761,717	—	_
Other Charges	3,661,397	_	_	500,000			500,000		
Debt Service	—	—	_	_		_	_		_
Interagency Transfers	280,000	_	_	280,000	_	_	280,000	_	_
TOTAL OTHER CHARGES	\$3,941,397	_	_	\$780,000	_	_	\$780,000	—	
Acquisitions	_	_	_	50,000		_	50,000		
Major Repairs	—	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_	_	\$50,000		_	\$50,000	_	
TOTAL EXPENDITURES	\$12,428,386	_		\$10,381,042	_	_	\$10,381,042	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to promote and maintain the health of children, prevent health problems including speech, hearing and vision problems associated with indigent children; prevent health problems associated with indigent women in the childbearing years; to reduce infant and maternal mortality; expand Medicaid and WIC coverage and lower health care costs in Louisiana. Source of funding - U.S. Department of Health and Human Services Grant #6X10MC39689.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11339 — 326-Maternal Infant and Childhood Home Visiting Direct & Inf

Form 11341 — 326-CV-19 American Rescue Plan Act For Pediactric Mental Hea

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	FY2023-2024 Total Request			FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	100,000	—	—	—	—	—	—	—	_	
Other Compensation	5,000		_	—		_	_	—		
Related Benefits	60,534	_	—	_	_	—	_	_	_	
TOTAL PERSONAL SERVICES	\$165,534	_	_	_	_	_	_	_		
Travel	1,000		_	_	_			_		
Operating Services	5,000	_	_	_	_	_	_	_		
Supplies	2,000	_	_	_	_	_	_	_	_	
TOTAL OPERATING EXPENSES	\$8,000	_	_	_	_	_	_	_		
PROFESSIONAL SERVICES	\$354,466	_	_	_	_	_	_	_		
Other Charges	_		_	_	_	_	_	_		
Debt Service	_	_	_	_	_	_	_	_	_	
Interagency Transfers	6,000		_	_	_	_	_	_	_	
TOTAL OTHER CHARGES	\$6,000	_	_	_	_	—	_	_		
Acquisitions					_	_				
Major Repairs	—	_	—	—	—	—	—	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_		
TOTAL EXPENDITURES	\$534,000	_	_	_	_	_	_	_		

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to provide pediatric mental health care access through funding from the American Rescue Plan Act (ARPA). Source of funding - U.S. Department of Health and Human Services Grant #5U4MC44242.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11341 — 326-CV-19 American Rescue Plan Act For Pediactric Mental Hea

Form 11342 — 326-Rural Health

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	19,098		—	19,098	—	—	19,098		_
Other Compensation	1,000	—	—	—	—	—	—	—	—
Related Benefits	80,000		_	88,326	—	_	88,326	—	_
TOTAL PERSONAL SERVICES	\$100,098	—	—	\$107,424	_	—	\$107,424	_	_
Travel	5,000	_	_	5,000	_	_	5,000		_
Operating Services	5,000		_	5,000	_	_	5,000		
Supplies	1,000			1,000	_	_	1,000		
TOTAL OPERATING EXPENSES	\$11,000	—		\$11,000	_	_	\$11,000	_	_
PROFESSIONAL SERVICES	\$191,030	—	_	\$183,704	_	_	\$183,704	—	—
Other Charges			_		_		_		
Debt Service	—		—	_	_	_	_		—
Interagency Transfers	29,000	_	_	29,000	_	_	29,000	_	_
TOTAL OTHER CHARGES	\$29,000	_	_	\$29,000	_	_	\$29,000	-	_
Acquisitions			_		_		_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	_	—	—	—	_
TOTAL EXPENDITURES	\$331,128	_	_	\$331,128	_	_	\$331,128	_	_

Form 11342 — 326-Rural Health

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to pay for costs related to the implementation of a prospective payment system. Source of funding - U.S. Department of Health and Human Services Grant #15H95RH00111.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Percent of Rural Health Clinics (RHCs) receiving technical assistance (TA).
Additional information or comments.	Not applicable.

Form 11345 — 326-Student Loan Repayment Plan

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2	2024-2025 Projected	l
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	_	—	_	_		_	_		—
Related Benefits	_	—	_	_	_	_	_	—	_
TOTAL PERSONAL SERVICES	_	—	_	_	_	_	_	—	_
Travel	_		_	_		_	_		
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	—	
PROFESSIONAL SERVICES	_	_		_	_	_		_	
Other Charges	999,992		422,500	678,706		70,500	678,706		70,500
Debt Service	_		_	_			_		
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$999,992	—	\$422,500	\$678,706	_	\$70,500	\$678,706	—	\$70,500
Acquisitions	_		_	_		_	_		_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_		_	_	_	_	_	_
TOTAL EXPENDITURES	\$999,992	_	\$422,500	\$678,706	_	\$70,500	\$678,706		\$70,500

Form 11345 — 326-Student Loan Repayment Plan

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to recruit and or retain primary care practitioners into difficult to fill shortage areas while reducing the practitioner's educational debt. Source of funding - U.S. Department of Health and Human Services Grant #6H56CR27382.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	There is a one-to-one match ratio for this grant. Match may come from any non-federal funding source. Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Percentage of State Loan Repayment Program funds awarded to new and existing health care providers recruited and retained to work in Louisiana Health professional shortage areas. 2) Percentage of health professional shortage areas analyzed and submitted to the Health Resources and Services Administration by the federal deadline.
Additional information or comments.	Not applicable.

Form 11346 — 326-Primary Care

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	112,000	—	—	112,000	—	—	112,000	—	_	
Other Compensation	1,000	—	_	_		_	_	—	_	
Related Benefits	30,801	_	_	32,781	_	_	32,781	_	_	
TOTAL PERSONAL SERVICES	\$143,801	_	_	\$144,781	_	_	\$144,781		_	
Travel	500	_	_		_	_	_			
Operating Services	1,500	_	_	1,500	_	_	1,500	_	_	
Supplies	500	_	_	_	_	_	_	_	_	
TOTAL OPERATING EXPENSES	\$2,500	_	_	\$1,500	_	_	\$1,500	_	_	
PROFESSIONAL SERVICES	\$27,430	_	_	\$27,450	_	_	\$27,450	_	_	
Other Charges	_	_	_	_		_	_			
Debt Service	_	_	_	_	_	_	_	_	_	
Interagency Transfers	9,000	_	_	9,000	_	_	9,000	_	_	
TOTAL OTHER CHARGES	\$9,000	—	_	\$9,000	_	_	\$9,000		_	
Acquisitions	_	_	_	_		_	_			
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	_	_	—	—	_	_	
TOTAL EXPENDITURES	\$182,731	_	_	\$182,731	_	_	\$182,731	_		

Form 11346 — 326-Primary Care

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to coordinate local, state, and federal resources contributing to primary care service delivery in the state to meet the needs of the medically underserved populations. Source of funding - U.S. Department of Health and Human Services Grant #5U68HP29439.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11348 — 326-Small Hospital Improvements

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	65,000	—	_	65,000	—	—	65,000	—	_
Other Compensation	_	—	_	—		—	—	—	—
Related Benefits	37,473	_	_	38,957	_	_	38,957	_	_
TOTAL PERSONAL SERVICES	\$102,473	_	_	\$103,957	_		\$103,957		_
Travel	500		_	_	_	_	_		
Operating Services	500	—	_	_		_	_	—	_
Supplies	100	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$1,100	—	_	_	_	_	_	_	_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_
Other Charges	496,944	_	_	465,535	_	_	465,535		_
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	11,000	_	_	11,000	_	_	11,000	_	_
TOTAL OTHER CHARGES	\$507,944	_	_	\$476,535	_		\$476,535		_
Acquisitions	_		_		_	_		_	_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_	_	_	_		_		
TOTAL EXPENDITURES	\$611,517	_	_	\$580,492	_	_	\$580,492		

Form 11348 — 326-Small Hospital Improvements

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to assist rural hospitals to pay costs related to Value-Based Purchasing (VBP), Accountable Care Organization (ACO), bundled payments and implementation of a Perspective Payment Systems (PPS). Source of funding - U.S. Department of Health and Human Services Grant #5H3HRH00006.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Percent of Rural Health Clinics (RHCs) receiving technical assistance (TA).
Additional information or comments.	Not applicable.

Federal Funds

Form 11349 — 326-COVID-19 Small Hospital Improvements

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	_	—	—	—	—	—	_
Other Compensation	—	—	—	—	—	—	—	—	
Related Benefits		—	_	_		_	_	—	_
TOTAL PERSONAL SERVICES	—	_		_	—	_	_	_	
Travel	_		_	_	_	_	_	_	
Operating Services	—	_	_	_	_	_	_	_	_
Supplies	—	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	—	_	_	_	—	_	_	_	
PROFESSIONAL SERVICES	—	_		_	—	_	_	_	
Other Charges	255,197		_	_	_	_	_	_	
Debt Service		_						—	
Interagency Transfers	—	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$255,197	_		_	—	_	_	—	
Acquisitions		_	_	_		_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	—	_	—	_	_	
TOTAL EXPENDITURES	\$255,197	_	_	_	_	_	_	_	

Form 11349 — 326-COVID-19 Small Hospital Improvements

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to provide monetary support for COVID-19 for healthcare facilities and preparation of surge in-patient care related to the spreading of coronavirus. Activities may include testing, supplies, and personal protective equipment (PPE). Source of funding - U.S. Department of Health and Human Services Grant #1H3LRH42241.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11350 — 326-Bold Well Ahead

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	4,999		—	4,999	—	—	4,999	—	_	
Other Compensation	2,000		—	2,000	—	—	2,000	—		
Related Benefits	4,035	_	_	4,195	_	_	4,195	_	_	
TOTAL PERSONAL SERVICES	\$11,034	_	_	\$11,194	_		\$11,194	_		
Travel	_		_	_	_		_		_	
Operating Services	5,000	_	_	5,000	_	_	5,000	_	_	
Supplies	_	_	_	_	_	_	_	_	_	
TOTAL OPERATING EXPENSES	\$5,000	_	_	\$5,000	_	_	\$5,000	_	_	
PROFESSIONAL SERVICES	\$393,776	_	_	\$234,806	_	_	\$234,806	_	_	
Other Charges	_	_	_	_	_		_	_		
Debt Service	_	_	_	_	_	_	_	_	_	
Interagency Transfers	9,000		_	9,000	_	_	9,000	_	_	
TOTAL OTHER CHARGES	\$9,000	_		\$9,000	_	_	\$9,000	_	_	
Acquisitions	_		_	_	_	_	_	_		
Major Repairs	—	—	—	—	—	—	—	—	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	—	—	_	_	_	_		
TOTAL EXPENDITURES	\$418,810	_	_	\$260,000	_	_	\$260,000	_		

Form 11350 — 326-Bold Well Ahead

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds will be to address Alzheimer's Disease and other related dementias. Team members will provide technical assistance to implement public health actions related to cognitive health, cognitive impairment, and caregiving to Louisiana citizens. Source of funding - Centers for Disease Control and Prevention Grant ID #1NU58DP006941.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11351 — 326-Critical Care Access(FLEX)

	Existing Opera	iting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	150,000	—	—	150,000	—	—	150,000	—		
Other Compensation	1,000		_	_	_	_	_		_	
Related Benefits	87,053	_	_	89,901	_	_	89,901	_	_	
TOTAL PERSONAL SERVICES	\$238,053	—	_	\$239,901	_	_	\$239,901	-	_	
Travel	9,000		_	9,000	_	_	9,000			
Operating Services	3,000	_	_	3,000	_	_	3,000	_	_	
Supplies	2,000		_	2,000	_		2,000		_	
TOTAL OPERATING EXPENSES	\$14,000	—	_	\$14,000	_	_	\$14,000	_	_	
PROFESSIONAL SERVICES	\$350,000	—	_	\$162,942	_	_	\$162,942	_	_	
Other Charges	1,013		_		_	_	_		_	
Debt Service	_		_							
Interagency Transfers	53,000	_	_	53,000	_	_	53,000	_	_	
TOTAL OTHER CHARGES	\$54,013	—	_	\$53,000	_	_	\$53,000	_	_	
Acquisitions	_		_	_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS		—	_	_		_		_		
TOTAL EXPENDITURES	\$656,066		_	\$469,843	_	_	\$469,843	_	_	

Form 11351 — 326-Critical Care Access(FLEX)

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are for the implementation of the Critical Access Hospital (CAH) Program, improvement of rural emergency medical services, and support of community development activities and other activities to strengthen rural health systems. Source of funding - U.S. Department of Health and Human Services Grant #5U2WRH33310.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11353 — 326-Oral Health CDC

	Existing Opera	iting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	110,000	—	—	110,000	—	—	110,000	—	_	
Other Compensation	2,000		_	_		_	_	—	—	
Related Benefits	64,569	_	_	65,927	_	_	65,927	_	_	
TOTAL PERSONAL SERVICES	\$176,569	_	_	\$175,927	_	_	\$175,927		_	
Travel	2,000		_	2,000			2,000			
Operating Services	3,000	_	_	3,000	_	_	3,000	_	_	
Supplies	1,000	_	_	1,000	_	_	1,000	_	_	
TOTAL OPERATING EXPENSES	\$6,000	_	_	\$6,000	_	_	\$6,000	_	_	
PROFESSIONAL SERVICES	\$421,759	_	_	\$422,401	_	—	\$422,401	_	_	
Other Charges	_		_				_			
Debt Service	_		_				_			
Interagency Transfers	12,200	_	_	12,200	_	_	12,200	_	_	
TOTAL OTHER CHARGES	\$12,200	_	_	\$12,200	_	_	\$12,200	_	_	
Acquisitions	_	_	_	_	_	_	_			
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	—	—	_	_	
TOTAL EXPENDITURES	\$616,528	_	_	\$616,528	_	_	\$616,528	_		

Form 11353 — 326-Oral Health CDC

Question	Narrative Response				
State the purpose, source and legal citation.	Provide for infrastructure and program capacity for the Oral Health Program to improve program management, surveillance, program partnerships and collaborations, development of a statewide oral health coalition and state plar and evaluation. Source of funding - Centers for Disease Control and Prevention Grant #5NU58DP006474.				
Agency discretion or Federal requirement?	Line items reflect agency discretion.				
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.				
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.				
Additional information or comments.	Not applicable.				
Provide the amount of any indirect costs.	Not applicable.				
Any indirect costs funded with other MOF?	Not applicable.				
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.				
Additional information or comments.	Not applicable.				

Form 11354 — 326-Oral Health Workforce

Expenditures	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	79,213	—	—	79,213	—	_
Other Compensation	200,000	—	—	100,000	—	—	100,000	—	—
Related Benefits	153,740	—	_	160,588	—	_	160,588		_
TOTAL PERSONAL SERVICES	\$353,740	-	_	\$339,801	_	_	\$339,801	—	_
Travel	5,000		_	5,000	_	_	5,000		
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$5,000	—	_	\$5,000	_	_	\$5,000	_	_
PROFESSIONAL SERVICES		_		_	_	_	_	_	_
Other Charges	41,259	_	_	55,198	_	_	55,198		_
Debt Service					_	_			
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$41,259	-	_	\$55,198	_	_	\$55,198	—	_
Acquisitions			_		_	_	_		_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_	_	_	_	_		_	
TOTAL EXPENDITURES	\$399,999	_	_	\$399,999	_	_	\$399,999	_	

Form 11354 — 326-Oral Health Workforce

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds will be to implement oral health promotion and disease prevention activities as well as include the Rural Health Dental Scholar Program along with executing and managing teledentistry related initiatives. Source of funding - Department of Health and Human Services Grant #1T12HP46094.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11356 — 326-Behavorial Risk Factor Surveillance System(BRFSS)

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	105,000	—	—	105,000	—	—	105,000	—	_
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	60,534		_	62,931	—	_	62,931	—	_
TOTAL PERSONAL SERVICES	\$165,534	—	_	\$167,931	_	—	\$167,931	_	—
Travel	_		_	_	_	_	_		_
Operating Services	500		_	500	_	_	500	_	_
Supplies	500	_	_	500	_	_	500	_	_
TOTAL OPERATING EXPENSES	\$1,000	_	_	\$1,000	_		\$1,000	—	_
PROFESSIONAL SERVICES	\$204,466	—	_	\$202,069	_	_	\$202,069	_	_
Other Charges	_		_		_		_		
Debt Service	_						_		
Interagency Transfers	19,000	_	_	19,000	_	_	19,000	_	_
TOTAL OTHER CHARGES	\$19,000	_	_	\$19,000	_	—	\$19,000	_	_
Acquisitions	_		_	_	_		_	_	_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	—	_	_	_
TOTAL EXPENDITURES	\$390,000	_	_	\$390,000	_	_	\$390,000	_	_

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to allow the Bureau of Primary Care and Rural Health to contract with other agencies to conduct surveys of risk factors affecting the health outcomes of citizens in Louisiana. Source of funding - Centers for Disease Control and Prevention Grant #1NU58DP006878.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11356 — 326-Behavorial Risk Factor Surveillance System(BRFSS)

	Existing Opera	nting Budget as of 10	0/01/2022	FY202	3-2024 Total Reque	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	297,166	—	—	296,946	—	—	296,946	—	_
Other Compensation	780	—	_	_	—	_	_		_
Related Benefits	150,000	_	_	158,783	_	_	158,783	_	_
TOTAL PERSONAL SERVICES	\$447,946	—	_	\$455,729			\$455,729	_	
Travel	5,000		_	5,000		_	5,000		
Operating Services	45,000	—		45,000			45,000		
Supplies	1,000	—		1,000			1,000		
TOTAL OPERATING EXPENSES	\$51,000	_	_	\$51,000	_		\$51,000	_	
PROFESSIONAL SERVICES	\$71,054	—	_	\$61,672	_	_	\$61,672	_	
Other Charges	5,000	_		6,599			6,599		
Debt Service	—	—							
Interagency Transfers	150,000	_	_	150,000	_	_	150,000	_	_
TOTAL OTHER CHARGES	\$155,000	—	_	\$156,599			\$156,599	_	_
Acquisitions	_	_							_
Major Repairs	_	—	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		—	—				_	_	
TOTAL EXPENDITURES	\$725,000	—	_	\$725,000		_	\$725,000		_

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to strengthen Public Health Infrastructure for improved health outcomes related to Policy and Performance Improvement. Omnibus Budget Reconciliation Act of 1982 (Public Law 97-35); 45 CFR 16, 74. Source of funding - DHHS/Public Health Service Grant Grant #1NB01OT009411.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11357 — 326-Performance Improvement-Preventive Health Block Grant

Federal Funds

Form 11359 — 326-Public Health Information Structure Grant

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	1,190,188	—	—	1,190,188	—	_
Other Compensation	—	—	_	513,019		_	513,019		_
Related Benefits	_	_	_	1,020,797	_	_	1,020,797	_	_
TOTAL PERSONAL SERVICES	_	_	_	\$2,724,004	_	—	\$2,724,004	—	_
Travel			_	100,000	_	_	100,000		_
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	\$100,000	_	_	\$100,000	_	_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	—	_
Other Charges	17,221,350		_	5,645,894	_		5,645,894		
Debt Service					_				
Interagency Transfers	_	_	_	250,000	_	_	250,000	_	_
TOTAL OTHER CHARGES	\$17,221,350	_	_	\$5,895,894	_	_	\$5,895,894	—	
Acquisitions			_		_		_		_
Major Repairs	_	_	_	_	_	_	_	—	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	—	—	_	—	—	—	_
TOTAL EXPENDITURES	\$17,221,350	_	_	\$8,719,898	_	_	\$8,719,898		

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to rebuild and strengthen Louisiana's Public Health system; strengthen Public Health workforce planning, systems, processes, and policies. Source of funding - Centers for Disease Control and Prevention (legal citation/grant ID to be determined).
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11360 — 326-Overdose Surveillance

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Reque	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	139,999	—	—	100,000	—	—	100,000		—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	80,711		_	59,934	—	_	59,934		_
TOTAL PERSONAL SERVICES	\$220,710	—	—	\$159,934	_	—	\$159,934	—	—
Travel	3,000		_	3,000	_	_	3,000		_
Operating Services	80,000			80,000	—		80,000		
Supplies	2,000		_	2,000	—		2,000		
TOTAL OPERATING EXPENSES	\$85,000	—	_	\$85,000	—		\$85,000	_	
PROFESSIONAL SERVICES	\$140,000	_		\$200,776	_		\$200,776	_	
Other Charges	657,345			657,345	_		657,345		_
Debt Service					—				
Interagency Transfers	110,000		_	110,000	—		110,000		
TOTAL OTHER CHARGES	\$767,345	—	_	\$767,345	_	_	\$767,345	—	_
Acquisitions	_		_	_	_	_	_		_
Major Repairs	_		_	_	_	_	_		_
TOTAL ACQ. & MAJOR REPAIRS		_	_	_			_	_	_
TOTAL EXPENDITURES	\$1,213,055		_	\$1,213,055	_	_	\$1,213,055		_

Form 11360 — 326-Overdose Surveillance

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to develop and maintain an opioid overdose surveillance system. Source of funding - Centers for Disease Control and Prevention Grant #66NU17CE924991.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11361 — 326-Public Health Informatics Preventive Health Block Grant

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	43,357	—	—	43,357	—	—	43,357	—	
Other Compensation	10,000	_	_	10,000		_	10,000		_
Related Benefits	60,000	_	_	63,082	_	_	63,082	_	_
TOTAL PERSONAL SERVICES	\$113,357	_	_	\$116,439	_	_	\$116,439	_	
Travel	_	_	_	_	_	_	_		
Operating Services	62,675	_	_	62,675	_	_	62,675	_	_
Supplies	2,000	_	_	2,000	_	_	2,000	_	_
TOTAL OPERATING EXPENSES	\$64,675	—	_	\$64,675	_	_	\$64,675	_	_
PROFESSIONAL SERVICES	\$151,074	_		\$147,992	_		\$147,992	_	_
Other Charges	_		_		_	_	_		
Debt Service	—	—	_	_	_	_	—		_
Interagency Transfers	120,894	_	_	120,894	_	_	120,894	_	_
TOTAL OTHER CHARGES	\$120,894	—	_	\$120,894	_	_	\$120,894	—	_
Acquisitions	_		_		_	_	_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		—	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$450,000	_	_	\$450,000	_	_	\$450,000		

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to integrate public health with information technology for the systematic application of health informatics and computer sciences to public health practice, research and learning. Source of funding - DHHS/ Public Health Service Grant Grant #1NB010T009411.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11361 — 326-Public Health Informatics Preventive Health Block Grant

Form 11363 — 326-Well Ahead -Preventive Health Block Grant

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	110,000		—	100,000	—	—	100,000	—	_
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	63,993		_	60,533	—	_	60,533	—	_
TOTAL PERSONAL SERVICES	\$174,993	—	_	\$161,533	_	—	\$161,533	—	_
Travel	500		_	500	_	_	500		_
Operating Services	4,000			4,000			4,000		
Supplies	4,000		_	4,000	—	_	4,000	—	_
TOTAL OPERATING EXPENSES	\$8,500	_	_	\$8,500	_	_	\$8,500	_	_
PROFESSIONAL SERVICES	\$815,507	_	_	\$713,967	_		\$713,967	_	_
Other Charges			_		_		_		_
Debt Service							_		
Interagency Transfers	46,000	_	_	46,000	_	_	46,000	_	_
TOTAL OTHER CHARGES	\$46,000	_	_	\$46,000	_		\$46,000	_	_
Acquisitions			_		_		_		_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_	_					_	
TOTAL EXPENDITURES	\$1,045,000	_	_	\$930,000	_	_	\$930,000	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support the DHH Office of Public Health - Health Promotion WELL-AHEAD program. Source of funding - DHHS/Public Health Service Grant Grant #1NB01OT009411
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

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Form 11365 — 326-Primary Care and Rural Health -Prevntive Health Block

	Existing Opera	Existing Operating Budget as of 10/01/2022			3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	200,000	—	—	190,000	—	—	190,000	—	_
Other Compensation	20,000	—	—	20,000	—	—	20,000	—	—
Related Benefits	126,832		_	125,861	—	_	125,861	—	_
TOTAL PERSONAL SERVICES	\$346,832	—	_	\$335,861	_	_	\$335,861	_	_
Travel	_		_		_				_
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	5,000	_	_	5,000	_	_	5,000	_	_
TOTAL OPERATING EXPENSES	\$5,000	—	_	\$5,000	_		\$5,000	_	_
PROFESSIONAL SERVICES	\$162,168	_		\$50,139	_		\$50,139	_	_
Other Charges	_		_		_				
Debt Service	_				_				_
Interagency Transfers	39,000	_	_	39,000	_	_	39,000	_	_
TOTAL OTHER CHARGES	\$39,000	—	_	\$39,000	_	_	\$39,000	_	_
Acquisitions	_		_	20,000	_		20,000		
Major Repairs	_		_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		—	_	\$20,000	_	_	\$20,000		_
TOTAL EXPENDITURES	\$553,000		_	\$450,000	_	_	\$450,000	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support the Office of Public Health Primary Care and Rural Health program. Source of funding - DHHS/Public Health Service Grant #1NB01OT009411.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11365 — 326-Primary Care and Rural Health -Prevntive Health Block

Form 11367 — 326-Tobacco Control

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	320,000	—	—	300,000	—	—	300,000	—	_
Other Compensation	50,000	—	—	50,000	—	—	50,000	—	—
Related Benefits	213,309			209,768			209,768		
TOTAL PERSONAL SERVICES	\$583,309	_	_	\$559,768	_	_	\$559,768	—	_
Travel	5,000		_	5,000	_	_	5,000		_
Operating Services	2,000			2,000			2,000		
Supplies	5,000			5,000	_	_	5,000		
TOTAL OPERATING EXPENSES	\$12,000	—	_	\$12,000	_	_	\$12,000	—	_
PROFESSIONAL SERVICES	\$1,546,711	—	\$500,000	\$960,007	_	—	\$960,007	—	_
Other Charges			_		_	_	_		
Debt Service							_		
Interagency Transfers	77,000		_	77,000	_	_	77,000	_	_
TOTAL OTHER CHARGES	\$77,000	—	_	\$77,000	_	_	\$77,000	-	_
Acquisitions			_		_	_	_		_
Major Repairs	_	—	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		—	_			_		_	
TOTAL EXPENDITURES	\$2,219,020	—	\$500,000	\$1,608,775	_	_	\$1,608,775	—	

Form 11367 — 326-Tobacco Control

Question	Narrative Response					
State the purpose, source and legal citation.	The purpose of these funds is to provide ongoing guidance, consultation, and technical assistance in all aspects of tobacco use prevention and control. There is a required match of 4:1 (1 non federal spent for every 4 federal spent). Match can be in-kind and/or direct contributions from public and/or private sources. Source of funding - Centers for Disease Control and Prevention Grant #6NU58DP006830.					
Agency discretion or Federal requirement?	Line items reflect agency discretion.					
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.					
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.					
Additional information or comments.	Not applicable.					
Provide the amount of any indirect costs.	Not applicable.					
Any indirect costs funded with other MOF?	Not applicable.					
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.					
Additional information or comments.	Not applicable.					

Form 11368 — 326-Wisewoman

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Reque	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	20,000	—	—	20,000	—	—	20,000	—	_
Other Compensation	5,000		_	5,000	—	_	5,000		_
Related Benefits	14,413		_	14,983	—	_	14,983		_
TOTAL PERSONAL SERVICES	\$39,413	—	_	\$39,983	_	_	\$39,983	_	_
Travel	1,000		_	1,000	_	_	1,000		_
Operating Services	1,500			1,000	_		1,000		
Supplies	3,000			3,000	—	_	3,000		
TOTAL OPERATING EXPENSES	\$5,500	—	_	\$5,000	_	_	\$5,000	_	_
PROFESSIONAL SERVICES	\$1,202,314	—	\$243,000	\$1,202,244	_	\$243,000	\$1,202,244	_	\$243,000
Other Charges	_			_	_		_		_
Debt Service				_					
Interagency Transfers			17,000	_	—	_			
TOTAL OTHER CHARGES	—	—	\$17,000	_	—	_	_	—	—
Acquisitions			_				_		_
Major Repairs	_		_	_	_	_	_		_
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	_	_	_	_	_	_
TOTAL EXPENDITURES	\$1,247,227	_	\$260,000	\$1,247,227	_	\$243,000	\$1,247,227	_	\$243,000

Form 11368 — 326-Wisewoman

Question	Narrative Response					
State the purpose, source and legal citation.	The purpose of these funds are to provide screening, treatment, and referral services to women with a risk or at risk of cardiovascular disease throughout the state. Source of funding - Centers for Disease Control and Prevention Grant #5NU58DP006643.					
Agency discretion or Federal requirement?	Line items reflect agency discretion.					
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.					
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.					
Additional information or comments.	Not applicable.					
Provide the amount of any indirect costs.	Not applicable.					
Any indirect costs funded with other MOF?	Not applicable.					
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.					
Additional information or comments.	Not applicable.					

Form 11369 — 326-Heart and Stroke

	Existing Opera	iting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	200,000	—	—	195,000	—	—	195,000	—	_
Other Compensation	5,000	—	—	5,000	—	—	5,000	—	—
Related Benefits	118,185		_	119,868	—	_	119,868		_
TOTAL PERSONAL SERVICES	\$323,185	—	_	\$319,868	_	—	\$319,868	—	_
Travel	1,000	_	_	1,000	_	_	1,000		_
Operating Services	3,000			3,000	_		3,000		
Supplies	1,000			1,000	_		1,000		
TOTAL OPERATING EXPENSES	\$5,000	_	_	\$5,000	_	_	\$5,000	—	_
PROFESSIONAL SERVICES	\$1,134,576	_	_	\$762,893	_	_	\$762,893	_	_
Other Charges			_		_		_		
Debt Service	_				_		_		
Interagency Transfers	40,000	_	_	40,000	_	_	40,000	_	_
TOTAL OTHER CHARGES	\$40,000	—	_	\$40,000	_	_	\$40,000	—	_
Acquisitions			_		_		_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		—	_	_	_			_	_
TOTAL EXPENDITURES	\$1,502,761	_	_	\$1,127,761	_	_	\$1,127,761		

Form 11369 — 326-Heart and Stroke

Question	Narrative Response					
State the purpose, source and legal citation.	The purpose of these funds will be: 1) Increase implementation of quality improvement processes in health systems; 2) Promote reporting of blood pressure and A1c measures, initiate activities that promote clinical innovations, team- based care, and self monitoring of blood pressure; 3) Increase lifestyle intervention programs in community settings for primary prevention of type 2 diabetes and 4) continue partnership with Louisiana Community Health Outreach Network (LACHON). Source of funding - Centers for Disease Control and Prevention Grant #6NU58DP006532.					
Agency discretion or Federal requirement?	Line items reflect agency discretion.					
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.					
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.					
Additional information or comments.	Not applicable.					
Provide the amount of any indirect costs.	Not applicable.					
Any indirect costs funded with other MOF?	Not applicable.					
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.					
Additional information or comments.	Not applicable.					

Form 11371 — 326-Heart Disease and Stroke

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	115,000		—	113,000	—	—	113,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	66,299	_	_	67,725	—	_	67,725	—	_
TOTAL PERSONAL SERVICES	\$181,299	_	_	\$180,725	_	_	\$180,725	_	_
Travel	2,000		_	2,000	_	_	2,000		_
Operating Services	15,000	_	_	15,000	—	_	15,000	—	_
Supplies	500		_	500	—	_	500	—	_
TOTAL OPERATING EXPENSES	\$17,500	_	_	\$17,500	—	_	\$17,500	_	
PROFESSIONAL SERVICES	\$1,421,195	_		\$1,644,053	_	_	\$1,644,053	_	_
Other Charges	657,542			435,258		_	435,258		
Debt Service	_				_				
Interagency Transfers	4,600	_	_	4,600	_	_	4,600	_	_
TOTAL OTHER CHARGES	\$662,142	-	_	\$439,858	_	_	\$439,858	—	_
Acquisitions	_		_	_	_	_	_		_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_	_	_		_	_	_	_
TOTAL EXPENDITURES	\$2,282,136	_	_	\$2,282,136	_		\$2,282,136	_	_

Form 11371 — 326-Heart Disease and Stroke

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support the Office of Public Health Chronic Disease and Healthcare Access Program's Heart Disease and Prevention Management grant initiatives and deliverables.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11372 — 326-Diabetes Prevention

	Existing Opera	nting Budget as of 10)/01/2022	FY202	23-2024 Total Reque	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	195,000	—	—	195,000	—	—	195,000	—	
Other Compensation	40,000	—	—	40,000	—	—	40,000	—	—
Related Benefits	135,480	—	_	140,844	—	_	140,844		_
TOTAL PERSONAL SERVICES	\$370,480	—	_	\$375,844	_	—	\$375,844	—	—
Travel	5,000		_	5,000		_	5,000		_
Operating Services	3,000	—		3,000	—		3,000		
Supplies	1,000	_	_	1,000	_	_	1,000	_	_
TOTAL OPERATING EXPENSES	\$9,000	—	_	\$9,000	_	_	\$9,000	—	_
PROFESSIONAL SERVICES	\$1,640,989	—	_	\$1,635,625	_	_	\$1,635,625	—	—
Other Charges	_	_	_		_		_		
Debt Service	_	—	_	_	—	_	_		_
Interagency Transfers	32,000	_	_	32,000	_	_	32,000	_	_
TOTAL OTHER CHARGES	\$32,000	—	—	\$32,000	_	—	\$32,000	—	—
Acquisitions	_	_	_		_		_		_
Major Repairs	_	—	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		—	—	_		_		—	_
TOTAL EXPENDITURES	\$2,052,469	_		\$2,052,469	_	_	\$2,052,469		_

Form 11372 — 326-Diabetes Prevention

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to enhance access to evidence-based programs, improve patient care processes, enhance community-clinical linkages, improve patient referral mechanisms, and improve tracking and use of clinical data to control and reduce the burden of diabetes in Louisiana's high-burden populations. Source of funding - Centers for Disease Control and Prevention Grant #1 NU58DP006627.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11374 — 326-Unallotted

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	—	_	_	_	_	_	—	_
Travel	119,930		_	47,877	_		47,877		
Operating Services			_	54,378	_	_	54,378	_	_
Supplies	1,146,867		_	2,437,829		_	2,437,829		_
TOTAL OPERATING EXPENSES	\$1,266,797	—	_	\$2,540,084	_	_	\$2,540,084	_	_
PROFESSIONAL SERVICES	\$710,900	_		\$1,703,998	_	_	\$1,703,998	_	_
Other Charges	203,407,748		_	190,547,669	_		196,915,421		_
Debt Service			_		_				
Interagency Transfers	5,760,226	_	_	6,367,752	_	_	_	_	_
TOTAL OTHER CHARGES	\$209,167,974	—	— :	\$196,915,421	_	—	\$196,915,421	—	_
Acquisitions			_		_		_		_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—		_	_			_	
TOTAL EXPENDITURES	\$211,145,671	_	— :	\$201,159,503	_	—	\$201,159,503	—	_

Form 11374 — 326-Unallotted

Question	Narrative Response
State the purpose, source and legal citation.	This represents appropriated revenue not linked to a specific programmatic activity that is deemed uncollectable based on current revenue estimates. As such, the source is indeterminate and no legal citation exists.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	Not applicable.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 11375 — 326-Commodity Supplemental Food Program

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	50,000	—	—	50,000	—	—	50,000		—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	34,610	—	_	37,578	—	_	37,578		_
TOTAL PERSONAL SERVICES	\$84,610	_	_	\$87,578	_	_	\$87,578	_	_
Travel	3,000		_	3,000		_	3,000		_
Operating Services	5,000	_	_	5,000	_	_	5,000	_	_
Supplies	500	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$8,500	—	_	\$8,000	—	_	\$8,000	_	_
PROFESSIONAL SERVICES	_	_	_	_	_		_	_	
Other Charges	3,870,515		_	3,987,422		_	3,987,422		_
Debt Service					_				
Interagency Transfers	17,000	_	_	17,000	_	_	17,000	_	
TOTAL OTHER CHARGES	\$3,887,515	_	_	\$4,004,422	—		\$4,004,422	_	
Acquisitions		_	_	_	_	_	_		_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	_	_	—	_	_	
TOTAL EXPENDITURES	\$3,980,625	_	_	\$4,100,000	_	_	\$4,100,000		_

Form 11375 — 326-Commodity Supplemental Food Program

Question	Narrative Response
State the purpose, source and legal citation.	The program furnishes patient certification, nutrition education, warehousing and distribution of food to patients in accordance with 7 CFR Part 247, FMC 74 and OMB Circulars A-102 and A-110. Source of funding - U. S. Department of Agriculture Grant #6LA810872.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Number of monthly Commodity Supplemental Food Program participants served.
Additional information or comments.	Not applicable.

Form 11377 — 326-Women Infants and Children

	Existing Opera	ating Budget as of 10	0/01/2022	FY202	3-2024 Total Reque	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	11,050,000	—	—	11,050,000	—	—	11,050,000	—	
Other Compensation	580,000	—	_	580,000	—	_	580,000		
Related Benefits	6,704,823	—	_	6,970,304	—	_	6,970,304		
TOTAL PERSONAL SERVICES	\$18,334,823	—	—	\$18,600,304	—	_	\$18,600,304	—	
Travel	450,000		_	450,000		_	450,000		
Operating Services	1,300,000	—	—	1,400,000	_	_	1,400,000		_
Supplies	1,200,000	—	—	1,300,000	—	_	1,300,000		_
TOTAL OPERATING EXPENSES	\$2,950,000	—	_	\$3,150,000	—	_	\$3,150,000	—	
PROFESSIONAL SERVICES	\$4,100,000	—	_	\$4,000,000	—	_	\$4,000,000	—	
Other Charges	93,278,394	_		93,292,320		_	93,292,320		
Debt Service		—	—	_	_	_	_		_
Interagency Transfers	2,585,000	—		2,427,376	—	_	2,427,376		
TOTAL OTHER CHARGES	\$95,863,394	—	_	\$95,719,696	_	_	\$95,719,696	—	
Acquisitions			_	530,000		_	530,000		_
Major Repairs		—	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	—	—	\$530,000	—	_	\$530,000	—	
TOTAL EXPENDITURES	\$121,248,217	_	_	\$122,000,000	_	_	\$122,000,000	_	_

Form 11377 — 326-Women Infants and Children

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to administer the WIC program funded by U.S. Department of Agriculture - Food and Nutrition Service pursuant to authority contained in Child Nutrition Act of 1966 as amended by Public Law 105-24, July 3, 1997. Source of funding - U. S. Department of Agriculture Grant #6LA700503.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	 Number of monthly WIC participants. Percentage of postpartum women enrolled in WIC who breastfeed. Percentage of WIC eligible clients served. Number of WIC vendor fraud investigations.
Additional information or comments.	Not applicable.

Form 11378 — 326-Peer Counseling

	Existing Opera	iting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2	024-2025 Projected	
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	140,000		_	115,000	—	—	115,000	—	_
Other Compensation	5,000	—	—	5,000	—	—	5,000	—	—
Related Benefits	83,594		_	71,921	—	_	71,921		_
TOTAL PERSONAL SERVICES	\$228,594	—	_	\$191,921	_	—	\$191,921	_	_
Travel	500		_	500	_	_	500		_
Operating Services	60,000		_	60,000	—	_	60,000		_
Supplies	5,000		_	15,000		_	15,000		_
TOTAL OPERATING EXPENSES	\$65,500	_	_	\$75,500	_	_	\$75,500	_	_
PROFESSIONAL SERVICES	_	_	_	\$100,000	_	_	\$100,000	—	_
Other Charges	1,393,725		_	1,267,579	_		1,267,579		
Debt Service			_	_	_		_		
Interagency Transfers	55,000	_	_	55,000	_	_	55,000	_	_
TOTAL OTHER CHARGES	\$1,448,725	_	_	\$1,322,579	_	_	\$1,322,579	—	_
Acquisitions			_	10,000	_		10,000		_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_	_	\$10,000		_	\$10,000	_	_
TOTAL EXPENDITURES	\$1,742,819	_	_	\$1,700,000	_	_	\$1,700,000	_	

Form 11378 — 326-Peer Counseling

Question	Narrative Response
State the purpose, source and legal citation.	WIC Breastfeeding Peer Counseling grant is for the WIC Program to implement/administer a peer counseling program based on research-based components of a successful peer counseling program as identified by USDA-Food and Nutrition Services. State Agencies will participate in two training sessions and one management training. Source of funding - U. S. Department of Agriculture Grant #216LA523W503.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11379 — 326-School Based Health MCH Block Grant

Expenditures	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	195,000		_	195,000	—	_	195,000	_	_
Other Compensation	4,000		_	1,000	—	_	1,000	—	_
Related Benefits	114,726	_	_	117,470	_	_	117,470	_	_
TOTAL PERSONAL SERVICES	\$313,726	_	_	\$313,470	_		\$313,470	_	
Travel	1,000			1,000	_		1,000		
Operating Services	1,711		_	1,967	_	_	1,967	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$2,711	_	_	\$2,967	_	_	\$2,967	_	
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	—	
Other Charges	_		_	_	_	_	_	_	
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	_	_		_		_	_	
Acquisitions	_		_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	—	_	_	
TOTAL EXPENDITURES	\$316,437	_	_	\$316,437	_	_	\$316,437	_	

Form 11379 — 326-School Based Health MCH Block Grant

Question	Narrative Response			
State the purpose, source and legal citation.	The purpose of these funds are to provide comprehensive health services to children in schools. Legal Citation: MCH Block Grant, 42 U.S.C.701-9; Title V, Social Security Act, 42 U.S.C.1396, as amended, PL 97-35. Source of funding - U.S. Department of Health and Human Services Grant #6B04MC45219.			
Agency discretion or Federal requirement?	Line items reflect agency discretion.			
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.			
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.			
Additional information or comments.	Not applicable.			
Provide the amount of any indirect costs.	Not applicable.			
Any indirect costs funded with other MOF?	Not applicable.			
Objectives and indicators in the Operational Plan.	1) Number of Maternal, Infant and Early Childhood home visits, including Nurse-Family Partnership (NFP) and Parents as Teachers (PAT). 2) Percentage of students who receive an annual risk assessment. 3) Number of adolescent school- based health centers (SBHCs). 4) Percentage of adolescent school-based health centers (SBHCs) that demonstrate progress with a documented continuous quality improvement (CQI) plan. 5) Number of patient visits to Adolescent School-Based Health Centers.			
Additional information or comments.	Not applicable.			

Form 11380 — 326-Sexually Transmitted Diseases (STD) DIS Workforce

	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,100,000	—	—	1,600,000	—	—	1,600,000	—	_
Other Compensation	70,000	—	—	70,000	—	—	70,000	—	—
Related Benefits	674,518	_	_	1,000,895	_	_	1,000,895	_	_
TOTAL PERSONAL SERVICES	\$1,844,518	—	_	\$2,670,895	_	_	\$2,670,895	—	
Travel	20,000		_	40,000	_	_	40,000		
Operating Services	200,000	—	_	250,000	—	_	250,000		_
Supplies	1,000	—	_	1,000	—	_	1,000		
TOTAL OPERATING EXPENSES	\$221,000	—	_	\$291,000	_	_	\$291,000	—	
PROFESSIONAL SERVICES	—	_	_	\$448,880	_	_	\$448,880	—	_
Other Charges	678,027		_	628,027			628,027		
Debt Service	_	_					_		
Interagency Transfers	100,000	—	_	100,000	_	_	100,000		
TOTAL OTHER CHARGES	\$778,027	_	_	\$728,027	_	_	\$728,027	—	
Acquisitions	_		_				_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_	_			_	_	_	
TOTAL EXPENDITURES	\$2,843,545	—	_	\$4,138,802		_	\$4,138,802	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these supplemental funds are to support Disease Intervention Specialist (DIS) workforce development in Louisiana. Source of funding - Centers for Disease Control and Prevention Grant #6NH25PS005176.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11380 — 326-Sexually Transmitted Diseases (STD) DIS Workforce

Form 11381 — 326-Sexual Transmitted Diseases Case Finding

	Existing Opera	nting Budget as of 1	0/01/2022	FY2023-2024 Total Request			FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	315,000	—	—	115,000		—	115,000	—	
Other Compensation	20,000	—	—	10,000	—	—	10,000	—	—
Related Benefits	338,213			229,929			229,929		
TOTAL PERSONAL SERVICES	\$673,213	_	_	\$354,929	_	_	\$354,929	—	_
Travel	5,000		_	5,000	_	_	5,000		_
Operating Services	140,000			140,000			140,000		
Supplies	350,000			350,000		_	350,000		_
TOTAL OPERATING EXPENSES	\$495,000	—	_	\$495,000	_		\$495,000	—	_
PROFESSIONAL SERVICES	\$810,000	—	_	\$810,000	—	—	\$810,000	—	_
Other Charges	541,087		_	421,901		_	421,901		_
Debt Service	—		_	—		_	—		_
Interagency Transfers	125,000			125,000		_	125,000		
TOTAL OTHER CHARGES	\$666,087	—	_	\$546,901	_	_	\$546,901	—	_
Acquisitions	_		_	30,000	_	_	30,000		_
Major Repairs	_		_	_	_	_	_		_
TOTAL ACQ. & MAJOR REPAIRS		—	_	\$30,000	_	_	\$30,000	—	—
TOTAL EXPENDITURES	\$2,644,300		_	\$2,236,830	_	_	\$2,236,830		_

Form 11381 — 326-Sexual Transmitted Diseases Ca	se Finding
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Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to reduce the incidence of sexually transmitted disease and to prevent potential infections from occurring. G ranted under the authority of Section 318(C) of the Public Health Service Act. Source of funding - Centers for Disease Control and Prevention Grant #5NH25PS005176.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Percentage of primary and secondary syphilis cases treated within 14 days of specimen collection. 2) Number of primary and secondary syphilis cases.
Additional information or comments.	Not applicable.

Form 11382 — 326-LA Strenghtening STD Prevention and Control for Health D

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	6,240		_	6,240		_	6,240	—	_
Other Compensation	_		_	_		_	—	—	
Related Benefits	3,597	_	_	3,740	_	_	3,740	_	
TOTAL PERSONAL SERVICES	\$9,837	_	_	\$9,980	_	_	\$9,980	_	
Travel	_	_	_	_	_	_	_	_	
Operating Services	—	_	_	_	_	—	_	_	
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	
Other Charges	56,764			112,782	_		112,782		
Debt Service	_		_	_	_	_	—		
Interagency Transfers	792	_	_	792	_	_	792	_	_
TOTAL OTHER CHARGES	\$57,556	_	_	\$113,574	_	_	\$113,574	_	
Acquisitions	_				_		_		
Major Repairs	—	_	—	—	—	—	—	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$67,393	_	_	\$123,554	_	_	\$123,554	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to reduce the incidence of sexually transmitted disease and to prevent potential infections from occurring. Source of funding - Centers for Disease Control and Prevention Grant #5425PS004338
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11382 — 326-LA Strenghtening STD Prevention and Control for Health D

Form 11383 — 326-Tuberculosis - Preventive Health Block Grant

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	610,000	—	—	590,000	—	—	590,000	—	—
Other Compensation	6,000		_	3,000		_	3,000		_
Related Benefits	_	_	_	31,492	_	_	31,492	_	
TOTAL PERSONAL SERVICES	\$616,000	—	_	\$624,492	_	—	\$624,492	_	_
Travel	_		_	12,000	_		12,000		_
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	97,399	_	_	97,399	_	_	97,399	_	_
TOTAL OPERATING EXPENSES	\$97,399	—	_	\$109,399	_	_	\$109,399	_	_
PROFESSIONAL SERVICES	\$305,000	_	_	\$168,000	_	_	\$168,000	_	
Other Charges	6,156		_	47,664	_		47,664		
Debt Service	_			_	_		_		
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$6,156	—	_	\$47,664	_	_	\$47,664	_	
Acquisitions	_		_	75,000	_		75,000		_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		—	_	\$75,000	_		\$75,000	_	
TOTAL EXPENDITURES	\$1,024,555	—	_	\$1,024,555	_	_	\$1,024,555	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to prevent the transmission of disease through the treatment of tuberculosis affected individuals and prevention and/or treatment of those exposed to individuals with tuberculosis. Source of funding - DHHS/Public Health Services Grant #1NB01OT009411.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Percentage of TB infected contacts who complete treatment. 2) Percentage of culture confirmed cases completing treatment within 12 months. 3) Percentage of pulmonary culture confirmed cases converting sputum culture within two months.
Additional information or comments.	Not applicable.

Form 11383 — 326-Tuberculosis - Preventive Health Block Grant

Form 11384 — 326-Tuberculosis Prevention

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	250,436	—	—	251,822	—	—	251,822	—	
Other Compensation	20,401		_	15,000		_	15,000		
Related Benefits	184,539		_	184,553	_	_	184,553	_	_
TOTAL PERSONAL SERVICES	\$455,376	-	_	\$451,375	_	_	\$451,375	-	_
Travel	27,000		_	27,000	_	_	27,000		_
Operating Services	40,000			40,000			40,000		
Supplies	149,372		_	149,372			149,372		
TOTAL OPERATING EXPENSES	\$216,372	—		\$216,372	_	_	\$216,372	_	
PROFESSIONAL SERVICES	\$85,000	_		\$85,000	_	_	\$85,000	_	
Other Charges	26,356			30,357		_	30,357		
Debt Service	_								
Interagency Transfers	88,718	_	_	88,718	_	_	88,718	_	_
TOTAL OTHER CHARGES	\$115,074	—		\$119,075	_	_	\$119,075	_	
Acquisitions	_					_	_		_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_		_		_		_	
TOTAL EXPENDITURES	\$871,822	_	_	\$871,822	_	_	\$871,822	_	

Form 11384 — 326-Tuberculosis Prevention

Question	Narrative Response
State the purpose, source and legal citation.	Funds are available through the TB Cooperative Agreement with the Centers for Disease Control for the surveillance, control and prevention of tuberculosis in Louisiana. Source of funding - Centers for Disease Control and Prevention Grant #6NU52PS910177.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Percentage of TB infected contacts who complete treatment. 2) Percentage of culture confirmed cases completing treatment within 12 months. 3) Percentage of pulmonary culture confirmed cases converting sputum culture within two months.
Additional information or comments.	Not applicable.

Form 11385 — 326-Beach Monitoring

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	130,200	—	—	85,597	—	—	85,597	—	
Other Compensation	2,000	_	—	2,000	—	—	2,000		—
Related Benefits	60,800	_	_	60,800	_	_	60,800	_	_
TOTAL PERSONAL SERVICES	\$193,000	_	_	\$148,397	_		\$148,397	_	_
Travel	_		_			_	_		
Operating Services	6,136	_	_	6,136	_	_	6,136	_	_
Supplies	13,000	_	_	13,000	_	_	13,000	_	_
TOTAL OPERATING EXPENSES	\$19,136	—	_	\$19,136	—	_	\$19,136	_	
PROFESSIONAL SERVICES	\$3,000	_	_	\$2,767	_	_	\$2,767	_	_
Other Charges	119,700	_	_	119,700	_	_	119,700		_
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	20,000	_	_	10,000	_	_	10,000	_	_
TOTAL OTHER CHARGES	\$139,700	_	_	\$129,700	_	_	\$129,700	_	_
Acquisitions	_	_	_	_	_	_	_		_
Major Repairs	—	_	—	—	—	—	—	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	—	_	—	_
TOTAL EXPENDITURES	\$354,836	_	_	\$300,000	_	_	\$300,000	_	_

Form 11385 — 326-Beach Monitoring

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of this funding is to conduct bacteriological water quality monitoring at Louisianaís coastal marine beaches and issue public health swim advisories when conditions warrant. Legal Citation: Beaches Environmental Assessment and Coastal Health (BEACH) Act, October 20, 2000. Funding falls under Sec 403(b) of the Clean Water Act as amended by the BEACH Act, Public Law 106-284, 114 Stat. 970 (2000). Source of funding - U.S. Environmental Protection Agency Grant #CU-01F99301.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11386 — 326-Drinking Water Revolving Loan Fund

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Reque	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	760,000	—	—	750,000	—	—	750,000			
Other Compensation	75,000	—	—	70,000	—	—	70,000	—	—	
Related Benefits	481,387		_	491,457	—	_	491,457		_	
TOTAL PERSONAL SERVICES	\$1,316,387	—	_	\$1,311,457	—	—	\$1,311,457	—	—	
Travel	30,000		_	30,000		_	30,000		_	
Operating Services	16,000			16,000			16,000			
Supplies	20,000			20,000	_		20,000			
TOTAL OPERATING EXPENSES	\$66,000	—	_	\$66,000	_	_	\$66,000	—	_	
PROFESSIONAL SERVICES	\$100,000	—	_	\$100,000	_	_	\$100,000	_	_	
Other Charges	787,613		_	792,543		_	792,543		_	
Debt Service	—						_			
Interagency Transfers	230,000			230,000	_		230,000			
TOTAL OTHER CHARGES	\$1,017,613	—	_	\$1,022,543	_	_	\$1,022,543	—	_	
Acquisitions	_		_	_	_	_	_		_	
Major Repairs	_		_	_	_	_	_		_	
TOTAL ACQ. & MAJOR REPAIRS		—	_	_	_	_	_	—	_	
TOTAL EXPENDITURES	\$2,500,000		_	\$2,500,000	_	_	\$2,500,000		_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of the Drinking Water Revolving Loan Fund is to provide financial assistance (e.g., loans at or below market interest rates, etc.) to community and nonprofit non-community Public Water Systems (PWSs) for eligible projects which are designed to assist in achieving and maintaining compliance with state drinking water regulations or otherwise significantly further the health objectives of the SDWA. Act 480 of 1997 (SB 872) was passed by the legislature to create Louisiana's own DWRLF. Section 2 of this Act enacts a new Chapter 32 of Title 40 of the Louisiana Revised Statutes (see R.S. 40:2821-2826). Section 1452 of the amended Federal Safe Drinking Act authorizes non-project funds to be taken from the annual capitalization grants and used by the states to implement the requirements of the SDWA (i.e., 42 U.S.C. 300f, et seq). Source of funding - U.S. Environmental Protection Agency Grant #FS99696822.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Number of Louisiana public water systems provided financial and technical assistance. 2) Number of low-interest loans made.
Additional information or comments.	Not applicable.

Form 11387 — 326-Safe Drinking Water

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	—	_	—	700,000	—	—	700,000	—	_	
Other Compensation	202,499	—	—	43,999	—	—	43,999	—	—	
Related Benefits	62,643			154,637			154,637			
TOTAL PERSONAL SERVICES	\$265,142	_	_	\$898,636	_	_	\$898,636	_	_	
Travel	_		_	50,000	_	_	50,000	_	_	
Operating Services				113,550			113,550			
Supplies	509,002		_	309,002	_		309,002	_	_	
TOTAL OPERATING EXPENSES	\$509,002	_	_	\$472,552	_	_	\$472,552	_	_	
PROFESSIONAL SERVICES	\$2,179	—	_	_	_	_	_	—	—	
Other Charges	676,677		_	36,852	_	_	36,852	_	_	
Debt Service	_		_	_	_	—	_	—	_	
Interagency Transfers	_		_		_		_	_		
TOTAL OTHER CHARGES	\$676,677	-	_	\$36,852	_	_	\$36,852	_	_	
Acquisitions	_		_	44,960	_	_	44,960	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	\$44,960	_	—	\$44,960	—	_	
TOTAL EXPENDITURES	\$1,453,000	_	_	\$1,453,000	_	_	\$1,453,000	_	_	

Form 11387 — 326-Safe Drinking Water

Question	Narrative Response
State the purpose, source and legal citation.	These funds are granted by the U.S. Environmental Protection Agency under the provisions of the Safe Drinking Water Act (42 U.S.C. 300g-2) to supplement state efforts in assuring safe drinking water to its population. Source of funding - U.S. Environmental Protection Agency Grant #F-00620221.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Percent of the population served by community water systems that receive drinking water that meets all applicable health-based drinking water standards. 2) Percentage of community water systems that have undergone a Class 1 sanitary survey within the past three years as required by state and federal regulations. 3) Number of public water systems in Louisiana. 4) Percentage of surface water public water systems monitored annually for chemical compliance.
Additional information or comments.	Not applicable.

Form 11388 — 326-Water Infrastructure Improvement fot the Nation

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	25,000		—	25,000	—	_	25,000	—	_
Other Compensation	5,000		—	5,000		_	5,000		—
Related Benefits	17,295		_	17,980		_	17,980		_
TOTAL PERSONAL SERVICES	\$47,295	_	_	\$47,980	_	_	\$47,980	_	_
Travel			_	_	_	_	_		_
Operating Services	10,825			10,640	_	_	10,640		
Supplies	2,000		_	2,000		_	2,000		_
TOTAL OPERATING EXPENSES	\$12,825	_	_	\$12,640	_	_	\$12,640	_	_
PROFESSIONAL SERVICES	\$500	_	_	_	_	_	_	—	_
Other Charges	440,000		_	440,000	_	_	440,000		
Debt Service					_	_			
Interagency Transfers	17,000	_	_	17,000	_	_	17,000	_	_
TOTAL OTHER CHARGES	\$457,000	—	—	\$457,000	_	_	\$457,000	_	_
Acquisitions			_		_	_			
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES	\$517,620	_	_	\$517,620	_	_	\$517,620	—	_

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are for lead testing of water systems in schools and child care facilities. Source of funding - U.S. Environmental Protection Agency Grant #M1-01F69101.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11388 — 326-Water Infrastructure Improvement fot the Nation

Form 11389 — 326-Occupational Health and Injury Surveillance

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	200,000	—	—	200,000	—	—	200,000	—	_
Other Compensation	10,000	—	—	5,000	—	—	5,000	—	—
Related Benefits	121,067	—	_	122,864	—	_	122,864	—	_
TOTAL PERSONAL SERVICES	\$331,067	—	_	\$327,864	_	_	\$327,864	—	_
Travel				_		_	_		_
Operating Services	15,000	_	_	15,000	_	_	15,000	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	\$15,000	—	_	\$15,000	—	_	\$15,000	_	_
PROFESSIONAL SERVICES	\$51,830	_	_	\$51,830	_	_	\$51,830	_	_
Other Charges	93,009	_		96,212	_	_	96,212	_	
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	22,000	_	_	22,000	_	_	22,000	_	_
TOTAL OTHER CHARGES	\$115,009	_	_	\$118,212	_	_	\$118,212	_	_
Acquisitions	_	_		_	_	_	_	_	
Major Repairs	—	_	—	—	—	—	—	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	—	_
TOTAL EXPENDITURES	\$512,906	_	_	\$512,906	_	_	\$512,906	_	_

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Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to conduct occupational health and injury surveillance in the state of Louisiana. Source of funding - Centers for Disease Control and Prevention Grant #5U60OH010915.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11389 — 326-Occupational Health and Injury Surveillance

Form 11390 — 326-COVID Occupational Health and Injury Surveillance

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	25,127	—	—	—	—	—	—	—	
Other Compensation	_	—	_	_		_	_	_	
Related Benefits	14,486	_	_	_	_	_	_	_	
TOTAL PERSONAL SERVICES	\$39,613	_	_	_	—	_	_	—	
Travel	_	_	_	_	_		_	_	
Operating Services	_		_	_	_	_	_		
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	
PROFESSIONAL SERVICES	\$50,001	_	_	_	—	_	_	—	
Other Charges	_	_	_	_	_		_	_	
Debt Service	_	—	_	_		_	_	—	
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	_	_	_	_	_	_	—	
Acquisitions				_					
Major Repairs	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$89,614	_	_	_	_	_	_	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to conduct occupational health and injury surveillance in the state of Louisiana during the COVID-19 pandemic. Source of funding - Centers for Disease Control and Prevention Grant #5U60OH010915.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11390 — 326-COVID Occupational Health and Injury Surveillance

Form 11391 — 326-Environmental Justice

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation	5,074	—	_	_		_	—	—	_
Related Benefits	2,925	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	\$7,999	_	_	_	_	_	_	_	_
Travel		_		_	_		_		
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	_
PROFESSIONAL SERVICES	\$42,001	_	_	_	_	_	_	_	
Other Charges	_	_	_	_	_		_	_	
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	_	_	_	_	_	_	—	_
Acquisitions	_	_	_	_	_		_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	\$50,000	_	_	_	_	_	_		

Form 11391 — 326-Environmental Justice

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to provide virtual home visits to provide Health Homes training and asthma management education to mitigate asthma triggers caused by bad air quality, toxic substances, and pesticide use. Source of funding - Grant #01F81001.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

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Form 11392 — 326-Partnership to Promote Local Efforts to Reduce Env Expo

	Existing Opera	nting Budget as of 1	0/01/2022	FY202	3-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	110,000	—	—	110,000	—	—	110,000	—	
Other Compensation	4,000	—	—	—	—	—	—	—	
Related Benefits	65,722	—	_	65,927	—	_	65,927		
TOTAL PERSONAL SERVICES	\$179,722	_	_	\$175,927	_	_	\$175,927	_	_
Travel	500		_	_	_	_	_		
Operating Services	1,000	_	_	5,000	_	_	5,000	_	_
Supplies	500	—	_	1,000	_	_	1,000	_	_
TOTAL OPERATING EXPENSES	\$2,000	—	_	\$6,000	_	_	\$6,000	_	
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	
Other Charges	47,639			47,434		_	47,434		
Debt Service	_	_							
Interagency Transfers	22,000	_	_	22,000	_	_	22,000	_	
TOTAL OTHER CHARGES	\$69,639	_	_	\$69,434	_	_	\$69,434	_	
Acquisitions	_	_	_	_	_	_	_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	_	_	_	_	—	
TOTAL EXPENDITURES	\$251,361	_	_	\$251,361		_	\$251,361		

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to promote local efforts to reduce environmental exposures and address environmental health issues at designated petition sites on the U.S. Environmental Protection Agency's National Priority List, CERCLIS list, RCRA list, and Brownfields directory as well as non-petition sites referred to the Section of Environmental Epidemiology and Toxicology by the Louisiana Department of Environmental Quality (LDEQ). Source of funding - Centers for Disease Control and Prevention Grant #1NU61TS000305.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11392 — 326-Partnership to Promote Local Efforts to Reduce Env Expo

Form 11393 — 326-Private Well

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	56,000	—	—	56,000	—	—	56,000	—	_	
Other Compensation	500	—	—	—	—	—	—	—		
Related Benefits	32,573		_	33,563	—	_	33,563	—	_	
TOTAL PERSONAL SERVICES	\$89,073	—	_	\$89,563	_	—	\$89,563	_	_	
Travel	23,000		_	23,000	_	_	23,000		_	
Operating Services	5,000		_	5,000	_		5,000			
Supplies	1,996		_	1,506	_		1,506	—	_	
TOTAL OPERATING EXPENSES	\$29,996	—	_	\$29,506	_	_	\$29,506	_	_	
PROFESSIONAL SERVICES		_	_	_	_	_		_	_	
Other Charges	6,625		_	6,625	_		6,625		_	
Debt Service			_		_					
Interagency Transfers	14,000	_	_	14,000	_	_	14,000	_	_	
TOTAL OTHER CHARGES	\$20,625	-	_	\$20,625	_	_	\$20,625	—	_	
Acquisitions		_	_	_	_		_		_	
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS		—	_		_			_		
TOTAL EXPENDITURES	\$139,694	_	_	\$139,694	_	_	\$139,694			

Form 11393 — 326-Private Well

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to address many different aspects of the public health impacts from drinking water from private wells and other sources not protected by the USEPA Safe Drinking Water Act by doing the following: identifying databases and characterize private wells and describe water quantity and quality in private wells and other unregulated drinking water sources (UDWS), promoting access to these databases by public environmental health practitioners, collecting databases that characterize private wells and describe water quantity and quality in private wells and other UDWS and identifying, evaluating, and recommending interventions to protect people from drinking contaminated water from these UDWS. Source of funding - Centers for Disease Control and Prevention Grant #6NUE1EH001409.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11394 — 326-Environmental Public Health Tracking

	Existing Opera	ating Budget as of 1	0/01/2022	FY202	3-2024 Total Reque	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	227,429	—	—	221,137	—	—	221,137	—	—	
Other Compensation	39,750			39,750	—	_	39,750	—		
Related Benefits	_		_	_		_	_		_	
TOTAL PERSONAL SERVICES	\$267,179	_	_	\$260,887		_	\$260,887	_		
Travel	12,182		_	12,182		_	12,182		_	
Operating Services	—		_	_	—	_	_	—		
Supplies	1,000		_	1,000	—	_	1,000	—		
TOTAL OPERATING EXPENSES	\$13,182	_	_	\$13,182	_	_	\$13,182	_		
PROFESSIONAL SERVICES	_	_	_	_	_		_	_		
Other Charges	246,278			252,570	_	_	252,570		_	
Debt Service					—		_			
Interagency Transfers	105,000	_	_	105,000	_	_	105,000	_	_	
TOTAL OTHER CHARGES	\$351,278	—	_	\$357,570		_	\$357,570	—	—	
Acquisitions	_		_	_		_	_			
Major Repairs	_	_	_	_	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS		_	_	_			_	_		
TOTAL EXPENDITURES	\$631,639		_	\$631,639	_	_	\$631,639		_	

Form 11394 — 326-Environmental Public Health Tracking

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to build an Environmental Public Health Tracking network in the state of Louisiana.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11395 — 326-Food and Drug

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	182,724	—	—	174,724	—	—	174,724	—	_	
Other Compensation	4,720		_	3,336		_	3,336	—	—	
Related Benefits	_	_	_	18,960	_	_	18,960	_	_	
TOTAL PERSONAL SERVICES	\$187,444	_	_	\$197,020	_	_	\$197,020	_	_	
Travel	14,173		_	14,173	_		14,173			
Operating Services		—	_	_		_	_		_	
Supplies		—	_	_		_	_		_	
TOTAL OPERATING EXPENSES	\$14,173	—	_	\$14,173	_	_	\$14,173	_	_	
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_	
Other Charges	_	_	_	_	_		_			
Debt Service	_	_	_	_	_	_	_	_	_	
Interagency Transfers	_	_	_	_	_	_	_	_	_	
TOTAL OTHER CHARGES	_	_	_	_	_	_		_	_	
Acquisitions	_	_	_	_			_			
Major Repairs	—	_	—	—	_	—	—	_	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	—	—	_	
TOTAL EXPENDITURES	\$201,617	_	_	\$211,193	_	_	\$211,193	_		

Form 11395 — 326-Food and Drug

Question	Narrative Response
State the purpose, source and legal citation.	Inspections of a certain number of food manufacturing, processing and storage establishments are conducted for the U.S. Food and Drug Administration under the terms of a written contractual agreement. FDA annually chooses the inspections for state assignment. Source of funding - U.S. Food and Drug Administration Grant #HHSF223201810054C.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11396 — 326-Manufactured Food Standards

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	140,000		—	91,500	—	—	91,500	—	_
Other Compensation	4,502	—	—	—	—	—	—	—	—
Related Benefits	83,306	—	_	54,839		_	54,839		_
TOTAL PERSONAL SERVICES	\$227,808	-	_	\$146,339	_	_	\$146,339	—	
Travel	3,000		_	3,000	_	_	3,000		
Operating Services	4,000	_	_	4,000	_	_	4,000	_	_
Supplies	30,000		_	30,000		_	30,000		_
TOTAL OPERATING EXPENSES	\$37,000	_		\$37,000	_	_	\$37,000	_	
PROFESSIONAL SERVICES	_	_		_	_	_		_	_
Other Charges	64,651		_	9,661	_		9,661		
Debt Service									_
Interagency Transfers	7,000	_	_	7,000	_	_	7,000	_	_
TOTAL OTHER CHARGES	\$71,651	-	_	\$16,661	_	_	\$16,661	—	_
Acquisitions			_		_		_		_
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS		_		_	_	_		_	
TOTAL EXPENDITURES	\$336,459	_	_	\$200,000	_	_	\$200,000		_

Form 11396 — 326-Manufactured Food Standards

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are for the development of risk-based food safety programs, establishing a uniform basis for measuring, and improving the performance of state manufactured food regulatory programs in the United States. Source of funding - Department of Health and Human Services Grant #5U18FD006423.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11397 — 326-Commercial Seafood

	Existing Operating Budget as of 10/01/2022			FY202	3-2024 Total Requ	est	FY2024-2025 Projected			
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	
Salaries	41,775	—	_	45,165	—	—	45,165	—	_	
Other Compensation	645	_	_	645		—	645	—	_	
Related Benefits	28,940	_	_	28,940	_	_	28,940	_	_	
TOTAL PERSONAL SERVICES	\$71,360	_	_	\$74,750	_		\$74,750	_	_	
Travel	_	_	_	_	_	_	_	_		
Operating Services	_	_	_	_	_	_	_	_	_	
Supplies	_	_	_	_	_	_	_	_	_	
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_		
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_		
Other Charges	_	_	_	_	_	_	_	_		
Debt Service	_	_	_	_	_	_	_	_	_	
Interagency Transfers	_	_	_	_	_	_	_	_	_	
TOTAL OTHER CHARGES	_	—	_	_	_	_	_	_	_	
Acquisitions	_		_		_	_				
Major Repairs	—	_	_	—	—	—	—	—	_	
TOTAL ACQ. & MAJOR REPAIRS	_	_	—	_	_	_	_	_		
TOTAL EXPENDITURES	\$71,360	_	_	\$74,750	_	_	\$74,750	_	_	

Form 11397 — 326-Commercial Seafood

Question	Narrative Response					
State the purpose, source and legal citation.	The purpose of these funds are to conduct inspections of seafood processing sites. The terms of the contract dictate that a certain number of food and certain number of seafood inspections must occur. The number of inspections made is specified by FDA in the contract agreement. Source of funding - U.S. Food and Drug Administration Grant #HHSF223201810054C.					
Agency discretion or Federal requirement?	Line items reflect agency discretion.					
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.					
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.					
Additional information or comments.	Not applicable.					
Provide the amount of any indirect costs.	Not applicable.					
Any indirect costs funded with other MOF?	Not applicable.					
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.					
Additional information or comments.	Not applicable.					

Form 11398 — 326-Vital Records Co-Op

Expenditures	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	80,000	—	—	80,000	—	—	80,000	—	_
Other Compensation	10,007		_	10,007	—	_	10,007	—	_
Related Benefits	51,890	_	_	53,945	_	_	53,945	_	_
TOTAL PERSONAL SERVICES	\$141,897	—	_	\$143,952	_	_	\$143,952	—	_
Travel	12,000		_	12,000	_	_	12,000		_
Operating Services	40,000			40,000	—		40,000		
Supplies	11,000			11,000	—	_	11,000	—	_
TOTAL OPERATING EXPENSES	\$63,000	—	_	\$63,000	—	_	\$63,000	_	_
PROFESSIONAL SERVICES	_	_	_	_	—	_	_	_	_
Other Charges	116,210		_	114,155	_	_	114,155		_
Debt Service	—		_	_	—	_	_	—	_
Interagency Transfers	55,247	_	_	55,247	_	_	55,247	_	_
TOTAL OTHER CHARGES	\$171,457	—	_	\$169,402	—	_	\$169,402	—	_
Acquisitions			_		_		_		_
Major Repairs	_		_	_	_	_	_		
TOTAL ACQ. & MAJOR REPAIRS	—	—	_	—	_	—	—	—	_
TOTAL EXPENDITURES	\$376,354	_	_	\$376,354	_	_	\$376,354	_	_

Form 11398 — 326-Vital Records Co-Op

Question	Narrative Response						
State the purpose, source and legal citation.	Records and Statistics sells vital statistics information (birth, death and marriage) to the National Center for Health Statistics based on a contract negotiated pursuant to Section 302 (15) of the Public Health Act and 41 U.S.C. 253 (c)(5) The vital event records are transmitted to NCHS electronically. Source of funding - Centers for Disease Control and Prevention Grant #75D30122D13078.						
Agency discretion or Federal requirement?	Line items reflect agency discretion.						
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.						
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.						
Additional information or comments.	Not applicable.						
Provide the amount of any indirect costs.	Not applicable.						
Any indirect costs funded with other MOF?	Not applicable.						
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.						
Additional information or comments.	Not applicable.						

Form 11399 — 326-COVID ELC Data Modernization

	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	_	—	—	—	_
Other Compensation	_	_	_	_		_	_	—	
Related Benefits	_	_	_	_	_	_	_	_	
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	
Travel	_	_	_		_		_	_	
Operating Services	_		_	_	_	_	_		_
Supplies	_	_	_	_	_	_	_	_	
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	
Other Charges	951,426	_	_	398,574	_		398,574	_	
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	\$951,426	_	_	\$398,574	_	_	\$398,574	_	
Acquisitions	_	_	_		_		_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	—	_	_	_	_	—	_	_	
TOTAL EXPENDITURES	\$951,426	_	_	\$398,574	_	_	\$398,574		

Form 11399 — 326-COVID ELC Data Modernization

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds support the following tier structure: 1) Core Data Modernization Infrastructure, 2) Electronic Case Reporting (eCR) setup, 3) Modernizing the National Vital Statistics System (NVSS). Source of funding - Centers for Disease Control and Prevention Grant #6NU50CK000532-03.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 11980 — 326 Administrative Clearing

	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation	_		_	_		_	_		_
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	_
Travel	_	_	_		_	_	_	_	
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	—	_
PROFESSIONAL SERVICES	_	_	_	_	_		_	_	_
Other Charges	_	_	_		_	_	_	_	
Debt Service		—			—	_	_		
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	—	_	_	—		_	—	_
Acquisitions	_	_	_		_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_			—	_		_		
TOTAL EXPENDITURES	_		_	_	_	_	_		

Form 11980 — 326 Administrative Clearing

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are for expenses incurred by other state agencies that are reimbursed with various Office of Public Health federal activities.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	Not applicable.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 11997 — 326 Policy and Planning Preventive Health Block Grant

	Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation		—	_		—	_	_		
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	_
Travel	_	_	_		_	_		_	
Operating Services	_		_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_
Other Charges	_	_	_		_	_		_	
Debt Service	—	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	—	—	_	_	_	_	_	—	_
Acquisitions	_	_	_		_	_		_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	—	_	_	_	—	_	_	_	_
TOTAL EXPENDITURES	_	_	_	_	_	_	_	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support the LDH Office of Public Health Policy and Planning Program. Omnibus budget Reconciliation Act of 1981 (Public Law 97-35); 45 CFR 16, 74.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future Funding is considered favorable.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 11997 — 326 Policy and Planning Preventive Health Block Grant

Form 11998 — 326 Opioid Surveillance Department of Justice

Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 Projected		
Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
—	—	—	—	—	—	—	—	_
		_	_	_	_	_		_
_	_	_	_	_	_	_	_	_
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—	—	—	_	_	—	—	—	_
_	_	_	_	_	_	_	_	
_	_	_	_	_	_	_	_	
	Means of	Means of Financing In-Kind Match — —	Means of Financing In-Kind Match Cash Match — — — — — — — — — — — — — — — — — — — — — — — …	Means of Financing Means of In-Kind Match Means of Cash Match Means of Financing — …	Means of Financing In-Kind Match Cash Match Means of Financing In-Kind Match — … <td< td=""><td>Means of Financing In-Kind Match Cash Match Means of Financing In-Kind Match Cash Match — …</td><td>Means of FinancingIn-Kind MatchCash MatchMeans of FinancingMeans of Financing——<td< td=""><td>Means of FinancingIn-Kind MatchCash MatchMeans of FinancingMeans of FinancingMeans of FinancingIn-Kind Match</td></td<></td></td<>	Means of Financing In-Kind Match Cash Match Means of Financing In-Kind Match Cash Match — …	Means of FinancingIn-Kind MatchCash MatchMeans of FinancingMeans of Financing—— <td< td=""><td>Means of FinancingIn-Kind MatchCash MatchMeans of FinancingMeans of FinancingMeans of FinancingIn-Kind Match</td></td<>	Means of FinancingIn-Kind MatchCash MatchMeans of FinancingMeans of FinancingMeans of FinancingIn-Kind Match

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to develop and maintain an opioid overdose surveillance system. Source of funding is the U.S. Department of Justice.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	
Is the Total Request amount for multiple years?	Future Funding is considered favorable.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 11999 — 326 Strengthening Environmental HIth Capacity

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation	—		_		—	—			
Related Benefits	_		_		—	_	_	—	
TOTAL PERSONAL SERVICES	_	—		_	_		_	—	
Travel	_		_		_	_	_	_	
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_		_	_	_	_	_	
PROFESSIONAL SERVICES	_	—		_	_		_	_	
Other Charges	_		_	_	_	_	_		
Debt Service			_	_					
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	—		_	_		_	—	
Acquisitions	_		_		_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	—	—	—	—	_	_	
TOTAL EXPENDITURES	_	_	_	_	_	_	_	_	

Form 11999 — 32	26 Strengthening	g Environmental H	llth Capacity
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Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to detect, prevent, and control environmental health (EH) hazards through data-driven, evidence-based approaches; to bolster the capacity of environmental health (EH) programs in public health departments to leverage data-driven and evidence-based approaches to detect, prevent, and control EH hazards. Source of funding - Centers for Disease Control Grant ID #6NUE1EH001409-01.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Federal Funds

Form 12000 — 326 BREATH Environmental Epidemiology

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation	_		_	_		_	_	—	—
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_			_	_	_	_	_	_
Travel	_		_	_	_	_	_	_	
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	_
PROFESSIONAL SERVICES	_	_		_	_	_	_	—	_
Other Charges	_	_	_		_	_	_	_	
Debt Service	_	—	_	_	_	_	_	—	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	_	_	_	_	_	_	—	_
Acquisitions	_	_	_		_	_	_	_	
Major Repairs	_	—	_	—	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES	_	_	_	_	_	_	_	_	_

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to promote healthy homes in vulnerable Louisiana communities to mitigate the impact of COVID-19 and Asthma. Source of funding - U.S. Environmental Protection Agency Grant ID #01F81001.
Agency discretion or Federal requirement?	Line item requests reflect approved budget as outlined in the grant.
Describe any budgetary peculiarities.	Future Funding is considered favorable.
Is the Total Request amount for multiple years?	The amount requested is for the requested year.
Additional information or comments.	None.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 12001 — 326 Pool Safety

FY2023-2024 Total Request	FY2	024-2025 Projected
Means of Financing In-Kind Match Ca	Means of Sinancing	In-Kind Match Cash Match

Form 12001 — 326 Pool Safety

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to conduct training and enforcement efforts for building officials, inspectors, and pool construction contractors on pool construction standards statewide. Source of funding - U.S. Consumer Product Safety Commission Grant #1 VGBCP1800007-01.
Agency discretion or Federal requirement?	Line item requests reflect approved budget as outlined in the grant.
Describe any budgetary peculiarities.	Future Funding is considered favorable.
Is the Total Request amount for multiple years?	The amount requested is for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Federal Funds

Form 12002 — 326 Non Fatal Suicide Prevention Inf Dis Epi

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation	_		_	_		_	_	—	_
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	
Travel	_	_	_	_	_	_	_	_	
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	
PROFESSIONAL SERVICES	_	_		_	_	_	_	—	
Other Charges	_	_	_	_	_	_	_	_	
Debt Service	_	—	_	_		_		—	
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	—	_	_	_	_	_	—	_
Acquisitions	_	_	_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_			_	_	_	_		
TOTAL EXPENDITURES	_		_	_	_	_	_	_	

Form 12002 — 326 Non Fatal Suicide Prevention Inf Dis Epi

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to increase the timeliness of aggregate reporting of nonfatal suicide-related outcomes by tracking suicide-related indicators; creating, validating, and monitoring the quality of indicator syndrome definitions; and producing state and parish aggregate quarterly reports and; sharing methodology for calculating indicators and aggregate reports with the Centers for Disease Control and Prevention. Source of funding - Centers for Disease Control and Prevention Grant #1NU17CE100112-01-00
Agency discretion or Federal requirement?	Line item requests reflect approved budget as outlined in the grant.
Describe any budgetary peculiarities.	Future Funding is considered favorable.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 12003 — 326 HOPWA COVID-19 HIV AIDS

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	_	—	—	—	_
Other Compensation	—	—	—	—			—	—	
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_		
Travel		_	_	_		_	_	_	
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_		_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	_	
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	
Other Charges			_	_		_			
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_		_	_	_	_
TOTAL OTHER CHARGES	_	_	_	_	_	_	_	_	
Acquisitions	_		_	_		_			
Major Repairs	—	—	—	_	_	—	—	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	_
TOTAL EXPENDITURES	_	_	_	_	_	_	_	_	

Form 12003 — 326 HOPWA COVID-19 HIV AIDS

Question	Narrative Response
State the purpose, source and legal citation.	These funds are available through the Department of Housing and Urban Development to provide for housing opportunities for persons with AIDS in the form of rental assistance payment and housing through seven residential facilities throughout the state as a response to the Coronavirus Pandemic. Source of funding - Department of Housing and Urban Development.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future Funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 12004 — 326 QUITLINE

	Existing Operation	ating Budget as of 1	0/01/2022	FY202	23-2024 Total Requ	est	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation			—	—	_		—	—	—
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	_
Travel	_		_	_	_	_	_	_	
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_		_	_	—	_	_	—	
TOTAL OPERATING EXPENSES	_	—	_	_	—	_	_	—	_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	_
Other Charges	_		_	_	_	_	_	_	
Debt Service					_			—	
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	—	_	_	—	_	_	—	_
Acquisitions	_		_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_		_
TOTAL EXPENDITURES	_	_	_	_	_	_	_	—	

Form 12004 — 326 QUITLINE

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to increase the capacity for quitline services that are available to the citizens of Louisiana. Source of funding - miscellaneous agreement.
Agency discretion or Federal requirement?	Line item requests reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 12006 — 326 Small Hospital Improvement Program COVID 19

	Existing Operating Budget as of 10/01/2022			FY202	23-2024 Total Requ	lest	FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	_	—	_
Other Compensation	_		_	—	—	_	_		—
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	_		_	_		_	_	_
Travel	_		_	_	_		_		
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_		_	_	_	_	_	_
PROFESSIONAL SERVICES	_	_		_	_		_	_	_
Other Charges	_		_	_	_		_		
Debt Service	_		_				_		
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	—		_	_	_	_	—	_
Acquisitions	_		_	_	_		_		
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_		_	_		_		_
TOTAL EXPENDITURES	_	—		_	_		_	_	

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to provide monetary support for COVID-19 for healthcare facilities and preparation of surge in-patient care related to the spreading of coronavirus. Source of funding - U.S. Department of Health and Human Services Grant #1H3LRH42241-01-00.
Agency discretion or Federal requirement?	Line item requests reflect approved budget as outlined in the grant.
Describe any budgetary peculiarities.	Future funding is considered favorable.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 12007 — 326 Child Death Review

Existing Operating Budget as of 10/01/2022			FY2023-2024 Total Request			FY2024-2025 Projected		
Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
—	—	—	—	—	—	—	—	_
		—	_	_	_	_		_
_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_		
_		_	_	_	_	_		_
_	_	_	_	_	_	_		_
_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_		
—	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_		_
_	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_		
_	_	_	_	_	_	_	_	_
—	_	_	_	_	_	_	_	_
_	_	_	_	_	_	_	_	_
	Means of	Means of Financing In-Kind Match — —	Means of Financing In-Kind Match Cash Match — — — — — — — — — — — — — — — — — — — — — — — …	Means of Financing Means of In-Kind Match Cash Match Means of Financing — …<	Means of Financing In-Kind Match Cash Match Means of Financing In-Kind Match — … <td< td=""><td>Means of Financing In-Kind Match Cash Match Means of Financing In-Kind Match Cash Match — …</td><td>Means of FinancingIn-Kind MatchCash MatchMeans of FinancingMeans of Financing———<td>Means of Financing In-Kind Match Cash Match Means of Financing Means of Financing Means of Financing In-Kind Match — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — —</td></td></td<>	Means of Financing In-Kind Match Cash Match Means of Financing In-Kind Match Cash Match — …	Means of FinancingIn-Kind MatchCash MatchMeans of FinancingMeans of Financing——— <td>Means of Financing In-Kind Match Cash Match Means of Financing Means of Financing Means of Financing In-Kind Match — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — —</td>	Means of Financing In-Kind Match Cash Match Means of Financing Means of Financing Means of Financing In-Kind Match — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — — —

Form 12007 — 326 Child Death Review

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of the funds is to promote and maintain the health of children; prevent health problems including speech, hearing and vision problems associated with indigent children; prevent health problems associated with indigent women in the childbearing years; to reduce infant and maternal mortality; expand Medicaid and WIC coverage and lower health care costs in Louisiana. Legal Citation: MCH Block Grant, 42 U.S.C.701-9; Title V, Social Security Act, 42 U.S.C.1396, as amended, PL 97-35.
Agency discretion or Federal requirement?	Line item requests reflect approved budget as outlined in the grant.
Describe any budgetary peculiarities.	Future funding is considered favorable.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 12008 — 326 Core Injury VIPP

	Existing Operation	ating Budget as of 1	10/01/2022	FY2023-2024 Total Request			FY2024-2025 Projected		
Expenditures	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	_
Other Compensation	_	_	—	_		_	_		_
Related Benefits	_	_	_	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	_	_	_	_	_	_	_	_	_
Travel	_	_	_	_	_	_	_		
Operating Services	_	_	_	_	_	_	_	_	_
Supplies	_	_	_	_	_	_	_	_	_
TOTAL OPERATING EXPENSES	_	_	_	_	_	_	_	—	_
PROFESSIONAL SERVICES	_	_	_	_	_	_	_	_	
Other Charges	_	_	_	_	_	_	_	_	
Debt Service	_	_	_	_	_	_	_	_	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	—	_	_	_	_	_	—	_
Acquisitions	_	_	_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	_	_	_	_	_	_	
TOTAL EXPENDITURES	_	_	_	_	_	_	_		

Form 12008 — 326 Core Injury VIPP

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to provide core Violence and Injury Prevention services. Source of funding - Centers for Disease Control Grant ID #5NU17CE924842.
Agency discretion or Federal requirement?	Line items expenditures reflects the requirements of the federal grant.
Describe any budgetary peculiarities.	Future funding is considered favorable at this time.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 12617 — 326-Inflation

Expenditures Salaries Other Compensation	Means of Financing — —	In-Kind Match — —	Cash Match 	Means of Financing —	In-Kind Match —	Cash Match	Means of Financing	In-Kind Match	Cash Match
Other Compensation		-		_	—	—	_		
		_	—						
					—	_	_		_
Related Benefits			—	_	_	_	_	_	_
TOTAL PERSONAL SERVICES	—	_	_	_	_	_	_	_	_
Travel	_		_	26,382			26,382		
Operating Services	_	_	_	127,622	_	_	127,622	_	_
Supplies	_	_	_	150,909	_	_	150,909	_	_
TOTAL OPERATING EXPENSES	_	_	_	\$304,913	—	_	\$304,913	—	
PROFESSIONAL SERVICES	_	_	_	\$1,036,184	_	_	\$1,036,184	_	_
Other Charges	_		_	_	_	_	_	_	
Debt Service	_	_	_	_	_	_	_	—	_
Interagency Transfers	_	_	_	_	_	_	_	_	_
TOTAL OTHER CHARGES	_	_	_	_	_	_	_	_	_
Acquisitions	_		_	_	_	_	_	_	
Major Repairs	_	_	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	—	_	_	_	_	_	_	—	
TOTAL EXPENDITURES	_		_	\$1,341,097	_	_	\$1,341,097		_

Form 12617 — 326-Inflation

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are for inflation adjustments based on standard inflation factors. There is no legal citation for these funds.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

EXPENDITURES BY MEANS OF FINANCING

Existing Operating Budget

Expenditures	Used as a Cash Match	Total Means of Financing By Expenditure	Total State General Fund	Interagency Transfers Form ID 11406 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 11407 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 11409 INTERAGENCY TRANSFERS
Salaries	1,662,689	84,583,662	24,053,524			_
Other Compensation	6,880	7,792,731	582,341		—	_
Related Benefits	272,195	53,256,006	13,891,076			_
TOTAL PERSONAL SERVICES	\$1,941,764	\$145,632,399	\$38,526,941			—
Travel	2,000	2,756,728	480,082		_	_
Operating Services	109,325	13,861,790	2,840,484		—	—
Supplies	586,800	14,969,327	4,219,525	_	_	_
TOTAL OPERATING EXPENSES	\$698,125	\$31,587,845	\$7,540,091		—	—
PROFESSIONAL SERVICES	\$2,166,800	\$61,725,612	\$5,353,870		—	_
Other Charges	422,500	871,541,218	1,654,867	235,819	264,024	226,417
Debt Service	_	—	_		_	_
Interagency Transfers	206,490	27,289,619	7,811,983	_	—	—
TOTAL OTHER CHARGES	\$628,990	\$898,830,837	\$9,466,850	\$235,819	\$264,024	\$226,417
Acquisitions		—			—	_
Major Repairs	_	—	_		—	_
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,435,679	\$1,137,776,693	\$60,887,752	\$235,819	\$264,024	\$226,417

Expenditures	Fees & Self-Generated Form ID 11526 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11527 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11528 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11530 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11531 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11532 FEES & SELF GENERATED
Salaries	57,783	24,780	74,650	2,959,862	67,846	224,235
Other Compensation	12,000	300	2,100	152,854	860	15,000
Related Benefits	46,451	24,920	46,110	1,711,274	30,000	605,000
TOTAL PERSONAL SERVICES	\$116,234	\$50,000	\$122,860	\$4,823,990	\$98,706	\$844,235
Travel		—	—	177,056	331	160,000
Operating Services	_	—	—	49,900	—	—
Supplies	—	—	—	5,000	963	—
TOTAL OPERATING EXPENSES		—	—	\$231,956	\$1,294	\$160,000
PROFESSIONAL SERVICES		—	_	\$112,984	_	—
Other Charges	966	—	140	331,070	—	495,765
Debt Service	_	—	—	—	—	—
Interagency Transfers	_	—	—	—	—	—
TOTAL OTHER CHARGES	\$966	—	\$140	\$331,070	—	\$495,765
Acquisitions		—		—	—	—
Major Repairs		—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	—	—	—
TOTAL EXPENDITURES	\$117,200	\$50,000	\$123,000	\$5,500,000	\$100,000	\$1,500,000

Expenditures	Fees & Self-Generated Form ID 11535 TANNING FACILITIES	Fees & Self-Generated Form ID 11537 VITAL RECORDS	Statutory Dedications Form ID 11400 E02-TELECOM DEAF FUND	Statutory Dedications Form ID 11401 H45-RURAL PC PHY DEV FD	Statutory Dedications Form ID 11404 Z13-LOUISIANA FUND	Statutory Dedications Form ID 11405 Z13-LOUISIANA FUND
Salaries	44,100	1,494,627	252,500	—	—	—
Other Compensation	600	210,000	50,000	—	—	—
Related Benefits	13,220	1,381,037	184,875	—	—	—
TOTAL PERSONAL SERVICES	\$57,920	\$3,085,664	\$487,375	—	—	—
Travel	1,000	15,000	20,000			—
Operating Services	500	1,400,000	6,000	—	—	9,500
Supplies	580	—	20,000	—	—	500
TOTAL OPERATING EXPENSES	\$2,080	\$1,415,000	\$46,000	—	—	\$10,000
PROFESSIONAL SERVICES	_	—	\$5,224,509	—	\$500,000	\$57,000
Other Charges	_	589,397	159,095	2,673,634		6,254,260
Debt Service	_	—	—	_	—	_
Interagency Transfers	_	109,939	40,000	_	_	_
TOTAL OTHER CHARGES	_	\$699,336	\$199,095	\$2,673,634	—	\$6,254,260
Acquisitions	_	—	_	_		—
Major Repairs	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	—	_	_	_
TOTAL EXPENDITURES	\$60,000	\$5,200,000	\$5,956,979	\$2,673,634	\$500,000	\$6,321,260

Expenditures	Federal Funds Form ID 11021 HIV/AIDS PROGRAMS	Federal Funds Form ID 11240 HIV/AIDS PROGRAMS	Federal Funds Form ID 11242 HIV/AIDS PROGRAMS	Federal Funds Form ID 11244 HIV/AIDS PROGRAMS	Federal Funds Form ID 11247 HIV/AIDS PROGRAMS	Federal Funds Form ID 11251 HIV/AIDS PROGRAMS
Salaries	6,500	350,000	68,000	110,000	1,590,000	7,000
Other Compensation	750	10,000	2,000	8,000	46,000	2,500
Related Benefits	4,180	207,544	40,356	68,028	943,172	5,477
TOTAL PERSONAL SERVICES	\$11,430	\$567,544	\$110,356	\$186,028	\$2,579,172	\$14,977
Travel	100	5,000	500	1,000	8,000	500
Operating Services	1,500	250,000	82,000	15,000	122,000	3,000
Supplies	500	775,000	10,000	500	303,000	100
TOTAL OPERATING EXPENSES	\$2,100	\$1,030,000	\$92,500	\$16,500	\$433,000	\$3,600
PROFESSIONAL SERVICES	\$3,000	\$1,400,000	\$666,577	\$950,000	—	—
Other Charges	997,262	3,403,731	346,846	7,991,752	48,883,741	3,601,718
Debt Service	—	_	—	—	—	—
Interagency Transfers	33,000	154,000	45,000	76,000	175,000	12,000
TOTAL OTHER CHARGES	\$1,030,262	\$3,557,731	\$391,846	\$8,067,752	\$49,058,741	\$3,613,718
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,046,792	\$6,555,275	\$1,261,279	\$9,220,280	\$52,070,913	\$3,632,295

Expenditures	Federal Funds Form ID 11253 HIV/AIDS PROGRAMS	Federal Funds Form ID 11254 HIV/AIDS PROGRAMS	Federal Funds Form ID 11258 HIV/AIDS PROGRAMS	Federal Funds Form ID 11259 HIV/AIDS PROGRAMS	Federal Funds Form ID 11265 BIOTERRORISM GRANT	Federal Funds Form ID 11267 LDH - COVID-19 CCP RSP
Salaries	—	15,000	35,000	35,000	40,000	478,413
Other Compensation	—	500	2,000	1,000	20,000	1,400,000
Related Benefits	—	8,936	21,331	20,754	34,591	1,082,926
TOTAL PERSONAL SERVICES	—	\$24,436	\$58,331	\$56,754	\$94,591	\$2,961,339
Travel	—	100	500	500	1,000	8,647
Operating Services	—	2,000	1,500	2,000	—	—
Supplies	—	200	71,595	6,000	5,000	—
TOTAL OPERATING EXPENSES	—	\$2,300	\$73,595	\$8,500	\$6,000	\$8,647
PROFESSIONAL SERVICES	—	\$120,000	\$190,000	\$450,000	—	—
Other Charges	234,247	579,502	—	4,610,787	1,105,409	23,793,254
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	18,000	18,000	55,000	7,000	346,466
TOTAL OTHER CHARGES	\$234,247	\$597,502	\$18,000	\$4,665,787	\$1,112,409	\$24,139,720
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—		—	—
TOTAL EXPENDITURES	\$234,247	\$744,238	\$339,926	\$5,181,041	\$1,213,000	\$27,109,706

Expenditures	Federal Funds Form ID 11269 BIOTERRORISM GRANT	Federal Funds Form ID 11275 BIOTERRORISM GRANT	Federal Funds Form ID 11278 NCIPC OPIOID CRISIS	Federal Funds Form ID 11281 LDH - COVID-19 CCP RSP	Federal Funds Form ID 11283 FEDERAL	Federal Funds Form ID 11286 CSHCS
Salaries	1,300,000	2,640,025	160,000	—	2,000	1,000
Other Compensation	1,100,000	230,000	140,000	—	200	100
Related Benefits	1,383,626	2,156,268	172,953	—	1,268	634
TOTAL PERSONAL SERVICES	\$3,783,626	\$5,026,293	\$472,953	—	\$3,468	\$1,734
Travel	50,000	10,000	20,000	—	500	—
Operating Services	150,000	1,050,000	100,000	—	3,000	15,000
Supplies	10,000	250,000	10,000	—	50	—
TOTAL OPERATING EXPENSES	\$210,000	\$1,310,000	\$130,000	—	\$3,550	\$15,000
PROFESSIONAL SERVICES	_	\$1,545,000	—	—	\$556,704	\$102,000
Other Charges	19,929,326	3,603,522	4,293,992	3,149,171	—	37,764
Debt Service	_		—	—	—	_
Interagency Transfers	243,303	1,130,000	230,000	—	17,000	3,500
TOTAL OTHER CHARGES	\$20,172,629	\$4,733,522	\$4,523,992	\$3,149,171	\$17,000	\$41,264
Acquisitions	_	—	—	—	_	—
Major Repairs	_		—		_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	—	—	—	—
TOTAL EXPENDITURES	\$24,166,255	\$12,614,815	\$5,126,945	\$3,149,171	\$580,722	\$159,998

Expenditures	Federal Funds Form ID 11287 CSHCS	Federal Funds Form ID 11289 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 11290 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 11292 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 11293 RAPE CRISIS PROGRAM	Federal Funds Form ID 11294 VIOLENCE AGAINST WOMEN
Salaries	1,545,781	—	2,000	4,000	1,001	90,001
Other Compensation	37,000	21,768	_	1,500	—	1,000
Related Benefits	1,059,051	_	1,153	3,171	577	52,463
TOTAL PERSONAL SERVICES	\$2,641,832	\$21,768	\$3,153	\$8,671	\$1,578	\$143,464
Travel	15,000	—	200		—	500
Operating Services	310,000	_	500	500	1,000	8,000
Supplies	27,000	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$352,000	—	\$700	\$500	\$1,000	\$8,500
PROFESSIONAL SERVICES	\$1,489,684	—	\$121,147	\$856,691	—	\$454,974
Other Charges	1,060,798	182,068	—	—	96,284	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	_	—	5,000	8,000	2,500	19,000
TOTAL OTHER CHARGES	\$1,060,798	\$182,068	\$5,000	\$8,000	\$98,784	\$19,000
Acquisitions	—	—	_	—	—	—
Major Repairs	_	_	_			_
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,544,314	\$203,836	\$130,000	\$873,862	\$101,362	\$625,938

Fun and it was	Federal Funds Form ID 11296 EPID LAB CAPACITY	Federal Funds Form ID 11297 EPID LAB CAPACITY	Federal Funds Form ID 11299 EPID LAB CAPACITY	Federal Funds Form ID 11301 EPID LAB CAPACITY	Federal Funds Form ID 11302 ANTIBIOTIC RES RET	Federal Funds Form ID 11303 INFECTIOUS DISEASE
Expenditures	(ELC)	(ELC)	(ELC)	(ELC)	FOOD	EPI
Salaries	950,000	275,000	1,300,000	150,000	46,001	750,000
Other Compensation	90,000	40,000	900,000	25,000	6,000	150,000
Related Benefits	599,571	181,601	1,268,324	100,889	29,979	518,860
TOTAL PERSONAL SERVICES	\$1,639,571	\$496,601	\$3,468,324	\$275,889	\$81,980	\$1,418,860
Travel	10,000	4,000	50,000	5,000	1,500	2,000
Operating Services	7,000	10,000	—	—	17,000	2,000
Supplies	80,000	10,000	—	—	15,000	2,000
TOTAL OPERATING EXPENSES	\$97,000	\$24,000	\$50,000	\$5,000	\$33,500	\$6,000
PROFESSIONAL SERVICES	\$200,000	—	—	—	\$5,000	—
Other Charges	452,083	18,715,960	20,966,758	40,079,932	19,520	8,830,119
Debt Service	—	—	—	—	—	—
Interagency Transfers	51,000	175,000	710,000	310,000	7,000	1,090,000
TOTAL OTHER CHARGES	\$503,083	\$18,890,960	\$21,676,758	\$40,389,932	\$26,520	\$9,920,119
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,439,654	\$19,411,561	\$25,195,082	\$40,670,821	\$147,000	\$11,344,979

Expenditures	Federal Funds Form ID 11305 FAMILY PLANNING	Federal Funds Form ID 11306 FAMILY PLANNING	Federal Funds Form ID 11308 FAMILY PLANNING	Federal Funds Form ID 11309 HUD LEAD	Federal Funds Form ID 11310 MCH BLOCK GRANT	Federal Funds Form ID 11311 LDH - COVID-19 CCP RSP
Salaries	1,026,711	293,835	346,096	165,000	—	1,300,000
Other Compensation	154,000	9,120	5,950	5,000	20,000	400,000
Related Benefits	676,677	189,562	56,979	98,007	—	980,069
TOTAL PERSONAL SERVICES	\$1,857,388	\$492,517	\$409,025	\$268,007	\$20,000	\$2,680,069
Travel	—	—	15,000	—	—	50,000
Operating Services	525,041	—	125,000	3,000	—	_
Supplies	1,082,154	—	74,975	_	238	_
TOTAL OPERATING EXPENSES	\$1,607,195	—	\$214,975	\$3,000	\$238	\$50,000
PROFESSIONAL SERVICES	\$924,137	\$7,483	—	\$63,993	\$185,912	_
Other Charges	—	—	—	—	481,669	20,960,215
Debt Service	—	—	—	—	—	—
Interagency Transfers	400,000	—	—	15,000	92,181	210,000
TOTAL OTHER CHARGES	\$400,000	—	—	\$15,000	\$573,850	\$21,170,215
Acquisitions	—	—	—	_	—	_
Major Repairs	_	_	—	_	_	
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	_
TOTAL EXPENDITURES	\$4,788,720	\$500,000	\$624,000	\$350,000	\$780,000	\$23,900,284

Expenditures	Federal Funds Form ID 11313 IMMUNIZATION GRANT	Federal Funds Form ID 11315 FEDERAL	Federal Funds Form ID 11316 CHILD DEATH REVIEW	Federal Funds Form ID 11317 FEDERAL	Federal Funds Form ID 11318 FEDERAL	Federal Funds Form ID 11319 FEDERAL
Salaries	1,742,000	3,001	500	36,000	80,000	30,000
Other Compensation	35,000	_	50	500	500	1,000
Related Benefits	841,556	1,730	317	21,043	46,409	17,872
TOTAL PERSONAL SERVICES	\$2,618,556	\$4,731	\$867	\$57,543	\$126,909	\$48,872
Travel	53,000	—	—	—	500	500
Operating Services	195,000	500	500	3,500	4,000	7,000
Supplies	10,000	100	—	100	—	—
TOTAL OPERATING EXPENSES	\$258,000	\$600	\$500	\$3,600	\$4,500	\$7,500
PROFESSIONAL SERVICES	\$589,889	\$14,769	\$47,633	\$261,943	\$369,999	\$571,763
Other Charges	20,000	—	—	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	294,198	500	1,000	7,000	3,000	20,000
TOTAL OTHER CHARGES	\$314,198	\$500	\$1,000	\$7,000	\$3,000	\$20,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$3,780,643	\$20,600	\$50,000	\$330,086	\$504,408	\$648,135

Expenditures	Federal Funds Form ID 11321 FEDERAL	Federal Funds Form ID 11323 PRAMS	Federal Funds Form ID 11324 FEDERAL	Federal Funds Form ID 11325 LDH - COVID-19 CCP RSP	Federal Funds Form ID 11326 SUICIDE PREVENTION	Federal Funds Form ID 11327 SYSTEMS DEVELOPMENT
Salaries	5,000	5,001	—	5,000	5,500	1,000
Other Compensation	500	—	500	500	5,000	500
Related Benefits	3,171	2,883	3,171	3,171	6,053	865
TOTAL PERSONAL SERVICES	\$8,671	\$7,884	\$3,671	\$8,671	\$16,553	\$2,365
Travel	—	—	—	—	—	_
Operating Services	1,000	3,500	3,000	3,500	10,000	500
Supplies	_	16,000	—	_	712	_
TOTAL OPERATING EXPENSES	\$1,000	\$19,500	\$3,000	\$3,500	\$10,712	\$500
PROFESSIONAL SERVICES	\$84,429	\$149,136	\$241,329	\$126,329	\$617,735	\$96,635
Other Charges	—	—	—	—	—	_
Debt Service	_	—	—	_	_	_
Interagency Transfers	1,500	3,500	2,000	1,500	6,000	500
TOTAL OTHER CHARGES	\$1,500	\$3,500	\$2,000	\$1,500	\$6,000	\$500
Acquisitions	_	—	_	_	_	_
Major Repairs	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	_
TOTAL EXPENDITURES	\$95,600	\$180,020	\$250,000	\$140,000	\$651,000	\$100,000

Expenditures	Interagency Transfers Form ID 11412 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 11413 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 11414 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 11415 CSHCS	Interagency Transfers Form ID 11416 MEDICAID	Interagency Transfers Form ID 11418 MEDICAID
Salaries	35,000	—	—	10,500	178,190	10,000
Other Compensation	25,000	—	—			—
Related Benefits	34,591	_				
TOTAL PERSONAL SERVICES	\$94,591	—	—	\$10,500	\$178,190	\$10,000
Travel	_					
Operating Services	68,000	_	_			
Supplies	3,000	116,600	_	_		
TOTAL OPERATING EXPENSES	\$71,000	\$116,600	—		_	
PROFESSIONAL SERVICES	\$1,000	\$2,596,599	—		_	
Other Charges	1,000	197,286,801	79,986,700			
Debt Service	_	_	_	_		
Interagency Transfers	72,409	_	_	_		_
TOTAL OTHER CHARGES	\$73,409	\$197,286,801	\$79,986,700			
Acquisitions	_	_	_	_	_	_
Major Repairs	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_					
TOTAL EXPENDITURES	\$240,000	\$200,000,000	\$79,986,700	\$10,500	\$178,190	\$10,000

Expenditures	Federal Funds Form ID 11330 FEDERAL	Federal Funds Form ID 11331 MCH BLOCK GRANT	Federal Funds Form ID 11333 FEDERAL	Federal Funds Form ID 11335 MCH BLOCK GRANT	Federal Funds Form ID 11337 FEDERAL	Federal Funds Form ID 11339 MCH BLOCK GRANT
Salaries	5,001	1,400,000	5,001	5,000	150,000	1,299,999
Other Compensation	_	120,000	—	10,207	50,000	20,000
Related Benefits	2,883	865,817	2,883	263,820	115,302	760,994
TOTAL PERSONAL SERVICES	\$7,884	\$2,385,817	\$7,884	\$279,027	\$315,302	\$2,080,993
Travel	—	5,000	—	818	2,000	25,000
Operating Services	500	150,000	5,000	—	2,000	105,000
Supplies	3,500	15,000	500	—	10,000	8,000
TOTAL OPERATING EXPENSES	\$4,000	\$170,000	\$5,500	\$818	\$14,000	\$138,000
PROFESSIONAL SERVICES	\$266,184	\$6,811,210	\$422,616	—	—	\$6,267,996
Other Charges	—	300,000	—	3,618,107	707,946	3,661,397
Debt Service	—	—	—	—	—	—
Interagency Transfers	2,000	290,480	14,000	441,937	30,000	280,000
TOTAL OTHER CHARGES	\$2,000	\$590,480	\$14,000	\$4,060,044	\$737,946	\$3,941,397
Acquisitions	—	_	—	_	—	_
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$280,068	\$9,957,507	\$450,000	\$4,339,889	\$1,067,248	\$12,428,386

Expenditures	Federal Funds Form ID 11341 LDH - COVID-19 CCP RSP	Federal Funds Form ID 11342 RURAL HEALTH	Federal Funds Form ID 11345 STUDENT LOAN REPAYMENT	Federal Funds Form ID 11346 PRIMARY CARE GRANT	Federal Funds Form ID 11348 SHIP	Federal Funds Form ID 11349 SHIP
Salaries	100,000	19,098	—	112,000	65,000	—
Other Compensation	5,000	1,000	—	1,000	—	—
Related Benefits	60,534	80,000	—	30,801	37,473	—
TOTAL PERSONAL SERVICES	\$165,534	\$100,098	—	\$143,801	\$102,473	—
Travel	1,000	5,000	—	500	500	—
Operating Services	5,000	5,000	—	1,500	500	—
Supplies	2,000	1,000	_	500	100	_
TOTAL OPERATING EXPENSES	\$8,000	\$11,000	—	\$2,500	\$1,100	—
PROFESSIONAL SERVICES	\$354,466	\$191,030	_	\$27,430	—	_
Other Charges	—	—	999,992	—	496,944	255,197
Debt Service	_	—	—	—	—	—
Interagency Transfers	6,000	29,000	_	9,000	11,000	_
TOTAL OTHER CHARGES	\$6,000	\$29,000	\$999,992	\$9,000	\$507,944	\$255,197
Acquisitions	—	—	—	—	—	—
Major Repairs	_	—	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$534,000	\$331,128	\$999,992	\$182,731	\$611,517	\$255,197

Expenditures	Federal Funds Form ID 11350 WELL-AHEAD HEALTH GRANT	Federal Funds Form ID 11351 CRITICAL ACCESS FLEX	Federal Funds Form ID 11353 ORAL HEALTH GRANT	Federal Funds Form ID 11354 ORAL HEALTH GRANT	Federal Funds Form ID 11356 BRFSS	Federal Funds Form ID 11357 PREVENTIVE HEALTH GRNT
Salaries	4,999	150,000	110,000	_	105,000	297,166
Other Compensation	2,000	1,000	2,000	200,000	_	780
Related Benefits	4,035	87,053	64,569	153,740	60,534	150,000
TOTAL PERSONAL SERVICES	\$11,034	\$238,053	\$176,569	\$353,740	\$165,534	\$447,946
Travel	—	9,000	2,000	5,000	—	5,000
Operating Services	5,000	3,000	3,000	—	500	45,000
Supplies	—	2,000	1,000	—	500	1,000
TOTAL OPERATING EXPENSES	\$5,000	\$14,000	\$6,000	\$5,000	\$1,000	\$51,000
PROFESSIONAL SERVICES	\$393,776	\$350,000	\$421,759	—	\$204,466	\$71,054
Other Charges	—	1,013	—	41,259	—	5,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	9,000	53,000	12,200	—	19,000	150,000
TOTAL OTHER CHARGES	\$9,000	\$54,013	\$12,200	\$41,259	\$19,000	\$155,000
Acquisitions	—	—	—	—	—	_
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$418,810	\$656,066	\$616,528	\$399,999	\$390,000	\$725,000

Expenditures	Federal Funds Form ID 11359 FEDERAL	Federal Funds Form ID 11360 OPIOID OVERDOSE SURV	Federal Funds Form ID 11361 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 11363 WELL-AHEAD HEALTH GRANT	Federal Funds Form ID 11365 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 11367 TOBACCO CONTROL
Salaries	_	139,999	43,357	110,000	200,000	320,000
Other Compensation	_	_	10,000	1,000	20,000	50,000
Related Benefits	_	80,711	60,000	63,993	126,832	213,309
TOTAL PERSONAL SERVICES	—	\$220,710	\$113,357	\$174,993	\$346,832	\$583,309
Travel	—	3,000	—	500	—	5,000
Operating Services	—	80,000	62,675	4,000	—	2,000
Supplies	—	2,000	2,000	4,000	5,000	5,000
TOTAL OPERATING EXPENSES	—	\$85,000	\$64,675	\$8,500	\$5,000	\$12,000
PROFESSIONAL SERVICES	—	\$140,000	\$151,074	\$815,507	\$162,168	\$1,546,711
Other Charges	17,221,350	657,345	—	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	110,000	120,894	46,000	39,000	77,000
TOTAL OTHER CHARGES	\$17,221,350	\$767,345	\$120,894	\$46,000	\$39,000	\$77,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$17,221,350	\$1,213,055	\$450,000	\$1,045,000	\$553,000	\$2,219,020

Expenditures	Federal Funds Form ID 11368 FEDERAL	Federal Funds Form ID 11369 FEDERAL	Federal Funds Form ID 11371 FEDERAL	Federal Funds Form ID 11372 FEDERAL	Federal Funds Form ID 11374 FEDERAL	Federal Funds Form ID 11375 CSFP
Salaries	20,000	200,000	115,000	195,000	_	50,000
Other Compensation	5,000	5,000	—	40,000	—	—
Related Benefits	14,413	118,185	66,299	135,480	—	34,610
TOTAL PERSONAL SERVICES	\$39,413	\$323,185	\$181,299	\$370,480	—	\$84,610
Travel	1,000	1,000	2,000	5,000	119,930	3,000
Operating Services	1,500	3,000	15,000	3,000	—	5,000
Supplies	3,000	1,000	500	1,000	1,146,867	500
TOTAL OPERATING EXPENSES	\$5,500	\$5,000	\$17,500	\$9,000	\$1,266,797	\$8,500
PROFESSIONAL SERVICES	\$1,202,314	\$1,134,576	\$1,421,195	\$1,640,989	\$710,900	—
Other Charges	—	—	657,542	—	203,407,748	3,870,515
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	40,000	4,600	32,000	5,760,226	17,000
TOTAL OTHER CHARGES	—	\$40,000	\$662,142	\$32,000	\$209,167,974	\$3,887,515
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,247,227	\$1,502,761	\$2,282,136	\$2,052,469	\$211,145,671	\$3,980,625

Expenditures	Federal Funds Form ID 11377 WIC ADMINISTRATION	Federal Funds Form ID 11378 PEER COUNSELING GRANT	Federal Funds Form ID 11379 MCH BLOCK GRANT	Federal Funds Form ID 11380 STD	Federal Funds Form ID 11381 STD	Federal Funds Form ID 11382 STD
Salaries	11,050,000	140,000	195,000	1,100,000	315,000	6,240
Other Compensation	580,000	5,000	4,000	70,000	20,000	—
Related Benefits	6,704,823	83,594	114,726	674,518	338,213	3,597
TOTAL PERSONAL SERVICES	\$18,334,823	\$228,594	\$313,726	\$1,844,518	\$673,213	\$9,837
Travel	450,000	500	1,000	20,000	5,000	—
Operating Services	1,300,000	60,000	1,711	200,000	140,000	_
Supplies	1,200,000	5,000	_	1,000	350,000	_
TOTAL OPERATING EXPENSES	\$2,950,000	\$65,500	\$2,711	\$221,000	\$495,000	—
PROFESSIONAL SERVICES	\$4,100,000	—	—	—	\$810,000	_
Other Charges	93,278,394	1,393,725	_	678,027	541,087	56,764
Debt Service	_	_	_	—	_	_
Interagency Transfers	2,585,000	55,000	_	100,000	125,000	792
TOTAL OTHER CHARGES	\$95,863,394	\$1,448,725	—	\$778,027	\$666,087	\$57,556
Acquisitions	—	_	_	—	—	—
Major Repairs	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$121,248,217	\$1,742,819	\$316,437	\$2,843,545	\$2,644,300	\$67,393

Expenditures	Federal Funds Form ID 11383 TB CONTROL PREVENTION	Federal Funds Form ID 11384 TB CONTROL PREVENTION	Federal Funds Form ID 11385 BEACH MONITORING	Federal Funds Form ID 11386 SAFE DRINKING WATER	Federal Funds Form ID 11387 SAFE DRINKING WATER	Federal Funds Form ID 11388 FEDERAL
Salaries	610,000	250,436	130,200	760,000	—	25,000
Other Compensation	6,000	20,401	2,000	75,000	202,499	5,000
Related Benefits	_	184,539	60,800	481,387	62,643	17,295
TOTAL PERSONAL SERVICES	\$616,000	\$455,376	\$193,000	\$1,316,387	\$265,142	\$47,295
Travel	—	27,000		30,000	—	_
Operating Services	—	40,000	6,136	16,000	—	10,825
Supplies	97,399	149,372	13,000	20,000	509,002	2,000
TOTAL OPERATING EXPENSES	\$97,399	\$216,372	\$19,136	\$66,000	\$509,002	\$12,825
PROFESSIONAL SERVICES	\$305,000	\$85,000	\$3,000	\$100,000	\$2,179	\$500
Other Charges	6,156	26,356	119,700	787,613	676,677	440,000
Debt Service	_	—	_	—	—	—
Interagency Transfers	_	88,718	20,000	230,000	_	17,000
TOTAL OTHER CHARGES	\$6,156	\$115,074	\$139,700	\$1,017,613	\$676,677	\$457,000
Acquisitions	—	—		—	—	—
Major Repairs	_	_	_		_	_
TOTAL ACQ. & MAJOR REPAIRS	—	—	_	—	—	—
TOTAL EXPENDITURES	\$1,024,555	\$871,822	\$354,836	\$2,500,000	\$1,453,000	\$517,620

Expenditures	Federal Funds Form ID 11389 OCCUPATIONAL INJURY	Federal Funds Form ID 11390 OCCUPATIONAL INJURY	Federal Funds Form ID 11391 FEDERAL	Federal Funds Form ID 11392 APPLETREE PROGRAM	Federal Funds Form ID 11393 PRIVATE WELL INITIATIVE	Federal Funds Form ID 11394 ENV PUBLIC HEALTH TRK
Salaries	200,000	25,127	—	110,000	56,000	227,429
Other Compensation	10,000	—	5,074	4,000	500	39,750
Related Benefits	121,067	14,486	2,925	65,722	32,573	_
TOTAL PERSONAL SERVICES	\$331,067	\$39,613	\$7,999	\$179,722	\$89,073	\$267,179
Travel	_	—	_	500	23,000	12,182
Operating Services	15,000	_	_	1,000	5,000	_
Supplies		_	_	500	1,996	1,000
TOTAL OPERATING EXPENSES	\$15,000	—	—	\$2,000	\$29,996	\$13,182
PROFESSIONAL SERVICES	\$51,830	\$50,001	\$42,001	—	—	—
Other Charges	93,009	—	—	47,639	6,625	246,278
Debt Service	_	_	—	_		—
Interagency Transfers	22,000	_	_	22,000	14,000	105,000
TOTAL OTHER CHARGES	\$115,009	—	—	\$69,639	\$20,625	\$351,278
Acquisitions	_	—	_	—	—	_
Major Repairs	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	—	—	—	—
TOTAL EXPENDITURES	\$512,906	\$89,614	\$50,000	\$251,361	\$139,694	\$631,639

Expenditures	Federal Funds Form ID 11395 FOOD AND DRUG	Federal Funds Form ID 11396 MFD FOOD STANDARDS	Federal Funds Form ID 11397 COMMERCIAL SEAFOOD	Federal Funds Form ID 11398 VITAL RECORDS	Federal Funds Form ID 11399 VITAL RECORDS
Salaries	182,724	140,000	41,775	80,000	—
Other Compensation	4,720	4,502	645	10,007	—
Related Benefits	_	83,306	28,940	51,890	—
TOTAL PERSONAL SERVICES	\$187,444	\$227,808	\$71,360	\$141,897	—
Travel	14,173	3,000	—	12,000	—
Operating Services		4,000	—	40,000	—
Supplies	_	30,000	—	11,000	—
TOTAL OPERATING EXPENSES	\$14,173	\$37,000	—	\$63,000	—
PROFESSIONAL SERVICES		—	—	—	—
Other Charges		64,651	—	116,210	951,426
Debt Service	_	_	—	—	—
Interagency Transfers	_	7,000	—	55,247	—
TOTAL OTHER CHARGES	_	\$71,651		\$171,457	\$951,426
Acquisitions		—	—	—	_
Major Repairs	_	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	_	—	—	—	—
TOTAL EXPENDITURES	\$201,617	\$336,459	\$71,360	\$376,354	\$951,426

Expenditures	Interagency Transfers Form ID 11419 MEDICAID	Interagency Transfers Form ID 11420 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 11422 DCFS-TANF	Interagency Transfers Form ID 11423 MEDICAID	Interagency Transfers Form ID 11424 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 11425 DEPT OF EDUCATION(ED)
Salaries	541,220	5,000	447,156	124,903	20,000	—
Other Compensation	_	_	4,793	880	50,000	_
Related Benefits	_		627,206	73,217	40,356	_
TOTAL PERSONAL SERVICES	\$541,220	\$5,000	\$1,079,155	\$199,000	\$110,356	—
Travel	_		14,182		500	—
Operating Services	_		193,675	_	500	_
Supplies	_	_	18,000	—	200	2,400
TOTAL OPERATING EXPENSES	_		\$225,857	—	\$1,200	\$2,400
PROFESSIONAL SERVICES		\$114,143	—	\$8,000	\$26,944	\$249,110
Other Charges	1,279,246		1,249,490			—
Debt Service	_		—	—	—	_
Interagency Transfers		3,000	322,573	20,000	9,500	5,490
TOTAL OTHER CHARGES	\$1,279,246	\$3,000	\$1,572,063	\$20,000	\$9,500	\$5,490
Acquisitions			—			—
Major Repairs	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_		_	—	_	—
TOTAL EXPENDITURES	\$1,820,466	\$122,143	\$2,877,075	\$227,000	\$148,000	\$257,000

Expenditures	Interagency Transfers Form ID 11426 MEDICAID	Interagency Transfers Form ID 11427 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 11429 GOHSEP	Interagency Transfers Form ID 11430 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 11432 DEPT OF EDUCATION(ED)	Interagency Transfers Form ID 11433 DCFS
Salaries	3,000	6,592	158,578	25,000	245,000	36,097
Other Compensation	_	—	—	—	—	—
Related Benefits	_		91,422	_	_	_
TOTAL PERSONAL SERVICES	\$3,000	\$6,592	\$250,000	\$25,000	\$245,000	\$36,097
Travel	_	—	—			—
Operating Services			_			
Supplies	_	—	—	_	—	
TOTAL OPERATING EXPENSES	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	_	—	—	—
Other Charges	_	—	—			44,903
Debt Service	_	—	—	_	—	_
Interagency Transfers	_	_	_	_	_	_
TOTAL OTHER CHARGES		—	—	_	_	\$44,903
Acquisitions	_	—	—			
Major Repairs				_		
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$3,000	\$6,592	\$250,000	\$25,000	\$245,000	\$81,000

Expenditures	Fees & Self-Generated Form ID 11402 Q08-OYSTER SANITATON	Fees & Self-Generated Form ID 11403 H18-VITAL REC CONV FUND	Fees & Self-Generated Form ID 11489 HIV/AIDS PROGRAMS	Fees & Self-Generated Form ID 11490 CSHCS	Fees & Self-Generated Form ID 11491 EMERGENCY MEDICAL SVCS	Fees & Self-Generated Form ID 11492 FEES & SELF GENERATED
Salaries	_	82,500	—	150,000	_	24,000
Other Compensation	_	22,000	—	_	10,000	—
Related Benefits	_	63,866	_	_	136,057	21,420
TOTAL PERSONAL SERVICES	_	\$168,366		\$150,000	\$146,057	\$45,420
Travel	_	500				_
Operating Services	86,051	50,000	_	_	135,000	_
Supplies	100,000	100	_	_		
TOTAL OPERATING EXPENSES	\$186,051	\$50,600		_	\$135,000	_
PROFESSIONAL SERVICES	_		\$173,423		_	
Other Charges	_	192,218	23,337		193,943	
Debt Service	_		_			
Interagency Transfers	_	14,220	_	_		_
TOTAL OTHER CHARGES	_	\$206,438	\$23,337		\$193,943	
Acquisitions	_		_		_	_
Major Repairs	_		_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_			_	_	—
TOTAL EXPENDITURES	\$186,051	\$425,404	\$196,760	\$150,000	\$475,000	\$45,420

Expenditures	Fees & Self-Generated Form ID 11494 INFECTIOUS DISEASE EPI	Fees & Self-Generated Form ID 11495 FAMILY PLANNING	Fees & Self-Generated Form ID 11496 FAMILY PLANNING	Fees & Self-Generated Form ID 11497 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11498 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11499 SPECIAL LAB
Salaries	27,200	2,586,677	789,904	1,710,000	808,780	18,000
Other Compensation	4,800	66,000	10,151	20,000	30,000	100
Related Benefits	22,930	1,334,250	247,416	960,499	321,799	10,435
TOTAL PERSONAL SERVICES	\$54,930	\$3,986,927	\$1,047,471	\$2,690,499	\$1,160,579	\$28,535
Travel				7,000		—
Operating Services		3,073		245,115	_	2,000
Supplies		—		866,504	—	2,485
TOTAL OPERATING EXPENSES		\$3,073	—	\$1,118,619	—	\$4,485
PROFESSIONAL SERVICES		—	—	\$39,168	—	—
Other Charges		—	1,498		541,220	—
Debt Service	_	—	—	—	—	—
Interagency Transfers	_	—	—	51,714	_	2,000
TOTAL OTHER CHARGES	—	—	\$1,498	\$51,714	\$541,220	\$2,000
Acquisitions						—
Major Repairs				_	_	_
TOTAL ACQ. & MAJOR REPAIRS		—	—	_	—	—
TOTAL EXPENDITURES	\$54,930	\$3,990,000	\$1,048,969	\$3,900,000	\$1,701,799	\$35,020

Expenditures	Fees & Self-Generated Form ID 11500 CERTIFICATION	Fees & Self-Generated Form ID 11501 PRAMS	Fees & Self-Generated Form ID 11502 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11503 TOBACCO CONTROL	Fees & Self-Generated Form ID 11504 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11505 FEES & SELF GENERATED
Salaries	4,000	—	19,500	97	500	—
Other Compensation	_	—	—	1,120	499	—
Related Benefits	3,224			_	576	_
TOTAL PERSONAL SERVICES	\$7,224	—	\$19,500	\$1,217	\$1,575	—
Travel	_			500		—
Operating Services	_			3,000	500	_
Supplies	_		—	2,000	1,000	_
TOTAL OPERATING EXPENSES	_		—	\$5,500	\$1,500	—
PROFESSIONAL SERVICES	\$21,789	\$30,000	—	\$143,283	—	\$158,781
Other Charges	1,487				26,806	—
Debt Service	_			—	—	_
Interagency Transfers	_		_	_	1,000	1,000
TOTAL OTHER CHARGES	\$1,487		—	—	\$27,806	\$1,000
Acquisitions	_					
Major Repairs	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	_	—	—	—	—
TOTAL EXPENDITURES	\$30,500	\$30,000	\$19,500	\$150,000	\$30,881	\$159,781

Expenditures	Fees & Self-Generated Form ID 11506 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11507 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11508 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11509 STD	Fees & Self-Generated Form ID 11511 STD	Fees & Self-Generated Form ID 11512 TB CONTROL PREVENTION
Salaries	30,000	_	8,000		64,177	340,000
Other Compensation	_	_	—	15,000	_	_
Related Benefits	17,295		4,099	185,000		300,677
TOTAL PERSONAL SERVICES	\$47,295		\$12,099	\$200,000	\$64,177	\$640,677
Travel	_					
Operating Services	100	241,404	1,000	_		_
Supplies	960	2,348,352	1,158			
TOTAL OPERATING EXPENSES	\$1,060	\$2,589,756	\$2,158		_	_
PROFESSIONAL SERVICES	—	\$3,161,365	—		_	
Other Charges	312,315	3,171,493				
Debt Service	_		_	_		_
Interagency Transfers	5,000	601,875	500	_		260,000
TOTAL OTHER CHARGES	\$317,315	\$3,773,368	\$500			\$260,000
Acquisitions	_	_	_	_	_	
Major Repairs	_	_	_	_		_
TOTAL ACQ. & MAJOR REPAIRS	_	_		_	_	_
TOTAL EXPENDITURES	\$365,670	\$9,524,489	\$14,757	\$200,000	\$64,177	\$900,677

Expenditures	Fees & Self-Generated Form ID 11517 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11518 SAFE DRINKING WATER	Fees & Self-Generated Form ID 11520 FOOD AND DRUG	Fees & Self-Generated Form ID 11521 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11523 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11524 FEES & SELF GENERATED
Salaries	73,100	8,390,908	374,276	9,600	59,698	49,685
Other Compensation	850	—	18,880	80	—	—
Related Benefits	38,206	4,895,351	188,223	5,396	—	—
TOTAL PERSONAL SERVICES	\$112,156	\$13,286,259	\$581,379	\$15,076	\$59,698	\$49,685
Travel	1,500	750,000	15,827	100		—
Operating Services	1,000	3,100,000	40,000	100	—	—
Supplies	912	891,578	—	50	—	—
TOTAL OPERATING EXPENSES	\$3,412	\$4,741,578	\$55,827	\$250	—	—
PROFESSIONAL SERVICES	_	\$32,821	—	—	—	—
Other Charges	1,432	239,342	212,794	—	10,302	20,315
Debt Service	_		—	—	—	—
Interagency Transfers	8,000	900,000	—	674	—	—
TOTAL OTHER CHARGES	\$9,432	\$1,139,342	\$212,794	\$674	\$10,302	\$20,315
Acquisitions	—		—	—		—
Major Repairs	—	_	—	—	—	_
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$125,000	\$19,200,000	\$850,000	\$16,000	\$70,000	\$70,000

Total Request

Expenditures	Used as a Cash Match	Total Means of Financing By Expenditure	Total State General Fund	Interagency Transfers Form ID 11406 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 11407 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 11412 INTERAGENCY TRANSFERS
Salaries	952,885	83,360,532	22,068,926			35,000
Other Compensation	16,880	8,158,075	734,218	_	_	25,000
Related Benefits	500,880	54,850,605	14,918,733	—	_	35,960
TOTAL PERSONAL SERVICES	\$1,470,645	\$146,369,212	\$37,721,877	—		\$95,960
Travel	9,500	2,822,063	677,672		_	
Operating Services	137,325	14,190,314	3,437,874			68,000
Supplies	659,302	15,324,101	4,824,134	_	_	3,000
TOTAL OPERATING EXPENSES	\$806,127	\$32,336,478	\$8,939,680	_	_	\$71,000
PROFESSIONAL SERVICES	\$2,367,485	\$63,263,509	\$5,653,613	—	—	\$1,000
Other Charges	70,500	585,742,154	1,960,862	58,775	269,127	1,000
Debt Service	_	—	_		_	
Interagency Transfers	207,145	27,294,755	7,693,948	—	_	71,040
TOTAL OTHER CHARGES	\$277,645	\$613,036,909	\$9,654,810	\$58,775	\$269,127	\$72,040
Acquisitions	—	1,419,211	—			—
Major Repairs	—	—	—		_	
TOTAL ACQ. & MAJOR REPAIRS	—	\$1,419,211	—	—	—	—
TOTAL EXPENDITURES	\$4,921,902	\$856,425,319	\$61,969,980	\$58,775	\$269,127	\$240,000

Expenditures	Fees & Self-Generated Form ID 11531 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11532 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11535 TANNING FACILITIES	Fees & Self-Generated Form ID 11537 VITAL RECORDS	Fees & Self-Generated Form ID 12644 FEES & SELF GENERATED	Statutory Dedications Form ID 11400 E02-TELECOM DEAF FUND
Salaries	60,956	220,231	43,100	1,349,295	—	252,500
Other Compensation	560	15,000	600	212,000	—	50,000
Related Benefits	34,178	688,889	13,865	1,947,849	—	184,875
TOTAL PERSONAL SERVICES	\$95,694	\$924,120	\$57,565	\$3,509,144	—	\$487,375
Travel	331	160,000	1,000	15,000	26,741	20,474
Operating Services	_		1,000	910,998	123,778	6,142
Supplies	3,975	—	435	—	97,681	20,474
TOTAL OPERATING EXPENSES	\$4,306	\$160,000	\$2,435	\$925,998	\$248,200	\$47,090
PROFESSIONAL SERVICES	—			—	\$91,805	\$5,348,330
Other Charges	—	415,880		634,919	—	159,095
Debt Service	_				—	—
Interagency Transfers	—	—	—	109,939	—	40,000
TOTAL OTHER CHARGES	—	\$415,880		\$744,858	—	\$199,095
Acquisitions	_	_		20,000	—	_
Major Repairs	_			—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—			\$20,000	—	—
TOTAL EXPENDITURES	\$100,000	\$1,500,000	\$60,000	\$5,200,000	\$340,005	\$6,081,890

Expenditures	Statutory Dedications Form ID 11401 H45-RURAL PC PHY DEV FD	Statutory Dedications Form ID 11404 Z13-LOUISIANA FUND	Statutory Dedications Form ID 11405 Z13-LOUISIANA FUND	Federal Funds Form ID 11021 HIV/AIDS PROGRAMS	Federal Funds Form ID 11240 HIV/AIDS PROGRAMS	Federal Funds Form ID 11242 HIV/AIDS PROGRAMS
Salaries		—	—	6,500	350,000	68,000
Other Compensation	_	_	_	—	10,000	2,000
Related Benefits	_	_		3,896	215,762	41,954
TOTAL PERSONAL SERVICES		_	—	\$10,396	\$575,762	\$111,954
Travel	_	_		_	5,000	
Operating Services	_	_	9,725	1,500	250,000	82,500
Supplies	_	_	512	600	800,000	10,000
TOTAL OPERATING EXPENSES	_	—	\$10,237	\$2,100	\$1,055,000	\$92,500
PROFESSIONAL SERVICES	_	\$500,000	\$70,201	\$3,000	\$2,700,000	\$821,067
Other Charges	2,673,634	—	6,254,260	426,244	2,025,238	179,479
Debt Service	_	_		_		_
Interagency Transfers	_	_		18,000	144,000	45,000
TOTAL OTHER CHARGES	\$2,673,634	_	\$6,254,260	\$444,244	\$2,169,238	\$224,479
Acquisitions	_	_		_		
Major Repairs	_	_		_		
TOTAL ACQ. & MAJOR REPAIRS		—	—	—	—	—
TOTAL EXPENDITURES	\$2,673,634	\$500,000	\$6,334,698	\$459,740	\$6,500,000	\$1,250,000

Expenditures	Federal Funds Form ID 11244 HIV/AIDS PROGRAMS	Federal Funds Form ID 11247 HIV/AIDS PROGRAMS	Federal Funds Form ID 11251 HIV/AIDS PROGRAMS	Federal Funds Form ID 11253 HIV/AIDS PROGRAMS	Federal Funds Form ID 11254 HIV/AIDS PROGRAMS	Federal Funds Form ID 11258 HIV/AIDS PROGRAMS
Salaries	110,000	1,440,000	7,000	_	15,000	37,000
Other Compensation	8,000	46,000	2,500		_	_
Related Benefits	70,722	890,616	5,694	_	8,990	22,176
TOTAL PERSONAL SERVICES	\$188,722	\$2,376,616	\$15,194	—	\$23,990	\$59,176
Travel	—	7,000	—	—	—	—
Operating Services	16,500	162,000	3,600	—	2,300	2,000
Supplies	—	404,000	—	10,000	—	71,595
TOTAL OPERATING EXPENSES	\$16,500	\$573,000	\$3,600	\$10,000	\$2,300	\$73,595
PROFESSIONAL SERVICES	\$950,000	\$5,764,901	\$4,000	—	\$120,000	\$190,000
Other Charges	7,947,172	43,111,304	3,630,843	224,247	578,234	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	76,000	175,000	12,000	—	18,800	17,155
TOTAL OTHER CHARGES	\$8,023,172	\$43,286,304	\$3,642,843	\$224,247	\$597,034	\$17,155
Acquisitions	—	20,661	_	_	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	\$20,661	—	—	—	—
TOTAL EXPENDITURES	\$9,178,394	\$52,021,482	\$3,665,637	\$234,247	\$743,324	\$339,926

Expenditures	Federal Funds Form ID 11259 HIV/AIDS PROGRAMS	Federal Funds Form ID 11267 LDH - COVID-19 CCP RSP	Federal Funds Form ID 11269 BIOTERRORISM GRANT	Federal Funds Form ID 11275 BIOTERRORISM GRANT	Federal Funds Form ID 11278 NCIPC OPIOID CRISIS	Federal Funds Form ID 11281 LDH - COVID-19 CCP RSP
Salaries	36,000	475,000	700,000	3,100,000	160,000	
Other Compensation		1,400,000	1,700,000	150,000	140,000	
Related Benefits	21,576	1,123,759	1,438,412	1,875,135	179,801	_
TOTAL PERSONAL SERVICES	\$57,576	\$2,998,759	\$3,838,412	\$5,125,135	\$479,801	—
Travel	—	20,000	20,000	25,000	20,000	_
Operating Services	2,500	_	—	1,050,000	100,000	
Supplies	6,000	—	—	250,000	10,000	_
TOTAL OPERATING EXPENSES	\$8,500	\$20,000	\$20,000	\$1,325,000	\$130,000	—
PROFESSIONAL SERVICES	\$450,000	_	—	\$45,000	\$800,000	—
Other Charges	3,380,508	10,189,628	8,981,413	4,939,680	3,487,144	2,116,345
Debt Service	_	—	—	—	—	—
Interagency Transfers	55,000	346,466	243,303	1,130,000	230,000	—
TOTAL OTHER CHARGES	\$3,435,508	\$10,536,094	\$9,224,716	\$6,069,680	\$3,717,144	\$2,116,345
Acquisitions	—			50,000	—	
Major Repairs		_	_	—	—	
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	\$50,000	—	—
TOTAL EXPENDITURES	\$3,951,584	\$13,554,853	\$13,083,128	\$12,614,815	\$5,126,945	\$2,116,345

Expenditures	Federal Funds Form ID 11283 FEDERAL	Federal Funds Form ID 11286 CSHCS	Federal Funds Form ID 11287 CSHCS	Federal Funds Form ID 11289 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 11290 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 11292 EMERGENCY MEDICAL SVCS
Salaries	2,200	1,100	1,445,781	100,000	2,000	4,000
Other Compensation	—	—	37,000	21,768	—	1,500
Related Benefits	1,319	659	1,000,984	—	1,199	3,296
TOTAL PERSONAL SERVICES	\$3,519	\$1,759	\$2,483,765	\$121,768	\$3,199	\$8,796
Travel	—	—	30,000	13,000	—	—
Operating Services	3,550	15,000	330,000	5,387	700	500
Supplies	—	—	90,865	—	—	—
TOTAL OPERATING EXPENSES	\$3,550	\$15,000	\$450,865	\$18,387	\$700	\$500
PROFESSIONAL SERVICES	\$556,653	\$101,975	\$1,669,684	—	\$121,101	\$332,704
Other Charges	—	37,766	840,000	48,641	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	17,000	3,500	—	—	5,000	8,000
TOTAL OTHER CHARGES	\$17,000	\$41,266	\$840,000	\$48,641	\$5,000	\$8,000
Acquisitions	—	—	100,000	15,040	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	\$100,000	\$15,040	—	—
TOTAL EXPENDITURES	\$580,722	\$160,000	\$5,544,314	\$203,836	\$130,000	\$350,000

Expenditures	Federal Funds Form ID 11293	Federal Funds Form ID 11294 VIOLENCE AGAINST	Federal Funds Form ID 11296 EPID LAB CAPACITY	Federal Funds Form ID 11297 EPID LAB CAPACITY	Federal Funds Form ID 11299 EPID LAB CAPACITY	Federal Funds Form ID 11301 EPID LAB CAPACITY
-	RAPE CRISIS PROGRAM	WOMEN	(ELC)	(ELC)	(ELC)	(ELC)
Salaries	1,001	90,001	900,000	225,000	750,000	40,000
Other Compensation	—	1,000	20,000	40,000	450,000	6,000
Related Benefits	600	54,540	551,391	158,825	719,206	27,570
TOTAL PERSONAL SERVICES	\$1,601	\$145,541	\$1,471,391	\$423,825	\$1,919,206	\$73,570
Travel	—	—	10,000	4,000	50,000	5,000
Operating Services	1,000	8,500	7,000	10,000	—	
Supplies	—	—	80,000	10,000	50,000	—
TOTAL OPERATING EXPENSES	\$1,000	\$8,500	\$97,000	\$24,000	\$100,000	\$5,000
PROFESSIONAL SERVICES	—	\$422,897	\$391,921	—	—	—
Other Charges	96,261	—	428,342	19,346,769	14,067,515	7,811,430
Debt Service	—	—	—	—	—	—
Interagency Transfers	2,500	19,000	51,000	175,000	710,000	310,000
TOTAL OTHER CHARGES	\$98,761	\$19,000	\$479,342	\$19,521,769	\$14,777,515	\$8,121,430
Acquisitions	—	—	—	—	—	_
Major Repairs	—	—	—	_	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$101,362	\$595,938	\$2,439,654	\$19,969,594	\$16,796,721	\$8,200,000

	Federal Funds Form ID 11302 ANTIBIOTIC RES RET	Federal Funds Form ID 11303 INFECTIOUS DISEASE	Federal Funds Form ID 11305	Federal Funds Form ID 11306	Federal Funds Form ID 11308	Federal Funds Form ID 11309
Expenditures	FOOD	EPI	FAMILY PLANNING	FAMILY PLANNING	FAMILY PLANNING	HUD LEAD
Salaries	40,000	750,000	1,602,546	293,835	336,096	165,000
Other Compensation	6,000	150,000	154,000	9,120	5,950	5,000
Related Benefits	27,570	539,404	556,023	189,700	56,979	101,888
TOTAL PERSONAL SERVICES	\$73,570	\$1,439,404	\$2,312,569	\$492,655	\$399,025	\$271,888
Travel	1,500	2,000	—	—	25,000	—
Operating Services	17,000	2,000	509,041	—	125,000	3,000
Supplies	15,000	2,000	1,082,404	—	74,975	—
TOTAL OPERATING EXPENSES	\$33,500	\$6,000	\$1,591,445	—	\$224,975	\$3,000
PROFESSIONAL SERVICES	\$5,000	—	\$384,706	\$7,345	—	\$60,112
Other Charges	18,470	8,809,575	—	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	4,460	1,090,000	400,000	—	—	15,000
TOTAL OTHER CHARGES	\$22,930	\$9,899,575	\$400,000	—	—	\$15,000
Acquisitions	—	—	100,000	—	—	—
Major Repairs	—	_	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	\$100,000	—	—	—
TOTAL EXPENDITURES	\$135,000	\$11,344,979	\$4,788,720	\$500,000	\$624,000	\$350,000

Expenditures	Federal Funds Form ID 11310 MCH BLOCK GRANT	Federal Funds Form ID 11311 LDH - COVID-19 CCP RSP	Federal Funds Form ID 11313 IMMUNIZATION GRANT	Federal Funds Form ID 11316 CHILD DEATH REVIEW	Federal Funds Form ID 11317 FEDERAL	Federal Funds Form ID 11318 FEDERAL
Salaries		900,000	1,742,000	500	36,000	80,000
Other Compensation	20,000	400,000	35,000	500	50,000	
Related Benefits	54,101	779,140	889,608	300	21,576	47,947
TOTAL PERSONAL SERVICES	\$74,101	\$2,079,140	\$2,666,608	\$800	\$57,576	\$127,947
Travel	13,000	50,000	53,000	2000	016,166	3127,347
Operating Services	13,000	30,000			2 500	4 000
		—	195,000	500	3,500	4,000
Supplies	100,238	-	10,000	—	—	—
TOTAL OPERATING EXPENSES	\$113,238	\$50,000	\$258,000	\$500	\$3,500	\$4,000
PROFESSIONAL SERVICES	\$31,811	—	\$541,837	\$48,200	\$262,010	\$369,461
Other Charges	408,669	33,524,936	10,000	—	—	—
Debt Service	—	—	—	—	—	_
Interagency Transfers	92,181	210,000	294,198	500	7,000	3,000
TOTAL OTHER CHARGES	\$500,850	\$33,734,936	\$304,198	\$500	\$7,000	\$3,000
Acquisitions	60,000	_	10,000	_	_	_
Major Repairs	_	_	_			_
TOTAL ACQ. & MAJOR REPAIRS	\$60,000	_	\$10,000	_	_	_
TOTAL EXPENDITURES	\$780,000	\$35,864,076	\$3,780,643	\$50,000	\$330,086	\$504,408

Expenditures	Federal Funds Form ID 11319 FEDERAL	Federal Funds Form ID 11321 FEDERAL	Federal Funds Form ID 11323 PRAMS	Federal Funds Form ID 11324 FEDERAL	Federal Funds Form ID 11326 SUICIDE PREVENTION	Federal Funds Form ID 11327 SYSTEMS DEVELOPMENT
Salaries	30,000	5,000	5,000	—	5,500	1,500
Other Compensation	1,000	—	—	—	5,000	—
Related Benefits	18,580	2,997	2,997	2,997	6,293	899
TOTAL PERSONAL SERVICES	\$49,580	\$7,997	\$7,997	\$2,997	\$16,793	\$2,399
Travel	500	—	—	—	—	—
Operating Services	7,000	1,000	3,500	3,000	10,000	500
Supplies	—	—	16,000	—	712	—
TOTAL OPERATING EXPENSES	\$7,500	\$1,000	\$19,500	\$3,000	\$10,712	\$500
PROFESSIONAL SERVICES	\$571,055	\$85,103	\$129,023	\$234,003	\$617,495	\$96,601
Other Charges	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	20,000	1,500	3,500	5,000	6,000	500
TOTAL OTHER CHARGES	\$20,000	\$1,500	\$3,500	\$5,000	\$6,000	\$500
Acquisitions	—	—	—	—	—	—
Major Repairs	_	—	—	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$648,135	\$95,600	\$160,020	\$245,000	\$651,000	\$100,000

Expenditures	Federal Funds Form ID 11330 FEDERAL	Federal Funds Form ID 11331 MCH BLOCK GRANT	Federal Funds Form ID 11333 FEDERAL	Federal Funds Form ID 11335 MCH BLOCK GRANT	Federal Funds Form ID 11337 FEDERAL	Federal Funds Form ID 11339 MCH BLOCK GRANT
Salaries	5,001	1,400,000	5,001	800,000	150,000	1,000,000
Other Compensation	—	120,000	—	5,000	50,000	20,000
Related Benefits	2,997	910,994	2,997	587,799	119,868	611,325
TOTAL PERSONAL SERVICES	\$7,998	\$2,430,994	\$7,998	\$1,392,799	\$319,868	\$1,631,325
Travel	—	15,000	—	15,000	20,000	25,000
Operating Services	500	150,000	5,000	100,000	2,000	105,000
Supplies	3,500	15,000	500	—	70,000	28,000
TOTAL OPERATING EXPENSES	\$4,000	\$180,000	\$5,500	\$115,000	\$92,000	\$158,000
PROFESSIONAL SERVICES	\$316,088	\$1,466,513	\$422,502	\$1,907,136	\$1,447,946	\$7,761,717
Other Charges	—	—	—	449,449	259,791	500,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	2,000	280,000	14,000	400,505	30,000	280,000
TOTAL OTHER CHARGES	\$2,000	\$280,000	\$14,000	\$849,954	\$289,791	\$780,000
Acquisitions	—	100,000	—	75,000	50,000	50,000
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	\$100,000	—	\$75,000	\$50,000	\$50,000
TOTAL EXPENDITURES	\$330,086	\$4,457,507	\$450,000	\$4,339,889	\$2,199,605	\$10,381,042

Expenditures	Interagency Transfers Form ID 11414 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 11415 CSHCS	Interagency Transfers Form ID 11416 MEDICAID	Interagency Transfers Form ID 11418 MEDICAID	Interagency Transfers Form ID 11419 MEDICAID	Interagency Transfers Form ID 11422 DCFS-TANF
Salaries		10,500	178,190	10,000	316,220	500,000
Other Compensation	_	_	—	_	_	_
Related Benefits	_	_	—	_	97,775	250,000
TOTAL PERSONAL SERVICES	—	\$10,500	\$178,190	\$10,000	\$413,995	\$750,000
Travel		—				7,500
Operating Services		_		_	_	93,675
Supplies	_	_	—	_	—	18,000
TOTAL OPERATING EXPENSES	_	—	—	_	_	\$119,175
PROFESSIONAL SERVICES	—	—	—	—	—	\$1,685,327
Other Charges	79,986,700	—			761,695	—
Debt Service		_				_
Interagency Transfers	_	_	_	_	_	322,573
TOTAL OTHER CHARGES	\$79,986,700	—	—	_	\$761,695	\$322,573
Acquisitions	_	—				—
Major Repairs	_	_	_	_	_	
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$79,986,700	\$10,500	\$178,190	\$10,000	\$1,175,690	\$2,877,075

	Federal Funds Form ID 11342	Federal Funds Form ID 11345 STUDENT LOAN	Federal Funds Form ID 11346	Federal Funds Form ID 11348	Federal Funds Form ID 11350 WELL-AHEAD HEALTH	Federal Funds Form ID 11351
Expenditures	RURAL HEALTH	REPAYMENT	PRIMARY CARE GRANT	SHIP	GRANT	CRITICAL ACCESS FLEX
Salaries	19,098	—	112,000	65,000	4,999	150,000
Other Compensation	—	—	—	—	2,000	—
Related Benefits	88,326	—	32,781	38,957	4,195	89,901
TOTAL PERSONAL SERVICES	\$107,424	_	\$144,781	\$103,957	\$11,194	\$239,901
Travel	5,000	—	—	—	—	9,000
Operating Services	5,000	—	1,500	—	5,000	3,000
Supplies	1,000	—	—	—	—	2,000
TOTAL OPERATING EXPENSES	\$11,000	—	\$1,500	—	\$5,000	\$14,000
PROFESSIONAL SERVICES	\$183,704	_	\$27,450	—	\$234,806	\$162,942
Other Charges	—	678,706	—	465,535	—	_
Debt Service	—	—	—	—	—	—
Interagency Transfers	29,000	—	9,000	11,000	9,000	53,000
TOTAL OTHER CHARGES	\$29,000	\$678,706	\$9,000	\$476,535	\$9,000	\$53,000
Acquisitions	—	—	—	—	—	_
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$331,128	\$678,706	\$182,731	\$580,492	\$260,000	\$469,843

Expenditures	Federal Funds Form ID 11353 ORAL HEALTH GRANT	Federal Funds Form ID 11354 ORAL HEALTH GRANT	Federal Funds Form ID 11356 BRFSS	Federal Funds Form ID 11357 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 11359 FEDERAL	Federal Funds Form ID 11360 OPIOID OVERDOSE SURV
Salaries	110,000	79,213	105,000	296,946	1,190,188	100,000
Other Compensation	—	100,000	—	—	513,019	—
Related Benefits	65,927	160,588	62,931	158,783	1,020,797	59,934
TOTAL PERSONAL SERVICES	\$175,927	\$339,801	\$167,931	\$455,729	\$2,724,004	\$159,934
Travel	2,000	5,000	—	5,000	100,000	3,000
Operating Services	3,000	—	500	45,000	—	80,000
Supplies	1,000	—	500	1,000	—	2,000
TOTAL OPERATING EXPENSES	\$6,000	\$5,000	\$1,000	\$51,000	\$100,000	\$85,000
PROFESSIONAL SERVICES	\$422,401	—	\$202,069	\$61,672	—	\$200,776
Other Charges	—	55,198	—	6,599	5,645,894	657,345
Debt Service	—	—	—	—	—	—
Interagency Transfers	12,200	—	19,000	150,000	250,000	110,000
TOTAL OTHER CHARGES	\$12,200	\$55,198	\$19,000	\$156,599	\$5,895,894	\$767,345
Acquisitions	—	—	—	—	—	
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$616,528	\$399,999	\$390,000	\$725,000	\$8,719,898	\$1,213,055

Expenditures	Federal Funds Form ID 11361 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 11363 WELL-AHEAD HEALTH GRANT	Federal Funds Form ID 11365 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 11367 TOBACCO CONTROL	Federal Funds Form ID 11368 FEDERAL	Federal Funds Form ID 11369 FEDERAL
Salaries	43,357	100,000	190,000	300,000	20,000	195,000
Other Compensation	10,000	1,000	20,000	50,000	5,000	5,000
Related Benefits	63,082	60,533	125,861	209,768	14,983	119,868
TOTAL PERSONAL SERVICES	\$116,439	\$161,533	\$335,861	\$559,768	\$39,983	\$319,868
Travel	—	500	—	5,000	1,000	1,000
Operating Services	62,675	4,000	—	2,000	1,000	3,000
Supplies	2,000	4,000	5,000	5,000	3,000	1,000
TOTAL OPERATING EXPENSES	\$64,675	\$8,500	\$5,000	\$12,000	\$5,000	\$5,000
PROFESSIONAL SERVICES	\$147,992	\$713,967	\$50,139	\$960,007	\$1,202,244	\$762,893
Other Charges	—	—	—	—	—	_
Debt Service	—	—	—	—	—	—
Interagency Transfers	120,894	46,000	39,000	77,000	—	40,000
TOTAL OTHER CHARGES	\$120,894	\$46,000	\$39,000	\$77,000	—	\$40,000
Acquisitions	—	—	20,000	—	—	_
Major Repairs	—	—	—	—	—	_
TOTAL ACQ. & MAJOR REPAIRS	—	—	\$20,000	—	—	—
TOTAL EXPENDITURES	\$450,000	\$930,000	\$450,000	\$1,608,775	\$1,247,227	\$1,127,761

Expenditures	Federal Funds Form ID 11371 FEDERAL	Federal Funds Form ID 11372 FEDERAL	Federal Funds Form ID 11374 FEDERAL	Federal Funds Form ID 11375 CSFP	Federal Funds Form ID 11377 WIC ADMINISTRATION	Federal Funds Form ID 11378 PEER COUNSELING GRANT
Salaries	113,000	195,000	—	50,000	11,050,000	115,000
Other Compensation	—	40,000	—	—	580,000	5,000
Related Benefits	67,725	140,844	—	37,578	6,970,304	71,921
TOTAL PERSONAL SERVICES	\$180,725	\$375,844	—	\$87,578	\$18,600,304	\$191,921
Travel	2,000	5,000	47,877	3,000	450,000	500
Operating Services	15,000	3,000	54,378	5,000	1,400,000	60,000
Supplies	500	1,000	2,437,829	—	1,300,000	15,000
TOTAL OPERATING EXPENSES	\$17,500	\$9,000	\$2,540,084	\$8,000	\$3,150,000	\$75,500
PROFESSIONAL SERVICES	\$1,644,053	\$1,635,625	\$1,703,998	_	\$4,000,000	\$100,000
Other Charges	435,258	—	190,547,669	3,987,422	93,292,320	1,267,579
Debt Service	—	_	—	—	_	—
Interagency Transfers	4,600	32,000	6,367,752	17,000	2,427,376	55,000
TOTAL OTHER CHARGES	\$439,858	\$32,000	\$196,915,421	\$4,004,422	\$95,719,696	\$1,322,579
Acquisitions	—	—	—		530,000	10,000
Major Repairs	—	_	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	\$530,000	\$10,000
TOTAL EXPENDITURES	\$2,282,136	\$2,052,469	\$201,159,503	\$4,100,000	\$122,000,000	\$1,700,000

Expenditures	Federal Funds Form ID 11379 MCH BLOCK GRANT	Federal Funds Form ID 11380 STD	Federal Funds Form ID 11381 STD	Federal Funds Form ID 11382 STD	Federal Funds Form ID 11383 TB CONTROL PREVENTION	Federal Funds Form ID 11384 TB CONTROL PREVENTION
Salaries	195,000	1,600,000	115,000	6,240	590,000	251,822
Other Compensation	1,000	70,000	10,000	—	3,000	15,000
Related Benefits	117,470	1,000,895	229,929	3,740	31,492	184,553
TOTAL PERSONAL SERVICES	\$313,470	\$2,670,895	\$354,929	\$9,980	\$624,492	\$451,375
Travel	1,000	40,000	5,000	—	12,000	27,000
Operating Services	1,967	250,000	140,000	—	—	40,000
Supplies	—	1,000	350,000	—	97,399	149,372
TOTAL OPERATING EXPENSES	\$2,967	\$291,000	\$495,000	—	\$109,399	\$216,372
PROFESSIONAL SERVICES	—	\$448,880	\$810,000	—	\$168,000	\$85,000
Other Charges	—	628,027	421,901	112,782	47,664	30,357
Debt Service	—	—	—	—	—	_
Interagency Transfers	—	100,000	125,000	792	_	88,718
TOTAL OTHER CHARGES	—	\$728,027	\$546,901	\$113,574	\$47,664	\$119,075
Acquisitions	—	—	30,000	—	75,000	_
Major Repairs	—	—	—	—	_	_
TOTAL ACQ. & MAJOR REPAIRS	—	—	\$30,000	—	\$75,000	—
TOTAL EXPENDITURES	\$316,437	\$4,138,802	\$2,236,830	\$123,554	\$1,024,555	\$871,822

Expenditures	Federal Funds Form ID 11385 BEACH MONITORING	Federal Funds Form ID 11386 SAFE DRINKING WATER	Federal Funds Form ID 11387 SAFE DRINKING WATER	Federal Funds Form ID 11388 FEDERAL	Federal Funds Form ID 11389 OCCUPATIONAL INJURY	Federal Funds Form ID 11392 APPLETREE PROGRAM
Salaries						
	85,597	750,000	700,000	25,000		110,000
Other Compensation	2,000	70,000	43,999	5,000	5,000	—
Related Benefits	60,800	491,457	154,637	17,980	122,864	65,927
TOTAL PERSONAL SERVICES	\$148,397	\$1,311,457	\$898,636	\$47,980	\$327,864	\$175,927
Travel		30,000	50,000	—	—	_
Operating Services	6,136	16,000	113,550	10,640	15,000	5,000
Supplies	13,000	20,000	309,002	2,000	—	1,000
TOTAL OPERATING EXPENSES	\$19,136	\$66,000	\$472,552	\$12,640	\$15,000	\$6,000
PROFESSIONAL SERVICES	\$2,767	\$100,000	—	—	\$51,830	—
Other Charges	119,700	792,543	36,852	440,000	96,212	47,434
Debt Service	—	—	—	—	—	—
Interagency Transfers	10,000	230,000	—	17,000	22,000	22,000
TOTAL OTHER CHARGES	\$129,700	\$1,022,543	\$36,852	\$457,000	\$118,212	\$69,434
Acquisitions			44,960	—	—	_
Major Repairs		—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS			\$44,960	_	—	—
TOTAL EXPENDITURES	\$300,000	\$2,500,000	\$1,453,000	\$517,620	\$512,906	\$251,361

Expenditures	Federal Funds Form ID 11393 PRIVATE WELL INITIATIVE	Federal Funds Form ID 11394 ENV PUBLIC HEALTH TRK	Federal Funds Form ID 11395 FOOD AND DRUG	Federal Funds Form ID 11396 MFD FOOD STANDARDS	Federal Funds Form ID 11397 COMMERCIAL SEAFOOD	Federal Funds Form ID 11398 VITAL RECORDS
Salaries	56,000	221,137	174,724	91,500	45,165	80,000
Other Compensation	—	39,750	3,336	—	645	10,007
Related Benefits	33,563	—	18,960	54,839	28,940	53,945
TOTAL PERSONAL SERVICES	\$89,563	\$260,887	\$197,020	\$146,339	\$74,750	\$143,952
Travel	23,000	12,182	14,173	3,000	—	12,000
Operating Services	5,000	—	—	4,000	—	40,000
Supplies	1,506	1,000	—	30,000	—	11,000
TOTAL OPERATING EXPENSES	\$29,506	\$13,182	\$14,173	\$37,000	—	\$63,000
PROFESSIONAL SERVICES	—	—	_	—	—	—
Other Charges	6,625	252,570		9,661	—	114,155
Debt Service	—	—	—	—	—	—
Interagency Transfers	14,000	105,000	—	7,000	—	55,247
TOTAL OTHER CHARGES	\$20,625	\$357,570	_	\$16,661	—	\$169,402
Acquisitions	—	—			—	_
Major Repairs	—	—	—	—	—	_
TOTAL ACQ. & MAJOR REPAIRS	—	—	_	—	—	—
TOTAL EXPENDITURES	\$139,694	\$631,639	\$211,193	\$200,000	\$74,750	\$376,354

Expenditures	Federal Funds Form ID 11399 VITAL RECORDS	Federal Funds Form ID 12617 FEDERAL
Salaries		_
Other Compensation		_
Related Benefits	_	_
TOTAL PERSONAL SERVICES	—	—
Travel	—	26,382
Operating Services	—	127,622
Supplies	—	150,909
TOTAL OPERATING EXPENSES	—	\$304,913
PROFESSIONAL SERVICES	—	\$1,036,184
Other Charges	398,574	—
Debt Service	—	_
Interagency Transfers	—	—
TOTAL OTHER CHARGES	\$398,574	—
Acquisitions	—	—
Major Repairs	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—
TOTAL EXPENDITURES	\$398,574	\$1,341,097

Expenditures	Interagency Transfers Form ID 11423 MEDICAID	Interagency Transfers Form ID 11424 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 11425 DEPT OF EDUCATION(ED)	Interagency Transfers Form ID 11426 MEDICAID	Interagency Transfers Form ID 11427 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 11430 INTERAGENCY TRANSFERS
Salaries	120,000	20,000		3,000	6,592	25,000
Other Compensation	2,000	49,000	—	—	—	—
Related Benefits	73,119	41,354	—	—	—	—
TOTAL PERSONAL SERVICES	\$195,119	\$110,354	—	\$3,000	\$6,592	\$25,000
Travel	500			—		—
Operating Services	3,000	1,002	—	—	—	
Supplies	2,000	200	1,000	—	—	—
TOTAL OPERATING EXPENSES	\$5,500	\$1,202	\$1,000	—	—	—
PROFESSIONAL SERVICES	\$6,381	\$26,944	\$109,000	—	—	—
Other Charges	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	20,000	9,500	—	—	—	—
TOTAL OTHER CHARGES	\$20,000	\$9,500	—	—	—	—
Acquisitions	—	—	—	—	—	—
Major Repairs	_	—	—	—	—	
TOTAL ACQ. & MAJOR REPAIRS	_	—				—
TOTAL EXPENDITURES	\$227,000	\$148,000	\$110,000	\$3,000	\$6,592	\$25,000

Expenditures	Interagency Transfers Form ID 11432 DEPT OF EDUCATION(ED)	Interagency Transfers Form ID 11433 DCFS	Interagency Transfers Form ID 12626 INTER FUND TRANSFER IN	Interagency Transfers Form ID 12628 INTER FUND TRANSFER IN	Fees & Self-Generated Form ID 11402 Q08-OYSTER SANITATON	Fees & Self-Generated Form ID 11403 H18-VITAL REC CONV FUND
Salaries	245,000	36,197				82,500
Other Compensation	_			—		22,000
Related Benefits	_					63,866
TOTAL PERSONAL SERVICES	\$245,000	\$36,197		—		\$168,366
Travel	_		348			512
Operating Services	_	_	6,214	—	88,090	51,185
Supplies	_		3,323	—	102,370	102
TOTAL OPERATING EXPENSES	_		\$9,885	_	\$190,460	\$51,799
PROFESSIONAL SERVICES	_		\$71,000	—		—
Other Charges	_	44,803		1,562,277		192,218
Debt Service	_			_		_
Interagency Transfers	_			_		14,220
TOTAL OTHER CHARGES	_	\$44,803	—	\$1,562,277	—	\$206,438
Acquisitions	_					—
Major Repairs	_					
TOTAL ACQ. & MAJOR REPAIRS	_			—		—
TOTAL EXPENDITURES	\$245,000	\$81,000	\$80,885	\$1,562,277	\$190,460	\$426,603

Expenditures	Fees & Self-Generated Form ID 11489 HIV/AIDS PROGRAMS	Fees & Self-Generated Form ID 11490 CSHCS	Fees & Self-Generated Form ID 11491 EMERGENCY MEDICAL SVCS	Fees & Self-Generated Form ID 11492 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11494 INFECTIOUS DISEASE EPI	Fees & Self-Generated Form ID 11495 FAMILY PLANNING
Salaries	_	150,000	_	21,619	27,200	3,010,842
Other Compensation	_	—	10,000	—	4,800	66,000
Related Benefits	_	_	141,444	22,001	22,930	550,085
TOTAL PERSONAL SERVICES	_	\$150,000	\$151,444	\$43,620	\$54,930	\$3,626,927
Travel	_	—		—		—
Operating Services	_	_	129,613	—	—	3,073
Supplies	_	—	_	1,800	—	250,000
TOTAL OPERATING EXPENSES	_	—	\$129,613	\$1,800	—	\$253,073
PROFESSIONAL SERVICES	\$18,933	—	_	—	—	—
Other Charges	_	—	193,943	—	—	100,000
Debt Service	_	—	—	—	—	—
Interagency Transfers	_	—	_	—	—	_
TOTAL OTHER CHARGES	_	—	\$193,943	—	—	\$100,000
Acquisitions	_	—		—	—	10,000
Major Repairs	_	_	_			_
TOTAL ACQ. & MAJOR REPAIRS	_	—		—		\$10,000
TOTAL EXPENDITURES	\$18,933	\$150,000	\$475,000	\$45,420	\$54,930	\$3,990,000

Expenditures	Fees & Self-Generated Form ID 11496 FAMILY PLANNING	Fees & Self-Generated Form ID 11497 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11498 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11499 SPECIAL LAB	Fees & Self-Generated Form ID 11500 CERTIFICATION	Fees & Self-Generated Form ID 11502 FEES & SELF GENERATED
Salaries	789,904	1,710,000	808,780	18,000	4,000	19,500
Other Compensation	10,151	20,000	30,000	—	—	—
Related Benefits	248,914	1,366,331	286,799	10,788	3,239	
TOTAL PERSONAL SERVICES	\$1,048,969	\$3,096,331	\$1,125,579	\$28,788	\$7,239	\$19,500
Travel	—	7,000	25,000			—
Operating Services	—	245,115	100,000	2,000	—	—
Supplies	—	460,672	100,000	2,232	—	—
TOTAL OPERATING EXPENSES	—	\$712,787	\$225,000	\$4,232		—
PROFESSIONAL SERVICES	—	\$39,168	—		\$21,774	—
Other Charges	—		341,220		1,487	—
Debt Service	—	—	—		—	—
Interagency Transfers	—	51,714	—	2,000	—	—
TOTAL OTHER CHARGES	—	\$51,714	\$341,220	\$2,000	\$1,487	—
Acquisitions	—		10,000			—
Major Repairs	—	_	_		_	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	\$10,000	—	—	—
TOTAL EXPENDITURES	\$1,048,969	\$3,900,000	\$1,701,799	\$35,020	\$30,500	\$19,500

Expenditures	Fees & Self-Generated Form ID 11504 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11505 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11506 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11507 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11508 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11509 STD
Salaries	—	—	30,000		8,000	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	17,980	_	4,350	—
TOTAL PERSONAL SERVICES	—	—	\$47,980		\$12,350	—
Travel	—					—
Operating Services	500	—	—		1,000	—
Supplies	1,000	—	—	—	907	—
TOTAL OPERATING EXPENSES	\$1,500	—	—		\$1,907	—
PROFESSIONAL SERVICES	_	\$12,083	—		—	\$145,000
Other Charges	30,494	—	97,020	10,469,483		55,000
Debt Service	_	—	—		—	—
Interagency Transfers	1,000	—	5,000	_	500	—
TOTAL OTHER CHARGES	\$31,494	—	\$102,020	\$10,469,483	\$500	\$55,000
Acquisitions	—	—				—
Major Repairs	_	—	—	_	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—			—	—
TOTAL EXPENDITURES	\$32,994	\$12,083	\$150,000	\$10,469,483	\$14,757	\$200,000

Expenditures	Fees & Self-Generated Form ID 11511 STD	Fees & Self-Generated Form ID 11512 TB CONTROL PREVENTION	Fees & Self-Generated Form ID 11517 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11518 SAFE DRINKING WATER	Fees & Self-Generated Form ID 11520 FOOD AND DRUG	Fees & Self-Generated Form ID 11521 FEES & SELF GENERATED
Salaries	64,177	330,000	71,600	7,693,408	365,276	9,080
Other Compensation	_	_	350	156,000	20,264	_
Related Benefits	_	300,677	38,994	4,999,672	188,223	5,312
TOTAL PERSONAL SERVICES	\$64,177	\$630,677	\$110,944	\$12,849,080	\$573,763	\$14,392
Travel	_		1,500	450,000	15,827	500
Operating Services	_		1,000	2,986,450	40,000	434
Supplies	_		2,124	1,291,578	—	—
TOTAL OPERATING EXPENSES	_		\$4,624	\$4,728,028	\$55,827	\$934
PROFESSIONAL SERVICES	—		—	\$35,000	—	—
Other Charges	—		1,432	639,342	220,410	—
Debt Service	_	_	—	_	—	—
Interagency Transfers	_	260,000	8,000	920,000	—	674
TOTAL OTHER CHARGES	—	\$260,000	\$9,432	\$1,559,342	\$220,410	\$674
Acquisitions	—	10,000		28,550		
Major Repairs	_	_	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	\$10,000	—	\$28,550	—	—
TOTAL EXPENDITURES	\$64,177	\$900,677	\$125,000	\$19,200,000	\$850,000	\$16,000

Expenditures	Fees & Self-Generated Form ID 11523 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11524 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11526 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11527 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11528 FEES & SELF GENERATED	Fees & Self-Generated Form ID 11530 FEES & SELF GENERATED
Salaries	60,633	70,000	54,784	24,309	73,769	3,042,896
Other Compensation	—	—	11,000	—	1,600	85,938
Related Benefits	_	_	50,240	25,691	47,631	1,878,202
TOTAL PERSONAL SERVICES	\$60,633	\$70,000	\$116,024	\$50,000	\$123,000	\$5,007,036
Travel		—				82,544
Operating Services	_	—	—	—	—	51,400
Supplies	—	—	1,176	—	—	5,000
TOTAL OPERATING EXPENSES		—	\$1,176	—	—	\$138,944
PROFESSIONAL SERVICES		—	—	—	—	\$97,984
Other Charges	9,367	—		—		138,036
Debt Service	_	—	—		—	—
Interagency Transfers	_	—	—		—	118,000
TOTAL OTHER CHARGES	\$9,367	—	—	—	—	\$256,036
Acquisitions		—				—
Major Repairs		—	—	_	—	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	—	_	—
TOTAL EXPENDITURES	\$70,000	\$70,000	\$117,200	\$50,000	\$123,000	\$5,500,000

REVENUE COLLECTIONS/INCOME

Interagency Transfers

003 - Interagency Transfers

Source	Commitment Item	Commitment Item Name	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
SOURCE						
LDH-OBH	4710059	MR-FROM STATE AGENCY	1,221	235,819	58,775	(177,044)
LDH-OBH	4710059	MR-FROM STATE AGENCY	_	264,024	269,127	5,103
MISC COLLECTIONS	4710059	MR-FROM STATE AGENCY	_	226,417	_	(226,417)
LDH-OS	4710059	MR-FROM STATE AGENCY	226,582	240,000	240,000	_
FEMA	4710059	MR-FROM STATE AGENCY	104,486,309	200,000,000	—	(200,000,000)
GOHSEP	4710059	MR-FROM STATE AGENCY	936,576,234	79,986,700	79,986,700	_
LDH-MVP	4710059	MR-FROM STATE AGENCY	3,557	10,500	10,500	_
MEDICAID	4710059	MR-FROM STATE AGENCY	4,978	178,190	178,190	_
MEDICAID	4710059	MR-FROM STATE AGENCY	368,089	10,000	10,000	_
MEDICAID	4710059	MR-FROM STATE AGENCY	_	1,820,466	1,175,690	(644,776)
MISC COLLECTIONS	4710059	MR-FROM STATE AGENCY	_	122,143	_	(122,143)
DCFS-TANF	4710059	MR-FROM STATE AGENCY	2,819,569	2,877,075	2,877,075	_
MEDICAID	4710059	MR-FROM STATE AGENCY	_	227,000	227,000	_
LDH-OBH	4710059	MR-FROM STATE AGENCY	_	148,000	148,000	_
DEPT OF EDUCATION(ED)	4710059	MR-FROM STATE AGENCY	_	257,000	110,000	(147,000)
MEDICAID	4710059	MR-FROM STATE AGENCY	610	3,000	3,000	_
DEPT OF CORRECTIONS	4710059	MR-FROM STATE AGENCY	5,078	5,492	5,492	_
DOTD	4710059	MR-FROM STATE AGENCY	200	200	200	_
OFFICE OF THE GOVERNOR	4710059	MR-FROM STATE AGENCY	900	900	900	_
GOHSEP	4710059	MR-FROM STATE AGENCY	124,303	250,000	_	(250,000)
DAF	4710059	MR-FROM STATE AGENCY	959	25,000	25,000	_
DEPT OF EDUCATION(ED)	4710059	MR-FROM STATE AGENCY	134	245,000	245,000	_
DCFS	4710059	MR-FROM STATE AGENCY	2,947	81,000	81,000	_
MISC RECEIPTS	4710059	MR-FROM STATE AGENCY	—	—	80,885	80,885

003 - Interagency Transfers (continued)

Source	Commitment Item	Commitment Item Name	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
MISC RECEIPTS	4710059	MR-FROM STATE AGENCY	_	_	1,562,277	1,562,277
Total Collections/Income			\$1,044,621,670	\$287,213,926	\$87,294,811	\$(199,919,115)
ТҮРЕ						
Expenditures Source of Fund	ding Form (BR-6)		1,044,621,670	287,213,926	87,294,811	(199,919,115)
Total Expenditures, Transfers	and Carry Forwards to	Next FY	\$1,044,621,670	\$287,213,926	\$87,294,811	\$(199,919,115)
Difference in Total Collections Forwards to Next FY	/Income and Total Expe	enditures, Transfers and Carry	_	_	_	_

Fees & Self-Generated

Fees & Self-Generated

002 - Fees & Self-Generated

Source	Commitment Item	Commitment Item Name	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
SOURCE						
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	_	196,760	18,933	(177,827)
MEDICAID	4710029	MR-PRIVATE SOURCES	88,641	150,000	150,000	_
EMERGENCY MEDICAL SVCS	4710029	MR-PRIVATE SOURCES	36,059	475,000	475,000	—
MISC SELF-GEN REVENUE	4710029	MR-PRIVATE SOURCES	1,133	45,420	45,420	_
INFECTIOUS DISEASE EPI	4710029	MR-PRIVATE SOURCES	1,182	54,930	54,930	—
FAMILY PLANNING	4710029	MR-PRIVATE SOURCES	6,378,730	3,990,000	3,990,000	—
FAMILY PLANNING	4710029	MR-PRIVATE SOURCES	1,048,969	1,048,969	1,048,969	—
MEDICAID	4710029	MR-PRIVATE SOURCES	4,766,522	3,900,000	3,900,000	—
MEDICAID	4710029	MR-PRIVATE SOURCES	623,031	1,701,799	1,701,799	—
SPECIAL LAB	4710029	MR-PRIVATE SOURCES	_	35,020	35,020	_
CERTIFICATION	4710029	MR-PRIVATE SOURCES	—	30,500	30,500	—
PRAMS	4710029	MR-PRIVATE SOURCES	_	30,000	_	(30,000)
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	3,978	19,500	19,500	_
TOBACCO CONTROL	4710029	MR-PRIVATE SOURCES	_	150,000	_	(150,000)
SG-TEXAS A & M	4710029	MR-PRIVATE SOURCES	_	30,881	32,994	2,113
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	_	159,781	12,083	(147,698)
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	238,684	365,670	150,000	(215,670)
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	_	9,524,489	10,469,483	944,994
FOOD AND NUTRITION	4710029	MR-PRIVATE SOURCES	247	14,757	14,757	_
STD	4710029	MR-PRIVATE SOURCES	277,651	200,000	200,000	_
STD	4710029	MR-PRIVATE SOURCES	_	64,177	64,177	_
TB CONTROL PREVENTION	4710029	MR-PRIVATE SOURCES	2,120,172	900,677	900,677	_
LICENSES PERMITS & FEES	4710029	MR-PRIVATE SOURCES	791	125,000	125,000	_
SAFE DRINKING WATER	4710029	MR-PRIVATE SOURCES	16,404,202	19,200,000	19,200,000	_
FOOD AND DRUG	4710029	MR-PRIVATE SOURCES	99,470	850,000	850,000	_
LICENSES PERMITS & FEES	4710029	MR-PRIVATE SOURCES	68	16,000	16,000	_

002 - Fees & Self-Generated (continued)

Source	Commitmen Item	t Commitment Item Name	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
LICENSES PERMITS & FEES	4710029	MR-PRIVATE SOURCES	62,771	70,000	70,000	
LICENSES PERMITS & FEES	4710029	MR-PRIVATE SOURCES	32,781	70,000	70,000	
LICENSES PERMITS & FEES	4710029	MR-PRIVATE SOURCES	204,895	117,200	117,200	
LICENSES PERMITS & FEES	4710029	MR-PRIVATE SOURCES	74	50,000	50,000	
LICENSES PERMITS & FEES	4710029	MR-PRIVATE SOURCES	5,812	123,000	123,000	
LICENSES PERMITS & FEES	4710029	MR-PRIVATE SOURCES	1,323,672	5,500,000	5,500,000	
LICENSES PERMITS & FEES	4710029	MR-PRIVATE SOURCES	_	100,000	100,000	_
LICENSES PERMITS & FEES	4710029	MR-PRIVATE SOURCES	810,099	1,500,000	1,500,000	_
LICENSES PERMITS & FEES	4710029	MR-PRIVATE SOURCES	_	60,000	60,000	
VITAL RECORDS	4710029	MR-PRIVATE SOURCES	2,635,049	5,200,000	5,200,000	—
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	4,298	_	—	—
LICENSES PERMITS & FEES	4710029	MR-PRIVATE SOURCES	82,183	_	—	—
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	152	_	—	—
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	11,785	_	_	_
LDH - COVID-19 CCP RSP	4710029	MR-PRIVATE SOURCES	393,420	_	—	
LDH - COVID-19 CCP RSP	4710029	MR-PRIVATE SOURCES	5,235,108	_	—	
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	—	_	340,005	340,005
Total Collections/Income			\$42,891,629	\$56,069,530	\$56,635,447	\$565,917
ТҮРЕ						
Expenditures Source of Funding Form (BR-6) Total Expenditures, Transfers and Carry Forwards to Next FY			42,891,629	56,069,530	56,635,447	565,917
			\$42,891,629	\$56,069,530	\$56,635,447	\$565,917
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			_	_	_	_

H18 - Vital Records Conversion Fund

Source	Commitment Item	Commitment Item Name	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
SOURCE						
H18-VITAL REC CONV FUND	4830014	INTRAFUND TRANSFER	425,404	425,404	426,603	1,199
Total Collections/Income			\$425,404	\$425,404	\$426,603	\$1,199
ТҮРЕ						
Expenditures Source of Funding	Form (BR-6)		425,404	425,404	426,603	1,199
Total Expenditures, Transfers and C	Total Expenditures, Transfers and Carry Forwards to Next FY			\$425,404	\$426,603	\$1,199
Difference in Total Collections/Inco Forwards to Next FY	me and Total Exp	enditures, Transfers and Carry	_	_	_	_

Q08 - Oyster Sanitation Fund

Source	Commitment Item	Commitment Item Name	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
SOURCE						
Q08-OYSTER SANITATON	4830014	INTRAFUND TRANSFER	186,051	186,051	190,460	4,409
Total Collections/Income			\$186,051	\$186,051	\$190,460	\$4,409
ТҮРЕ						
Expenditures Source of Funding	g Form (BR-6)		186,051	186,051	190,460	4,409
Total Expenditures, Transfers and	Total Expenditures, Transfers and Carry Forwards to Next FY			\$186,051	\$190,460	\$4,409
Difference in Total Collections/Inco Forwards to Next FY	ome and Total Exp	enditures, Transfers and Carry	_	_	_	_

Statutory Dedications

E02 - Telecommunications for the Deaf Fund

Source	Commitment Item	Commitment Item Name	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
SOURCE						
E02-TELECOM DEAF FUND	4830014	INTRAFUND TRANSFER	2,660,858	5,956,979	6,081,890	124,911
Total Collections/Income			\$2,660,858	\$5,956,979	\$6,081,890	\$124,911
ТҮРЕ						
Expenditures Source of Funding	Form (BR-6)		2,660,858	5,956,979	6,081,890	124,911
Total Expenditures, Transfers and C	Carry Forwards to	Next FY	\$2,660,858	\$5,956,979	\$6,081,890	\$124,911
Difference in Total Collections/Incor Forwards to Next FY	me and Total Exp	enditures, Transfers and Carry	—	—	—	_

H45 - Rural Primary Care Physicians Developmen

Source	Commitment Item	Commitment Item Name	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
SOURCE						
H45-RURAL PC PHY DEV FD	4830014	INTRAFUND TRANSFER	—	2,673,634	2,673,634	_
Total Collections/Income			—	\$2,673,634	\$2,673,634	—
ТҮРЕ						
Expenditures Source of Funding	Form (BR-6)		—	2,673,634	2,673,634	—
Total Expenditures, Transfers and (Total Expenditures, Transfers and Carry Forwards to Next FY			\$2,673,634	\$2,673,634	—
Difference in Total Collections/Inco Forwards to Next FY	me and Total Exp	enditures, Transfers and Carry	_	_	_	_

P14 - Emergency Medical Technician Fund

Source	Commitment Item	Commitment Item Name	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
SOURCE						
P14-EMER MED TECH FUND	4830014	INTRAFUND TRANSFER	9,000	_	_	_
Total Collections/Income			\$9,000	_	—	_
ТҮРЕ						
Expenditures Source of Funding	g Form (BR-6)		9,000	_	_	_
Total Expenditures, Transfers and Carry Forwards to Next FY			\$9,000	_	—	_
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			_	_	_	_

Z13 - Louisiana Fund

Source	Commitment Item	Commitment Item Name	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
SOURCE						
Z13-LOUISIANA FUND	4830014	INTRAFUND TRANSFER	928,456	500,000	500,000	_
Z13-LOUISIANA FUND	4830014	INTRAFUND TRANSFER	3,063,603	6,321,260	6,334,698	13,438
Z13-LOUISIANA FUND	4830014	INTRAFUND TRANSFER	97,616	_	—	—
Z13-LOUISIANA FUND	4830014	INTRAFUND TRANSFER	312,208	_	_	_
Z13-LOUISIANA FUND	4830014	INTRAFUND TRANSFER	2,419,377	_	—	—
Total Collections/Income			\$6,821,260	\$6,821,260	\$6,834,698	\$13,438
ТҮРЕ						
Expenditures Source of Fund	ing Form (BR-6)		6,821,260	6,821,260	6,834,698	13,438
Total Expenditures, Transfers and Carry Forwards to Next FY			\$6,821,260	\$6,821,260	\$6,834,698	\$13,438
Difference in Total Collections/I Forwards to Next FY	ncome and Total Exp	enditures, Transfers and Carry	-	_	_	_

Federal Funds

006 - Federal Funds

Source	Commitment Item	Commitment Item Name	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
SOURCE						
HIV/AIDS PROGRAMS	4060035	FR-OTHER	191,947	1,046,792	459,740	(587,052)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	6,918,688	6,555,275	6,505,000	(50,275)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	1,364,281	1,261,279	1,250,000	(11,279)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	25,281,800	9,220,280	9,178,394	(41,886)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	29,186,588	52,070,913	52,016,482	(54,431)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	2,209,743	3,632,295	3,665,637	33,342
HIV/AIDS PROGRAMS	4060035	FR-OTHER	—	234,247	234,247	—
HIV/AIDS PROGRAMS	4060035	FR-OTHER	671,361	744,238	743,324	(914)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	276,788	339,926	339,926	—
HIV/AIDS PROGRAMS	4060035	FR-OTHER	2,497,873	5,181,041	3,951,584	(1,229,457)
BIOTERRORISM GRANT	4060035	FR-OTHER	2,267,147	1,213,000	_	(1,213,000)
LDH - COVID-19 CCP RSP	4060035	FR-OTHER	8,624,289	27,109,706	13,554,853	(13,554,853)
BIOTERRORISM GRANT	4060035	FR-OTHER	627,076	24,166,255	13,083,128	(11,083,127)
BIOTERRORISM GRANT	4060035	FR-OTHER	10,873,268	12,614,815	12,614,815	—
NCIPC OPIOID CRISIS	4060035	FR-OTHER	4,259,583	5,126,945	5,126,945	_
LDH - COVID-19 CCP RSP	4060035	FR-OTHER	188,184	3,149,171	2,116,345	(1,032,826)
MISC FEDERAL GRANTS	4060035	FR-OTHER	66,386	580,722	580,722	—
CSHCS	4060035	FR-OTHER	261,344	159,998	160,000	2
CSHCS	4060035	FR-OTHER	4,808,396	5,544,314	5,544,314	_
EMERGENCY MEDICAL SVCS	4060035	FR-OTHER	224,224	203,836	203,836	—
EMERGENCY MEDICAL SVCS	4060035	FR-OTHER	108,004	130,000	130,000	
EMERGENCY MEDICAL SVCS	4060035	FR-OTHER	303,098	873,862	350,000	(523,862)
RAPE CRISIS PROGRAM	4060035	FR-OTHER	61,925	101,362	101,362	—
VIOLENCE AGAINST WOMEN	4060035	FR-OTHER	573,782	625,938	595,938	(30,000)
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	2,538,948	2,439,654	2,439,654	_
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	162,038,463	19,411,561	19,969,594	558,033

Source	Commitment Item	Commitment Item Name	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	3,234,670	25,195,082	16,796,721	(8,398,361)
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	81,427,155	40,670,821	8,200,000	(32,470,821)
ANTIBIOTIC RES RET FOOD	4060035	FR-OTHER	110,453	147,000	135,000	(12,000)
INFECTIOUS DISEASE EPI	4060035	FR-OTHER	_	11,344,979	11,344,979	—
FAMILY PLANNING	4060035	FR-OTHER	4,990,672	4,788,720	4,788,720	_
FAMILY PLANNING	4060035	FR-OTHER	334,661	500,000	500,000	—
FAMILY PLANNING	4060035	FR-OTHER	854,882	624,000	624,000	—
HUD LEAD	4060035	FR-OTHER	191,197	350,000	350,000	—
MCH BLOCK GRANT	4060035	FR-OTHER	2,005,273	780,000	780,000	—
LDH - COVID-19 CCP RSP	4060035	FR-OTHER	14,283,656	23,900,284	35,864,076	11,963,792
IMMUNIZATION GRANT	4060035	FR-OTHER	_	3,780,643	3,780,643	_
FEDERAL	4060035	FR-OTHER	_	20,600	_	(20,600)
CHILD DEATH REVIEW	4060035	FR-OTHER	_	50,000	50,000	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	280,084	330,086	330,086	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	220,731	504,408	504,408	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	431,600	648,135	648,135	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	62,483	95,600	95,600	—
PRAMS	4060035	FR-OTHER	107,268	180,020	160,020	(20,000)
MISC FEDERAL GRANTS	4060035	FR-OTHER	222,089	250,000	245,000	(5,000)
LDH - COVID-19 CCP RSP	4060035	FR-OTHER	_	140,000	_	(140,000)
SUICIDE PREVENTION	4060035	FR-OTHER	228,648	651,000	651,000	—
SYSTEMS DEVELOPMENT	4060035	FR-OTHER	40,156	100,000	100,000	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	22,039	280,068	330,086	50,018
MCH BLOCK GRANT	4060035	FR-OTHER	2,667,662	9,957,507	4,457,507	(5,500,000)
MISC FEDERAL GRANTS	4060035	FR-OTHER	301,825	450,000	450,000	—
MCH BLOCK GRANT	4060035	FR-OTHER	3,186,228	4,339,889	4,339,889	—
ARPA	4060035	FR-OTHER	349,093	1,067,248	2,199,605	1,132,357
MCH BLOCK GRANT	4060035	FR-OTHER	9,137,422	12,428,386	10,381,042	(2,047,344)

Source	Commitment Item	Commitment Item Name	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
LDH - COVID-19 CCP RSP	4060035	FR-OTHER	160,372	534,000		(534,000)
RURAL HEALTH	4060035	FR-OTHER	130,971	331,128	331,128	_
STUDENT LOAN REPAYMENT	4060035	FR-OTHER	391,315	999,992	678,706	(321,286)
PRIMARY CARE GRANT	4060035	FR-OTHER	147,062	182,731	182,731	_
SHIP	4060035	FR-OTHER	_	611,517	580,492	(31,025)
SHIP	4060035	FR-OTHER	237,295	255,197	—	(255,197)
WELL-AHEAD HEALTH GRANT	4060035	FR-OTHER	102,077	418,810	260,000	(158,810)
CRITICAL ACCESS FLEX	4060035	FR-OTHER	450,379	656,066	469,843	(186,223)
ORAL HEALTH GRANT	4060035	FR-OTHER	282,706	616,528	616,528	—
ORAL HEALTH GRANT	4060035	FR-OTHER	_	399,999	399,999	_
BRFSS	4060035	FR-OTHER	343,026	390,000	390,000	—
PREVENTIVE HEALTH GRNT	4060035	FR-OTHER	104,188	725,000	725,000	—
FEDERAL	4060035	FR-OTHER	_	17,221,350	8,719,898	(8,501,452)
OPIOID OVERDOSE SURV	4060035	FR-OTHER	1,054,597	1,213,055	1,213,055	_
PREVENTIVE HEALTH GRNT	4060035	FR-OTHER	333,912	450,000	450,000	—
WELL-AHEAD HEALTH GRANT	4060035	FR-OTHER	708,006	1,045,000	930,000	(115,000)
PREVENTIVE HEALTH GRNT	4060035	FR-OTHER	_	553,000	450,000	(103,000)
TOBACCO CONTROL	4060035	FR-OTHER	1,241,746	2,219,020	1,608,775	(610,245)
MISC FEDERAL GRANTS	4060035	FR-OTHER	95,907	1,247,227	1,247,227	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	2,071,397	1,502,761	1,127,761	(375,000)
MISC FEDERAL GRANTS	4060035	FR-OTHER	_	2,282,136	2,282,136	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	489,120	2,052,469	2,052,469	—
MISC COLLECTIONS	4060035	FR-OTHER	—	211,145,671	201,159,503	(9,986,168)
CSFP	4060035	FR-OTHER	3,911,535	3,980,625	4,100,000	119,375
WIC ADMINISTRATION	4060035	FR-OTHER	73,194,188	121,248,217	122,000,000	751,783
PEER COUNSELING GRANT	4060035	FR-OTHER	1,102,889	1,742,819	1,700,000	(42,819)
MCH BLOCK GRANT	4060035	FR-OTHER	163,214	316,437	316,437	
STD	4060035	FR-OTHER	1,752,847	2,843,545	4,138,802	1,295,257

Source	Commitment Item	Commitment Item Name	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
STD	4060035	FR-OTHER	2,143,878	2,644,300	2,236,830	(407,470)
STD	4060035	FR-OTHER	_	67,393	123,554	56,161
TB CONTROL PREVENTION	4060035	FR-OTHER	2,042,083	1,024,555	1,024,555	—
TB CONTROL PREVENTION	4060035	FR-OTHER	803,670	871,822	871,822	—
BEACH MONITORING	4060035	FR-OTHER	118,873	354,836	300,000	(54,836)
SAFE DRINKING WATER	4060035	FR-OTHER	1,618,554	2,500,000	2,500,000	—
SAFE DRINKING WATER	4060035	FR-OTHER	1,643,017	1,453,000	1,453,000	—
SAFE DRINKING WATER	4060035	FR-OTHER	70,653	517,620	517,620	_
OCCUPATIONAL INJURY	4060035	FR-OTHER	391,554	512,906	512,906	—
OCCUPATIONAL INJURY	4060035	FR-OTHER	—	89,614	—	(89,614)
MISC FEDERAL GRANTS	4060035	FR-OTHER	_	50,000	_	(50,000)
APPLETREE PROGRAM	4060035	FR-OTHER	314,839	251,361	251,361	—
PRIVATE WELL INITIATIVE	4060035	FR-OTHER	—	139,694	139,694	—
ENV PUBLIC HEALTH TRK	4060035	FR-OTHER	590,354	631,639	631,639	_
FOOD AND DRUG	4060035	FR-OTHER	119,831	201,617	211,193	9,576
MFD FOOD STANDARDS	4060035	FR-OTHER	139,790	336,459	200,000	(136,459)
COMMERCIAL SEAFOOD	4060035	FR-OTHER	53,954	71,360	74,750	3,390
VITAL RECORDS	4060035	FR-OTHER	50,134	376,354	376,354	—
VITAL RECORDS	4060035	FR-OTHER	—	951,426	398,574	(552,852)
FEDERAL	4060035	FR-OTHER	(12,860,076)	_	_	—
PREVENTIVE HEALTH GRNT	4060035	FR-OTHER	367,089	_	—	—
OPIOID OVERDOSE SURV	4060035	FR-OTHER	278,558	_	_	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	166,408	_	_	—
BREATH	4060035	FR-OTHER	104,602	_	_	—
POOL EDUCATION	4060035	FR-OTHER	40,731	_	_	_
SUICIDE PREVENTION	4060035	FR-OTHER	117,184	_	_	_
HIV/AIDS PROGRAMS	4060035	FR-OTHER	147,552	_	_	
QUITLINE	4060035	FR-OTHER	327,764	_	_	_

Revenue Collections/Income

Source	Commitmen Item	t Commitment Item Name	FY2021-2022 Actuals	FY-2023 Estimate	FY2023-2024 Projected	Over/Under Current Year Estimate
SHIP	4060035	FR-OTHER	9,719,301	_	_	—
CHILD DEATH REVIEW	4060035	FR-OTHER	26,526	_	_	_
CORE SVIPP	4060035	FR-OTHER	49,995	—	_	_
MISC COLLECTIONS	4060035	FR-OTHER	_	_	1,341,097	1,341,097
Total Collections/Income			\$488,168,700	\$717,542,157	\$634,317,796	\$(83,224,361)
ТҮРЕ						
Expenditures Source of Funding	J Form (BR-6)		488,168,700	717,542,157	634,317,796	(83,224,361)
Total Expenditures, Transfers and	Carry Forwards to	Next FY	\$488,168,700	\$717,542,157	\$634,317,796	\$(83,224,361)
Difference in Total Collections/Inco Forwards to Next FY	ome and Total Exp	penditures, Transfers and Carry	_	_	_	—

Justification of Differences

Form 12204 — 326 Telecommunications for the Deaf Fund

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12209 — 326 Rural Primary Care Physicians Development Fund

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12211 — 326 Louisiana Fund TOBACCO

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12212 — 326 Louisiana Fund School Based Health

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12216 — 326 Emergency Medical Technician Fund

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12217 — 326 Louisiana Fund Maternal and Child Health

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12220 — 326 Louisiana Fund Children's Special Health Services

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12222 — 326 Louisiana Fund Genetic Diseases

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12229 — 326 LA SOR 2.0 IAT

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12262 — 326 Syringe Service Program Interagency Transfer

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12264 — 326 HIV Screening, Brief Intervention Referral to Treatment

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12265 — 326 Alternate Care Site Interagency Transfer

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12267 — 326 FEMA Reimbursements Interageny Transfer

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12268 — 326 FEMA COVID-19 Interagency Transfer

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12269 — 326 Children's Special Health Services IAT

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12271 — 326 Family Planning Interagency Transfer

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12272 — 326 Genetic Diseases Interagency Transfer

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12273 — 326 Immunization Interagency Transfer

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12274 — 326 Perinatal Quality Colaborative IAT

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12275 — 326 MCH Nurse Family Partnership IAT

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12276 — 326 Tobacco Interagency Transfer

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12278 — 326 Quitline Interagency Transfer

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12279 — 326 School Based Health Interagency Transfer

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12280 — 326 Tuberculosis Interagency Transfer

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12281 — 326 Safe Drinking Water Interagency Transfer

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12283 — 326 ARP GOHSEP

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12284 — 326 ENV EPI Interagency Transfer

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12285 — 326 Retail Food Interagency Transfer

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12286 — 326 Vital Records Interagency Transfer

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12300 — 326 INFLATION Interagency Transfer

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12303 — 326 Unallotted Interagency Transfer

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12308 — 326 AIDS Surveillance Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12310 — 326 Emergency Medical Services Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12311 — 326 Rabies Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12312 — 326 Epidemiology Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12313 — 326 Family Planning - Title X Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12314 — 326 Family Planning Preventive Health Block Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12315 — 326 Genetic Diseases Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12316 — 326 Immunization Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12317 — 326 Special Lab Testing Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12318 — 326 Lab Certification Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12319 — 326 Pregnancy Risk Assessment Monitoring System Self Gen

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12320 — 326 Public Health Informatics PH Block Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12321 — 326 Tobacco Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12322 — 326 TEXLA Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12323 — 326 Healthy Kids Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12324 — 326 Building Resilient Inclusive Communities (BRIC) SGR

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12325 — 326 Unallotted Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12326 — 326 Nutrition Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12327 — 326 Sexually Transmitted Diseases Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12328 — 326 Sexually Transmitted Disease Case Finding SGR

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12329 — 326 Tuberculosis Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12330 — 326 Commercial Body Art Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12331 — 326 Safe Drinking Water Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12333 — 326 Food and Drug Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12334 — 326 Infectious Waste Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12335 — 326 Milk and Dairy Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12336 — 326 Molluscan Shellfish Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not Applicable.
Break out INA by Source of Funding.	Not Applicable.
Additional information or comments.	Not Applicable.

Form 12337 — 326 Molluscan Shellfish Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12338 — 326 Operator Certification Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12339 — 326 Private Water Supply Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12340 — 326 Retail Food Certification Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12341 — 326 Retail Food Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12342 — 326 Commercial Seafood Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12343 — 326 Sewerage Private Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12344 — 326 Tanning Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12345 — 326 Vital Records Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12346 — 326 Environmental Epidemiology Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12347 — 326 Building and Premises

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12348 — 326 Insect Vector Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12349 — 326 Performance Improvement Manager Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12350 — 326 COVID 19 ACS Self Generated

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12351 — 326 COVID 19 Lab Testing - Other

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12402 — 326 HIV Behavioral Surveillance Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12403 — 326 HIV AIDS Prevention Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12404 — 326 AIDS Surveillance Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12405 — 326 HIV CARE Grant Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12407 — 326 HIV ADAP Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12409 — 326 HIV Housing Opportunities for Persons with AIDS Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12410 — 326 Louisana Assessment of Persons Presenting AIDS Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12412 — 326 HIV AIDS Personal Responsibily and Education Prgm Federa

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12413 — 326 HIV AIDS Hepatitis B & C Detection Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12414 — 326 HIV AIDS Ending the HIV Epidemic Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12415 — 326 BT-COVID 19 Crisis Response Grant Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12416 — 326 COVID 19 Health Disparities Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12417 — 326 COVID 19 Public Health Workforce Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12418 — 326 Public Health Emergeny Preparedness and Response Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12419 — 326 Opioid Prevention (NCIPC) Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12421 — 326 Community Health Workers for Public HIt Response Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12422 — 326 Universal Newborn Screening Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12423 — 326 Early Hearing Detection Intervention Tracking Research

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12424 — 326 Children's Special Health Srvs - MCH Block Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12425 — 326 Emergency Medical Services - Preventive HIth Blk Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12426 — 326 Emergency Medical Services for Children Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12427 — 326 Emergency Medical Services Children TARGET ISSUE Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12429 — 520 Rape Crisis - Preventive health block drant rederal	
Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12429 — 326 Rape Crisis - Preventive Health Block Grant Federal

Form 12431 — 326 Violence Against Women Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12432 — 326 Epidemiology Laboratory Surveillance Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12433 — 326 Epidemiology Lab Surveillance COVID 19 Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12434 — 326 Epidemiology Lab Surveillance COVID 19 Expanded Supp Fed

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12435 — 326 Epidemiology Lab Surveillance COVID 19 Reopen Schools

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12436 — 326 Antibiotic Resistance Surveillance Retail Food Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12440 — 326 COVID 19 Crisis Response Grant Inf Dis Epi Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12441 — 326 Family Planning Title X Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12442 — 326 Family Planning MCH Block Grant Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12444 — 326 Family Planning Preventive Health Block Grant Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12445 — 326 Childhood Lead Prevention Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12448 — 326 Genetic Disease Maternal Child Health Grant Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12449 — 326 COVID 19 Outbreak Response Immunization Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12450 — 326 Immunization Federal Grant Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12451 — 326 Association of Public HIth Laboratories Newborn Screen

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12452 — 326 Child Death Review Maternaty Child Health Block Grant

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12453 — 326 National Violent Death Reporting System Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12454 — 326 Early Childhood System Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12456 — 326 Maternal Depression Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12457 — 326 Maternal Child Health Mortality Surveillance Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12458 — 326 Pregnancy Risk Assessment Monitoring System Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12460 — 326 Perinatal Quality Collaborative Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12461 — 326 COVID 19 Perinatal Quality Collaborative Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12462 — 326 Suicide Prevention Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12464 — 326 Systems Development Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12465 — 326 Maternal Deaths Due to Violence Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12466 — 326 Maternal and Child Health Services Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12467 — 326 Maternal Child Health Mortality Review Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12468 — 326 Maternal Child Health Nurse Family Partnership Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12469 — 326 COVID 19 American Rescue Plan Act Funding for Home Visit

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12470 — 326 Maternal Infant and Childhood Home Visiting Direct Infra

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12471 — 326 COVID 19 American Rescue Plan Act Pediatric Mental

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12473 — 326 Rural Health Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12474 — 326 Student Loan Repayment Program Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12475 — 326 Primary Care Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12476 — 326 Small Hospital Improvements Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12477 — 326 COVID 19 Small Hospital Improvements Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12478 — 326 WELL AHEAD Louisiana BOLD Capacity Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12479 — 326 Critical Care Access (FLEX) Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12480 — 326 Oral Health CDC Grant Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12481 — 326 Oral Health Workforce Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12484 — 326 Behavioral Risk Factor Surveillance System (BRFSS) Fed

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12486 — 326 Performance Improvement Preventive HIth Block Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12467 — 520 Public Health Information Structure Grant Pederal	
Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12487 — 326 Public Health Information Structure Grant Federal

Form 12488 — 326 Overdose Surveillance Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12490 — 326 Public Health Informatics Preventive HIth Block Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12494 — 326 WELL AHEAD Preventive HIth Block Grant Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12496 — 326 Primary Care and Rural Health Prev Hith Block Grant Fed

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12497 — 326 Tobacco Control Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12498 — 326 WISEWOMAN Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12500 — 326 Heart and Stroke Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12501 — 326 Heart Disease and Stroke Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12502 — 326 Diabetes Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12503 — 326 Unallotted Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12505 — 326 Commodity Supplemental Food Program Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12506 — 326 Women's Infant, and Children Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12507 — 326 WIC Peer Counseling Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12508 — 326 School Based Health Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12509 — 326 DIS Workforce Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12510 — 326 STD Case Finding Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12511 — 326 Sexually Transmitted Disease PCHD Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12513 — 326 Tuberculosis Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12514 — 326 Tuberculosis Prevention Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12515 — 326 Beach Monitoring Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12517 — 326 Drinking Water Revolving Loan Fund Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12518 — 326 Safe Drinking Water Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12519 — 326 Water Infrastructure for the Nation Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12520 — 326 Occupational Safety Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12521 — 326 COVID 19 Occupational Safety Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12522 — 326 ENV JUSTICE Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12523 — 326 APPLETREE Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12524 — 326 Private Well Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12525 — 326 Public Health Tracking Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12526 — 326 Food and Drug Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12527 — 326 Manufactured Food Standards Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12530 — 326 Commercial Seafood Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12531 — 326 Vital Records Coop Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12532 — 326 ELC DATA MOD Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12533 — 326 Administrative Clearing

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12534 — 326 Policy Planning Preventive Alth Block Grant Federal	
Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12534 — 326 Policy Planning Preventive HIth Block Grant Federal

Form 12535 — 326 Opioid Surveillance Dept of Justice Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12536 — 326 Strengthening Env Health Capacity Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12537 — 326 BREATH Environmental Epidemiology Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12538 — 326 Pool Safety Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12540 — 326 Non Fatal Suicide Prevention Inf Dis Epi Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12541 — 326 Housing Opportunities for Persons with AIDS COVID 19 Fed

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12542 — 326 QUITLINE Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12343 — 326 COVID 19 Small Hospital Improvement Program Federal	
Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12543 — 326 COVID 19 Small Hospital Improvement Program Federal

Form 12545 — 326 Child Death Review Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12547 — 326 Core Injury VIPP Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12621 — 326 INFLATION

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12631 — 326 INFLATION Federal

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12649 — 326 Oyster Sanitation Fund

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

Form 12651 — 326 Vital Records Conversion Fund

Question	Narrative Response
Explain any transfers to other appropriations.	Not applicable.
Break out INA by Source of Funding.	Not applicable.
Additional information or comments.	Not applicable.

SCHEDULE OF REQUESTED EXPENDITURES

3262 - Public Health Services

Travel

FY2023-2024 Request	Description
2,500	In- State Administrative travel costs for Parish Health Units, Regional, and Programmatic offices.
990,670	In- State and Out- Of- State Conference travel costs for Parish Health Units, Regional, Sanitarian and other Programmatic Offices.
1,000	In- State Board Member Travel costs for Genetics Sickle Cell activity and Emergency Medical Services program.
1,751,558	In- State Field travel costs for Parish Health Units, Regional, and Programmatic offices.
11,000	In- State Information Technology travel costs for Nutrition Services and Sanitarian Services programmatic offices.
65,335	System generated Inflation.
\$2,822,063	Total Travel

Operating Services

operating services	
FY2023-2024 Request	Description
69,750	Auto maintenance including fuel cost for all of the Office of Public Health fleet vehicles located in Regional and Programmatic Offices statewide.
9,800	Building maintenance expenditures related to annual maintenance of Vital Records Sapphire Fire Suppression system and building and grounds maintenance at Region 1 ñ Regional Office and Jefferson Parish Health Unit.
5,806,453	Building rental costs for St. Helena Parish Health Unit and Programmatic Offices including but not limited to: Vital Records, Bureau of Community Preparedness, Nutrition Services, Infectious Disease Epidemiology, Pharmacy, and Bureau of Emergency Medicine.
1,000	Computer maintenance costs related to the upkeep of data processing equipment located at various Parish Health Units, Regional, and Programmatic Offices including but not limited to: Bureau of Emergency Medicine, Laboratory, and Sanitarian Services, and Regions 1, 2, 3, and 7.
11,100	Cost associated with data lines circuits for Sanitarian Services Programmatic Office and Regions 1, 3, and 9 Parish Health Units. Data line circuit cost includes statewide telecommunications services, new data lines for staff, HVS telephone system upgrade in Parish Health Units, MiFi device related to Regional Nurse Family Partnership, scanning capability for copiers, repairs to existing data lines/circuits and 2DSL lines.
171,450	Cost related to the printing of forms utilized by but not limited to Vital Records, Sanitarian Services, and Genetic Disease, and other Parish Health Units, Regional, and Programmatic Offices.
4,120	Costs for lawn care service at Region 4 Parish Health Units and Laboratory and Sanitarian Services Programmatic Offices.

Operating Services (continued)

FY2023-2024 Request	Description
300,587	Costs for office equipment rentals for Parish Health Units, Regional, and Programmatic Offices statewide. Office rental equipment includes fax machines and copies.
45,950	Credit card related expenditures for Permit Unit and Regions 1, 3, and 9Parish Health Units.
177,310	Dues and fees for Region 6 Parish Health Units, Regions 1 and 6 Regional Offices, and Programmatic Offices including but not limited to Office of the Assistant Secretary, Engineering, and Primary Care and Rural Health Administration. Dues include memberships to professional organizations.
300,600	Electricity costs for Parish Health Units, Regional, and Programmatic Offices including but not limited to: Laboratory Services and Regions 2, 4, 5, 6, and 7.
1,286,670	Expenditures include all medical and office equipment maintenance in Programmatic Offices including but not limited to the Bureau of Community Preparedness, Laboratory, Sanitarian Services, Nutrition Services, and other Regional Offices and Public Health Units. Equipment includes but is not limited to printers, copiers, telephones systems, and the recalibration of medical devices such as hearing aids.
41,650	Expenditures related to public information advertisement released by Programmatic Offices including but not limited to the Bureau of Community Preparedness and Nutrition Services, and other Parish Health Units, Regional, and Programmatic Offices.
598,200	Expenses related to custodial services rendered in Regional Offices, Parish Health Units, and Programmatic Offices statewide.
36,100	Gas costs for Parish Health Units and Regional Offices including but not limited to Regions 2, 5, 6, 7, and 9.
29,254	Internet provider costs for Parish Health Units, Regional, and Programmatic Offices including but not limited to Sanitarian Services, Bureau of Community Preparedness, and Regions 1 and 4 Administrative Offices. These costs include monthly cable and internet service charges.
2,361,425	Lab Fees cost for Parish Health Units, Regional, and Programmatic Offices including but not limited to: Engineering, Tuberculosis, and Family Planning.
7,350	Laundry costs for Parish Health Units, Regional, and Programmatic Offices including but not limited to: Regions 3 and 2. Laundry costs include cleaning services for towels, floor mats, rugs, mop heads, etc.
600,409	Miscellaneous cost for Parish Health Units, Regional Offices, and Programmatic Offices including but not limited to: Vital Records and Bureau of Community Preparedness. Miscellaneous costs include couriers, shredding services, emergency operating expenses, coroner reimbursements, Kelly and Westaff temporary services, statewide operating expenses, academic accreditations, and the Homeland Security Programís alarm system.
15,040	Non-debit service fee for but not limited to Programmatic Office Genetic Diseases and Regions 9, 3, and 4 Parish Health Units.
74,600	Other communications cost for charges outside of telephone services and data lines or circuits, at Parish Health Units, Regional, and Programmatic Offices including but not limited to: Immunization, Infectious Disease Epidemiology, and Region 1. Other communications cost includes radio paging and payments to Cox Communications, etc.

Operating Services (continued)

FY2023-2024 Request	Description
20,700	Other costs for Parish Health Units, Regional, and Programmatic Offices including but not limited to: Bureau of Community Preparedness, Laboratory Services, and Regions 5 and 7.
184,166	Other rental costs for Programmatic Offices including but not limited to Sanitarian Services, Infectious Disease Epidemiology, Nutrition Services, and Region 1 Administrative Office. Other rental costs include charges related to storage units, parking garages, and other third-party leases.
15,030	Pest control cost including the use of biological, chemical, or mechanical methods of pest elimination activities in all OPH Parish Health Units, Regional, and Programmatic Offices.
766,181	Postage costs for Parish Health Units, Regional, and Programmatic Offices including but not limited to: Engineering, Pharmacy, and Operations and Support Services. Postage cost includes monthly postage meter rental, certified mail fees, test samples, medication, letters, and other fees related to direct delivery and postage, via FEDEX, USPS, UPS, etc.
57,936	Security cost for Sabine and Allen Parish Health Units, Region 1 Administrative Office, and Programmatic Offices including Office of the Assistant Secretary, Genetic Disease, and Regional Engineering. Security costs include wages for security officers.
119,180	Subscription cost for Programmatic Offices including but not limited to Laboratory, Infectious Disease Epidemiology, and Nutrition Services. Costs include organization memberships and subscription fees such as Pharmacy Law, Data Camp, and Louisiana Public Health Association.
328,524	System generated inflation cost for Parish Health Units, Regional, and Programmatic Offices Operating Services.
559,139	Telephone cost for Programmatic Offices including but not limited to Sanitarian, Nutrition, Bureau of Community Preparedness, and HIV/AIDS, and Regional Offices and Parish Health Units. Telephone cost includes cellular services and travel charges, reimbursements for local and long-distance work-related calls, telephone conference calls, and zoom connections.
163,640	Waste disposal pick-up for all Parish Health Units, Programmatic and Regional Offices statewide.
27,000	Water costs for Parish Health Units, Regional, and Programmatic Offices including but not limited to Laboratory Services and Regions 2, 4, 6, 7, and 9 Parish Health Units. Costs include charges for water services paid to the City of Amite, Lake Charles, Hammond, and Oakdale, etc.
\$14,190,314	Total Operating Services

Supplies

FY2023-2024 Request	Description
148,850	Automotive expenditures such as fuel, oil filters, head lights, wiper blades, etc. for Sanitarian Services, Bureau of Community Preparedness, Operations and Support Services, and other Programmatic Offices, Parish Health Units, and Regional Offices.
3,250	Building and grounds costs accrued by Parish Health Units and Regional Offices.
604,347	Expenditures for sundry items utilized during daily operations, such as paper clips, pens, file folders, copy paper, stationary, etc. costs for Central Offices such as Nutrition, Vital Records, Laboratory Services, Bureau of Community Preparedness, and Immunization, and other Parish Health Units, and Regional Offices.
23,880	Expenditures related to nutritional food demonstrations using WIC food products for Parish Health Units and Regional Offices including but not limited to: Region 6, 9, 7, and 4.
9,887,356	Medical expenditures include gowns, syringes, infectious disease testing, bandages, table covers, and other medical related supplies for Regions 9,1,6, and 4 Parish Health Units and other Regional and Programmatic Offices.
783,420	Minor equipment maintenance expenditures for Parish Health Units, Regional, and Programmatic offices such as lock repairs, educational-recreational, household, and other auto related supplies-not covered under the automotive expenditure category.
2,050	Other personal supplies for Parish Health Units and Regional Offices, including, but not limited to: Regions 6, 2, and 4 not covered under other categories.
3,186,400	Pharmaceutical medications include metabolic formulas for Genetic Disease patients, contraceptive devices, STD treatment medications, and other medications for Programmatic Offices, including but not limited to Pharmacy, Genetic Disease, Family Planning, and Sexual Transmission Disease Control, along with other Regional Offices and Parish Health Units.
279,479	Required computer and IT related supply expenditures that ensure federal compliance and maintain effective operations of the Office of Public Health's state-wide data information system.
354,774	System generated inflation for supplies.
50,295	Uniform cost for Sanitarian Services and Engineering. These costs include but are not limited to shirts, boots, vests, and protective headgear.
\$15,324,101	Total Supplies

Professional Services

FY2023-2024 Request	Means of Financing	Description
4,898,881	Telecommunications for the Deaf Fund	
\$4,898,881		Engineering and Architectural professional service costs for Louisiana Commission for the Deaf programmatic office.
1,899,652	Interagency Transfers	
\$1,899,652		Other Professional Services costs for Programmatic Offices including, but not limited to: School Based Health, Chronic Disease, and Nurse Family Partnership.
555,201	Louisiana Fund	
\$555,201		Other Professional Services costs for the School Based Health programmatic office.
49,779,415	Federal Funds	
\$49,779,415		Professional Services cost for Parish Health Units, Regional, and Programmatic Offices including, but not limited to: Management Consulting services for the HIV/ STD, Health Informatics, Maternal and Child Health and Nutrition Services programs; Medical and Dental services for the Emergency Medical Services, Genetics, Tuberculosis and Children's Special Health Services programs; Other Professional Services for the Family Planning, Chronic Disease, Immunization, Nutrition Services, and Bureau of Community Preparedness programs.
476,747	Fees & Self-Generated	
\$476,747		Professional Services costs for Programmatic Offices including, but not limited to: Management Consulting services for the AIDS Surveillance activity and STD program; Engineering and Architectural services for the Engineering program's Safe Drinking Water activity; Medical and Dental services for the Genetics program.
5,653,613	State General Fund	
\$5,653,613		Professional Services costs for Programmatic Offices including, but not limited to: Management Consulting services for the Environmental Epidemiology program; Medical and Dental services for the Children Special Health Services, Genetics, Maternal and Child Health, Immunization, Environmental Epidemiology, Retail Food, Molluscan Shellfish, Health Informatics, and Vital Records programs.
\$63,263,509	Total Professional Services	

Other Charges

FY2023-2024 Request	Means of Financing	Description
484,732,978	Federal Funds	
\$484,732,978		OPH Other Charges cost for Parish Health Units, Regional, and Programmatic Offices including, but not limited to: Other Charges Operating Services for the HIV/STD, Immunization, Engineering Services, Chronic Disease, Infectious Epidemiology, and Bureau of Community Preparedness programs. Other Charges- Supplies for the Immunization, Nutrition Services, and OPH Administrative Laboratory; Other Charges Professional Services- Medical for the Newborn Screening Laboratory, Environmental Epidemiology program, Infectious Epidemiology, Chronic Disease, and Tuberculosis programs; Other Charges- Contractual Services for the Nutrition Services program.
1,913,559	State General Fund	
\$1,913,559		Other Charges costs for Programmatic Offices including, but not limited to: Other Charges Operating Services for the HIV Housing activity, Bureau of Community Preparedness and Immunization program; Other Charges Professional Services for the Environmental Epidemiology program and Lab Certification activity.
82,684,377	Interagency Transfers	
\$82,684,377		Other Charges costs for Programmatic Offices including, but not limited to: Other Charges Operating Services for the Immunization program; Other Charges Professional Services for the Vital Records program and COVID response activity.
12,998,033	Fees & Self-Generated	
\$12,998,033		Other Charges costs for Programmatic Offices including, but not limited to: Public Assistance- Education services for the Emergency Medical Services and Safe Drinking Water programs; Other Charges- Supplies for the Immunization program; Other Charges Professional Services for the Family Planning, Immunization, STD, Food and Drug, Milk and Dairy, and Retail Food programs.
549,618	Telecommunications for the Deaf Fund	
\$549,618		Other Charges Professional Services costs for Louisiana Commission for the Deaf programmatic office.
2,673,634	Rural Primary Care Physicians Developmen	
\$2,673,634		Other Professional Services- Medical costs for the Bureau of Chronic Disease and Healthcare Access programmatic office.

Other Charges (continued)

FY2023-2024 Request	Means of Financing	Description
189,955	Vital Records Conversion Fund	
\$189,955		Other Professional Services- Medical costs for the Vital Records programmatic office.
\$585,742,154	Total Other Charges	

Interagency Transfers

FY2023-2024 Request	Means of Financing	Receiving Agency	Description
273,476	Federal Funds		
39,068	Fees & Self-Generated		
14,651	Interagency Transfers		
161,155	State General Fund		
\$488,350		STATE CIVIL SERVICE	Interagency transfer to Civil Service. This transfer will cover OPH's pro rata share of State Civil Service cost. The total IAT amount is \$488,350 and consists of the following funding breakdown: \$161,155.00 in State Funds, \$39,068.00 in Self-Generated Fees, \$14,651.00 in IAT Funds, and \$273,476 in Federal Funds.
6,262,260	Louisiana Fund		
\$6,262,260		DHH MEDICAL VENDOR PAYMENTS	Interagency transfer to Louisiana Department of Health - Medical Vendor payments. This transfer covers reimbursement LINCCA payments. The total IAT amount is \$6,262,260.00 of the Louisiana Fund.
150,000	Fees & Self-Generated		
\$150,000		HEALTH & HOSP OFF OF SECRETARY	Interagency transfer to Louisiana Department of Health - Office of the Secretary. This transfer covers the cost of an Attorney 4 job appointment assigned to OPH Engineering Services and OPH Sanitarian Services. The total IAT amount is \$150,000.00 and consists entirely of Self-Generated Fees.

FY2023-2024 Request	Means of Financing	Receiving Agency	Description
100,000	Federal Funds		
\$100,000		LA PROPERTY ASSISTANCE AGENCY	Interagency transfer to Louisiana Property Assistance Agency (LPAA). This transfer covers OPH fleet vehicle GIS tracking cost. The total IAT amount is \$100,000.00 in Federal Funds.
780,000	Federal Funds		
\$780,000		LOUISIANA JUDICIARY	Interagency transfer to Louisiana State Supreme Court - Drug Court. This transfer covers cost-related services provided in conjunction with the Opioid Overdose Prevention grant. The total IAT amount is \$780,000.00 in Federal Funds.
10,000	Federal Funds		
\$10,000		HEALTH & HOSP OFF OF SECRETARY	Interagency transfer to the Bureau of Minority Health. This transfer covers Tribal outreach activities supported by the Public Health Emergency Response (PHEP) grant in the Office of Public Health. The total IAT amount is \$10,000.00 in Federal Funds.
1,205,000	Federal Funds		
\$1,205,000		CAPITAL AREA HUMAN SRV DSTRCT	Interagency transfer to the Capital Area Human Services District. The purpose of this IAT is to cover cost contracts. These contracts will provide nurse home visitors to decrease the infant mortality rate and decrease disparities in the targeted regions. The total IAT amount is \$1,205,000.00 in Federal Funds.
33,625	Federal Funds		
4,803	Fees & Self-Generated		
1,801	Interagency Transfers		

FY2023-2024 Request	Means of Financing	Receiving Agency	Description
19,814	State General Fund		
\$60,043		STATE CIVIL SERVICE	Interagency transfer to the Comprehensive Public Training Program (CPTP). The purpose of this IAT is to cover the cost related to the statewide training program. The total IAT amount is \$60,043.00 and consists of the following funding breakdown: \$19,814.00 in State Funds, \$4,803.00 in Self-Generated Fees, \$1,801.00 in IAT Funds, and \$33,625.00 in Federal Funds.
189,035	Federal Funds		
\$189,035		AGRICULTURE AND FORESTRY	Interagency transfer to the Department of Agriculture & Forestry. This transfer covers the costs for emergency response storage of antiviral medical caches. The total IAT amount is \$189,035.00 in federal funds.
212,776	Federal Funds		
30,397	Fees & Self-Generated		
11,399	Interagency Transfers		
125,385	State General Fund		
\$379,957		MISCELLANEOUS STATE AID	Interagency transfer to the Department of Public Safety - Capital Police Security. This transfer covers costs related to wages for security officers located at Benson Towers, Brandywine, OPH Laboratory, and Shreveport office buildings. The total IAT amount is \$379,957.00 and consists of the following funding breakdown: \$125,385.00 in State Funds, \$30,397.00 in Self-Generated Fees, \$11,399.00 in IAT Funds, and \$212,776.00 in Federal Funds.
608,999	Federal Funds		
87,000	Fees & Self-Generated		
32,625	Interagency Transfers		
2,823,740	State General Fund		

FY2023-2024 Request	Means of Financing	Receiving Agency	Description
20,000	Telecommunications for the Deaf Fund		
\$3,572,364		DOA-ADMINISTRATIVE SUPPORT	Interagency transfer to the Division of Administration - Office of State Buildings and Grounds. This transfer covers rental costs associated with space occupied by OPH program offices at Bienville Building and OPH Laboratory in Baton Rouge. The total IAT amount is \$3,572,364.00 and consists of the following funding breakdown: \$2,823,740.00 in State Funds, \$87,000.00 in Self-Generated Fees, \$32,625.00 in IAT Funds, \$608,999.00 in Federal Funds, and \$20,000.00 in LA Telecom for the Deaf Funds.
4,952,231	Federal Funds		
749,737	Fees & Self-Generated		
250,954	Interagency Transfers		
3,019,682	State General Fund		
130,000	Telecommunications for the Deaf Fund		
14,220	Vital Records Conversion Fund		
\$9,116,824		DOA-OFFICE OF TECHNOLOGY SVCS	Interagency transfer to the Division of Administration - Office of Technology Services (OTS). The purpose of this IAT is to cover costs related to E-mail services, storage, archiving, data, Enterprise desktop and printer support, center electrical distribution, and ISB raised floor. The total IAT amount is \$9,116,824.00 and consists of the following funding breakdown: \$3,019,682.00 in State Funds, \$749,737.00 in Self-Generated Fees, \$250,954.00 in IAT Funds, \$4,952,231.00 in Federal Funds, \$130,000.00 in LA Telecom for the Deaf Funds, and \$14,220.00 in Vital Records Conversion Funds.
16,800	Federal Funds		
2,400	Fees & Self-Generated		
900	Interagency Transfers		

FY2023-2024 Request	Means of Financing	Receiving Agency	Description
9,900	State General Fund		
\$30,000		DOA-ADMINISTRATIVE SUPPORT	Interagency transfer to the Division of Administration. This transfer covers costs related to e-mail services, storage, archiving, data, Enterprise desktop and printer support, center electrical distribution, and ISB raised floor. The total IAT amount is \$30,000.00 and consists of the following funding breakdown: \$9,900.00 in State Funds, \$2,400.00 in Self- Generated Fees, \$900.00 in IAT Funds, and \$16,800.00 in Federal Funds.
19,198	Federal Funds		
2,742	Fees & Self-Generated		
1,028	Interagency Transfers		
11,313	State General Fund		
\$34,281		DOA-ADMINISTRATIVE SUPPORT	Interagency transfer to the Division of Administrative Law. The purpose of this IAT is to cover costs associated with legal services provided to the Office of Public Health. The total IAT amount is \$34,281.00 and consists of the following funding breakdown: \$11,313.00 in State Funds, \$2,742.00 in Self-Generated Fees, \$1,028.00 in IAT Funds, and \$19,198.00 in Federal Funds.
16,768	Federal Funds		
2,395	Fees & Self-Generated		
898	Interagency Transfers		
9,881	State General Fund		
\$29,942		MISCELLANEOUS STATE AID	Interagency transfer to the Element Laboratory. The total IAT amount is \$29,942.00 and consists of the following funding breakdown: \$9,881.00 in State Funds, \$2,395.00 in Self-Generated Fees, \$898.00 in IAT Funds, and \$16,768.00 in Federal Funds.

FY2023-2024 Request	Means of Financing	Receiving Agency	Description
500,000	Federal Funds		
\$500,000		MISCELLANEOUS STATE AID	Interagency transfer to the Louisiana Board of Pharmacy. This transfer covers Opioid Overdose Prevention service contracts. The IAT is 100% federally funded for \$500.000.
84,000	Federal Funds		
\$84,000		LA HIGHWAY SAFETY COMMISSION	Interagency transfer to the Louisiana Highway Commission. This transfer covers costs related to contract services for the Opioid Overdose Prevention grant. The total IAT amount is \$84,000.00 in Federal Funds.
35,000	Federal Funds		
\$35,000		OFFICE OF AGING & ADULT SRVS	Interagency transfer to the Office of Aging and Adult Services. This transfer covers contract services related to providing subject matter expertise on Louisiana's aging and adult population. The total IAT is \$35,000.00 and is 100% federal funds.
125,000	Federal Funds		
\$125,000		OFFICE OF BEHAVIORAL HEALTH	Interagency transfer to the Office of Behavioral Health. This transfer covers costs related to the Opioid Surveillance services contracts for the Health Informatics Program. The total IAT amount is \$125,000.00 and consists entirely of Federal Funds.
22,716	Federal Funds		
3,245	Fees & Self-Generated		
1,217	Interagency Transfers		
13,386	State General Fund		
\$40,564		HEALTH & HOSP OFF OF SECRETARY	Interagency transfer to the Office of Health and Hospitals. The total IAT amount is \$40,564.00 and consists of the following funding breakdown: \$13,386.00 in State Funds, \$3,245.00 in Self-Generated Fees, \$1,217.00 in IAT Funds, and \$22,716.00 in Federal Funds.
720,626	Federal Funds		

FY2023-2024 Request	Means of Financing	Receiving Agency	Description
102,947	Fees & Self-Generated		
38,605	Interagency Transfers		
424,655	State General Fund		
\$1,286,833		OFFICE OF RISK MANAGEMENT	Interagency transfer to the Office of Risk Management. This transfer covers OPH share of Risk Management insurance premium. The total IAT amount is \$1,286,833.00 and consists of the following funding breakdown: \$424,655.00 in State Funds, \$102,947.00 in Self-Generated Fees, \$38,605.00 in IAT Funds, and \$720,626.00 in Federal Funds.
429,150	State General Fund		
\$429,150		DOA-OFFICE OF ST PROCUREMENT	Interagency transfer to the Office of State Procurement. This transfer covers statewide procurement services and support cost. The total IAT amount is \$429,150.00 in State General Funds.
41,319	Federal Funds		
5,903	Fees & Self-Generated		
2,214	Interagency Transfers		
24,348	State General Fund		
\$73,784		UNIFORM PAYROLL OFFICE	Interagency transfer to the Office of Statewide Uniform Payroll. The purpose of this IAT is to cover pro rata share of processed payroll checks/EFTs. Total IAT amount is \$73,784.00. The IAT funding breakdown consists of \$24,348.00 in State Funds, \$5,903.00 in Self- Generated Fees, \$2,214.00 in IAT Funds, and \$41,319.00 in Federal Funds.
176,249	Federal Funds		
25,179	Fees & Self-Generated		
9,442	Interagency Transfers		

FY2023-2024 Request	Means of Financing	Receiving Agency	Description
103,861	State General Fund		
\$314,731		DOA-OFFICE OF TECHNOLOGY SVCS	Interagency transfer to the Office of Technology Services - Production Support Services. This transfer covers printing costs for reproducing educational brochures and pamphlets for clients, stakeholders, and other OPH clients. The total IAT amount is \$314,731.00 and consists of the following funding breakdown: \$103,861.00 in State Funds, \$25,179.00 in Self-Generated Fees, \$9,442.00 in IAT Funds, and \$176,249.00 in Federal Funds.
1,061,970	Federal Funds		
151,710	Fees & Self-Generated		
56,891	Interagency Transfers		
625,804	State General Fund		
\$1,896,375		OFF. TELECOMMUNICATIONS MGMT	Interagency transfer to the Office of Telecommunications. This transfer covers statewide costs related to local and long- distance telephone calls, fax, and conference calling services. The total IAT is \$1,896,375.00 and includes \$625,804.00 in State Funds, \$151,710.00 in Self-Generated Fees, \$56,891.00 in IAT Funds, and \$1,061,970.00 in Federal Funds.
85,000	Federal Funds		
\$85,000		LEGISLATIVE AUDITOR	Interagency transfer to the Office of the Legislative Auditor. This transfer will cover the Drinking Water Revolving Loan Fund auditing services. The total IAT amount is \$85,000.00 in Federal Funds.
9,107	Federal Funds		
1,301	Fees & Self-Generated		
488	Interagency Transfers		

FY2023-2024 Request	Means of Financing	Receiving Agency	Description
5,366	State General Fund		
\$16,262		ST TREASURER OPERATING	Interagency transfer to the Office of the State Treasurer. The purpose of this transfer is to cover central depository banking services costs. The total IAT amount is \$16,262.00 and consists of the following funding breakdown: \$5,366.00 in State Funds, \$1,301.00 in Self-Generated Fees, \$488.00 in IAT Funds, and \$9,107.00 in Federal Funds.
\$27,294,755	Total Interagency Transfers		

Acquisitions

FY2023-2024 Request	Means of Financing	New/Replacement	Acquisition Type	Quantitiy	Description
175,000	Federal Funds				
\$175,000		New	AUTOMOTIVE	1	Acquisition cost for WIC Program. This cost includes the purchase of a mobile WIC Clinic Vehicle.
26,000	Federal Funds				
\$26,000		New	COMPUTER	15	Acquisition cost for Policy & Performance Management, WIC, and Infectious Disease Epidemiology. This cost includes purchasing laptop equipment.
457,909	Federal Funds				
\$457,909		New	LAB EQUIPMENT	8	Acquisition cost for Environmental Chemistry and Water Lab. These costs include purchasing analytical instruments, extractors, flammable refrigerators and freezers, centrifuges, and hood systems.
7,142	Federal Funds				
\$7,142		New	MEDICAL EQUIPMENT	6	Acquisition cost Region 1 and 7 Regional Offices. These costs include the purchase of a vein finder, blood pressure machine, and breast models.
450	Fees & Self-Generated				
\$450		New	OFFICE FURN	2	Acquisition cost for Bureau of Vital Records. This cost includes the purchase of a file cabinet and table.

Acquisitions (continued)

FY2023-2024 Request	Means of Financing	New/Replacement	Acquisition Type	Quantitiy	Description
2,350	Federal Funds				
\$2,350		New	OFFICE FURN	5	Acquisition cost for Infectious Disease Epidemiology, Bureau of Vital Records, Region 6 -Regional Office, and Region 9 Parish Health Units. This cost includes purchasing office desks, filing cabinets, room dividers, and office chairs.
250	Fees & Self-Generated				
\$250		New	OTHER EQUIPMENT	1	Acquisition cost for Bureau of Vital Records. This cost includes the purchase of a new digital cash counter.
8,591	Federal Funds				
\$8,591		New	OTHER EQUIPMENT	23	Acquisition cost for Infectious Disease Epidemiology and Regions 1 and 7 (Regional Office and Parish Health Units). This cost includes purchasing computer monitors, printer, and scanner units.
500	Fees & Self-Generated				
\$500		New	OTHER EQUIPMENT	1	Acquisition cost for Regional Engineer Services. This cost includes purchasing an HD projector.
2,715	Federal Funds				
\$2,715		New	SOFTWARE	11	Acquisition cost for Infectious Disease Epidemiology and Region 1 and 6. This cost includes the purchase of Adobe Software subscriptions.
50,000	Federal Funds				
\$50,000		Replace	AUTOMOTIVE	1	Acquisition cost for Bureau of Emergency Medical Services Program. This cost includes the purchase of a Ford Expedition or similar SUV.
700	Fees & Self-Generated				
\$700		Replace	COMMUNICATIONS	4	Acquisition cost for Bureau of Vital Records. These costs include replacing telephone headsets for high call volume call center.
49,000	Federal Funds				
\$49,000		Replace	COMPUTER	39	Acquisition cost for Epidemiology Lab & Surveillance, Immunization, and WIC Programs. This cost includes replacing laptop equipment.

Acquisitions (continued)

F١	Y2023-2024 Request	Means of Financing	New/Replacement	Acquisition Type	Quantitiy	Description
	311,719	Federal Funds				
:	\$311,719		Replace	LAB EQUIPMENT	9	Acquisition cost for Newborn Screening/Chemistry Lab, Virology/ Molecular/Bioterrorism Lab, and Environmental and Chemistry Water Lab. These costs include replacing pipettes, evaporation systems, ice machines, centrifuges, water pressure meters, sample and reagent freezers/refrigerators, and a Cepheid GenExpert Analyzer GXXVI-8-D.
	59,290	Fees & Self-Generated				
	\$59,290		Replace	LAB EQUIPMENT	21	Acquisition cost for Regional Engineering Services. These costs include replacing water meters, refrigerators, ice machines, freezers, pH probes, and pressure loggers.
	88,127	Federal Funds				
	\$88,127		Replace	MEDICAL EQUIPMENT	51	Acquisition cost for Bureau of Vital Records, Microbiology Lab, and Regions 1, 3, 4, 5, 6, 7, and 9 (Regional Offices and Parish Health Units). This cost includes replacing analyzers, bariatric blood chairs, exam tables and lamps, medical scales, autoclave instrument machines, rolling carts, microscopes, centrifuges, lab grade freezers, and upright vaccine refrigerators.
	4,350	Fees & Self-Generated				
	\$4,350		Replace	OFFICE FURN	8	Acquisition cost for Bureau of Vital Records and Regional Engineering Services. This cost includes replacing shelving units, office chairs, and fax machines.
	19,723	Federal Funds				
	\$19,723		Replace	OFFICE FURN	25	Acquisition cost for Infectious Disease Epidemiology, Epidemiology Lab & Surveillance, WIC (Region 1), Bureau of Vital Records, and Regional Offices of Region 4, 5, 6, 7, and 9. This cost includes replacing conference tables, TV stand, office desks, and chairs.

Acquisitions (continued)

	23-2024 Request	Means of Financing	New/Replacement	Acquisition Type	Quantitiy	Description
	5,000	Federal Funds				
:	\$5,000		Replace	OFFICE FURN	1	Acquisition cost for Lab Administration. This cost includes replacing badge system.
	12,660	Fees & Self-Generated				
\$	12,660		Replace	OTHER EQUIPMENT	34	Acquisition cost for Bureau of Vital Records and Regional Engineering. These costs include replacing water sample printers and LEERS compliant printer and barcode scanner units.
1	01,685	Federal Funds				
\$10	01,685		Replace	OTHER EQUIPMENT	240	Acquisition cost for WIC, Epidemiology Lab & Surveillance, Virology Lab, Infection Disease Epidemiology, and Regions 4, 5, 6, 7, and 9 (Regional Office and Parish Health Units). This cost includes replacing Electronic Benefit Transfer (card readers, writers, and signature panels), printers, scanners, computer monitors, docking stations, fax machines, label printers, and a microscopy camera.
	350	Fees & Self-Generated				
	\$350		Replace	SOFTWARE	1	Acquisition cost for Bureau of Vital Records. This cost includes renewing a subscription for Adobe Software.
	35,700	Federal Funds				
\$:	35,700		Replace	SOFTWARE	11	Acquisition cost for Infectious Disease Epidemiology. This cost includes the renewal of Creative Cloud and SPSS (statistical) software annual subscriptions.
\$1,4	19,211	Total Acquisitions				

Continuation Budget Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
STATE GENERAL FUND (Direct)	60,887,752	_	305,586	390,511	_	386,131	61,969,980
STATE GENERAL FUND BY:	—	_	—	_	_	—	—
INTERAGENCY TRANSFERS	287,213,926	(200,000,000)	80,885	_	_	—	87,294,811
FEES & SELF-GENERATED	56,680,985	_	345,613	147,362	_	78,550	57,252,510
STATUTORY DEDICATIONS	15,451,873	_	138,349	_	_	—	15,590,222
FEDERAL FUNDS	717,542,157	(86,105,059)	1,341,097	198,940	_	1,340,661	634,317,796
TOTAL MEANS OF FINANCING	\$1,137,776,693	\$(286,105,059)	\$2,211,530	\$736,813	_	\$1,805,342	\$856,425,319

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
Fees & Self-Generated	56,069,530	—	340,005	147,362		78,550	56,635,447
Oyster Sanitation Fund	186,051		4,409	—			190,460
Vital Records Conversion Fund	425,404	_	1,199	_	_	_	426,603
Total:	\$56,680,985	—	\$345,613	\$147,362	_	\$78,550	\$57,252,510

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
Louisiana Fund	6,821,260		13,438				6,834,698
Rural Primary Care Physicians Developmen	2,673,634	_	—	—	—	—	2,673,634
Telecommunications for the Deaf Fund	5,956,979	_	124,911	_	_	_	6,081,890
Total:	\$15,451,873	_	\$138,349	—	_	_	\$15,590,222

Expenditures and Positions

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
Salaries	84,583,662	_	_	(1,223,130)	_	_	83,360,532
Other Compensation	7,792,731	—	—	365,344	—	—	8,158,075
Related Benefits	53,256,006	_	_	1,594,599	_	_	54,850,605
TOTAL PERSONAL SERVICES	\$145,632,399	_	—	\$736,813	_	_	\$146,369,212
Travel	2,756,728	_	65,335	_	_	_	2,822,063
Operating Services	13,861,790	_	328,524	_	_	_	14,190,314
Supplies	14,969,327	_	354,774	_	_		15,324,101
TOTAL OPERATING EXPENSES	\$31,587,845	_	\$748,633	_	_	_	\$32,336,478
PROFESSIONAL SERVICES	\$61,725,612	_	\$1,462,897	_	_	\$75,000	\$63,263,509
Other Charges	871,541,218	(286,105,059)				305,995	585,742,154
Debt Service	_	_	_	_	_	_	_
Interagency Transfers	27,289,619	—	—	—	—	5,136	27,294,755
TOTAL OTHER CHARGES	\$898,830,837	\$(286,105,059)	—	_	—	\$311,131	\$613,036,909
Acquisitions	_	_	_	_	_	1,419,211	1,419,211
Major Repairs	_	_	_		_		_
TOTAL ACQ. & MAJOR REPAIRS	_	_		_	_	\$1,419,211	\$1,419,211
TOTAL EXPENDITURES	\$1,137,776,693	\$(286,105,059)	\$2,211,530	\$736,813	_	\$1,805,342	\$856,425,319
Classified	1,218	_	_		_		1,218
Unclassified	14	_	_	_	_	_	14
TOTAL AUTHORIZED T.O. POSITIONS	1,232	_	_	_	_	_	1,232
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	_	_	_	_	_	_	_
TOTAL NON-T.O. FTE POSITIONS	105	_	_	_	_	_	105

CONTINUATION BUDGET ADJUSTMENTS - SUMMARIZED

Form 11470 — 326 Non Recurring Adjustment COVID-19 Federal Grants Means of Financing

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	_
FEDERAL FUNDS	(86,105,059)
TOTAL MEANS OF FINANCING	\$(86,105,059)

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	(86,105,059)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(86,105,059)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(86,105,059)

	FTE
Classified	—
Unclassified	_
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	_
TOTAL NON-T.O. FTE POSITIONS	—

Form 11471 — 326 Non Recurring Adjustment GOHSEP FEMA REIMBURSEMENT Means of Financing Po

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	
INTERAGENCY TRANSFERS	(200,000,000)
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	_
FEDERAL FUNDS	_
TOTAL MEANS OF FINANCING	\$(200,000,000)

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	_
PROFESSIONAL SERVICES	_
Other Charges	(200,000,000)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(200,000,000)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(200,000,000)

	FTE
Classified	—
Unclassified	_
TOTAL AUTHORIZED T.O. POSITIONS	_
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	_
TOTAL NON-T.O. FTE POSITIONS	_

Form 11659 — Standard Inflation Adjustment Means of Financing

	Amount
STATE GENERAL FUND (Direct)	305,586
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	80,885
FEES & SELF-GENERATED	345,613
STATUTORY DEDICATIONS	138,349
FEDERAL FUNDS	1,341,097
TOTAL MEANS OF FINANCING	\$2,211,530

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	_
Travel	65,335
Operating Services	328,524
Supplies	354,774
TOTAL OPERATING EXPENSES	\$748,633
PROFESSIONAL SERVICES	\$1,462,897
Other Charges	
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	_
Acquisitions	
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	
TOTAL EXPENDITURES	\$2,211,530

	FTE
Classified	—
Unclassified	_
TOTAL AUTHORIZED T.O. POSITIONS	_
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	_
TOTAL NON-T.O. FTE POSITIONS	_

Form 11684 — 326 Compulsory - Salary and Related Benefits Base Adjustment

Means of Financing

Amount
390,511
—
_
147,362
_
198,940
\$736,813

Expenditures

	Amount
Salaries	(1,223,130)
Other Compensation	365,344
Related Benefits	1,594,599
TOTAL PERSONAL SERVICES	\$736,813
Travel	_
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	_
PROFESSIONAL SERVICES	_
Other Charges	_
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	_
Acquisitions	
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$736,813

	FTE
Classified	—
Unclassified	_
TOTAL AUTHORIZED T.O. POSITIONS	_
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	_
TOTAL NON-T.O. FTE POSITIONS	

Form 11013 — 326- CB 8 Sickle Cell Registry Means of Financing

	Amount
STATE GENERAL FUND (Direct)	386,131
STATE GENERAL FUND BY:	
INTERAGENCY TRANSFERS	_
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	_
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$386,131

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	_
Travel	_
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	\$75,000
Other Charges	305,995
Debt Service	—
Interagency Transfers	5,136
TOTAL OTHER CHARGES	\$311,131
Acquisitions	_
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	_
TOTAL EXPENDITURES	\$386,131

	FTE
Classified	—
Unclassified	_
TOTAL AUTHORIZED T.O. POSITIONS	
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	_
TOTAL NON-T.O. FTE POSITIONS	_

Form 12178 — 326 - Acquisitions

Means of Financing

Amount
—
_
—
78,550
_
1,340,661
\$1,419,211

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	_
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	_
PROFESSIONAL SERVICES	_
Other Charges	_
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	_
Acquisitions	1,419,211
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	\$1,419,211
TOTAL EXPENDITURES	\$1,419,211

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	_
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Form 12859 — 326 Means of Financing Adjustment Means of Financing

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	_
INTERAGENCY TRANSFERS	_
FEES & SELF-GENERATED	_
STATUTORY DEDICATIONS	_
FEDERAL FUNDS	_
TOTAL MEANS OF FINANCING	_

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	
TOTAL PERSONAL SERVICES	
Travel	
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	
TOTAL EXPENDITURES	_

	FTE
Classified	—
Unclassified	_
TOTAL AUTHORIZED T.O. POSITIONS	_
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	_
TOTAL NON-T.O. FTE POSITIONS	_

PROGRAM SUMMARY STATEMENT

3262 - Public Health Services

Means of Financing

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
Description	ds 01 10/01/2022	Non-Kecurring	IIIIduvii	Compulsory	WOIKIOAU	Utilei	Continuation Level
STATE GENERAL FUND (Direct)	60,887,752	_	305,586	390,511	_	386,131	61,969,980
STATE GENERAL FUND BY:	—	—	—	—	—	—	_
INTERAGENCY TRANSFERS	287,213,926	(200,000,000)	80,885	_	_	—	87,294,811
FEES & SELF-GENERATED	56,680,985	_	345,613	147,362	—	78,550	57,252,510
STATUTORY DEDICATIONS	15,451,873	_	138,349	_	_	—	15,590,222
FEDERAL FUNDS	717,542,157	(86,105,059)	1,341,097	198,940		1,340,661	634,317,796
TOTAL MEANS OF FINANCING	\$1,137,776,693	\$(286,105,059)	\$2,211,530	\$736,813	_	\$1,805,342	\$856,425,319

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
Fees & Self-Generated	56,069,530	_	340,005	147,362		78,550	56,635,447
Oyster Sanitation Fund	186,051	_	4,409	—	_	_	190,460
Vital Records Conversion Fund	425,404	_	1,199	_	_	_	426,603
Total:	\$56,680,985	_	\$345,613	\$147,362	_	\$78,550	\$57,252,510

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
Louisiana Fund	6,821,260		13,438	_	_		6,834,698
Rural Primary Care Physicians Developmen	2,673,634	_	_	_	_	_	2,673,634
Telecommunications for the Deaf Fund	5,956,979	_	124,911	_	_	_	6,081,890
Total:	\$15,451,873	_	\$138,349	_	_	_	\$15,590,222

Expenditures and Positions

Description	Existing Operating Budget as of 10/01/2022	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2023-2024 Requested Continuation Level
Salaries	84,583,662	—	—	(1,223,130)		—	83,360,532
Other Compensation	7,792,731		—	365,344		—	8,158,075
Related Benefits	53,256,006		_	1,594,599		—	54,850,605
TOTAL PERSONAL SERVICES	\$145,632,399	_	_	\$736,813	—	—	\$146,369,212
Travel	2,756,728	_	65,335	_		_	2,822,063
Operating Services	13,861,790	_	328,524	_	_	_	14,190,314
Supplies	14,969,327	_	354,774	_	_	_	15,324,101
TOTAL OPERATING EXPENSES	\$31,587,845	—	\$748,633	_	—	_	\$32,336,478
PROFESSIONAL SERVICES	\$61,725,612	_	\$1,462,897	_	_	\$75,000	\$63,263,509
Other Charges	871,541,218	(286,105,059)	_	_	_	305,995	585,742,154
Debt Service	_	_	_	_	_	_	_
Interagency Transfers	27,289,619	_	—	—	_	5,136	27,294,755
TOTAL OTHER CHARGES	\$898,830,837	\$(286,105,059)	—	_	—	\$311,131	\$613,036,909
Acquisitions	_	_	_	_		1,419,211	1,419,211
Major Repairs	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	_	—	_	_	—	\$1,419,211	\$1,419,211
TOTAL EXPENDITURES	\$1,137,776,693	\$(286,105,059)	\$2,211,530	\$736,813	_	\$1,805,342	\$856,425,319
Classified	1,218	_	_	_			1,218
Unclassified	14	_	_	_	_	_	14
TOTAL AUTHORIZED T.O. POSITIONS	1,232	_	_	_	_	_	1,232
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	_	_	_	_	_	_	_
TOTAL NON-T.O. FTE POSITIONS	105		_	_		_	105

CONTINUATION BUDGET ADJUSTMENTS - BY PROGRAM

Form 11659 — Standard Inflation Adjustment

3262 - Public Health Services

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	305,586
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	80,885
FEES & SELF-GENERATED	345,613
STATUTORY DEDICATIONS	138,349
FEDERAL FUNDS	1,341,097
TOTAL MEANS OF FINANCING	\$2,211,530

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	65,335
Operating Services	328,524
Supplies	354,774
TOTAL OPERATING EXPENSES	\$748,633
PROFESSIONAL SERVICES	\$1,462,897
Other Charges	
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	_
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$2,211,530

Positions

	FTE
Classified	—
Unclassified	_
TOTAL AUTHORIZED T.O. POSITIONS	_
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	_
TOTAL NON-T.O. FTE POSITIONS	_

Fees and Self-Generated

	Amount
Fees & Self-Generated	340,005
Oyster Sanitation Fund	4,409
Vital Records Conversion Fund	1,199
Total:	\$345,613

Statutory Dedications

	Amount
Louisiana Fund	13,438
Telecommunications for the Deaf Fund	124,911
Total:	\$138,349

Continuation Budget Adjustments - by Program

Supporting Detail

Means of Financing

Description	Amount
Federal Funds	1,341,097
Fees & Self-Generated	340,005
Interagency Transfers	80,885
Louisiana Fund	13,438
Oyster Sanitation Fund	4,409
State General Fund	305,586
Telecommunications for the Deaf Fund	124,911
Vital Records Conversion Fund	1,199
Total:	\$2,211,530

Travel

Commitment item	Name	Amount
5200000	TOTAL TRAVEL	65,335
Total:		\$65,335

Operating Services

Commitment item	Name	Amount
5300000	TOTAL OPERATING SERV	328,524
Total:		\$328,524

Supplies

Commitment item	Name	Amount
5400000	TOTAL SUPPLIES	354,774
Total:		\$354,774

Professional Services

Commitment item	Name	Amount
5500000	TOTAL PROF SERVICES	1,462,897
Total:		\$1,462,897

Form 11470 — 326 Non Recurring Adjustment COVID-19 Federal Grants

3262 - Public Health Services

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	_
INTERAGENCY TRANSFERS	_
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	_
FEDERAL FUNDS	(86,105,059)
TOTAL MEANS OF FINANCING	\$(86,105,059)

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	(86,105,059)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(86,105,059)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	_
TOTAL EXPENDITURES	\$(86,105,059)

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Continuation Budget Adjustments - by Program

Question	Narrative Response
Explain the need for this request.	This request is to non recur \$86,105,059 in federal budget authority that is tied to COVID-19 federal grants that will be expended in SFY23.
Cite performance indicators for the adjustment.	There are no performance adjustments associated with this request.
What would the impact be if this is not funded?	Failure to approve this request will result in the agency having excess budget authority for COVID-19 federal grants that will be expended in SFY23.
Is revenue a fixed amount or can it be adjusted?	The revenue is fixed based on federal COVID-19 grants that will be expended in SFY23.
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	

Form 11471 — 326 Non Recurring Adjustment GOHSEP FEMA REIMBURSEMENT

3262 - Public Health Services

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	(200,000,000)
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$(200,000,000)

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	_
Travel	
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	_
Other Charges	(200,000,000)
Debt Service	_
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(200,000,000)
Acquisitions	_
Major Repairs	_
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(200,000,000)

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	_
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Continuation Budget Adjustments - by Program

Form 11471 — 326 Non Recurring Adjustment GOHSEP FEMA REIMBURSEMENT Request Type: NON-RECUR

Question	Narrative Response
Explain the need for this request.	This request will non recur \$200,000,000 in Interagency Transfer authority for reimbursements from the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP) for surge hospital staffing contracts due to COVID- 19 hospitalizations that will end in SFY23.
Cite performance indicators for the adjustment.	There are no performance adjustments associated with this request.
What would the impact be if this is not funded?	Failure to approve this request will result in the agency having excess Interagency Transfer budget authority associated with FEMA reimbursements from the Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP).
Is revenue a fixed amount or can it be adjusted?	The amount is fixed based on an agency BA-7 that was approved on August 5, 2022.
Is the expenditure of these revenues restricted?	N/A
Additional information or comments.	

Form 11684 — 326 Compulsory - Salary and Related Benefits Base Adjustment

3262 - Public Health Services

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	390,511
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	_
FEES & SELF-GENERATED	147,362
STATUTORY DEDICATIONS	_
FEDERAL FUNDS	198,940
TOTAL MEANS OF FINANCING	\$736,813

EXPENDITURES

	Amount
Salaries	(1,223,130)
Other Compensation	365,344
Related Benefits	1,594,599
TOTAL PERSONAL SERVICES	\$736,813
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$736,813

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	_
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	_
TOTAL NON-T.O. FTE POSITIONS	

Fees and Self-Generated

	Amount
Fees & Self-Generated	147,362
Total:	\$147,362

	Amount
Total:	—

Continuation Budget Adjustments - by Program

Question	Narrative Response
Explain the need for this request.	This request is to fund the Market Rate Adjustments and Salary Base Adjustments for Personnel Services in the Office of Public Health for SFY 2023 - 2024.
Cite performance indicators for the adjustment.	There are no performance impacts associated with this request.
What would the impact be if this is not funded?	Failure to fund this request would result in the Office of Public Health not having sufficient funding for Market Rate Adjustments and Salary Base Adjustments for Personnel Services in SFY 2023 - 2024.
Is revenue a fixed amount or can it be adjusted?	The revenue amount is fixed.
Is the expenditure of these revenues restricted?	No.
Additional information or comments.	

Form 11013 — 326- CB 8 Sickle Cell Registry

3262 - Public Health Services

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	386,131
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	_
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$386,131

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	\$75,000
Other Charges	305,995
Debt Service	—
Interagency Transfers	5,136
TOTAL OTHER CHARGES	\$311,131
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$386,131

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Question	Narrative Response
Explain the need for this request.	This is a State General Fund request associated with House Bill 968 of the 2022 Regular Session of the Louisiana Legislature that directed LDH to establish the Sickle Cell Disease Registry. This request is to support the department's implementation of this new mandate. This primarily benefits individuals and families living with Sickle Cell Disease (SCD); the Sickle Cell Foundations that provide services for people living with SCD and that need data to facilitate service provision and fundraising; the Sickle Cell Commission that needs comprehensive population level data to carry out this charge; LDH to carry out it's healthcare delivery and public health functions; and the LDH Office of Public Health, charged with monitoring population health, policy development, and assurance of quality services and supports for individuals with Sickle Cell Disease. This request includes funding for staffing(\$305,995) and IT database (\$75,000) contracts; and IT leased equipment (\$5,136).
Cite performance indicators for the adjustment.	There are no performance adjustments associated with this request.
What would the impact be if this is not funded?	All Fiscal and Programmatic analyses completed by the program indicated the need for funding to support this activity; however, no budget was authorized for these costs. Failure to fund this request will result in lack of funding to implement the Sickle Cell Disease Registry.
Is revenue a fixed amount or can it be adjusted?	The requested amount is fixed based on the budgeted expenditures.
Is the expenditure of these revenues restricted?	The expenditures are restricted to the categories requested in SFY 2023 - 2024.
Additional information or comments.	

Form 12178 — 326 - Acquisitions

3262 - Public Health Services

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	78,550
STATUTORY DEDICATIONS	_
FEDERAL FUNDS	1,340,661
TOTAL MEANS OF FINANCING	\$1,419,211

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	_
Travel	_
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	_
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	1,419,211
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	\$1,419,211
TOTAL EXPENDITURES	\$1,419,211

Form 12178 — 326 - Acquisitions Request Type: OTHER

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	_
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	

Fees and Self-Generated

	Amount
Fees & Self-Generated	78,550
Total:	\$78,550

	Amount
Total:	—

Continuation Budget Adjustments - by Program

Question	Narrative Response
Explain the need for this request.	The Office of Public Health is requesting a total amount of \$1,419, 211.00, \$78,550.00 in Self-Generated Fees and \$1,340,661.00 in Federal Funds, in acquisition spending authority. This authority will allow the Office of Public Health to continue to provide quality health services.
Cite performance indicators for the adjustment.	N/A
What would the impact be if this is not funded?	The impact of not funding this request would be detrimental, as the Office of Public Health would not have equipment needed to provide critical health services in Parish Health Units, Regional Offices, and Programmatic Offices.
Is revenue a fixed amount or can it be adjusted?	Yes. The revenue is a fixed amount and is based on the itemized request.
Is the expenditure of these revenues restricted?	Yes, the revenue is restricted for the purpose of purchasing only equipment.
Additional information or comments.	

Form 12859 — 326 Means of Financing Adjustment

3262 - Public Health Services

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	_
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	_
FEDERAL FUNDS	_
TOTAL MEANS OF FINANCING	—

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	_

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

	Amount
Total:	—

Continuation Budget Adjustments - by Program

Question	Narrative Response
Explain the need for this request.	This request is needed to properly align OPH's expenditure categories by Means of Financing.
Cite performance indicators for the adjustment.	There are no performance adjustments associated with this request.
What would the impact be if this is not funded?	If this adjustment is not approved, OPH's FY24 Budget Request would not be properly aligned by Means of Financing.
Is revenue a fixed amount or can it be adjusted?	The amount is fixed as this is only a Means of Financing adjustment.
Is the expenditure of these revenues restricted?	The expenditure of these revenues are restricted as they are tied to OPH's budget revenue by expenditure category.
Additional information or comments.	Not applicable.

Technical and Other Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in this Adjustment Package	FY2023-2024 Requested Realignment
STATE GENERAL FUND (Direct)	60,887,752	1,082,228		61,969,980
STATE GENERAL FUND BY:	—	_	—	—
INTERAGENCY TRANSFERS	287,213,926	(199,919,115)	—	87,294,811
FEES & SELF-GENERATED	56,680,985	571,525	—	57,252,510
STATUTORY DEDICATIONS	15,451,873	138,349	_	15,590,222
FEDERAL FUNDS	717,542,157	(83,224,361)	_	634,317,796
TOTAL MEANS OF FINANCING	\$1,137,776,693	\$(281,351,374)	—	\$856,425,319
Salaries	84,583,662	(1,223,130)		83,360,532
Other Compensation	7,792,731	365,344	—	8,158,075
Related Benefits	53,256,006	1,594,599	—	54,850,605
TOTAL PERSONAL SERVICES	\$145,632,399	\$736,813	—	\$146,369,212
Travel	2,756,728	65,335	_	2,822,063
Operating Services	13,861,790	328,524	—	14,190,314
Supplies	14,969,327	354,774	—	15,324,101
TOTAL OPERATING EXPENSES	\$31,587,845	\$748,633	—	\$32,336,478
PROFESSIONAL SERVICES	\$61,725,612	\$1,537,897	—	\$63,263,509
Other Charges	871,541,218	(285,799,064)	_	585,742,154
Debt Service	—	—	—	—
Interagency Transfers	27,289,619	5,136	—	27,294,755
TOTAL OTHER CHARGES	\$898,830,837	\$(285,793,928)	—	\$613,036,909
Acquisitions		1,419,211	_	1,419,211
Major Repairs	—	_	_	—
TOTAL ACQ. & MAJOR REPAIRS	-	\$1,419,211	—	\$1,419,211
TOTAL EXPENDITURES	\$1,137,776,693	\$(281,351,374)	—	\$856,425,319
Classified	1,218	—	(1)	1,217
Unclassified	14	_	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,232	_	(1)	1,231
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	-	—	—	—
TOTAL NON-T.O. FTE POSITIONS	105	_	_	105

PROGRAM BREAKOUT

Means of Financing	Requested in this Adjustment Package	3262 Public Health Services
STATE GENERAL FUND (Direct)	—	
STATE GENERAL FUND BY:		_
INTERAGENCY TRANSFERS	_	_
FEES & SELF-GENERATED	_	_
STATUTORY DEDICATIONS	_	_
FEDERAL FUNDS	_	_
TOTAL MEANS OF FINANCING		
Salaries	_	_
Other Compensation		_
Related Benefits	_	_
TOTAL SALARIES	_	
Travel		
Operating Services		
Supplies	_	_
TOTAL OPERATING EXPENSES		—
PROFESSIONAL SERVICES	—	—
Other Charges		
Debt Service	_	—
Interagency Transfers	_	_
TOTAL OTHER CHARGES		—
Acquisitions	—	—
Major Repairs		—
TOTAL ACQ. & MAJOR REPAIRS		—
TOTAL EXPENDITURES & REQUEST	—	—
Classified	(1)	(1)
Unclassified	_	—
TOTAL AUTHORIZED T.O. POSITIONS	(1)	(1)
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—

PROGRAM SUMMARY STATEMENT

3262 - Public Health Services

Means of Financing	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in this Adjustment Package	FY2023-2024 Requested Realignment
STATE GENERAL FUND (Direct)	60,887,752	1,082,228	_	61,969,980
STATE GENERAL FUND BY:	—	_	_	—
INTERAGENCY TRANSFERS	287,213,926	(199,919,115)	—	87,294,811
FEES & SELF-GENERATED	56,680,985	571,525	—	57,252,510
STATUTORY DEDICATIONS	15,451,873	138,349	—	15,590,222
FEDERAL FUNDS	717,542,157	(83,224,361)	_	634,317,796
TOTAL MEANS OF FINANCING	\$1,137,776,693	\$(281,351,374)	_	\$856,425,319
Salaries	84,583,662	(1,223,130)		83,360,532
Other Compensation	7,792,731	365,344	—	8,158,075
Related Benefits	53,256,006	1,594,599	_	54,850,605
TOTAL PERSONAL SERVICES	\$145,632,399	\$736,813	—	\$146,369,212
Travel	2,756,728	65,335		2,822,063
Operating Services	13,861,790	328,524	—	14,190,314
Supplies	14,969,327	354,774	_	15,324,101
TOTAL OPERATING EXPENSES	\$31,587,845	\$748,633	—	\$32,336,478
PROFESSIONAL SERVICES	\$61,725,612	\$1,537,897	—	\$63,263,509
Other Charges	871,541,218	(285,799,064)		585,742,154
Debt Service	_	_	_	_
Interagency Transfers	27,289,619	5,136	_	27,294,755
TOTAL OTHER CHARGES	\$898,830,837	\$(285,793,928)	—	\$613,036,909
Acquisitions	_	1,419,211		1,419,211
Major Repairs	_	_	—	_
TOTAL ACQ. & MAJOR REPAIRS	—	\$1,419,211	_	\$1,419,211
TOTAL EXPENDITURES	\$1,137,776,693	\$(281,351,374)	_	\$856,425,319
Classified	1,218	_	(1)	1,217
Unclassified	14		_	14
TOTAL AUTHORIZED T.O. POSITIONS	1,232	_	(1)	1,231
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	_	_	_
TOTAL NON-T.O. FTE POSITIONS	105	_	_	105

TECHNICAL AND OTHER ADJUSTMENTS

Form 11009 — 326 - TOAP Transfer One (1) T.O. to Office of the Secretary

3262 - Public Health Services

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	
FEDERAL FUNDS	_
TOTAL MEANS OF FINANCING	—

EXPENDITURES

	Amount
Salaries	—
Other Compensation	
Related Benefits	_
TOTAL PERSONAL SERVICES	_
Travel	
Operating Services	
Supplies	—
TOTAL OPERATING EXPENSES	_
PROFESSIONAL SERVICES	_
Other Charges	
Debt Service	_
Interagency Transfers	
TOTAL OTHER CHARGES	_
Acquisitions	
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	_
TOTAL EXPENDITURES	_

AUTHORIZED POSITIONS

	FTE
Classified	(1)
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	(1)
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

	Amount
Total:	

Question	Narrative Response
Explain the need for this request.	This request is to transfer a T.O. to the Office of the Secretary. This Attorney 4 position is needed to handle the legal matters of OPH Engineering Services enforcement actions. Litigation duties include handling state and administrative cases involving OPH matters, with focus on engineering enforcement actions, and recovery actions. Additionally, the Attorney 4 position conducts discovery (depositions, interrogatories, requests for production/admission) in legal matters; conducts legal research and provides written legal opinions; provides legislative review/analysis of bills.
Cite performance indicators for the adjustment.	There are no performance adjustments associated with this request.
What would the impact be if this is not funded?	Failure to approve this request will result in OPH not transferring a T.O. position to the Office of the Secretary for an Attorney 4 position that is critical to OPH's Engineering Services Program.
Is revenue a fixed amount or can it be adjusted?	Not applicable.
Is the expenditure of these revenues restricted?	Not applicable.
Additional information or comments.	Not applicable.

New or Expanded Requests

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing and Expenditures	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in Technical/Other Package	FY2023-2024 Requested New/Expanded	FY2023-2024 Requested Realignment
STATE GENERAL FUND (Direct)	60,887,752	1,082,228	_	—	61,969,980
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	287,213,926	(199,919,115)	—	—	87,294,811
FEES & SELF-GENERATED	56,680,985	571,525	—	—	57,252,510
STATUTORY DEDICATIONS	15,451,873	138,349	—	—	15,590,222
FEDERAL FUNDS	717,542,157	(83,224,361)	_	—	634,317,796
TOTAL MEANS OF FINANCING	\$1,137,776,693	\$(281,351,374)	_	_	\$856,425,319
Salaries	84,583,662	(1,223,130)	—	—	83,360,532
Other Compensation	7,792,731	365,344	_	_	8,158,075
Related Benefits	53,256,006	1,594,599	_	_	54,850,605
TOTAL PERSONAL SERVICES	\$145,632,399	\$736,813	—	—	\$146,369,212
Travel	2,756,728	65,335	—	—	2,822,063
Operating Services	13,861,790	328,524	_	_	14,190,314
Supplies	14,969,327	354,774	—	—	15,324,101
TOTAL OPERATING EXPENSES	\$31,587,845	\$748,633	_	—	\$32,336,478
PROFESSIONAL SERVICES	\$61,725,612	\$1,537,897	_	—	\$63,263,509
Other Charges	871,541,218	(285,799,064)	—	—	585,742,154
Debt Service	—	—	_	—	—
Interagency Transfers	27,289,619	5,136	_	—	27,294,755
TOTAL OTHER CHARGES	\$898,830,837	\$(285,793,928)	_	_	\$613,036,909
Acquisitions	—	1,419,211	—	—	1,419,211
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	\$1,419,211	_	—	\$1,419,211
TOTAL EXPENDITURES	\$1,137,776,693	\$(281,351,374)	_	—	\$856,425,319
Classified	1,218	—	(1)	—	1,217
Unclassified	14	—	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,232	_	(1)	_	1,231
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	_	—	_	_	—
TOTAL NON-T.O. FTE POSITIONS	105	—			105

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in Technical/Other Package	FY2023-2024 Requested New/Expanded	FY2023-2024 Requested Realignment
Fees & Self-Generated	56,069,530	565,917	—	—	56,635,447
Oyster Sanitation Fund	186,051	4,409	—	—	190,460
Vital Records Conversion Fund	425,404	1,199	—	—	426,603
Total:	\$56,680,985	\$571,525	_	_	\$57,252,510

	Existing Operating Budget	FY2023-2024 Requested	FY2023-2024 Requested in Technical/Other	FY2023-2024 Requested	FY2023-2024 Requested
Description	as of 10/01/2022	Continuation Adjustment	Package	New/Expanded	Realignment
Louisiana Fund	6,821,260	13,438	—	—	6,834,698
Rural Primary Care Physicians Developmen	2,673,634	—	—	—	2,673,634
Telecommunications for the Deaf Fund	5,956,979	124,911	—	—	6,081,890
Total:	\$15,451,873	\$138,349	<u> </u>	<u> </u>	\$15,590,222

PROGRAM SUMMARY STATEMENT

3262 - Public Health Services

Means of Financing and Expenditures	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in Technical/Other Package	FY2023-2024 Requested New/Expanded	FY2023-2024 Requested Realignment
STATE GENERAL FUND (Direct)	60,887,752	1,082,228	—	—	61,969,980
STATE GENERAL FUND BY:	—	_	—	—	—
INTERAGENCY TRANSFERS	287,213,926	(199,919,115)	—	—	87,294,811
FEES & SELF-GENERATED	56,680,985	571,525	—	—	57,252,510
STATUTORY DEDICATIONS	15,451,873	138,349	—	—	15,590,222
FEDERAL FUNDS	717,542,157	(83,224,361)	—	_	634,317,796
TOTAL MEANS OF FINANCING	\$1,137,776,693	\$(281,351,374)	_	_	\$856,425,319
Salaries	84,583,662	(1,223,130)	—	—	83,360,532
Other Compensation	7,792,731	365,344	—	—	8,158,075
Related Benefits	53,256,006	1,594,599	_	_	54,850,605
TOTAL PERSONAL SERVICES	\$145,632,399	\$736,813	—	_	\$146,369,212
Travel	2,756,728	65,335	—	—	2,822,063
Operating Services	13,861,790	328,524	—	—	14,190,314
Supplies	14,969,327	354,774	—	—	15,324,101
TOTAL OPERATING EXPENSES	\$31,587,845	\$748,633	—	_	\$32,336,478
PROFESSIONAL SERVICES	\$61,725,612	\$1,537,897	_	_	\$63,263,509
Other Charges	871,541,218	(285,799,064)	—	—	585,742,154
Debt Service	—	—	—	—	—
Interagency Transfers	27,289,619	5,136	—	—	27,294,755
TOTAL OTHER CHARGES	\$898,830,837	\$(285,793,928)	—	_	\$613,036,909
Acquisitions	_	1,419,211	—	—	1,419,211
Major Repairs	—	_	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	_	\$1,419,211	_	_	\$1,419,211
TOTAL EXPENDITURES	\$1,137,776,693	\$(281,351,374)	_	_	\$856,425,319
Classified	1,218	—	(1)	—	1,217
Unclassified	14	—	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,232	_	(1)	_	1,231
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	_	_	—	—	—
TOTAL NON-T.O. FTE POSITIONS	105	_			105

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustment	FY2023-2024 Requested in Technical/Other Package	FY2023-2024 Requested New/Expanded	FY2023-2024 Requested Realignment
Fees & Self-Generated	56,069,530	565,917	—	—	56,635,447
Oyster Sanitation Fund	186,051	4,409	—	—	190,460
Vital Records Conversion Fund	425,404	1,199	—	—	426,603
Total:	\$56,680,985	\$571,525	—	_	\$57,252,510

	Existing Operating Budget	FY2023-2024 Requested	FY2023-2024 Requested in Technical/Other	FY2023-2024 Requested	FY2023-2024 Requested
Description	as of 10/01/2022	Continuation Adjustment	Package	New/Expanded	Realignment
Louisiana Fund	6,821,260	13,438	—	—	6,834,698
Rural Primary Care Physicians Developmen	2,673,634	—	—	—	2,673,634
Telecommunications for the Deaf Fund	5,956,979	124,911	—	—	6,081,890
Total:	\$15,451,873	\$138,349	<u> </u>	<u> </u>	\$15,590,222



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Total Request Summary

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	57,691,356	60,887,752	1,082,228	—	—	61,969,980	1,082,228
STATE GENERAL FUND BY:	—	_	—	—	—	—	—
INTERAGENCY TRANSFERS	1,044,621,670	287,213,926	(199,919,115)	_	—	87,294,811	(199,919,115)
FEES & SELF-GENERATED	43,503,084	56,680,985	571,525	—	_	57,252,510	571,525
STATUTORY DEDICATIONS	9,491,118	15,451,873	138,349	_	_	15,590,222	138,349
FEDERAL FUNDS	488,172,406	717,542,157	(83,224,361)	—	_	634,317,796	(83,224,361)
TOTAL MEANS OF FINANCING	\$1,643,479,634	\$1,137,776,693	\$(281,351,374)	_	—	\$856,425,319	\$(281,351,374)

Fees and Self-Generated

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
Fees & Self-Generated	42,891,629	56,069,530	565,917	—	—	56,635,447	565,917
Oyster Sanitation Fund	186,051	186,051	4,409	—	_	190,460	4,409
Vital Records Conversion Fund	425,404	425,404	1,199	_	_	426,603	1,199
Total:	\$43,503,084	\$56,680,985	\$571,525		<u> </u>	\$57,252,510	\$571,525

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
Emergency Medical Technician Fund	9,000	_	—	—	—	—	—
Louisiana Fund	6,821,260	6,821,260	13,438	—	—	6,834,698	13,438
Rural Primary Care Physicians Developmen	_	2,673,634	_	—	_	2,673,634	_
Telecommunications for the Deaf Fund	2,660,858	5,956,979	124,911	_	—	6,081,890	124,911
Total:	\$9,491,118	\$15,451,873	\$138,349	—	—	\$15,590,222	\$138,349

Expenditures and Positions

FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
77,983,313	84,583,662	(1,223,130)	_		83,360,532	(1,223,130)
6,929,523	7,792,731	365,344	—	_	8,158,075	365,344
48,174,691	53,256,006	1,594,599	_	_	54,850,605	1,594,599
\$133,087,526	\$145,632,399	\$736,813	—	—	\$146,369,212	\$736,813
1,753,877	2,756,728	65,335	_		2,822,063	65,335
12,851,704	13,861,790	328,524	—		14,190,314	328,524
10,360,684	14,969,327	354,774	—	_	15,324,101	354,774
\$24,966,265	\$31,587,845	\$748,633	—	_	\$32,336,478	\$748,633
\$46,588,762	\$61,725,612	\$1,537,897	_	_	\$63,263,509	\$1,537,897
1,414,149,209	871,541,218	(285,799,064)	_		585,742,154	(285,799,064)
_	_	—	—		_	—
23,499,816	27,289,619	5,136	—		27,294,755	5,136
\$1,437,649,026	\$898,830,837	\$(285,793,928)	—	_	\$613,036,909	\$(285,793,928)
1,188,055	_	1,419,211	_		1,419,211	1,419,211
_	_	_	_	_	_	_
\$1,188,055	_	\$1,419,211	—	_	\$1,419,211	\$1,419,211
\$1,643,479,634	\$1,137,776,693	\$(281,351,374)	—	—	\$856,425,319	\$(281,351,374)
1,221	1,218	_	(1)		1,217	(1)
14	14	_	_	_	14	_
1,235	1,232	_	(1)	_	1,231	(1)
_	_	_	_	_	_	_
105	105	—	—	_	105	—
	 Actuals 77,983,313 6,929,523 48,174,691 \$133,087,526 \$133,087,526 \$133,087,526 1,2851,704 10,360,684 \$24,966,265 \$46,588,762 \$46,588,762 \$46,588,762 \$46,588,762 \$46,588,762 \$1,414,149,209 1,414,149,209 \$1,437,649,026 \$1,188,055 \$1,643,479,634 1,221 14 1,235 \$1,643,479,634 1,235 	FY2021-2022 Actuals Budget as of 10/01/2022 77,983,313 84,583,662 6,929,523 7,792,731 48,174,691 53,256,006 \$133,087,526 \$145,632,399 1,753,877 2,756,728 12,851,704 13,861,790 10,360,684 14,969,327 \$24,966,265 \$31,587,845 \$46,588,762 \$61,725,612 1,414,149,209 871,541,218 1,414,149,209 871,541,218 1,414,149,209 871,541,218 1,188,055 — \$1,188,055 — \$1,188,055 — \$1,188,055 — \$1,188,055 1,218 1,221 1,218 1,221 1,218 1,188,055 — \$1,0643,479,634 \$1,137,776,693 1,2235 1,232 1,235 1,232	FY2021-2022 ActualsExisting Operating Budget as of 10/01/2022Requested Continuation Adjustments77,983,31384,583,662(1,223,130)6,929,5237,792,731365,34448,174,69153,256,0061,594,599\$133,087,526\$145,632,399\$736,8131,753,8772,756,72865,33512,851,70413,861,790328,52410,360,68414,969,327354,774\$24,966,265\$31,587,845\$748,633\$46,588,762\$61,725,612\$1,537,8971,414,149,209871,541,218(285,799,064)23,499,81627,289,6195,136\$1,437,649,026\$898,830,837\$(285,793,928)1,188,055-\$1,419,211\$1,188,055-\$1,419,211\$1,643,479,634\$1,137,776,693\$(281,351,374)1,2211,218-1,2351,232	FY2021-2022 Actuals Existing Operating Budget as of 10/01/2022 Requested Continuation Adjustments Requested in Technical/Other Adjustments 77,983,313 84,583,662 (1,223,130) — 6,929,523 7,792,731 365,344 — 48,174,691 53,256,006 1,594,599 — \$133,087,526 \$145,632,399 \$736,813 — 1,753,877 2,756,728 65,335 — 10,360,684 14,969,327 354,774 — 10,360,684 14,969,327 354,774 — 10,360,684 14,969,327 354,774 — 10,360,684 14,969,327 354,774 — \$24,966,265 \$31,587,845 \$748,633 — 1,414,149,209 871,541,218 (285,799,064) — 1,414,149,209 871,541,218 — — 1,414,149,209 \$898,830,837 \$(285,793,928) — 1,188,055 — \$1,419,211 — 1,188,055 — \$1,419,211 — <	Existing Operating Budget as of 10/01/2022 Requested Continuation Adjustments Requested hew or Expanded Adjustments 77,983,313 84,583,662 (1,223,130) — 6,929,523 7,792,731 365,344 — 48,174,691 53,256,006 1,594,599 — — 5133,087,526 \$145,632,399 \$736,813 — — 1,753,877 2,756,728 65,335 — — 1,753,877 2,756,728 65,335 — — 10,360,684 14,969,327 354,774 — — 10,360,684 14,969,327 354,774 — — 11,414,149,209 871,541,218 (285,799,064) — — 1,414,149,209 871,541,218 (285,799,064) — — 23,499,816 27,289,619 5,136 — — 1,188,055 — 1,419,211 — — 1,188,055 — \$1,419,211 — — 1,128 1,221 1,218 — <th>Existing Operating Actuals Requested as of 100/1/2024 Requested Continuation as of 100/1/2024 Requested in Technical/0ther Adjustments Requested New of Expanded Adjustments Requested Adjustments Requested Adjustments 77,983,313 84,583,662 (1,223,130) — — 83,360,532 6,929,523 7,792,731 365,344 — — 81,580,755 48,174,691 53,256,006 1,594,599 — — 5146,369,212 1,753,877 2,756,728 65,335 — — 2,822,063 12,851,704 13,861,790 328,524 — — 14,190,314 10,360,684 14,969,327 354,774 — — 532,336,478 \$24,966,265 \$313,787,845 \$748,633 — — \$83,243,647 11,414,149,209 871,541,218 (285,793,928) — — = — 23,499,816 27,289,619 5,134 — — — — _ 1,1188,055 — 1,419,211 — — 1,419,</th>	Existing Operating Actuals Requested as of 100/1/2024 Requested Continuation as of 100/1/2024 Requested in Technical/0ther Adjustments Requested New of Expanded Adjustments Requested Adjustments Requested Adjustments 77,983,313 84,583,662 (1,223,130) — — 83,360,532 6,929,523 7,792,731 365,344 — — 81,580,755 48,174,691 53,256,006 1,594,599 — — 5146,369,212 1,753,877 2,756,728 65,335 — — 2,822,063 12,851,704 13,861,790 328,524 — — 14,190,314 10,360,684 14,969,327 354,774 — — 532,336,478 \$24,966,265 \$313,787,845 \$748,633 — — \$83,243,647 11,414,149,209 871,541,218 (285,793,928) — — = — 23,499,816 27,289,619 5,134 — — — — _ 1,1188,055 — 1,419,211 — — 1,419,

PROGRAM SUMMARY STATEMENT

3262 - Public Health Services

Means of Financing

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	57,691,356	60,887,752	1,082,228	_	_	61,969,980	1,082,228
STATE GENERAL FUND BY:	_	—	—	_	—	_	—
INTERAGENCY TRANSFERS	1,044,621,670	287,213,926	(199,919,115)	—	_	87,294,811	(199,919,115)
FEES & SELF-GENERATED	43,503,084	56,680,985	571,525	_	—	57,252,510	571,525
STATUTORY DEDICATIONS	9,491,118	15,451,873	138,349	_	_	15,590,222	138,349
FEDERAL FUNDS	488,172,406	717,542,157	(83,224,361)	_	—	634,317,796	(83,224,361)
TOTAL MEANS OF FINANCING	\$1,643,479,634	\$1,137,776,693	\$(281,351,374)		_	\$856,425,319	\$(281,351,374)

Fees and Self-Generated

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
Fees & Self-Generated	42,891,629	56,069,530	565,917	—	—	56,635,447	565,917
Oyster Sanitation Fund	186,051	186,051	4,409	—	—	190,460	4,409
Vital Records Conversion Fund	425,404	425,404	1,199	—	—	426,603	1,199
Total:	\$43,503,084	\$56,680,985	\$571,525	—	—	\$57,252,510	\$571,525

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
Emergency Medical Technician Fund	9,000	_	—	—	_	—	—
Louisiana Fund	6,821,260	6,821,260	13,438			6,834,698	13,438
Rural Primary Care Physicians Developmen	_	2,673,634	—	_	_	2,673,634	—
Telecommunications for the Deaf Fund	2,660,858	5,956,979	124,911	_	—	6,081,890	124,911
Total:	\$9,491,118	\$15,451,873	\$138,349	—	—	\$15,590,222	\$138,349

Expenditures and Positions

Description	FY2021-2022 Actuals	Existing Operating Budget as of 10/01/2022	FY2023-2024 Requested Continuation Adjustments	FY2023-2024 Requested in Technical/Other Adjustments	FY2023-2024 Requested New or Expanded Adjustments	FY2023-2024 Total Request	Over/Under EOB
Salaries	77,983,313	84,583,662	(1,223,130)	_		83,360,532	(1,223,130)
Other Compensation	6,929,523	7,792,731	365,344	—		8,158,075	365,344
Related Benefits	48,174,691	53,256,006	1,594,599	_	_	54,850,605	1,594,599
TOTAL PERSONAL SERVICES	\$133,087,526	\$145,632,399	\$736,813	—	—	\$146,369,212	\$736,813
Travel	1,753,877	2,756,728	65,335	_		2,822,063	65,335
Operating Services	12,851,704	13,861,790	328,524	_	_	14,190,314	328,524
Supplies	10,360,684	14,969,327	354,774	—		15,324,101	354,774
TOTAL OPERATING EXPENSES	\$24,966,265	\$31,587,845	\$748,633	—	—	\$32,336,478	\$748,633
PROFESSIONAL SERVICES	\$46,588,762	\$61,725,612	\$1,537,897	—	—	\$63,263,509	\$1,537,897
Other Charges	1,414,149,209	871,541,218	(285,799,064)	_	_	585,742,154	(285,799,064)
Debt Service	—	_	—	_	_	—	—
Interagency Transfers	23,499,816	27,289,619	5,136	_	_	27,294,755	5,136
TOTAL OTHER CHARGES	\$1,437,649,026	\$898,830,837	\$(285,793,928)	—	—	\$613,036,909	\$(285,793,928)
Acquisitions	1,188,055	_	1,419,211	_	_	1,419,211	1,419,211
Major Repairs	_	_	_	_	_	_	_
TOTAL ACQ. & MAJOR REPAIRS	\$1,188,055	_	\$1,419,211	_	_	\$1,419,211	\$1,419,211
TOTAL EXPENDITURES	\$1,643,479,634	\$1,137,776,693	\$(281,351,374)	—	_	\$856,425,319	\$(281,351,374)
Classified	1,221	1,218	_	(1)		1,217	(1)
Unclassified	14	14	_	_	_	14	_
TOTAL AUTHORIZED T.O. POSITIONS	1,235	1,232	_	(1)	_	1,231	(1)
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	_	_	_	_	_	_	_
TOTAL NON-T.O. FTE POSITIONS	105	105	_	—	_	105	—



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Addenda

Interagency Transfers

INTERAGENCY TRANSFERS

BR-19B (8/08)

INTERAGENCY AGREEMENT

Interagency Agreement Between <u>Department of Health and Hospitals-Office of Public Health (326)</u> and the <u>Department of Children and Family Services (#10-360)</u> (Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2023 - 2024, Department of Health and Hospitals-Office of Public Health (326) is budgeted to receive the following revenue \$32,000 (Agency Name and #)

from DCFS-Office of Children and Family Services (# 10-360) by Interagency Transfer for the following reason(s): (Agency Name and #)

The reason for the Interagency Agreement is: To provide vital record documents for the purpose of Child Welfare Adoption, Foster Care, and Family Services

10/10/2022 Recipievit Agency Fiscal Officer Date 9-29.LL Sending Agency Fiscal Officer Date

NOTE:

It is the Receiving Agency's responsibility to ensure the execution of this Agreement. Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I A.T. revenues and I.A.T. expense).

INTERAGENCY AGREEM	ENT BR-19B (08/18)
Interagency Agreement Between <u>Department of Health - Office of Public Health (#326)</u> and (Recipient Agency and #)	Department of Children and Family Services (#360) (Sending Agency and #)
For Fiscal Year 2023 - 2024, Department of Health - Office of Public Health (#326) Is budgeted to receive (Agency Name and #)	the following revenue
from Department of Children and Family Services (#360) by Interagency Transfer for the following reason (Agency Name and #)	i(s):
The reason for the interagency Agreement is : The Nurse Family Partnership (NFP) program consists of regular prenatal and inf of Intervention is on specific parental behavior and modifiable environmental conc and child overall health and well being.	\$2,877,075 fancy visits by nurses to eligible women in their home, the focus lititons that are associated with adverse outcomes in maternal
Recipient Agency Fiscel Officer Date 10/14/122	

Eiz MV 10. 18.22 Sending Agency Fiscal Officer Date

NOTE:

It is the Receiving Agency's responsibility to ensure the execution of this Agreement. Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T.

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	INTERAGENCY AGREEMENT	BR-19B (08/20)
Interagency Agreement Between LDH Office of Public Health (#326) and the (Recipient Agency and #)	 Department of Public Safety and Corrections (#400) (Sending Agency and #) 	

For Fiscal Year 2023 - 2024, LDH Office of Public Health (#326) is budgeted to receive the following revenue (Agency Name and #)

from the Department of Public Safety and Corrections (#400) by Interagency Transfer for the following reason(s): (Agency Name and #)

> The reason for the Interagency Agreement is : \$5,492 This funding will provide testing of water systems at various safety facilities and correctional facilities statewide.

10/14/22 Un Date

Recipient Agency Fiscal Officer

abin 10-17-22 Date Sending Agency Fiscal Officer

NOTE:

It is the Receiving Agency's responsibility to ensure the execution of this Agreement.

Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T.

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INTERAGENCY AGREEMENT	BR-19B (08/20)
Interagency Agreement Between LDH Office of Public Health (#326) and the Department of Culture, Recreation, and Tourism (#264) (Recipient Agency and #) (Sending Agency and #)	
For Fiscal Year 2023 - 2024, LDH Office of Public Health (#326) is budgeted to receive the following revenue (Agency Name and #)	
from the Department of Culture, Recreation, and Tourism (#264) by Interagency Transfer for the following reason(s): (Agency Name and #)	
The reason for the Interagency Agreement is : \$900 This funding will provide testing of water systems at various state parks.	
Recipient Agency Fiscal Officer Date <u>Augu Watkink</u> <u>10/18/2022</u> Sending Agency Fiscal Officer Date	
OTE	

NOTE: It is the Receiving Agency's responsibility to ensure the execution of this Agreement. Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

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INTERAGENCY AGREEMENT **BR-19B** (08/20) Interagency Agreement Between LDH Office of Public Health (#326) and the Department of Transportation and Development (#276) (Recipient Agency and #) (Sending Agency and #) For Fiscal Year 2023 - 2024, LDH Office of Public Health (#326) is budgeted to receive the following revenue (Agency Name and #) from the Department of Transportation and Development (#276) by Interagency Transfer for the following reason(s): (Agency Name and #) The reason for the interagency Agreement is : \$200 This funding will provide testing of water systems at various rest areas statewide.

in Date Recipient Agency Fiscal Officer

Sending Agency Fiscal Officer Date

NOTE:

It is the Receiving Agency's responsibility to ensure the execution of this Agreement.

Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T.

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INTERAGENCY AGREEMENT	BR-19B (08/18)
Interagency Agreement Between the Office of Public Health (#326) and LDH - Officeof Behavioral Health (#330) (Recipient Agency and #) (Sending Agency and #)	
For Fiscal Year 2023 - 2024, the Office of Public Health (#326) is budgeted to receive the following revenue (Agency Name and #)	
from LDH - Office of Behavioral Health (#330) by interagency Transfer for the following reason(s): (Agency Name and #)	
The reason for the Interagency Agreement is ; \$148,000 The purpose of this funding is to support the Tobacco Control statewide QUITLINE.	
Recipient Agency Fiscal Officer Lauri Hatlelid Sending Agency Fiscal Officer Date Date Date Date Date Date Date Date Date Date	I

NOTE:

It is the Receiving Agency's responsibility to ensure the execution of this Agreement. Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

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INTERAGENCY AGREEMENT

BR--198 (08/20)

Interagency Agreement Between LDH Office of Public Health (#326) and the Department of Education (#678) (Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2023 - 2024, LDH Office of Public Health (#326) is budgeted to receive the following revenue (Agency Name and #)

from the Department of Education (#678) by Interagency Transfer for the following reason(s): (Agency Name and #)

The reason for the Interagency Agreement is : This funding is to conduct summer feeding site inspections as part of it	\$245,000 ne USDA requirement.
Aunand 10/14/22	
Recipient Agency Fiscal Officer Date	

Recipient Agency Fiscal Officer

Corrica Laylor Sending Agency Fiscal Officer 10-17-23 Date

NOTE:

It is the Receiving Agency's responsibility to ensure the execution of this Agreement.

Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T.

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INTERAGENCY AGREEMENT

BR-19B (08/20)

Interagency Agreement Between LDH Office of Public Health (#326) and the Louisiana Department of Education (#678) (Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2023 - 2024, LDH Office of Public Health (#326) is budgeted to receive the following revenue (Agency Name and #)

from the Louisiana Department of Education (#678) by Interagency Transfer for the following reason(s): (Agency Name and #)

The reason for the Interagency Agreement is : \$110,000 To implement federal CDC grant activities to conduct school-based sureillance on youth risk behaviors and school health policies and practices.

Date

gency Fiscal Officer

10-17-22 an Date Sending Agency Fiscal Officer

NOTE:

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It is the Receiving Agency's responsibility to ensure the execution of this Agreement. Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

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	INTERAGEN	CY AGREEMENT		BR-19B (8/08)
Interagency Agreement Between	09-326 LDH Office of Public Health (Recipient Agency and #)	and	09-330 LDH Office of Behavioral He (Sending Agency and #)	ealth
For Fiscal Year 2023-2024	09-326 LDH Office of Public Health (Agency Name and #)	is budgete	d to receive the following revenue from	m
	09-330 LDH Office of Behavioral Health (Agency Name and #)	by Interage	ency Transfer for the following reason	(s):
The reaso	n for the Interagency Agreement is: The Office of Behavioral Health (OBH) must spend 5% (SAPT-ARPA) on early intervention services for HIV. (provide early intervention services for HIV at the sites a expended in FY2024.	OBH will partner with the Office	of Public Health STD/HIV/Henatitis P	Program (SHHP) to
	SAPT ARPA Total	\$269,127.00 \$269,127.00		
L				
	<u>alley A bions on 2171202</u> pipient Agency Fiscal Officer Date auri Hathelid 02.03.2022 roling Agency Fiscal Officer Date	2	OBH Expen Business Area Fund Cost Center Grant Grant Grant WBS GL Account Stat Internal Order	diture Coding 330 330000600 3301010411 U3300001,0925 U330000104.330 5620069 N/A

NOTE:

It is the Receiving Agency's responsibility to ensure the execution of this Agreement. Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

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INTERAGENCY AGREEMENT	BR-198 (08/18)
Interagency Agreement Between the Office of Public Health (#326) and LDH - Medical Vendor Administration (#305) (Recipient Agency and #) (Sending Agency and #)	
For Fiscal Year 2023 - 2024, the Office of Public Health (#326) is budgeted to receive the following revenue (Agency Name and #)	
from LDH Medical Vendor Administration (#305) by Interagency Transfer for the following reason(s): (Agency Name and #)	
The reason for the Interagency Agreement is : \$227,000 The purpose of Ih's funding is to support the Tobacco Control statewide QUITLINE.	

NOTE:

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It is the Receiving Agency's responsibility to ensure the execution of this Agreement. Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

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INTERAGENCY AGREEMENT	BR-19B (08/18)
Interagency Agreement Between the Office of Public Health (#326) and LDH - Medical Vendor Administration (#305) (Recipient Agency and #) (Sending Agency and #)	
For Fiscal Year 2023 - 2024, the Office of Public Health (#326) is budgeted to receive the following revenue (Agency Name and #)	
from LDH - Medical Vendor Administration (#305) by Interagency Transfer for the following reason(s): (Agency Name and #)	
The reason for the interagency Agreement is : \$608,673 The purpose of this funding is to enhance the current Immunization Information System (IIS) LINKS; design and develop training materia provider communications; provide LINKS users with technical assistance and support with any and all LINKS related issues.	als and
Alludari 9/30/22 Recipient Agency Fiscal Officer Date	
DeEdra Lamotte, FMO Section Chief Bureau of Health Services Finance Sending Agency Fiscal Officer Date 222.0500	
NOTE: It is the Receiving Agency's responsibility to ensure the execution of this Agreement	

Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

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INTERAGENCY	AGREEMENT
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BR-198 (08/18)

Interagency Agreement Between the Office of Public Health (#326) and LDH - Medical Vendor Administration (#305) (Recipient Agency and #) (Sending Agency and #)
For Fiscal Year 2023 - 2024, the Office of Public Health (#326) is budgeted to receive the following revenue (Agency Name and #)
from LDH - Medical Vendor Administration (#305) by Interagency Transfer for the following reason(s): (Agency Name and #)
The reason for the Interagency Agreement is : \$567,017 The purpose of this funding is for Advanced Planning Document (APD) and Health Information Technology (HIT) Implementation.
Mutual 9/3/32 Recipient Agency Fiscal Officer Date DeEdra Lamotte, FMO Section Chief Digitally signed by DeEdra Lamoto, FMO Section Bureau of Health Services Finance Bureau of Health Services Finance Determine Agency Fiscal Officer Date
NOTE: It is the Receiving Agency's responsibility to ensure the execution of this Agreement. Both Agencies must submit coples of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

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INTERAGENCY AGREEMENT

BR-198 (08/20)

Interagency Agreement Between LDH Office of Public Health (#326) and LDH Office of the Secretary (#307) (Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2023 - 2024, LDH Office of Public Health (#326) is budgeted to receive the following revenue (Agency Name and #)

from LDH Office of the Secretary (#307) by Interagency Transfer for the following reason(s): (Agency Name and #)

> The reason for the Interagency Agreement is : \$240,000 To factilitate the accomplishment of Hospital Preparedness Program (HPP) Grant Objectives. The objective is to establish systems that, at a minimum, can provide triage, treatement and initial stabilization, so as to 1) support Alternate Care Sites (AcS) with wrap-around serices/equipment and or 2) decompress the demand upon hospital emergency departments and/ or 3) create surge capacity for chronic care needs so as to prevent demand upon hospital emergency departments.

10/14/22 Recipient Agency Fiscal Officer Date

Date

Sending Agency Fiscal Officer

NOTE:

It is the Receiving Agency's responsibility to ensure the execution of this Agreement.

Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T.

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INTERAGENCY AGREEMENT	BR-198 (08/18)
Interagency Agreement Between <u>Department of Health - Office of Public Health (#326)</u> and [Recipient Agency and #)	Department of Health - Medical Vendor Payments (#306) (Sending Agency and #)
For Fiscal Year 2023 - 2024, Department of Health - Office of Public Health (#326) is budgeted to receive the following reven (Agency Name and #)	ue
from Department of Health - Medical Vendor Payments (#306) by Interagency Transfer for the following reason(s): (Agency Name and #)	
The reason for the Interagency Agreement is : Medicaid Billings for the following programs: Children's Special Health Services: \$10,600 Family Planning: \$178,190 Genetic Diseases: \$10,000 Bureau of Chronic Disease and Healthcare Access: \$227,000 Tuberculosis Control: \$3,000	\$428,690
Recipient Agency Fiscal Officer Date	
Sending Agency Fiscal Officer Date	

NOTE:

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INTERAGENCY AGREEMENT	BR-19B (08/20)
Interagency Agreement Between LDH Office of Public Health (#326) and Governor's Office of Homeland Security an (Recipient Agency and #) (Sending Agency and #)	d Emergency Preparedness (#111)
For Fiscal Year 2023 - 2024, LDH Office of Public Health (#326) is budgeted to receive the following revenue (Agency Name and #)	
from Governor's Office of Homeland Security and Emergency Preparedness (#111) by Interagency Transfer for the fo (Agency Name and #)	ollowing reason(s):
The reason for the Interagency Agreement is : FEMA reimbursements to the Office of Public Health for expenditures in response to the COM Multiple Agency Fiscal Officer Date	\$79,986,700 VID-19 pandemic.

Sending Agency Fiscal Officer

NOTE: It is the Receiving Agency's responsibility to ensure the execution of this Agreement. Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T.

Date

Page

	INTER	RAGENCY TRANSFER AGREEMENT	BR-198 (08/20)
Interagency Agreement Between For Fiscal Year <u>2023-2024 ,</u>	LDH - OFFICE OF THE SECREARY (#09-307) (Recipient Agency and #) LDH - OFFICE OF THE SECREARY (09-307)	(Sending Agency and #)	
from <u>Louislana Department of Pr</u> (Agency Name an	(Agency Name and #)		
This IA LDH B Servic Orders	n for the Interagency Agreement is: T Agreement is to provide funding for an Atto ureau of Legal Services, dedicated to the Offic ss, and Bureau of Engineering Services, for leg , Compliance Orders and Penalties, and the en se Bureaus,	e of Public Health , Bureau of Sanifarian	
Recipient A	a Matherne gency Fiscal Officer (Print) Ry A. Dromgoole ancy Fiscal Officer (Print)	Paula Matherne Recipient Agency Fiscal Officer (Signature) Abley A Jame or Le Sendirg Agency Fischer Officer (Signature)	9/29/2022 Date 10/10/2022 Date

NO

It is the Receiving Agency's responsibility to ensure the execution of this Agreement. Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

Page 1 of 1

BR-19B (09/21)

INTERAGENCY AGREEMENT

Interagency Agreement Between LDH-Capital Area Human Services District LDH-Office of Public Health and (Recipient Agency and #) (Sending Agency and #) For Fiscal Year 2023-2024. LDH-Capital Area Human Services District is budgeted to receive the following revenue from (Agency Name and #) LDH-Office of Public Health by interagency Transfer for the following reason(s): (Agency Name and #) The reason for the Interagency Agreement is : To perform the functions of Case Management/Nurse Home Visiting for families at risk for low birth weight, poor health maintenance, child abuse and neglect in the seven parishes which comprise the Capital Area Human Services District. \$1,130,000 To perform the functions of Infant Mental Health in the seven parishes which comprise the Capital Area Human Services District. \$75,000 Total \$1,205,000 10/10-Recipient Agency Fiscal Officer Date Sending Agency Fiscal Officer Date

NOTE:

No Inc. It is the Receiving Agency's responsibility to ensure the execution of this Agreement. Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

:

			INTERAGENCY AGREEMENT		BR-19B (8/08)
Interagen	cy Agreement Betweer	n_Dept. of Culture, Recreation & Tou (Recipient Agency and	rism-Office of State Parks(06-264) #)	and	La. Dept. of Health-Office of Public Health (09-326) (Sending Agency and #)
For Fiscal	Year 2023 -2024,	Dept. of Culture, Recreation & Tou (Agency Name and #)	rism-Office of State Parks (06-264)	is budgete	ed to receive the following revenue
írom	La Dept. of Health-O	ffice of Public Health (09-326) and #)	by Interagency Transfer for the following	j reason(s):	
	La. Dept. of Health,	Office of Public Health Beach Mor	itoring Program sign maintenance ar	nd advisory po	sting for the following locations:
	1) Cypremort State P 2) Fontainebleau Stat		\$1,500 \$1,500		
	3) Grand Isle State P	ark #1	\$1,500		
	4) Grand Isle State P5) Grand Isle State P		\$1,500 \$1,500		
	6) Grand Isle State P	ark #4 -	\$1,500		
			\$9,000		
		Amer Watkins Recipient Bency Fjscal Officer	09/28/2022 Date		
	G	Sending Agency Fiscal Officer	_ 10/14/08		

NOTE:

It is the Receiving Agency's responsibility to ensure the execution of this Agreement.

Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

Page ____

SUNSET REVIEW

Department: 09A - Louisiana Department of Health Agency: OPH	STATE OF LOUISIANA Sunset Review		SUNSET1 Fiscal Year 2023 - 2024 Report Date: 10/27/22	
3262 - Public Health Services				
12011 - 326-Abortion Alternatives				
	Question and Narrative Response			
Activity: Provide the name and brief description.				
Abortion Alternatives -Printing materials (Making a Decision), informed consent forms, Direct	tory of Abortion Alternatives, and Website (including	video clips). Signage for clinics.		
Legal Citation & Year-Example: R.S. 99:1234(1999)				
ACT 282 of 2007 Session.				
If funded before, when & why was funding removed?				
This activity was never funded.				
Funding requested in prior years? Yes/No, Explain				
Yes. Funding has been requested since state fiscal year 2008.				
Estimated Cost by Means of Financing	First Year Cost	Second Year Cost		

STATE GENERAL FUND (Direct)	\$42,409	\$37,409
STATE GENERAL FUND BY:		
INTERAGENCY TRANSFERS	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0
FEDERAL FUNDS	\$0	\$0
TOTAL MEANS OF FINANCING	\$42,409	\$37,409

SUNSET1 - Page 1 of 7

Department: 09A - Louisiana Department of Health Agency: OPH	STATE OF LOUISIANA Sunset Review		SUNSE Fiscal Year 2023 - 20 Report Date: 10/27/
3262 - Public Health Services			
12012 - 326-Emergency Medical Services			
	Question and Narrative Response		
ctivity: Provide the name and brief description.			
mergency Medical Services -Access to Automated Defibrillators			
egal Citation & Year-Example: R.S. 99:1234(1999)			
CT 885 of 2004 Session.			
funded before, when & why was funding removed?			
his activity was never funded.			
unding requested in prior years? Yes/No, Explain			
es. Funding for the activity has been requested every year since 2005.			
Estimated Cost by Means of Financing	First Year Cost	Second Year Cost	
STATE GENERAL FUND (Direct)	\$211,817	\$209,317	
STATE GENERAL FUND BY:			
INTERAGENCY TRANSFERS	\$0	\$0	

\$0

\$0

\$0

\$211,817

\$0

\$0

\$0

\$209,317

SUNSET1 - Page 2 of 7

FEDERAL FUNDS

FEES & SELF-GENERATED

STATUTORY DEDICATIONS

TOTAL MEANS OF FINANCING

Department: 09A - Louisiana Department of Health Agency: OPH	SUNSET1 Fiscal Year 2023 - 2024 Report Date: 10/27/22		
3262 - Public Health Services			
12013 - 326-Food and Drug-State Hazarduous Aeroso			
	Question and Narrative Response		
Activity: Provide the name and brief description.			
Food and Drug - State Hazardous Aerosol Act . State Control of aerosol products, provi injuries.	de definition and regulations pertaining to aerosols, provide	e exemptions and variations, provide for warning	gs and reporting of aerosol related
Legal Citation & Year-Example: R.S. 99:1234(1999)			
RS 40:1057 - 1057.12 1975			
If funded before, when & why was funding removed?			
This activity has never been funded.			
Funding requested in prior years? Yes/No, Explain			
Yes. Funding for this activity has been requested every year since 1976.			
Estimated Cost by Means of Financing	First Year Cost	Second Year Cost	
STATE GENERAL FUND (Direct)	\$421,058	\$411,058	
STATE GENERAL FUND BY:			
INTERAGENCY TRANSFERS	\$0	\$0	
FEES & SELF-GENERATED	\$0	\$0	
STATUTORY DEDICATIONS	\$0	\$0	
FEDERAL FUNDS	\$0	\$0	
TOTAL MEANS OF FINANCING	\$421,058	\$411,058	

SUNSET1 - Page 3 of 7

Department: 09A - Louisiana Department of Health Agency: OPH	STATE OF LOUISIANA Sunset Review		SUNSET1 Fiscal Year 2023 - 202 Report Date: 10/27/22
3262 - Public Health Services			
12015 - 326-Indoor Air Quality			
	Question and Narrative Response		
Activity: Provide the name and brief description.			
Indoor Air Quality (IAQ) - Public school protection relative to ventilation, heating and air consultations and education materials and training to the general public and facility/home		tors that are conducive to mold growth and poor	IAQ. Provide public health
Legal Citation & Year-Example: R.S. 99:1234(1999)			
RS 40:4(10)			
If funded before, when & why was funding removed?			
This activity has never been funded.			
Funding requested in prior years? Yes/No, Explain Yes. Funding for this activity has been requested since fiscal year 2010.			
res. Funding for this activity has been requested since its all year 2010.			
Estimated Cost by Means of Financing	First Year Cost	Second Year Cost	
STATE GENERAL FUND (Direct)	\$998,317	\$998,317	
STATE GENERAL FUND BY:			
INTERAGENCY TRANSFERS	\$0	\$0	
FEES & SELF-GENERATED	\$0	\$0	
STATUTORY DEDICATIONS	\$0	\$0	
FEDERAL FUNDS	\$0	\$0	
TOTAL MEANS OF FINANCING	\$998,317	\$998,317	

SUNSET1 - Page 4 of 7

Department: 09A - Louisiana Department of Health Agency: OPH	STATE OF LOUISIANA Sunset Review		SUNSET1 Fiscal Year 2023 - 2024 Report Date: 10/27/22
3262 - Public Health Services			
12016 - 326-Engineering Services-Community Sewera			
	Question and Narrative Response		
Activity: Provide the name and brief description.			
Engineering Services/Community Sewage . Plan review and permitting of community sewer assistance to sewer operators and sewer design engineers.	projects/facilities. Program issues compliance orders for	or non-compliance and handles response to sew	erage complaints. Provides
Legal Citation & Year-Example: R.S. 99:1234(1999)			
State Authority: L.R.S. 36:258(B); 40:4.A(6),(7), 40:4.B; 40:4.11, 40:5(9)(20)(21); 40:1152-11 (Part XIII-Sewage Disposal) (per LR 28:1344, June 2002)	56 State Regulation: LAC Title 51, Parts XIII & amp; XIV	V LRS 48:385 (ACTS 1942, No. 4; amended by A	Acts 1977, No. 291); LAC-Title 51
If funded before, when & why was funding removed?			
This activity has never been funded.			
Funding requested in prior years? Yes/No, Explain			
Yes. Funding has been requested for this activity since state fiscal year 2003			
Estimated Cost by Means of Financing	First Year Cost	Second Year Cost	
STATE GENERAL FUND (Direct)	\$819,336	\$819,336	
STATE GENERAL FUND BY:			
INTERAGENCY TRANSFERS	\$0	\$0	
FEES & SELF-GENERATED	\$0	\$0	
STATUTORY DEDICATIONS	\$0	\$0	
FEDERAL FUNDS	\$0	\$0	
TOTAL MEANS OF FINANCING	\$819,336	\$819,336	

SUNSET1 - Page 5 of 7

Department: 09A - Louisiana Department of Health Agency: OPH	STATE OF LOUISIANA Sunset Review		SUNSET1 Fiscal Year 2023 - 2024 Report Date: 10/27/22
3262 - Public Health Services			
12017 - 326-Food and Drug-Water Treatment Devices.			
	Question and Narrative Response		
Activity: Provide the name and brief description.			
Food and Drug - Water Treatment Devices . Regulate water treatment device dealers; require	permits for dealers; prohibit false advertisement; dealer	s to post bond; establish advisory committee.	
Legal Citation & Year-Example: R.S. 99:1234(1999)			
RS 40:700 - 700.13			
If funded before, when & why was funding removed?			
This activity has never been funded.			
Funding requested in prior years? Yes/No, Explain			
Yes. Funding for this activity has been requested since state fiscal year 2006.			
Estimated Cost by Means of Financing	First Year Cost	Second Year Cost	
STATE GENERAL FUND (Direct)	\$421,058	\$411,058	
STATE GENERAL FUND BY:			
INTERAGENCY TRANSFERS	\$0	\$0	
FEES & SELF-GENERATED	\$0	\$0	
STATUTORY DEDICATIONS	\$0	\$0	
FEDERAL FUNDS	\$0	\$0	
TOTAL MEANS OF FINANCING	\$421,058	\$411,058	

SUNSET1 - Page 6 of 7

Department: 09A - Louisiana Department of Health Agency: OPH	STATE OF LOUISIANA Sunset Review		SUNSE Fiscal Year 2023 - 20 Report Date: 10/27/
3262 - Public Health Services			
12018 - 326-Recreational Water			
	Question and Narrative Response		
ctivity: Provide the name and brief description.			
Recreational Water - Sanitary surveys and monitoring of natural recreational waters of Louisian	a.		
egal Citation & Year-Example: R.S. 99:1234(1999)			
2S 40:4-5, 1976			
funded before, when & why was funding removed?			
his activity has never been funded.			
unding requested in prior years? Yes/No, Explain			
es. Funding for this activity has been requested since fiscal year 1977.			
Estimated Cost by Means of Financing	First Year Cost	Second Year Cost	
STATE GENERAL FUND (Direct)	\$1,552,983	\$1,552,983	
STATE GENERAL FUND BY:			
INTERAGENCY TRANSFERS	\$0	\$0	

\$0

\$0

\$0

\$1,552,983

\$0

\$0

\$0

\$1,552,983

SUNSET1 - Page 7 of 7

FEDERAL FUNDS

FEES & SELF-GENERATED

STATUTORY DEDICATIONS

TOTAL MEANS OF FINANCING

CHILDREN'S BUDGET

Department: 09A - Louisiana Department of Health

Agency: OPH

STATE OF LOUISIANA Childrens Budget Department Summary

CHILD - DS Fiscal Year 2023 - 2024 Report Date: 10/26/22

Service Number	Service Name	Agency Number	Agency Name	General Fund	ΙΑΤ	Self Generated	Stat Deds	Federal Funds	Total Funds	Positions
OPH02	Child Death Review	326	Office of Public Health	\$0	\$0	\$0	\$0	\$50,000	\$50,000	0
OPH03	Children's Special H	326	Office of Public Health	\$693,719	\$10,500	\$150,000	\$0	\$6,285,036	\$7,139,255	27
OPH04	Emergency Medical Se	326	Office of Public Health	\$0	\$0	\$0	\$0	\$130,000	\$130,000	0
OPH05	Genetics	326	Office of Public Health	\$5,071,131	\$10,000	\$3,900,000	\$0	\$780,000	\$9,761,131	33
OPH06	HIV/Perinatal & AIDS	326	Office of Public Health	\$0	\$0	\$0	\$0	\$2,633,242	\$2,633,242	1
OPH07	Immunization	326	Office of Public Health	\$2,999,939	\$693,657	\$1,004,061	\$0	\$3,780,643	\$8,478,300	54
OPH08	Lead Poisoning Preve	326	Office of Public Health	\$0	\$0	\$0	\$0	\$350,000	\$350,000	2
OPH09	Maternal and Child H	326	Office of Public Health	\$0	\$0	\$0	\$0	\$4,457,507	\$4,457,507	21
OPH10	Nurse Family Partner	326	Office of Public Health	\$2,600,000	\$2,877,075	\$0	\$0	\$16,920,536	\$22,397,611	44
OPH11	Nutrition Services	326	Office of Public Health	\$15,385	\$0	\$11,215	\$0	\$94,012,000	\$94,038,600	131
OPH12	School Based Health	326	Office of Public Health	\$0	\$0	\$0	\$6,321,260	\$316,437	\$6,637,697	3
OPH13	Smoking Cessation	326	Office of Public Health	\$0	\$147,550	\$0	\$325,000	\$1,045,704	\$1,518,254	4
OPH14	ELC Reopening School	326	Office of Public Health	\$0	\$0	\$0	\$0	\$8,200,000	\$8,200,000	1
			Total:	\$11,380,174	\$3,738,782	\$5,065,276	\$6,646,260	\$138,961,105	\$165,791,597	321

CHILD - DS - Page 1 of 1

Department: 09A - Louisiana Department of Healt Agency: OPH	h	STATE OF LOUISIA Childrens Budget by Department	NA		CHILD - DC Fiscal Year 2023 - 2024 Report Date: 10/26/22
Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$11,144,043	\$0	\$0	\$11,380,174	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$4,119,200	\$0	\$0	\$3,738,782	\$0
FEES & SELF-GENERATED	\$5,012,776	\$0	\$0	\$5,065,276	\$0
STATUTORY DEDICATIONS	\$6,646,260	\$0	\$0	\$6,646,260	\$0
FEDERAL FUNDS	\$177,709,693	(\$38,890,744)	\$0	\$138,961,105	\$0
TOTAL MEANS OF FINANCING	\$204,631,972	(\$38,890,744)	\$0	\$165,791,597	\$0
Salaries	\$21,597,809	(\$416,749)	\$0	\$21,296,110	\$0
Other Compensation	\$961,770	(\$19,050)	\$0	\$939,420	\$0
Related Benefits	\$13,231,842	(\$171,330)	\$0	\$13,326,607	\$0
TOTAL PERSONAL SERVICES	\$35,791,421	(\$607,129)	\$0	\$35,562,137	\$0
Travel	\$489,990	\$27,755	\$0	\$574,995	\$0
Operating Services	\$2,952,561	\$2,000	\$0	\$3,083,367	\$0
Supplies	\$3,984,840	\$85,670	\$0	\$4,376,734	\$0
TOTAL OPERATING EXPENSES	\$7,427,391	\$115,425	\$0	\$8,035,096	\$0
PROFESSIONAL SERVICES	\$24,524,835	(\$2,796,415)	\$0	\$25,769,494	\$0
Other Charges	\$125,978,799	(\$35,591,195)	\$0	\$85,674,864	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$10,909,526	(\$11,430)	\$0	\$10,750,006	\$0
TOTAL OTHER CHARGES	\$136,888,325	(\$35,602,625)	\$0	\$96,424,870	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0

CHILD - DC - Page 1 of 2

Department: 09A - Louisiana Department of Health Agency: OPH	1	STATE OF LOUISIA Childrens Budget by Department	ANA			
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0	
TOTAL EXPENDITURES	\$204,631,972	(\$38,890,744)	\$0	\$165,791,597	\$0	
Classified	48	(6)	0	319	0	
Unclassified	0	0	0	2	2	
TOTAL AUTHORIZED T.O. POSITIONS	48	(6)	0	321	2	
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0	
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0	
TOTAL POSITIONS	48	(6)	0	321	0	

CHILD - DC - Page 2 of 2

Department: 09A - Louisiana Department of Health

Agency: OPH

STATE OF LOUISIANA Childrens Budget Agency Summary

CHILD - AS Fiscal Year 2023 - 2024 Report Date: 10/26/22

326 - Office of Public Health

Service Number	Service Name	Program Number	Program Name	General Fund	ΙΑΤ	Self Generated	Stat Deds	Federal Funds	Total Funds	Positions
OPH02	Child Death Review	3262	Public Health Servic	\$0	\$0	\$0	\$0	\$50,000	\$50,000	0
OPH03	Children's Special H	3262	Public Health Servic	\$693,719	\$10,500	\$150,000	\$0	\$6,285,036	\$7,139,255	27
OPH04	Emergency Medical Se	3262	Public Health Servic	\$0	\$0	\$0	\$0	\$130,000	\$130,000	0
OPH05	Genetics	3262	Public Health Servic	\$5,071,131	\$10,000	\$3,900,000	\$0	\$780,000	\$9,761,131	33
OPH06	HIV/Perinatal & AIDS	3262	Public Health Servic	\$0	\$0	\$0	\$0	\$2,633,242	\$2,633,242	1
OPH07	Immunization	3262	Public Health Servic	\$2,999,939	\$693,657	\$1,004,061	\$0	\$3,780,643	\$8,478,300	54
OPH08	Lead Poisoning Preve	3262	Public Health Servic	\$0	\$0	\$0	\$0	\$350,000	\$350,000	2
OPH09	Maternal and Child H	3262	Public Health Servic	\$0	\$0	\$0	\$0	\$4,457,507	\$4,457,507	21
OPH10	Nurse Family Partner	3262	Public Health Servic	\$2,600,000	\$2,877,075	\$0	\$0	\$16,920,536	\$22,397,611	44
OPH11	Nutrition Services	3262	Public Health Servic	\$15,385	\$0	\$11,215	\$0	\$94,012,000	\$94,038,600	131
OPH12	School Based Health	3262	Public Health Servic	\$0	\$0	\$0	\$6,321,260	\$316,437	\$6,637,697	3
OPH13	Smoking Cessation	3262	Public Health Servic	\$0	\$147,550	\$0	\$325,000	\$1,045,704	\$1,518,254	4
OPH14	ELC Reopening School	3262	Public Health Servic	\$0	\$0	\$0	\$0	\$8,200,000	\$8,200,000	1
			Total:	\$11,380,174	\$3,738,782	\$5,065,276	\$6,646,260	\$138,961,105	\$165,791,597	321

CHILD - AS - Page 1 of 1

Department: 09A - Louisiana Department of HealthSTATE OF LOUISIANACHILD - ACAgency: OPHChildrens Budget
by AgencyFiscal Year 2023 - 2024
By AgencyFiscal Year 2023 - 2024
Report Date: 10/26/22

326 - Office of Public Health

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$11,144,043	\$0	\$0	\$11,380,174	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$4,119,200	\$0	\$0	\$3,738,782	\$0
FEES & SELF-GENERATED	\$5,012,776	\$0	\$0	\$5,065,276	\$0
STATUTORY DEDICATIONS	\$6,646,260	\$0	\$0	\$6,646,260	\$0
FEDERAL FUNDS	\$177,709,693	(\$38,890,744)	\$0	\$138,961,105	\$0
TOTAL MEANS OF FINANCING	\$204,631,972	(\$38,890,744)	\$0	\$165,791,597	\$0
Salaries	\$21,597,809	(\$416,749)	\$0	\$21,296,110	\$0
Other Compensation	\$961,770	(\$19,050)	\$0	\$939,420	\$0
Related Benefits	\$13,231,842	(\$171,330)	\$0	\$13,326,607	\$0
TOTAL PERSONAL SERVICES	\$35,791,421	(\$607,129)	\$0	\$35,562,137	\$0
Travel	\$489,990	\$27,755	\$0	\$574,995	\$0
Operating Services	\$2,952,561	\$2,000	\$0	\$3,083,367	\$0
Supplies	\$3,984,840	\$85,670	\$0	\$4,376,734	\$0
TOTAL OPERATING EXPENSES	\$7,427,391	\$115,425	\$0	\$8,035,096	\$0
PROFESSIONAL SERVICES	\$24,524,835	(\$2,796,415)	\$0	\$25,769,494	\$0
Other Charges	\$125,978,799	(\$35,591,195)	\$0	\$85,674,864	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$10,909,526	(\$11,430)	\$0	\$10,750,006	\$0
TOTAL OTHER CHARGES	\$136,888,325	(\$35,602,625)	\$0	\$96,424,870	\$0

CHILD - AC - Page 1 of 2

Department: 09A - Louisiana Department of Health Agency: OPH	n	STATE OF LOUISIA Childrens Budget by Agency	ANA		CHILD - AC Fiscal Year 2023 - 2024 Report Date: 10/26/22
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$204,631,972	(\$38,890,744)	\$0	\$165,791,597	\$0
Classified	48	(6)	0	319	0
Unclassified	0	0	0	2	2
TOTAL AUTHORIZED T.O. POSITIONS	48	(6)	0	321	2
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	48	(6)	0	321	0

CHILD - AC - Page 2 of 2

Departn	nent: 09A - Louisiana Department of Health	STATE OF LOUISIANA	CHILD1
Agency	: OPH	Childrens Budget	Fiscal Year 2023 - 2024
		by Agency/Program	Report Date: 10/26/22
		and Service	

326 - Office of Public Health

3262 - Public Health Services

OPH02 - Child Death Review

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$0	\$0	\$0	\$0	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$50,000	\$0	\$0	\$50,000	\$0
TOTAL MEANS OF FINANCING	\$50,000	\$0	\$0	\$50,000	\$0
Salaries	\$500	\$0	\$0	\$500	\$0
Other Compensation	\$50	(\$50)	\$0	\$0	\$0
Related Benefits	\$317	(\$17)	\$0	\$300	\$0
TOTAL PERSONAL SERVICES	\$867	(\$67)	\$0	\$800	\$0
Travel	\$0	\$0	\$0	\$0	\$0
Operating Services	\$500	\$0	\$0	\$500	\$0
Supplies	\$0	\$0	\$0	\$0	\$0
TOTAL OPERATING EXPENSES	\$500	\$0	\$0	\$500	\$0
PROFESSIONAL SERVICES	\$47,633	\$567	\$0	\$48,200	\$0
Other Charges	\$0	\$0	\$0	\$0	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0

CHILD1 - Page 1 of 19

Department: 09A - Louisiana Department of Health Agency: OPH	1	STATE OF LOUISIA Childrens Budget by Agency/Program and Service			CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Interagency Transfers	\$1,000	(\$500)	\$0	\$500	\$0
TOTAL OTHER CHARGES	\$1,000	(\$500)	\$0	\$500	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$50,000	\$0	\$0	\$50,000	\$0
Classified	0	0	0	0	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	0	0	0	0	0
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0

OPH03 - Children's Special H

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Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$843,719	\$0	\$0	\$693,719	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$10,500	\$0	\$0	\$10,500	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$150,000	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$6,285,034	\$0	\$0	\$6,285,036	\$0
TOTAL MEANS OF FINANCING	\$7,139,253	\$0	\$0	\$7,139,255	\$0
Salaries	\$1,653,000	\$0	\$0	\$1,803,300	\$0

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Department: 09A - Louisiana Department of Health Agency: OPH		STATE OF LOUISIANA Childrens Budget by Agency/Program and Service			CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Other Compensation	\$37,300	\$0	\$0	\$37,000	\$0
Related Benefits	\$1,210,953	\$0	\$0	\$1,102,962	\$0
TOTAL PERSONAL SERVICES	\$2,901,253	\$0	\$0	\$2,943,262	\$0
Travel	\$15,500	\$0	\$0	\$30,000	\$0
Operating Services	\$328,000	\$0	\$0	\$348,550	\$0
Supplies	\$27,050	\$0	\$0	\$90,865	\$0
TOTAL OPERATING EXPENSES	\$370,550	\$0	\$0	\$469,415	\$0
PROFESSIONAL SERVICES	\$2,570,388	\$0	\$0	\$2,550,312	\$0
Other Charges	\$1,098,562	\$0	\$0	\$977,766	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$198,500	\$0	\$0	\$198,500	\$0
TOTAL OTHER CHARGES	\$1,297,062	\$0	\$0	\$1,176,266	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$7,139,253	\$0	\$0	\$7,139,255	\$0
Classified	0	0	0	26	0
Unclassified	0	0	0	1	1
TOTAL AUTHORIZED T.O. POSITIONS	0	0	0	27	1
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	0	0	0	27	0

OPH04 - Emergency Medical Se

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Department: 09A - Louisiana Department of Healt Agency: OPH	h	STATE OF LOUISIA Childrens Budget by Agency/Program and Service	NA		CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$0	\$0	\$0	\$0	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$130,000	\$0	\$0	\$130,000	\$0
TOTAL MEANS OF FINANCING	\$130,000	\$0	\$0	\$130,000	\$0
Salaries	\$2,000	\$0	\$0	\$2,000	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$1,153	\$46	\$0	\$1,199	\$0
TOTAL PERSONAL SERVICES	\$3,153	\$46	\$0	\$3,199	\$0
Travel	\$200	(\$200)	\$0	\$0	\$0
Operating Services	\$500	\$200	\$0	\$700	\$0
Supplies	\$0	\$0	\$0	\$0	\$0
TOTAL OPERATING EXPENSES	\$700	\$0	\$0	\$700	\$0
PROFESSIONAL SERVICES	\$121,147	(\$46)	\$0	\$121,101	\$0
Other Charges	\$0	\$0	\$0	\$0	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$5,000	\$0	\$0	\$5,000	\$0
TOTAL OTHER CHARGES	\$5,000	\$0	\$0	\$5,000	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0

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Department: 09A - Louisiana Department of Health Agency: OPH		STATE OF LOUISIANA Childrens Budget by Agency/Program and Service		CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22	
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$130,000	\$0	\$0	\$130,000	\$0
Classified	0	0	0	0	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	0	0	0	0	0
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0

OPH05 - Genetics

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$4,685,000	\$0	\$0	\$5,071,131	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$10,000	\$0	\$0	\$10,000	\$0
FEES & SELF-GENERATED	\$3,900,000	\$0	\$0	\$3,900,000	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$780,000	\$0	\$0	\$780,000	\$0
TOTAL MEANS OF FINANCING	\$9,375,000	\$0	\$0	\$9,761,131	\$0
Salaries	\$2,250,000	\$0	\$0	\$2,250,000	\$0
Other Compensation	\$120,000	\$0	\$0	\$120,000	\$0
Related Benefits	\$1,366,331	\$0	\$0	\$1,420,432	\$0
TOTAL PERSONAL SERVICES	\$3,736,331	\$0	\$0	\$3,790,432	\$0
Travel	\$7,000	\$0	\$0	\$20,000	\$0

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Department: 09A - Louisiana Department of Health Agency: OPH		STATE OF LOUISIAN Childrens Budget by Agency/Program and Service	IA		CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Operating Services	\$700,000	\$0	\$0	\$700,000	\$0
Supplies	\$2,900,000	\$0	\$0	\$3,000,000	\$0
TOTAL OPERATING EXPENSES	\$3,607,000	\$0	\$0	\$3,720,000	\$0
PROFESSIONAL SERVICES	\$1,250,000	\$0	\$0	\$1,170,899	\$0
Other Charges	\$481,669	\$0	\$0	\$774,664	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$300,000	\$0	\$0	\$305,136	\$0
TOTAL OTHER CHARGES	\$781,669	\$0	\$0	\$1,079,800	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$9,375,000	\$0	\$0	\$9,761,131	\$0
Classified	0	0	0	33	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	0	0	0	33	0
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	0	0	0	33	0

OPH06 - HIV/Perinatal & AIDS

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$0	\$0	\$0	\$0	\$0
STATE GENERAL FUND BY:					

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Department: 09A - Louisiana Department of Health Agency: OPH		STATE OF LOUISIAN Childrens Budget by Agency/Program and Service	A		CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$2,638,178	(\$4,936)	\$0	\$2,633,242	\$0
TOTAL MEANS OF FINANCING	\$2,638,178	(\$4,936)	\$0	\$2,633,242	\$0
Salaries	\$87,300	(\$6,750)	\$0	\$80,550	\$0
Other Compensation	\$2,520	\$0	\$0	\$2,520	\$0
Related Benefits	\$51,782	(\$1,995)	\$0	\$49,787	\$0
TOTAL PERSONAL SERVICES	\$141,602	(\$8,745)	\$0	\$132,857	\$0
Travel	\$585	(\$45)	\$0	\$540	\$0
Operating Services	\$16,740	\$1,800	\$0	\$18,540	\$0
Supplies	\$48,510	\$5,670	\$0	\$54,180	\$0
TOTAL OPERATING EXPENSES	\$65,835	\$7,425	\$0	\$73,260	\$0
PROFESSIONAL SERVICES	\$63,000	\$317,921	\$0	\$380,921	\$0
Other Charges	\$2,352,936	(\$321,087)	\$0	\$2,031,849	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$14,805	(\$450)	\$0	\$14,355	\$0
TOTAL OTHER CHARGES	\$2,367,741	(\$321,537)	\$0	\$2,046,204	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$2,638,178	(\$4,936)	\$0	\$2,633,242	\$0
Classified	1	0	0	1	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	1	0	0	1	0

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Department: 09A - Louisiana Department of Health Agency: OPH		STATE OF LOUISIA Childrens Budget by Agency/Program and Service			CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	1	0	0	1	0

OPH07 - Immunization

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$2,999,939	\$0	\$0	\$2,999,939	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$1,074,075	\$0	\$0	\$693,657	\$0
FEES & SELF-GENERATED	\$1,004,061	\$0	\$0	\$1,004,061	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$3,780,643	\$0	\$0	\$3,780,643	\$0
TOTAL MEANS OF FINANCING	\$8,858,718	\$0	\$0	\$8,478,300	\$0
Salaries	\$3,643,000	\$0	\$0	\$3,643,000	\$0
Other Compensation	\$84,500	\$0	\$0	\$84,500	\$0
Related Benefits	\$2,148,945	\$0	\$0	\$2,234,034	\$0
TOTAL PERSONAL SERVICES	\$5,876,445	\$0	\$0	\$5,961,534	\$0
Travel	\$67,750	\$0	\$0	\$82,500	\$0
Operating Services	\$313,000	\$0	\$0	\$313,000	\$0
Supplies	\$36,550	\$0	\$0	\$95,550	\$0
TOTAL OPERATING EXPENSES	\$417,300	\$0	\$0	\$491,050	\$0
PROFESSIONAL SERVICES	\$1,019,826	\$0	\$0	\$898,024	\$0
Other Charges	\$1,185,896	\$0	\$0	\$768,441	\$0

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Department: 09A - Louisiana Department of Health Agency: OPH		STATE OF LOUISIANA Childrens Budget by Agency/Program and Service			CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$359,251	\$0	\$0	\$359,251	\$0
TOTAL OTHER CHARGES	\$1,545,147	\$0	\$0	\$1,127,692	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$8,858,718	\$0	\$0	\$8,478,300	\$0
Classified	0	0	0	53	0
Unclassified	0	0	0	1	1
TOTAL AUTHORIZED T.O. POSITIONS	0	0	0	54	1
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	0	0	0	54	0

OPH08 - Lead Poisoning Preve

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$0	\$0	\$0	\$0	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$350,000	\$0	\$0	\$350,000	\$0
TOTAL MEANS OF FINANCING	\$350,000	\$0	\$0	\$350,000	\$0

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Department: 09A - Louisiana Department of Health Agency: OPH		STATE OF LOUISIAN Childrens Budget by Agency/Program and Service	A		CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Salaries	\$165,000	\$0	\$0	\$165,000	\$0
Other Compensation	\$5,000	\$0	\$0	\$5,000	\$0
Related Benefits	\$98,007	\$3,881	\$0	\$101,888	\$0
TOTAL PERSONAL SERVICES	\$268,007	\$3,881	\$0	\$271,888	\$0
Travel	\$0	\$0	\$0	\$0	\$0
Operating Services	\$3,000	\$0	\$0	\$3,000	\$0
Supplies	\$0	\$0	\$0	\$0	\$0
TOTAL OPERATING EXPENSES	\$3,000	\$0	\$0	\$3,000	\$0
PROFESSIONAL SERVICES	\$63,993	(\$3,881)	\$0	\$60,112	\$0
Other Charges	\$0	\$0	\$0	\$0	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$15,000	\$0	\$0	\$15,000	\$0
TOTAL OTHER CHARGES	\$15,000	\$0	\$0	\$15,000	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$350,000	\$0	\$0	\$350,000	\$0
Classified	2	0	0	2	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	2	0	0	2	0
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	2	0	0	2	0

OPH09 - Maternal and Child H

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Department: 09A - Louisiana Department of Agency: OPH	Health	STATE OF LOUISIA Childrens Budget by Agency/Program and Service			CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$0	\$0	\$0	\$0	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$9,957,507	(\$5,500,000)	\$0	\$4,457,507	\$0
TOTAL MEANS OF FINANCING	\$9,957,507	(\$5,500,000)	\$0	\$4,457,507	\$0
Salaries	\$1,400,000	\$0	\$0	\$1,400,000	\$0
Other Compensation	\$120,000	\$0	\$0	\$120,000	\$0
Related Benefits	\$865,817	\$45,177	\$0	\$910,994	\$0
TOTAL PERSONAL SERVICES	\$2,385,817	\$45,177	\$0	\$2,430,994	\$0
Travel	\$5,000	\$10,000	\$0	\$15,000	\$0
Operating Services	\$150,000	\$0	\$0	\$150,000	\$0
Supplies	\$15,000	\$0	\$0	\$15,000	\$0
TOTAL OPERATING EXPENSES	\$170,000	\$10,000	\$0	\$180,000	\$0
PROFESSIONAL SERVICES	\$6,811,210	(\$5,344,697)	\$0	\$1,466,513	\$0
Other Charges	\$300,000	(\$200,000)	\$0	\$100,000	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$290,480	(\$10,480)	\$0	\$280,000	\$0
TOTAL OTHER CHARGES	\$590,480	(\$210,480)	\$0	\$380,000	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0

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Department: 09A - Louisiana Department of Health Agency: OPH		STATE OF LOUISIA Childrens Budget by Agency/Program and Service	by Agency/Program		CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$9,957,507	(\$5,500,000)	\$0	\$4,457,507	\$0
Classified	21	0	0	21	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	21	0	0	21	0
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	21	0	0	21	0

OPH10 - Nurse Family Partner

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$2,600,000	\$0	\$0	\$2,600,000	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$2,877,075	\$0	\$0	\$2,877,075	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$17,835,523	(\$914,987)	\$0	\$16,920,536	\$0
TOTAL MEANS OF FINANCING	\$23,312,598	(\$914,987)	\$0	\$22,397,611	\$0
Salaries	\$3,249,999	(\$299,999)	\$0	\$2,950,000	\$0
Other Compensation	\$85,000	\$0	\$0	\$85,000	\$0
Related Benefits	\$1,922,663	(\$145,103)	\$0	\$1,818,992	\$0
TOTAL PERSONAL SERVICES	\$5,257,662	(\$445,102)	\$0	\$4,853,992	\$0
Travel	\$42,000	\$18,000	\$0	\$75,000	\$0

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Department: 09A - Louisiana Department of Health Agency: OPH		STATE OF LOUISIAN Childrens Budget by Agency/Program and Service	NA		CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Operating Services	\$392,000	\$0	\$0	\$417,000	\$0
Supplies	\$36,000	\$80,000	\$0	\$116,000	\$0
TOTAL OPERATING EXPENSES	\$470,000	\$98,000	\$0	\$608,000	\$0
PROFESSIONAL SERVICES	\$7,975,942	\$2,233,721	\$0	\$14,962,260	\$0
Other Charges	\$8,528,994	(\$2,801,606)	\$0	\$934,791	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$1,080,000	\$0	\$0	\$1,038,568	\$0
TOTAL OTHER CHARGES	\$9,608,994	(\$2,801,606)	\$0	\$1,973,359	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$23,312,598	(\$914,987)	\$0	\$22,397,611	\$0
Classified	22	(5)	0	44	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	22	(5)	0	44	0
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	22	(5)	0	44	0

OPH11 - Nutrition Services

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$15,385	\$0	\$0	\$15,385	\$0
STATE GENERAL FUND BY:					

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Department: 09A - Louisiana Department of Health Agency: OPH		STATE OF LOUISIANA Childrens Budget by Agency/Program and Service			CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$11,215	\$0	\$0	\$11,215	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$93,473,187	\$0	\$0	\$94,012,000	\$0
TOTAL MEANS OF FINANCING	\$93,499,787	\$0	\$0	\$94,038,600	\$0
Salaries	\$8,512,760	\$0	\$0	\$8,493,760	\$0
Other Compensation	\$444,600	\$0	\$0	\$444,600	\$0
Related Benefits	\$5,164,017	\$0	\$0	\$5,357,102	\$0
TOTAL PERSONAL SERVICES	\$14,121,377	\$0	\$0	\$14,295,462	\$0
Travel	\$342,380	\$0	\$0	\$342,380	\$0
Operating Services	\$1,034,360	\$0	\$0	\$1,110,360	\$0
Supplies	\$916,680	\$0	\$0	\$1,000,089	\$0
TOTAL OPERATING EXPENSES	\$2,293,420	\$0	\$0	\$2,452,829	\$0
PROFESSIONAL SERVICES	\$3,116,000	\$0	\$0	\$3,116,000	\$0
Other Charges	\$71,950,810	\$0	\$0	\$72,275,923	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$2,018,180	\$0	\$0	\$1,898,386	\$0
TOTAL OTHER CHARGES	\$73,968,990	\$0	\$0	\$74,174,309	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$93,499,787	\$0	\$0	\$94,038,600	\$0
Classified	0	0	0	131	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	0	0	0	131	0

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Department: 09A - Louisiana Department of Health SAgency: OPH		STATE OF LOUISIA Childrens Budget by Agency/Program and Service			CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	0	0	0	131	0

OPH12 - School Based Health

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$0	\$0	\$0	\$0	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$6,321,260	\$0	\$0	\$6,321,260	\$0
FEDERAL FUNDS	\$316,437	\$0	\$0	\$316,437	\$0
TOTAL MEANS OF FINANCING	\$6,637,697	\$0	\$0	\$6,637,697	\$0
Salaries	\$195,000	\$0	\$0	\$195,000	\$0
Other Compensation	\$4,000	\$0	\$0	\$1,000	\$0
Related Benefits	\$114,726	\$0	\$0	\$117,470	\$0
TOTAL PERSONAL SERVICES	\$313,726	\$0	\$0	\$313,470	\$0
Travel	\$1,000	\$0	\$0	\$1,000	\$0
Operating Services	\$11,211	\$0	\$0	\$18,467	\$0
Supplies	\$500	\$0	\$0	\$500	\$0
TOTAL OPERATING EXPENSES	\$12,711	\$0	\$0	\$19,967	\$0
PROFESSIONAL SERVICES	\$57,000	\$0	\$0	\$42,000	\$0
Other Charges	\$0	\$0	\$0	\$0	\$0

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Department: 09A - Louisiana Department of Health Agency: OPH		STATE OF LOUISIAN Childrens Budget by Agency/Program and Service	A		CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$6,254,260	\$0	\$0	\$6,262,260	\$0
TOTAL OTHER CHARGES	\$6,254,260	\$0	\$0	\$6,262,260	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$6,637,697	\$0	\$0	\$6,637,697	\$0
Classified	0	0	0	3	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	0	0	0	3	0
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	0	0	0	3	0

OPH13 - Smoking Cessation

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$0	\$0	\$0	\$0	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$147,550	\$0	\$0	\$147,550	\$0
FEES & SELF-GENERATED	\$97,500	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$325,000	\$0	\$0	\$325,000	\$0
FEDERAL FUNDS	\$1,442,363	\$0	\$0	\$1,045,704	\$0
TOTAL MEANS OF FINANCING	\$2,012,413	\$0	\$0	\$1,518,254	\$0

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Department: 09A - Louisiana Department of Health Agency: OPH		STATE OF LOUISIAN Childrens Budget by Agency/Program and Service	A		CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Salaries	\$289,250	\$0	\$0	\$273,000	\$0
Other Compensation	\$33,800	\$0	\$0	\$33,800	\$0
Related Benefits	\$186,242	\$0	\$0	\$183,877	\$0
TOTAL PERSONAL SERVICES	\$509,292	\$0	\$0	\$490,677	\$0
Travel	\$3,575	\$0	\$0	\$3,575	\$0
Operating Services	\$3,250	\$0	\$0	\$3,250	\$0
Supplies	\$4,550	\$0	\$0	\$4,550	\$0
TOTAL OPERATING EXPENSES	\$11,375	\$0	\$0	\$11,375	\$0
PROFESSIONAL SERVICES	\$1,428,696	\$0	\$0	\$953,152	\$0
Other Charges	\$0	\$0	\$0	\$0	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$63,050	\$0	\$0	\$63,050	\$0
TOTAL OTHER CHARGES	\$63,050	\$0	\$0	\$63,050	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$2,012,413	\$0	\$0	\$1,518,254	\$0
Classified	0	0	0	4	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	0	0	0	4	0
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	0	0	0	4	0

OPH14 - ELC Reopening School

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Department: 09A - Louisiana Department of Health Agency: OPH		STATE OF LOUISIA Childrens Budget by Agency/Program and Service	NA		CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$0	\$0	\$0	\$0	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$40,670,821	(\$32,470,821)	\$0	\$8,200,000	\$0
TOTAL MEANS OF FINANCING	\$40,670,821	(\$32,470,821)	\$0	\$8,200,000	\$0
Salaries	\$150,000	(\$110,000)	\$0	\$40,000	\$0
Other Compensation	\$25,000	(\$19,000)	\$0	\$6,000	\$0
Related Benefits	\$100,889	(\$73,319)	\$0	\$27,570	\$0
TOTAL PERSONAL SERVICES	\$275,889	(\$202,319)	\$0	\$73,570	\$0
Travel	\$5,000	\$0	\$0	\$5,000	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0
TOTAL OPERATING EXPENSES	\$5,000	\$0	\$0	\$5,000	\$0
PROFESSIONAL SERVICES	\$0	\$0	\$0	\$0	\$0
Other Charges	\$40,079,932	(\$32,268,502)	\$0	\$7,811,430	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$310,000	\$0	\$0	\$310,000	\$0
TOTAL OTHER CHARGES	\$40,389,932	(\$32,268,502)	\$0	\$8,121,430	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0

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Department: 09A - Louisiana Department of Health Agency: OPH		STATE OF LOUISIA Childrens Budget by Agency/Program and Service			CHILD1 Fiscal Year 2023 - 2024 Report Date: 10/26/22
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$40,670,821	(\$32,470,821)	\$0	\$8,200,000	\$0
Classified	2	(1)	0	1	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	2	(1)	0	1	0
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	2	(1)	0	1	0

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Department: 09A - Agency: OPH	Louisiana Department of Health	STATE OF LOUISIANA Childrens Budget Narrative	Fiscal Year 2 Report Date
Form ID:	11016		
Form Description:	326 - Children's Budget Child Death Re		
Service:	OPH02 - Child Death Review		
		Question and Narrative Response	
Describe the service	:		
How does this fulfill	the program's mission?		
Who are the principa	I users?		
14/II	the former that a second second		
Who primarily benef	its from the service?		
Related objectives a	nd performance measures:		

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Department: 09A - Agency: OPH	Louisiana Department of Health	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22	
Form ID:	12936			
Form Description:	326 Children's Special Health Services			
Service:	OPH03 - Children's Special H			
		Question and Narrative Response		
Describe the service:				
	ES, IMPROVES AND ADMINISTERS SP	CURITY ACT, 42 U.S.C. 1396, AS AMENDED, PL97-35, MANDATES THAT CHILDREN WITH SPECIAL HEALTH CARE NEEDS AGES 0-21 ARE T PECIALIZED MEDICAL CARE PROGRAMS FOR ELIGIBLE CHILDREN WITH SEVERE/CHRONIC MEDICAL ILLNESSES OR DISABILITIES THAT		
How does this fulfill t	he program's mission?			
THIS SERVICE FULFI	LLS THE PROGRAM'S MISSION BY PR	ROVIDING AND ASSURING MEDICAL AND PARENT SUPPORT SERVICES TO LOUISIANA'S CHILDREN WITH SPECIAL HEALTH CARE NEED	S.	
Who are the principa	l users?			
ELIGIBLE CHILDREN	WITH SEVERE/CHRONIC MEDICAL ILL	LNESSES OR DISABILITIES THAT MAY HINDER NORMAL GROWTH AND DEVELOPMENT.		
Who primarily benefits from the service?				
		LNESSES OR DISABILITIES THAT MAY HINDER NORMAL GROWTH AND DEVELOPMENT.		
		LINESSES OR DISADILITIES THAT MAT HINDER NORMAL GROWTH AND DEVELOPMENT.		
Related objectives ar	nd performance measures:			

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Department: 09A - Louisiana Department of Health Agency: OPH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
	Question and Narrative Response	
REHABILITATIVE AND SUPPORT SYSTEM SERVICES.	I ITS CHILDREN'S SPECIAL HEALTH SERVICES ACTIVITY, WILL PROVIDE A CONTINI C.S.H.S. PLANS, COORDINATES, IMPROVES ACCESS AND ADMINISTERS COMMUN EVERE/CHRONIC CONDITIONS IN ORDER TO MAXIMIZE THEIR POTENTIAL OF ENJO	NITY BASED, CULTURALLY COMPETENT, FAMILY
NUMBER OF CHILDREN WITH CHRONIC ILLNESS OR DISABILITIES RECEIV		TING SERVICES Existing Continuation Requested % OF LA WHO ARE SCREENED FOR BIRTH

Department: 09A - Agency: OPH	Louisiana Department of Health	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Form ID:	12938		
Form Description:	326 Genetic Diseases		
Service:	OPH05 - Genetics		
		Question and Narrative Response	
Describe the service:			
PROVIDES SCREENI	NG, DIAGNOSIS, COUNSELING AND E	EDUCATIONAL SERVICES TO INDIVIDUALS WITH GENETIC DISORDERS AND THEIR FAMILIES.	
How does this fulfill t	he program's mission?		
		ROVIDING AND ASSURING ACCESS TO CLINICAL, PREVENTIVE AND EDUCATIONAL SERVICES TO LOUISIANA'S CHILDREN AND TO PROM LIC AND OTHER INHERITABLE CONDITIONS.	DTE REDUCED
Who are the principal	users?		
INDIVIDUALS WITH G	ENETIC DISORDERS AND THEIR FAM	/ILIES.	
Who primarily benefit	s from the service?		
INDIVIDUALS WITH G	ENETIC DISORDERS AND THEIR FAM	/ILIES.	
Related objectives an	d performance measures:		
CONGENITAL HYPOT PROVISION OF SCRE	HYROIDISM, BIOTINIDASE DEFICIEN ENING, DIAGNOSIS, SPECIALIZED M est PERCENT OF BABIES BORN IN 1,200 0 1,200 D TREATED	LTH SERVICES, THROUGH ITS GENETIC DISEASE ACTIVITIES, IS INTENDED TO PREVENT THE NEGATIVE EFFECTS OF CONDITIONS SUCCY, GALACTOSEMIA, SICKLE CELL DISEASE AND OTHER HERITABLE DISORDERS TESTED FOR ON THE NEWBORN SCREENING PANEL T EDICAL CARE AND EDUCATIONAL SERVICES. PERFORMANCE INDICATORS LA RECEIVING A NEWBORN SREENING 99% 0% 99% IDENTIFIED PATIENTS RECEIVING SPECIALIZE O PATIENT VISITS AT GENETICS CLINICS 600 0 600 NUMBER OF 165 0 165 WITH HERITABLE CONDITIONS PATIENTS DETECTED WITH SICKLE-CELL DISEASE	HROUGH THE Existing D GENETIC

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Department: 09A - Agency: OPH	Louisiana Department of Health	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Form ID:	12944		
Form Description:	326 Immunization		
Service:	OPH07 - Immunization		
		Question and Narrative Response	
Describe the service	:		
VACCINES AND SUP		IMUNIZATIONS TO AT LEAST 95% OF THE STATE'S CHILDREN BY THE TIME THEY ENTER KINDERGARTEN AND TO GIVE THE F	ES LEADERSHIP, FULL RANGE OF
Harris da e a Abia Gulfilla			
How does this fulfill	the program's mission?		
		' PROVIDING AND ASSURING CLINICAL, PREVENTIVE AND EDUCATIONAL SERVICES TO LOUISIANA'S CHILDREN TO PROMOTI ITIONS OF INFANCY AND CHILDHOOD, INFECTIOUS/COMMUNICABLE DISEASES, AND CHRONIC DISEASES.	E REDUCED MORBIDITY
Who are the principa	1.00002		
The principal users are	e eligible children in the State of Louisian	na.	
Who primarily benefi	ts from the service?		
· · ·			
Eligible children in the	State of Louisiana primarily benefit from	this service.	
Related objectives a	nd performance measures:		

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Department: 09A - Louisiana Department of Health Agency: OPH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
	Question and Narrative Response	
STATE'S CHILDREN BY STATE'S CHILDREN BY AGE THREE. PERFORMANCE IN CHILDREN FULLY IMMUNIZED BY AGE 3 vaccine series includes: ≥4 doses of DTaP, ≥3 doses of poliov	0% 70% Performance Standard 75% % of children 19 to 35 mos. of ag	E OF IMMUNIZATIONS TO 90 PERCENT OF THE uested PERCENT OF LOUISIANA e up to date for the combined (4:3:1:3*:3:1:4) es, depending on product type), ≥3 doses of

Question and Narrative Response

Describe the service:

LOUISIANA MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING (LA MIECHV) IS A NO-COST, VOLUNTARY PROGRAM THAT PROVIDES FAMILY SUPPORT AND COACHING TO IMPROVE THE HEALTH AND WELL-BEING OF PREGNANT WOMENT AND PARENTING FAMILIES WITH YOUNG CHILDREN LIVING IN AT-RISK COMMUNITIES ACROSS THE STATE. FAMILIES ARE PAIRED WITH REGISTERED NURSES OR PARENT EDUCATORS, WHO PROVIDE INDIVIDUALIZED EDUCATION, GUIDANCE AND REFERRALS TO SERVICES TO EMPOWER FAMILIES TO REACH THEIR GOALS. LA MIECHV IMPLEMENTS TWO EVIDENCE-BASED HOME VISITING MODELS, NURSE-FAMILY PARTNERSHIP (NFP) AND PARENTS AS TEACHERS (PAT). SERVICES INCLUDE HEALTH EDUCATION AND COACHIGN, SUPPORT TO BUILD POSITIVE PARENTING SKILLS AND CAREGIVING CONFIDENCE, DEVELOPING AND REACHING GOALS, LIKE RETURNING TO SCHOOL AND WORK AND CONNECTING FAMILIES TO SERVICES AND COMMUNITY RESOURCES. FEDERALLY FUNDED NURSE HOME VISITORS (NHVS) IMPLEMENTING NFP PROVIDES SERVICES AND SUPPORTS TO MEDICAID/TANF/SSI/WIC ELIGIBLE FIRST-TIME MOTHERS, BEFORE THEIR 29TH WEEK OF PREGNANCY, UNTIL THE CHILD'S SECOND BIRTHDAY. NHVS WORK WITH WOMEN TO IMPROVE THEIR PRENATAL HEALTH AND OUTCOMES OF PREGNANCY, IMPROVE THE CARE PROVIDED TO INFANT AND TODDLERS TO IMPROVE CHILDREN'S HEALTH AND DEVELOPMENT, REDUCE CHILD ABUSE AND NEGLECT, IMPROVE WOMEN'S PERSONAL DEVELOPMENT, WITH PARTICULAR ATTENTION TO THE PLANNING OF FUTURE PREGNANCIES, EDUCATIONAL ACHIEVEMENT AND PARTICIPATION IN THE WORKFORCE TO REDUCE USE OF WELFARE OR OTHER GOVERNMENT ASSISTANCE.

FEDERALLY FUNDED PARENT EDUCATORS (PEs) IMPLEMENTING PAT PROVIDE SERVICES TO PREGNANT AND PARENTING FAMILIES WITH YOUNG CHILDREN UNTIL THEIR CHILDREN ENTER KINDERGARTEN. PES WORK WITH FAMILIES TO PROMOTE POSITIVE PARENTING, REDUCE CHILD ABUSE AND NEGLECT, IMPROVE THE EARLY IDENTIFICATION AND INTERVENTION OF DEVELOPMENTAL DELAYS AND HEALTH PROBLEMS, AND INCREASE SCHOOL READINESS. ADDITIONALLY, LA MIECHV IS AUGMENTED BY OUTREACH SPECIALIST IN EACH REGION OF THE STATE. OUTREACH SPECIALISTS WORK WITHIN COMMUNITIES TO DEVELOP CONNECTIONS WITH ELIGIBLE FAMILIES, INCREASE PROGRAM VISIBILITY AND SUPPORT, AND BUILD COLLABORATIVE PARTNERSHIPS WITH PROVIDERS AND MATERNAL-CHILD AND FAMILY SERVING AGENCIES TO LINK FAMILIES WITH LA MIECHV SERVICES AND SUPPORTS.

How does this fulfill the program's mission?

THESE SERVICES FULFILL THE PROGRAM'S MISSION BY PROVIDING AND ASSURING ACCESS TO ESSENTIAL PREVENTIVE AND EDUCATIONAL SERVICES TO LOUISIANA'S FIRST-TIME, LOW- INCOME MOTHERS, IN THEIR HOMES DURING PREGNANCY, TO REDUCED MORBIDITY AND MORTALITY RESULTING FROM HIGH-RISK CONDITIONS OF INFANCY AND EARLY CHILDHOOD AND ACCIDENTAL AND UNINTENTIONAL INJURIES DURING INFANCY, TODDLERHOOD AND EARLY CHILDHOOD.

Who are the principal users?

PREGNANT WOMENT AND PARENTING FAMILIES WITH YOUNG CHILDREN LIVING IN AT-RISK COMMUNITIES ACROSS THE STATE.

Who primarily benefits from the service?

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Department: 09A - Louisiana Department of Health Agency: OPH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
PREGNANT WOMENT AND PARENTING FAMILIES WITH YOUNG CHILDRE	Question and Narrative Response EN LIVING IN AT-RISK COMMUNITIES ACROSS THE STATE.	
NFP IN REGIONS 2-9 OF THE STATE AND PAT IN REGIONS 1, 6, 7 AND 8.	DACHING PROFESSIONALS (HOME VISITORS) WILL PROVIDE EVIDENCE-BASED HOM Performance Indicators	E VISITING SERVICES TO FAMILIES IMPLEMETING Existing Continuation Requested Number

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Department: 09A - Louisiana Department of Health Agency: OPH		STATE OF LOUISIANA Childrens Budget	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
		Narrative	Report Bute. 10/20/22
Form ID:	12955		
Form Description:	3262 Tobacco		
Service:	OPH13 - Smoking Cessation		
		Question and Narrative Response	
Describe the service	:		
		AND HEALTHCARE ACCESS'S TOBACCO CESSATION AND PREVENTION PROGRAM WORKS TO PREVENT INITIATION, PROMOTE CESSAT ND IDENTIFY AND ELIMINATE TOBACCO-RELATED DISPARITIES IN LOUISIANA.	ON, PROTECT
How does this fulfill	the program's mission?		
THE PROGRAM IS C	OMPREHENSIVE AND IMPLEMENTS F	PROGRAMMATIC AND POLICY INITIATIVES TO INFLUENCE SOCIAL NORMS, SYSTEMS, AND NETWORKS.	
Who are the principa	l ucare?		
· · ·			
Principal users are Lo	uisiana youth.		
Who primarily benef	its from the service?		
Louisiana youth prima	rily benefit from this service.		
Deleted chiestives a	nd norfermance management		
-	nd performance measures:		
EVIDENCED-BASED	POLICIES AND PROGRAMS TO PREV	O CESSATION AND PREVENTION PROGRAM WILL CONTINUE TO PROVIDE EDUCATION TO STAKEHOLDERS AND DECISION MAKERS RECE 'ENT INITIATION OF TOBACCO USE. Performance Indicators Existing OBACCO USE AMONG YOUTH &It5% 0% &It5% LEGISLATORS OR LOCAL G 0 20 EDUCATED ON YOUTH PREVENTION EVIDENCED-BASED POLICIES AND PROGRAMS	

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Department: 09A - Agency: OPH	Louisiana Department of Health	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Form ID:	12971		
Form Description:	326 Nutrition Services for Children		
Service:	OPH11 - Nutrition Services		
		Question and Narrative Response	
Describe the service:			
Breastfeeding Peer Co postpartum women as overriding mission of N breastfeeding support, and breastfeeding prad authorized grocery sto maternal and child hea	burselor (BFPC) Program. The WIC Prog well as infants and children up to age fiv lutrition Services is to improve health ou and referrals to social and health servic ctices, develops partnerships that utilize	Iding the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); the Commodity Supplemental Food Program (CSFP); and the gram provides supplemental food, nutrition education, breastfeeding support, and health care referrals to low-income, nutritionally-at-risk, pregnant, breve. CSFP works to improve the health of low-income elderly persons at least 60 years of age by supplementing their diets with nutritious USDA Foods. Itcomes, reduce health disparities, and reduce hunger in Louisiana by coordinating efforts and providing access to supplemental foods, nutrition educat eves. Nutrition Services provides access to high quality supplemental food and nutrition education services, protects and promotes evidence-based nutrit new and existing referral systems, utilizes available data and resources to make effective and efficient programmatic decisions, partners with and moni ffort to improve access to healthy and culturally appropriate foods. Nutrition Services also partners with other public health programs in the Bureau of F Disease	astfeeding, and The on, on education tors WIC-
THIS SERVICE FULFI	LLS THE PROGRAM'S MISSION BY	coordinating efforts and providing access to supplemental foods, nutrition education, breastfeeding support, and referrals to social and health services.	
Who are the principa	l users?		
Principle users are Lou	uisiana women, infants, and children.		
Who primarily benefi	ts from the service?		
Louisiana women, infa	nts, and children benefit from this servic	ve.	
Related objectives ar	nd performance measures:		

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Department: 09A - Louisiana Department of Health Agency: OPH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
	Question and Narrative Response	
	0 95,000 Number of monthly CSFP participants served	status and prevent health problems in all population

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Department: 09A - Agency: OPH	Louisiana Department of Health	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Form ID:	12984		
Form Description:	326 School Based Health		
Service:	OPH12 - School Based Health		
		Question and Narrative Response	
Describe the service:			
		ERVICES AND 20 SPONSOR AGENCIES THAT OPERATE 57 SCHOOL-BASED HEALTH CENTERS STATEWIDE. THE CENTERS PROVIDE PH D THE HOST SCHOOL AND SCHOOLS IN CLOSE PROXIMITY TO THE HOST SCHOOL.	IYSICAL AND
How does this fulfill t	he program's mission?		
DIRECTION, FOR THE	E OPERATION OF HEALTH CENTERS REN AND ADOLESCENTS TO PROMOT	ACILITATING AND ENCOURAGING ESTABLISHMENT OF HEALTH CENTERS IN SCHOOLS BY PROVIDING INFORMATION, TECHNICAL ASS IN MIDDLE AND SECONDARY SCHOOLS. HEALTH CENTERS IN SCHOOLS PROVIDE PREVENTIVE, ACTUTE BEHAVIORAL HEALTH SERV TE REDUCED MORBIDITY AND MORTALITY RESULTING FROM HIGH-RISK CONDITIONS OF CHILDHOOD, INFECTIOUS/COMMUNICABLE I	ICES TO
Who are the principal	lusers?		
The principle users are	e children and adolescents in school.		
Who primarily benefit	ts from the service?		
children and adolescer	nts in school primarily benefit from this se	ervice.	
Related objectives an	nd performance measures:		
		Existing Continuation Requested NUMBER OF ADOLESCENT SCHOOL-BASED HEALTH 0 57 NUMBER OF PATIENT VISITS IN ADOLESCENT SCHOOL-	7 SCHOOL-BASED RMANCE

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Department: 09A - Louisiana Department of Health Agency: OPH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
	Question and Narrative Response	

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Agency: OPH	Louisiana Department of Health	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Form ID:	13154		
Form Description:	326 - Emergency Medical Services for		
Service:	OPH04 - Emergency Medical Se		
		Question and Narrative Response	
Describe the service	:		
Emergency Medical S children in the state.	ervices for Children (EMS-C) is a public h	ealth initiative that provides education and equipment to emergency departments and EMS providers statewide in order to enhance the quality of ca	e provided to all
How does this fulfill	the program's mission?		
		nd mortality related to acute illness or injury by through promotion of state-of-the-art emergency medical care, integration of pediatric services into th IS agencies in providing high quality trauma care for children .	e emergency
Who are the principa	l users?		
The principal users ar	e all children in Louisiana.		
Who primarily benef	ts from the service?		
All children in Louisian	a primarily benefit from this service.		
Polated objectives a	nd performance measures:		
Related objectives a	lu performance measures.		
professionals and em hospitals and EMS ag CERTIFICATION OF PARAMEDICS IN EM		THE PEDIATRIC PATIENT 200 0 200 CERTIFIC PATIENT 200 0 200 DEVELOP AND DISSEMINAT	are; AND Assist ested ATION OF

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Department: 09A - Agency: OPH	Louisiana Department of Health	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Form ID:	13158		
Form Description:	326 - Child Death Review		
Service:	OPH02 - Child Death Review		
		Question and Narrative Response	
Describe the service	:		
DEATHS OF CHILDR	EN UNDER THE AGE OF SEVEN (7)	A MULTI DISCIPLINARY GROUP OF PROFESSIONALS THAT WAS ESTABLISHED IN 1992 BY THE LOUISIANA LEGISLATURE TO REVIEW ALI YEARS, INCLUDING ALL SUDDEN UNEXPECTED INFANT DEATHS (SUID). IN THE 1999 REGULAR SESSION OF THE LEGISLATURE, THE A INCLUDE ALL DEATHS OF CHILDREN AGE FOURTEEN (14) YEARS AND BELOW BEGINNING ON AUGUST 15, 1999.	
How does this fulfill	the program's mission?		
	ILLS THE PROGRAM'S MISSION BY P ANCY AND CHILDHOOD	ROVIDING SURVEILLANCE, PREVENTIVE AND EDUCATIONAL SERVICES TO PROMOTE REDUCED MORBIDITY AND MORTALITY FROM HIG	GH-RISK
Who are the principa	l users?		
THE PRINCIPAL USE	RS ARE LOUISIANA INFANTS AND CH	ILDREN.	
Who primarily benef	its from the service?		
LOUISIANA INFANTS	AND CHILDREN PRIMARILY BENEFIT	FROM THIS SERVICE.	
Deleted objectives a			
Related objectives a	nd performance measures:		
	AL REPORT. ADDITIONALLY, THE PAN	THROUGH THE ACTIVITIES OF THE CHILD DEATH REVIEW PANEL, WILL COLLECT, REVIEW AND ANALYZE ALL DEATH INVESTIGATIVE RE IEL WILL DEVELOP RECOMMENDATIONS CONCERNING THE METHODS TO DECREASE UNEXPECTED CHILD DEATHS. PERFORMAT Existing Continuation Requested LOUISIANA CHILD DEATH RATE, AGES 1 THROUGH .6 20.0/100,000 LOUISIANA SUDDEN UNEXPECTED INFANT DEATH RATE* *1.5/1,000 -0	
1.3/1,000 *201	8-2020 rate – Source Louisiana Vital Re	cords	

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Department: 09A - Agency: OPH	Louisiana Department of Health	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Form ID:	13161		
Form Description:	326 - Lead Poisoning Prevention		
Service:	OPH08 - Lead Poisoning Preve		
		Question and Narrative Response	
Describe the service:			
		MMUNITIES AND PROVIDE OPPORTUNITIES FOR COMMUNITIES, RESEARCHERS AND DECISION MAKERS TO COLLABORATE ON PROC IPROVE HEALTH, HOUSING, EDUCATION AND QUALITY OF LIFE.	GRAMS THAT WILL
How does this fulfill t	he program's mission?		
	LLS THE PROGRAM 'S MISSION BY IGH-RISK CONDITIONS OF INFANCY	PROVIDING AND ASSURING PREVENTIVE AND EDUCATIONAL SERVICES TO LOUISIANA 'S CHILDREN TO REDUCE MORBIDITY AND I AND CHILDHOOD.	MORTALITY
Who are the principa	users?		
THE PRINCIPAL USE	RS ARE ALL LOUISIANA INFANTS AN	D CHILDREN.	
Who primarily benefi	ts from the service?		
ALL LOUISIANA INFA	NTS AND CHILDREN BENEFIT FROM	THIS SERVICE.	
Related objectives ar	d performance measures:		
LEASD POISONONG LEAD. PERFORM CHILDHOOD LEAD PO PROVIDERS ANI	AND TARGET EFFORTS AND RESOU ANCE INDICATORS DISONING CASES, CLASS IIB AND AE D CITY OF NEW ORLEANS HEALTH C DVIDED FOLLOW-UP SERVICES		HE SOURCE OF GATIONS OF ALL CARE .EVATED BLOOD-

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Question and Narrative Response

Describe the service:

SECTION 9101 OF THE AMERICAN RESCUE PLAN ACT OF 2021 (P.L. 117-2) (ARP), ADDED SECTION 511A OF THE SOCIAL SECURITY ACT AND APPROPRIATED \$150,000,000 TO SUPPORT MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING (MIECHV) PROGRAM RECIPIENTS' RESPONSE TO THE COVID-19 PUBLIC HEALTH EMERGENCY. HRSA ISSUED \$40 MILLION IN ARP AWARDS TO 56 CURRENT MIECHV RECIPIENTS TO ADDRESS THE NEEDS OF EXPECTANT PARENTS AND FAMILIES WITH YOUNG CHILDREN DURING THE COVID-19 PUBLIC HEALTH EMERGENCY. THIS AWARD PROVIDES FLEXIBILITY IN HOW RECIPIENTS MAY USE THE FUNDING TO RESPOND TO COVID-19 AS NEEDS EVOLVE.

How does this fulfill the program's mission?

THIS SUPPORTS THE PROGRAM'S MISSION TO PROMOTE OPITIMAL HEALTH FOR ALL LOUISIANA WOMEN, INFANTS, CHILDREN, TEENS AND FAMILIES THROUGH PROVISON OF RELIABLE DATA TO MONITOR HEALTH AND WELL-BEING, GUIDE PROGRAMS, AND INFORM PUBLIC POLICY.

Who are the principal users?

THE PRINCIPAL USERS ARE ALL LOUISIANA WOMEN, INFANTS, CHILDREN, TEENS AND FAMILIES.

Who primarily benefits from the service?

LOUISIANA WOMEN, INFANTS, CHILDREN, TEENS AND FAMILIES PRIMARILY BENEFIT FROM THIS SERVICE.

Related objectives and performance measures:

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Department: 09A - Louisiana Department of Health	στατ	E OF LOUISIANA				CHILD2
	•	nildrens Budget				Fiscal Year 2023 - 2024
Agency: OPH		Narrative				Report Date: 10/26/22
		Narrauve				·
	Quest	tion and Narrative Response				
IN FISCAL YEAR 2023-2024, PUBLIC HEALTH SERVICES, THROUGH ITS MATI			, , ,			
FAMILIES PARTICIPATING IN THE MIECHV PROGRAM FOR THE PURPOSE O FAMILIES FLEXIBLE FUNDS WITH WHICH TO MEET THEIR NEEDS ACROSS A						
MASKS AND OTHER PERSONAL PROTECTIVE EQUIPMENT, HAND SANITIZE						
INCLUDING CELL PHONES, DATA AND PHONE PLANS, CHARGERS, AND HEA	· · ·					
AMOUNT OF \$180 EACH WILL BE DISTRIBUTED TO FAMILIES ACROSS TEAM						
COVID-19 RELIEF EFFORTS BY AIMING TO REDUCE STAFF BURNOUT AND T	URN OVER IN BUILDING	THE CAPACITY OF SUPERVISORY	STAFF TO MORE EFFE	CTIVELY SUPPOR	T STAFF WHICH	TRANSLATE IN
TURN INTO SUPPORTING OVERALL PROGRAMMATIC SERVICES FOR FAMIL	IES WILL ALSO BE PRO\	/IDED. PERFORMANCE INE				
Existing Continuation Requested GROCERY CARDS			2,523	0 2	2,523 STAFF	
TRAININGS	4	0 4				

Department: 09A -	Louisiana Department of Health	STATE OF LOUISIANA	CHILD2
Agency: OPH		Childrens Budget	Fiscal Year 2023 - 2024
		Narrative	Report Date: 10/26/22
Form ID:	13178		
Form Description:	326 - Maternal and Child Health		
Service:	OPH09 - Maternal and Child H		
		Question and Narrative Response	
Describe the service	:		
MONITOR HEALTH A OPTIMAL HEALTH AI	ND WELL-BEING, GUIDE PROGRAMS ND WELL-BEING; POLICY AND EDUCA	IOTE OPITIMAL HEALTH FOR ALL LOUISIANA WOMEN, INFANTS, CHILDREN, TEENS AND FAMILIES THROUGH PROVISON OF RELIABLE DA 5, AND INFORM PUBLIC POLICY; PREVENTIVE AND EDUCATIONAL SERVICES THAT ARE GROUNDED IN BEST PRACTICES AND EVIDENCE ATIONAL INITIATIVES TO IMPROVE ACCESS TO MEDICAL, BEHAVIORAL HEALTH AND SUPPORTIVE SERVICES, AND TO IMPROVE COMMU ID ACADEMIA TO ADVANCE COMMON GOALS.	TO PROMOTE
How does this fulfill	the program's mission?		
THIS FILLS THE PRO	GRAM'S MISSION BY PROMOTING T	HE PHYSICAL AND MENTAL HEALTH , SAFETY, AND WELL BEING ANY PREGNANAT WOMEN, INFANT, OR CHILD.	
Who are the principa	l users?		
THE PRINCIPAL USE	RS ARE PREGNANT WOMEN, INFANT	TS, AND CHILDREN.	
Who primarily benef	ts from the service?		
PREGNANT WOMEN	, INFANTS, AND CHILDREN PRIMARIL	Y BENEFIT FROM THIS SERVICE.	
Related objectives a	nd performance measures:		
IN FISCAL YEAR 202	3-2024 PUBLIC HEALTH SERVICES T	THROUGH ITS MATERNAL AND CHILD HEALTH ACTIVITIES, WILL MOVE TOWARD THE REDUCTION OF THE INFANT MORTALITY RATE AND DE ACCESS TO PREVENTIVE HEALTH SERVICES FOR LOW-INCOME AND UNINSURED FAMILIES. PERFORMANCE	

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Department: 09A - Louisiana Department of Health Agency: OPH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
	Question and Narrative Response	

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Question and Narrative Response

Describe the service:

LOUISIANA MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING (LA MIECHV) IS A NO-COST, VOLUNTARY PROGRAM THAT PROVIDES FAMILY SUPPORT AND COACHING TO IMPROVE THE HEALTH AND WELL-BEING OF PREGNANT WOMENT AND PARENTING FAMILIES WITH YOUNG CHILDREN LIVING IN AT-RISK COMMUNITIES ACROSS THE STATE. FAMILIES ARE PAIRED WITH REGISTERED NURSES OR PARENT EDUCATORS, WHO PROVIDE INDIVIDUALIZED EDUCATION, GUIDANCE AND REFERRALS TO SERVICES TO EMPOWER FAMILIES TO REACH THEIR GOALS. LA MIECHV IMPLEMENTS TWO EVIDENCE-BASED HOME VISITING MODELS, NURSE-FAMILY PARTNERSHIP (NFP) AND PARENTS AS TEACHERS (PA1). SERVICES INCLUDE HEALTH EDUCATION AND COACHING, SUIDANCE AND PARENTS AS TEACHERS (PA1). SERVICES INCLUDE HEALTH EDUCATION AND COACHING, SUPPORT TO BUILD POSITIVE PARENTING SKILLS AND CAREGIVING CONFIDENCE, DEVELOPING AND REACHING GOALS, LIKE RETURNING TO SCHOOL AND WORK AND CONNECTING FAMILIES TO SERVICES AND COMMUNITY RESOURCES. FEDERALLY FUNDED NURSE HOME VISITORS (NHVS) IMPLEMENTING NFP PROVIDES SERVICES AND SUPPORTS TO MEDICAID/TANF/SSI/WIC ELIGIBLE FIRST-TIME MOTHERS, BEFORE THEIR 29TH WEEK OF PREGNANCY, UNTIL THE CHILD'S SECOND BIRTHDAY. NHVS WORK WITH WOMEN TO IMPROVE THEIR PRENATAL HEALTH AND OUTCOMES OF PREGNANCY, IMPROVE THE CARE PROVIDED TO INFANT AND TODDLERS TO IMPROVE CHILDREN'S HEALTH AND DEVELOPMENT, REDUCE CHILD ABUSE AND NEGLECT, IMPROVE WOMEN'S PERSONAL DEVELOPMENT, WITH PARTICULAR ATTENTION TO THE PLANNING OF FUTURE PREGNANCIES, EDUCATIONAL ACHIEVEMENT AND PARTICIPATION IN THE WORKFORCE TO REDUCE USE OF WELFARE OR OTHER GOVERNMENT ASSISTANCE.

FEDERALLY FUNDED PARENT EDUCATORS (PEs) IMPLEMENTING PAT PROVIDE SERVICES TO PREGNANT AND PARENTING FAMILIES WITH YOUNG CHILDREN UNTIL THEIR CHILDREN ENTER KINDERGARTEN. PES WORK WITH FAMILIES TO PROMOTE POSITIVE PARENTING, REDUCE CHILD ABUSE AND NEGLECT, IMPROVE THE EARLY IDENTIFICATION AND INTERVENTION OF DEVELOPMENTAL DELAYS AND HEALTH PROBLEMS, AND INCREASE SCHOOL READINESS. ADDITIONALLY, LA MIECHV IS AUGMENTED BY OUTREACH SPECIALIST IN EACH REGION OF THE STATE. OUTREACH SPECIALISTS WORK WITHIN COMMUNITIES TO DEVELOP CONNECTIONS WITH ELIGIBLE FAMILIES, INCREASE PROGRAM VISIBILITY AND SUPPORT, AND BUILD COLLABORATIVE PARTNERSHIPS WITH PROVIDERS AND MATERNAL-CHILD AND FAMILY SERVING AGENCIES TO LINK FAMILIES WITH LA MIECHV SERVICES AND SUPPORTS.

How does this fulfill the program's mission?

THESE SERVICES FULFILL THE PROGRAM'S MISSION BY PROVIDING AND ASSURING ACCESS TO ESSENTIAL PREVENTIVE AND EDUCATIONAL SERVICES TO LOUISIANA'S FIRST-TIME, LOW- INCOME MOTHERS, IN THEIR HOMES DURING PREGNANCY, TO REDUCED MORBIDITY AND MORTALITY RESULTING FROM HIGH-RISK CONDITIONS OF INFANCY AND EARLY CHILDHOOD AND ACCIDENTAL AND UNINTENTIONAL INJURIES DURING INFANCY, TODDLERHOOD AND EARLY CHILDHOOD.

Who are the principal users?

THE PRINCIPAL USERS ARE PREGNANT AND PARENTING FAMILIES WITH YOUNG CHILDREN.

Who primarily benefits from the service?

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Department: 09A - Louisiana Department of Health Agency: OPH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
	Question and Narrative Response	
PREGNANT AND PARENTING FAMILIES WITH YOUNG CHILDREN PRIMAI	RILY BENEFIT FROM THIS SERVICE.	
Related objectives and performance measures:		
OBJECTIVE 1: IN FISCAL YEAR 2023-2024, FAMILY SUPPORT AND CONFP IN REGIONS 2-9 OF THE STATE AND PAT IN REGIONS 1, 6, 7 AND 8. NUMBER OF COMPLETED HOME VISITS BY MIECHV FUNDED HOME VIS		HOME VISITING SERVICES TO FAMILIES IMPLEMETING Existing Continuation Requested

Department: 09A - Louisiana Department of Health Agency: OPH		STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
Form ID:	13192		
Form Description:	326 - HIV Perinatal Prevention and AIE		
Service:	OPH06 - HIV/Perinatal & AIDS		
		Question and Narrative Response	
Describe the servic	e:		
AND SEEK MEDICA	L CARE AND TREATMENT IF INFECTED	ON COUNSELING AND TESTING OF CHILDBEARING WOMEN IN ORDER THAT WOMEN WHO ARE HIV INFECTED BECO SPECIFICALLY, THE PROGRAM ATTEMPTS TO IDENTIFY PREGNANT WOMEN WHO ARE HIV INFECTED AND TO INC EDUCE THE RISK OR PERINATAL TRANSMISSION OF HIV TO THEIR NEWBORNS.	
How does this fulfil	I the program's mission?		
THIS SERVICE FUL	FILLS THE PROGRAM'S MISSION BY PR	OVIDING AND ASSURING ACCESS TO ESSENTIAL CLINICAL AND EDUCATIONAL SERVICES TO PREVENT HIV INFECT	ED NEWBORNS.
Who are the princip	al users?		
THE PRINCIPAL US	ERS ARE HIV INFECTED NEWBORNS.		
Who primarily bene	fits from the service?		
HIV INFECTED NEV	BORNS PRIMARILY BENEFIT FROM TH	IS SERVICE.	

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Department: 09A - Louisiana Department of Health Agency: OPH	STATE OF LOUISIANA Childrens Budget Narrative				(Fiscal Year 202 Report Date:
	Question and Narrative Response				
IN FISCAL YEAR 2023-2024, PUBLIC HEALTH SERVICES, THROUGH THE WOMEN OF CHIDBEARING AGE, CHILDREN, AND YOUTH WHO ARE COL ANTIRETROVIRAL THERAPY, INCLUDING ART PROPHYLAXIS AND PRO PROGRAM (ADAP). PERFORMANCE INDICATORS FOR WOMEN OF CHILDBEARING AGE AND INDIVIDUALS AGE 18 AND PERCENT OF HIV POSITIVE PREGNANT WOMEN RECEIVING APPROPRI 0 95% PERCENT OF NEWBORNS RECEIVIN INDIVIDUALS 18 AND UNDER RECEIVING MEDICATION THROUGH THE A 5	JNSELED AND TESTED FOR HIV, AND, INCREASE TO 95% THE I IVIDE A MINIMUM OF 5 INDIVIDUALS AGE 18 AND UNDER WITH Existing D UNDER ATE ANTIRETROVIRAL THERAPY IG APPROPRIATE ANTIRETROVIRAL THERAPY	NUMBER OF PREGNA ANTIRETROVIRAL TH	NT WOMEN WHO ERAPY THROUC Requested	O HAVE ACCES OH THE AIDS D HIV TESTIN	SS TO AND RECEIVE

Department: 09A	Louisiana Department of Health	STATE OF LOUISIANA	CHILD2
Agency: OPH		Childrens Budget	Fiscal Year 2023 - 2024
		Narrative	Report Date: 10/26/22
Form ID:	13366		
Form Description:	326 Epidemiology and Laboratory Cap		
Service:	OPH14 - ELC Reopening School		
		Our tier oud New tier Deserves	
		Question and Narrative Response	
Describe the service	:		
THE FEDERAL AWAI	RD PROJECT CK-19-1904 EPIDEMIOL	GY AND LABORATORY CAPACITY FOR PREVENTING AND CONTROL OF EMERGING INFECTIOUS DISEASES PROVIDES FUNDING FO	R COVID-19
		BE OFFERED TO ALL SCHOOLS IN LOUISIANA. WITH A TARGET TO BEGIN COMPREHENSIVE, WEEKLY TESTING OF ALL STUDENTS	
TEACHERS IN K-12 S	SCHOOLS. THIS ACTIVITY WILL PROVI	DE TWO PLANNING OPTIONS, ONE FOR A MORE INDEPENDENT SCHOOL ADMINISTERD PROGRAM USING POINT OF CARE TESTING	
OPTION FOR STATE	ASSISTED PROGRAMS WITH LABORA	ATORY VENDORS WHO WILL FACILIATE ALL ASPECTS OF TESTING FOR PARTICIPATING SCHOOLS.	
How does this fulfill	the program's mission?		
THIS SERVICE FUFI	LS THE PROGRAM MISSION BY PROV	VIDING SERVICES AND SUPPORT TO SCHOOL DISTRICTS AND SCHOOLS THAT WILL MITIGATE THE SPREAD OF COVID-19 AND WILL	KEEP SCHOOL
	ER SO THAT SCHOOLS STAY OPEN		
Who are the principa	Il users?		
THE PRINCIPAL USE	RS ARE STUDENTS, TEACHERS, AND	STAFF IN K-12 SCHOOLS.	
Who primarily benef	its from the service?		
STUDENTS, TEACHE	ERS, AND STAFF IN K-12 SCHOOLS PR	IMARILY BENEFIT FROM THIS SERVICE.	
Related objectives a	nd performance measures:		
IN FISCAL YEAR 202	3-2024, PUBLIC HEALTH SERVICES TH	IROUGH COVID-19 TESTING SERVICES, WILL STRIVE TO ACHIEVE A 20% PARTICPATION RATE AMONG SCHOOLS AND DISTRICT	S FOR ROUTINE
COVID-19 SCREENIN		Existing Continuation Requested TOTAL SCHOOL	DISTRICTS
REGISTERED IN TES	STING PROGRAM	12 0 12 TOTAL SCHOOLS REGISTERED IN	

 PROGRAM
 496
 0
 496
 TOTAL NUMBER OF COVID-19

 TESTS
 200,500
 0
 200,500
 TOTAL

PARTICIPANTS 36,500 0 36,500

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Department: 09A - Louisiana Department of Health Agency: OPH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2023 - 2024 Report Date: 10/26/22
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