# Agency Budget Request

**FISCAL YEAR 2027–2028**

Louisiana Department of Health

326 — Office of Public Health




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BUDGET REQUEST

Fiscal Year Ending June 30,2028

NAME OF DEPARTMENT / AGENCY: LDH/Office of Public Health

BUDGET UNIT: 09

SCHEDULE NUMBER: 09-326

TELEPHONE NUMBER: (225)342-9500

PHYSICAL ADDRESS: 628 North 4th Street
Baton Rouge Louisiana

ZIP CODE: 70808

WEB ADDRESS: www.ldh.la.gov

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

| | |
|---|---|
| **HEAD OF DEPARTMENT:** | **HEAD OF BUDGET UNIT:** Tonya Joiner (Oct 23, 2026 10:21:17 CDT) |
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# Operational Plan

# STATE OF LOUISIANA
## Operational Plan Form
## Department Goals

**DEPARTMENT NUMBER AND NAME: 09A - LDH**

**DEPARTMENT MISSION:**

The mission of the Louisiana Department of Health (LDH) is to protect and promote health and to ensure access to medical, preventative and rehabilitative services for all citizens of the State of Louisiana.

**DEPARTMENT GOALS:**

In order to fulfill the mission, the Louisiana Department of Health will:

I. Provide quality services

II. Protect and promote health practices

III. Develop and stimulate services by others

IV. Utilize available resources in the most effective manner

# STATE OF LOUISIANA
## Operational Plan Form
## Agency Goals

**AGENCY NUMBER AND NAME: 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 GOALS:**

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 STRATEGY FOR DEVELOPMENT 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, 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.

POLICY NUMBER: 104.2.

SUBJECT: LACTATION SUPPORT POLICY

It is the policy of LDH to provide support for lactating employees to ensure they have reasonable break time and a private space to express milk, including employees who telework, in accordance with the PUMP Act, FLSA, and applicable state and federal laws.

# STATE OF LOUISIANA
## Operational Plan Form
## Program Goals

**PROGRAM NUMBER AND NAME: 3262 - 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. §300aa-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, Hemophilia: RS 40:1299.5; LAC 48.V.7101, Childhood Lead Poisoning Prevention: RS 40:1299.21-29; LAC 51:IV.101-111), LAC Title 48:V.§ 7005; Newborn Heel Stick 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. 40:1231-1236., R.S. 40:1300.102-105; 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:**

# STATE OF LOUISIANA
## Operational Plan Form
## Program Goals

**PROGRAM NUMBER AND NAME: 3262 - Public Health Services**

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 GOALS:**

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, Child and Family Health

Maternal, Child and Family Health: Maternal, child and family health is one of the Foundational Areas in the national Public Health System framework. In Louisiana, the Bureau of Family Health within the Office of Public Health, has the primary responsibility for carrying out the assessment, policy development, and assurance of the public health functions for this foundational area. The Bureau administers the state's Title V Maternal and Child Health Block grant; the state's Perinatal Quality award; the Maternal, Infant and Early Childhood Home Visiting awards; perinatal and pediatric mental health access grants; newborn genetic and hearing screening systems; children's special health care services; support to advance access to adolescent school-based health services; violent prevention and trauma and resiliency programming; the Louisiana Commission for the Deaf and multiple programs, projects and initiatives designed to monitor and improve reproductive health and birth outcomes and the health of babies, children, teens adults and individuals with special health care needs. Programming also includes epidemiology, complex health analytics and support to boards, councils and commissions.

Immunization

The Immunization Program is a public health prevention program designed to prevent disease, disability, and death in children and adults through vaccination. This is accomplished by the application of appropriate vaccines and epidemiologic control measures, surveillance, conducting assessments, identification and immunization of clusters of under immunized children, enforcement of immunization laws, promotion of immunizations of persons of all ages, assurance of systematic immunization of susceptible children, adolescents, and adults in organized settings, community outreach/collaboration, and management of vaccines.

Infectious Diseases

STD/HIV/Hepatitis Program consists of several initiatives and services designed to prevent sexually transmitted diseases, HIV, and Hepatitis. The program ensures the availability of

# STATE OF LOUISIANA
## Operational Plan Form
## Program Goals

**PROGRAM NUMBER AND NAME: 3262 - Public Health Services**

Hepatitis prevention, to monitor disease trends, and to offer client-centered services via prevention, care and treatment services, surveillance and evaluation. The Tuberculosis Control Program prevents and controls tuberculosis through identification of cases, contacts, and those infected with TB, treatment of TB disease and infection, compliance monitoring, contact tracing, education, consultation with health professionals and other community partners, and implementation of quarantine measures. The TB Categorical Grant Sum is the federal funding source for these TB services. Program coordinates 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.

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. Testing is provided 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.

Family Planning/Pharmacy

The Louisiana Department of Health (LDH), Office of Public Health (OPH), Title X Family Planning and Reproductive Health Program provides comprehensive, confidential, and patient-centered reproductive health services through a statewide clinical network. The program serves as a critical healthcare safety net for patients, particularly those living in healthcare provider shortage areas and communities with limited access to reproductive healthcare.

Services include contraception, pregnancy testing and counseling, preventive health and cancer screening, STI and HIV testing and treatment, laboratory services, medications, referrals, health education, community outreach, and telehealth. The program has expanded access through telehealth and strengthened STI prevention by incorporating additional screenings, such as syphilis and trichomonas, into Parish Health Unit services. (ldh.la.gov)

Louisiana's Title X program has long been a national leader in chlamydia and gonorrhea screening, leveraging its clinical network to identify infections, facilitate timely treatment, prevent transmission, and reduce health complications. Since 1976, the statewide parish health unit infrastructure for Title X services has provided an important platform for integrating STI prevention with routine reproductive and preventive healthcare.

The Office of Public Health (OPH) Pharmacy Services Unit is an integral component of Louisiana's public health clinical infrastructure, providing comprehensive pharmacy services to patients and programs across the state. Operating as a retail pharmacy within OPH, the unit dispenses prescription and over-the-counter medications, medical supplies, and other therapeutic products while providing clinical pharmacy services, patient counseling, medication management, and prescribing support.

Pharmacy Services serves as a critical treatment and care-delivery arm for OPH programs, including Family Planning, Tuberculosis, and Sexually Transmitted Infections. The unit provides specialized medication access and treatment support for patients who may otherwise face barriers to obtaining essential medications through traditional health care systems.

# STATE OF LOUISIANA
## Operational Plan Form
## Program Goals

**PROGRAM NUMBER AND NAME: 3262 - Public Health Services**

In addition to direct patient care, Pharmacy Services plays a critical role in statewide emergency preparedness and response by maintaining the operational capacity to rapidly procure, dispense, and distribute medications and medical supplies at medical needs shelters during public health emergencies and other events requiring an accelerated pharmaceutical response.

The unit also functions at the intersection of public health and the health care financing system, coordinating with insurance payors to support patient access to medications and assisting patients with identifying medication discounts where possible, all while generating revenue for OPH to sustain and expand essential public health services.

Pharmacy Services is integral to Louisiana's infectious disease response, including tuberculosis and syphilis containment. The unit supports treatment through medication dispensing, clinical management, patient counseling, adherence support, and maintaining supply stock to buffer medication shortages that may be otherwise experienced in other parts of the country. The pharmacy also supports specialized therapies, including the prescribing and management of Teleprep, as part of OPH's broader strategy to provide accessible, evidence-based treatment.

Through this combination of clinical care, medication access, emergency preparedness, specialized treatment, patient education, and revenue generation, OPH Pharmacy Services is as a critical link between Louisiana's public health system and the patients who depend on it for accessible, high-quality pharmaceutical care.

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.

Community Preparedness

The Bureau for Community Preparedness (BCP) 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 BCP uses an all-hazards approach to integrate State and local public health jurisdictions' preparedness for and response to public health threats. The BCP is organized according to National Incident Management System, Incident Command Structure to facilitate management for: Administration/Finance, Logistics, Operations and Planning. The BCP provides strategic direction in the development and implementation of plans that protect all citizens of this state from bioterrorist attacks, emergent infectious diseases, natural disasters, and preventative medical needs.

Vital Records & Statistics

The Bureau of Vital Records and Statistics registers, issues, and maintains records of all births, deaths, and Orleans parish marriages; collects marriage and divorce data for the state and issues burial transit permits to licensed funeral directors. The Bureau has a Vital Records Quality Management Unit which involves educating and training community partners and assisting initiators of vital event records with capturing data accurately and timely. The Bureau of Vital Records and 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

**PROGRAM NUMBER AND NAME: 3262 - Public Health Services**

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.

The Cannabis Program regulates the state's therapeutic marijuana program and consumable hemp program. The therapeutic marijuana program ensures that patients who have debilitating conditions as listed in La. R.S. 40: 1046 are able to access high-quality therapeutics produced from marijuana in accordance with state laws and regulations. The program currently regulates marijuana manufacturers and will be tasked in 2025 with regulating dispensaries as well. The consumable hemp program registers all topical and ingestible products made from legal hemp produced under the U.S. Farm Bill and also inspects manufacturers and distributors of those products for compliance with sanitary regulations.

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

# STATE OF LOUISIANA
## Operational Plan Form
## Program Goals

**PROGRAM NUMBER AND NAME: 3262 - Public Health Services**

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.

Environmental Epidemiology and Toxicology (SEET)

Environmental Epidemiology and Toxicology identifies toxic chemicals in the environment; evaluates the extent of human exposure and the adverse health effects caused by them; makes recommendations to prevent and reduce exposure to hazardous chemicals; and promotes public understanding of the health effects of chemicals in the environment each year.

Infectious Diseases Epidemiology (IDEpi)

The purpose of the Infectious Disease Epidemiology Section (IDEpi) is to monitor the distribution and determinants of infectious diseases in the community, to conduct infectious disease outbreak investigations, to institute disease control measures, to coordinate programs that prevent the spread of communicable diseases, and to conduct epidemiologic response to public health emergencies.

IDEpi conducts surveillance for more than 80 infectious diseases mandated as notifiable in the Louisiana Sanitary Code. Recommendations for prevention and control are made immediately in response to case identification in order to prevent secondary transmission. IDEpi staffs a 24/7 on-call line to ensure round-the-clock rapid response to potential public health threats. Outbreaks identified by surveillance systems or reported by the public or health professionals are investigated immediately in order to recommend preventive measures.

IDEpi also conduct program activities, including enhanced surveillance and targeted education, in the following areas: Viral Respiratory Disease, emerging Infections, Bioterrorism/Public Health Emergency Preparedness, Healthcare Associated Infections, Vector-Borne Disease, Food-Borne Disease, Water-borne Disease, Vaccine Preventable Disease, Fungal Disease, Syndromic Surveillance, Retail Meat Antimicrobial Resistance Monitoring, and Rabies Control.

Reproductive Health Services A91:A94

Pharmacy Services is part of the treatment arm of direct services available though Publ+A91:A94ic Health, supplying prescription drugs, over-the-counter drugs, and medical supplies for OPH Public Health Units (PHU) located throughout the State. Programs served include Family Planning, Tuberculosis, Sexually Transmitted Diseases, Hemophilia, Children's Special Health Services, and 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.

# STATE OF LOUISIANA
## Operational Plan Form
## Program Goals

# STATE OF LOUISIANA
## Operational Plan Form
## Activities/Objectives - Performance Indicators

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 326 - Office of Public Health**

**PROGRAM ID: 3262 - Public Health Services**

**PM OBJECTIVE: 3262-01 - 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 Notes:

| Performance Indicator | Level | Performance Indicator Name | Unit | Performance Indicator Values | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Year End Performance Standard 2025 - 2026 | Actual Year End Performance 2025 - 2026 | Performance Standard as Initially Appropriated 2026 - 2027 | Existing Performance Standard 2026 - 2027 | Performance at Continuation Budget Level 2027 - 2028 | Performance at Executive Budget Level 2027 - 2028 | Performance Standard as Initially Appropriated 2027 - 2028 |
| 2547 | S | Percentage of walk-in customers served within 30 minutes | P | 85 | 88 | 85 | 85 | 85 | 0 | 0 |
| 2548 | S | Percent of mail requests filled within two weeks | P | 90 | 88 | 90 | 90 | 90 | 0 | 0 |
| 2549 | S | Percentage of emergency document service requests filled within 24 hours | P | 98 | 98 | 98 | 98 | 98 | 0 | 0 |

| Performance Indicator | Level | Performance Indicator Name | Unit | General Performance Information | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Performance Indicator Values | | | | |
| | | | | Prior Year Actual FY2021 - 2022 | Prior Year Actual FY2022 - 2023 | Prior Year Actual FY2023 - 2024 | Prior Year Actual FY2024 - 2025 | Prior Year Actual FY2025 - 2026 |
| 11227 | G | Birth record intake | N | 56,268 | 57,909 | 55,361 | 52,823 | 53,110 |
| 11229 | G | Death record intake | N | 57,068 | 50,583 | 50,217 | 49,285 | 48,510 |
| 11231 | G | Marriage record intake | N | 31,257 | 3,845 | 33,888 | 27,059 | 33,587 |
| 11232 | G | Divorce record intake | N | 11,785 | 6,147 | 6,769 | 5,852 | 6,755 |
| 11234 | G | Abortion record intake | N | 7,868 | 725 | 1 | 5 | 29 |
| 11235 | G | Fetal death record intake | N | 449 | 444 | 479 | 433 | 507 |
| 11236 | G | Total number of birth, death, fetal death, marriage, divorce, abortion and still birth certificates accepted | N | 164,695 | 119,653 | 146,715 | 138,872 | 142,198 |
| 20430 | G | Total number of birth, death, fetal death, marriage, divorce, abortion and still birth certificates sold | N | 552,461 | 178,838 | 590,021 | 600,397 | 578,890 |

# STATE OF LOUISIANA
## Operational Plan Form
## Activities/Objectives - Performance Indicators

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 326 - Office of Public Health**

**PROGRAM ID: 3262 - Public Health Services**

# STATE OF LOUISIANA
## Operational Plan Form
## Activities/Objectives - Performance Indicators

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 326 - Office of Public Health**

**PROGRAM ID: 3262 - Public Health Services**

**PM OBJECTIVE: 3262-02 - 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:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:

Explanatory Notes:

| Performance Indicator | Level | Performance Indicator Name | Unit | Performance Indicator Values | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Year End Performance Standard 2025 - 2026 | Actual Year End Performance 2025 - 2026 | Performance Standard as Initially Appropriated 2026 - 2027 | Existing Performance Standard 2026 - 2027 | Performance at Continuation Budget Level 2027 - 2028 | Performance at Executive Budget Level 2027 - 2028 | Performance Standard as Initially Appropriated 2027 - 2028 |
| 26613 | K | Percentage of EMS education programs that have undergone quality control measures | P | 10 | 28 | 10 | 10 | 10 | 0 | 0 |
| 26614 | K | Percentage of EMS provider licenses renewed within 30 days of expiration | P | 100 | 100 | 100 | 100 | 100 | 0 | 0 |
| 26615 | K | Percentage of telecommunicators registering completion of required training in the Information Management System | P | 90 | 100 | 90 | 90 | 90 | 0 | 0 |
| 26616 | K | Percentage of affirmative criminal background investigations initiated within 2 days of application submission | P | 100 | 100 | 100 | 100 | 100 | 0 | 0 |
| 3262001 | K | Percentage of EMS practitioner applications processed within 2 business days of submission | P | 90 | 99 | 90 | 90 | 90 | 0 | 0 |
| 3262002 | K | Percentage of National Registry Psychomotor Exam applications processed within 2 days of submission | P | 100 | 100 | 100 | 100 | 100 | 0 | 0 |

# STATE OF LOUISIANA
## Operational Plan Form
## Activities/Objectives - Performance Indicators

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 326 - Office of Public Health**

**PROGRAM ID: 3262 - Public Health Services**

**PM OBJECTIVE: 3262-03 - 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:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:

Explanatory Notes:

| Performance Indicator | Level | Performance Indicator Name | Unit | Performance Indicator Values | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Year End Performance Standard 2025 - 2026 | Actual Year End Performance 2025 - 2026 | Performance Standard as Initially Appropriated 2026 - 2027 | Existing Performance Standard 2026 - 2027 | Performance at Continuation Budget Level 2027 - 2028 | Performance at Executive Budget Level 2027 - 2028 | Performance Standard as Initially Appropriated 2027 - 2028 |
| 24158 | S | Percentage of Public Health Emergency Preparedness-funded (PHEP-funded) staff who complete the Bureau of Community Preparedness' minimum training requirements. | P | 75 | 96 | 75 | 75 | 75 | 0 | 0 |

| Performance Indicator | Level | Performance Indicator Name | Unit | General Performance Information | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Performance Indicator Values | | | | |
| | | | | Prior Year Actual FY2021 - 2022 | Prior Year Actual FY2022 - 2023 | Prior Year Actual FY2023 - 2024 | Prior Year Actual FY2024 - 2025 | Prior Year Actual FY2025 - 2026 |
| 3262003 | G | Number of Emergency Operation Center activations | N | 3 | 6 | 5 | 7 | 5 |
| 3262004 | G | Number of resource request fulfilled | N | 816 | 680 | 39 | 27 | 4 |
| 3262005 | G | Number of Exercises conducted | N | | 2 | 4 | 4 | 4 |
| 3262006 | G | Number of trainings completed | N | 9 | 27 | 65 | 32 | 26 |
| 3262007 | G | Number of community partners | N | 173 | 186 | 186 | 193 | 193 |

# STATE OF LOUISIANA
## Operational Plan Form
## Activities/Objectives - Performance Indicators

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 326 - Office of Public Health**

**PROGRAM ID: 3262 - Public Health Services**

**PM OBJECTIVE: 3262-04 - 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:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:

Explanatory Notes:

| Performance Indicator | Level | Performance Indicator Name | Unit | Performance Indicator Values | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Year End Performance Standard 2025 - 2026 | Actual Year End Performance 2025 - 2026 | Performance Standard as Initially Appropriated 2026 - 2027 | Existing Performance Standard 2026 - 2027 | Performance at Continuation Budget Level 2027 - 2028 | Performance at Executive Budget Level 2027 - 2028 | Performance Standard as Initially Appropriated 2027 - 2028 |
| 20139 | K | Number of Maternal, Infant and Early Childhood Home Visits, including Nurse-Family Partnership (NFP) and Parents as Teachers (PAT) | N | 38,000 | 26,020 | 35,690 | 35,690 | 35,690 | 0 | 0 |
| 24162 | K | Number of students with access to School Based Health Center services in sites collaborating with the Office of Public Health | N | 32,068 | 44,551 | 32,068 | 32,068 | 32,068 | 0 | 0 |

# STATE OF LOUISIANA
## Operational Plan Form
## Activities/Objectives - Performance Indicators

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 326 - Office of Public Health**

**PROGRAM ID: 3262 - Public Health Services**

| Performance Indicator | Level | Performance Indicator Name | Unit | General Performance Information | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Performance Indicator Values | | | | |
| | | | | Prior Year Actual FY2021 - 2022 | Prior Year Actual FY2022 - 2023 | Prior Year Actual FY2023 - 2024 | Prior Year Actual FY2024 - 2025 | Prior Year Actual FY2025 - 2026 |
| 13749 | G | Percentage of infants born to mothers beginning prenatal care in the first trimester | P | 71 | 71.81 | 72.1 | 69.6 | 70.2 |
| 2368 | G | Number of School-Based Heath Centers registered with the Office of Public Health | N | 58 | 57 | 57 | 57 | 57 |
| 24164 | G | Percentage of children with special health care needs, ages 0-17 years, who have a medical home | P | 36.6 | 43.6 | 39.9 | 40.9 | 46.9 |
| 26617 | G | Percentage of adolescent school-based health centers (SBHCs) that demonstrate progress with a documented continuous quality improvement (CQI) plan | P | Not Applicable | Not Applicable | 0 | 0 | 100 |
| 3262011 | G | Percentage of children with and without special health care needs who have a medical home. | P | Not Applicable | Not Applicable | Not Applicable | Not Applicable | Not Applicable |
| 3262012 | G | Proportion of birthing hospitals receiving Birth Ready or Birth Ready Plus Designation | P | Not Applicable | Not Applicable | Not Applicable | Not Applicable | Not Applicable |

# STATE OF LOUISIANA
## Operational Plan Form
## Activities/Objectives - Performance Indicators

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 326 - Office of Public Health**

**PROGRAM ID: 3262 - Public Health Services**

**PM OBJECTIVE: 3262-05 - 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:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:

Explanatory Notes:

| Performance Indicator | Level | Performance Indicator Name | Unit | Performance Indicator Values | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Year End Performance Standard 2025 - 2026 | Actual Year End Performance 2025 - 2026 | Performance Standard as Initially Appropriated 2026 - 2027 | Existing Performance Standard 2026 - 2027 | Performance at Continuation Budget Level 2027 - 2028 | Performance at Executive Budget Level 2027 - 2028 | Performance Standard as Initially Appropriated 2027 - 2028 |
| 24165 | K | Percentage of children 24 through 35 months of age up to date for 4/5*-DTaP; 3/4*-Polio; 3-Hib; 3- HBV; 1-MMR; 1-VAR; and 4-PCV by 24 months of age | P | 75 | 68.2 | 75 | 75 | 75 | 0 | 0 |
| 24166 | K | Percentage of kindergartners up to date with 4-DTaP; 3-Polio; 3-HBV; 2-MMR; 2-VAR; and 2-HepA. | P | 95 | 87.3 | 95 | 95 | 95 | 0 | 0 |
| 24167 | S | Percentage of 6th graders up to date with 4-DTaP; 3-Polio; 2-HepA; 2-MMR; 2-VAR; 3-HBV; 1-Tdap booster dose; 1-MCV4. | P | 80 | 74.5 | 80 | 80 | 80 | 0 | 0 |
| 26620 | K | Percent adolescents 13 years of age (156-167 months old) who have completed the Human papillomavirus vaccination series by their 13th birthday. | P | 70 | 65.8 | 70 | 70 | 70 | 0 | 0 |

| Performance Indicator | Level | Performance Indicator Name | Unit | General Performance Information | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Performance Indicator Values | | | | |
| | | | | Prior Year Actual FY2021 - 2022 | Prior Year Actual FY2022 - 2023 | Prior Year Actual FY2023 - 2024 | Prior Year Actual FY2024 - 2025 | Prior Year Actual FY2025 - 2026 |
| 26770 | G | Percentage of 11th Graders or those 16 years of age with 2 MenACWY | P | Not Applicable | Not Applicable | 67.11 | 60.5 | 66.05 |

# STATE OF LOUISIANA
## Operational Plan Form
## Activities/Objectives - Performance Indicators

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 326 - Office of Public Health**

**PROGRAM ID: 3262 - Public Health Services**

**PM OBJECTIVE: 3262-07 - 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:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:

Explanatory Notes:

| Performance Indicator | Level | Performance Indicator Name | Unit | Performance Indicator Values | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Year End Performance Standard 2025 - 2026 | Actual Year End Performance 2025 - 2026 | Performance Standard as Initially Appropriated 2026 - 2027 | Existing Performance Standard 2026 - 2027 | Performance at Continuation Budget Level 2027 - 2028 | Performance at Executive Budget Level 2027 - 2028 | Performance Standard as Initially Appropriated 2027 - 2028 |
| 24170 | K | Percentage of TB infected contacts who complete treatment | P | 72 | 87.5 | 72 | 72 | 72 | 0 | 0 |
| 25039 | S | Increase the proportion of newly diagnosed HIV patients linked to HIV-related clinic medical care within 30 days of diagnosis | P | 78 | 81 | 78 | 78 | 78 | 0 | 0 |
| 25609 | S | Percentage of patients with confirmed Mycobacterium tuberculosis infection who successfully complete the prescribed TB treatment regimen within 12 months of treatment initiation. | P | 90 | 0 | 90 | 90 | 90 | 0 | 0 |
| 25610 | S | Percentage of culture-confirmed pulmonary TB patients whose sputum cultures become negative within two months of initiating treatment. | P | 60 | 44.4 | 60 | 60 | 60 | 0 | 0 |
| 25611 | S | Percentage of persons living with HIV whose most recent viral load in the past 12 months was <=200 copies/mL | P | 70 | 71 | 70 | 70 | 70 | 0 | 0 |
| 25612 | S | Percentage of primary and secondary syphilis cases treated within 14 days of specimen collection | P | 85 | 87 | 85 | 85 | 85 | 0 | 0 |

# STATE OF LOUISIANA
## Operational Plan Form
## Activities/Objectives - Performance Indicators

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 326 - Office of Public Health**

**PROGRAM ID: 3262 - Public Health Services**

| Performance Indicator | Level | Performance Indicator Name | Unit | General Performance Information | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Performance Indicator Values | | | | |
| | | | | Prior Year Actual FY2021 - 2022 | Prior Year Actual FY2022 - 2023 | Prior Year Actual FY2023 - 2024 | Prior Year Actual FY2024 - 2025 | Prior Year Actual FY2025 - 2026 |
| 2325 | G | Number of HIV tests conducted at publicly-funded sites | N | 100,018 | 94,250 | 95,880 | 93,023 | 100,469 |
| 25613 | G | Number of primary and secondary syphilis cases | N | 876 | 1,188 | 1,031 | 766 | 582 |
| 25614 | G | Number of people living with HIV in Louisiana | N | 22,679 | 22,955 | 23,375 | 23,345 | 24,311 |
| 25615 | G | Number of new HIV diagnosis in Louisiana | N | 936 | 908 | 879 | 983 | 895 |
| 26621 | G | Number of new confirmed Hepatitis C diagnosis in Louisiana | N | 2,914 | 2,829 | 2,546 | 1,914 | 2,385 |
| 3262015 | G | Maintain 6-month statewide stockpile of Bicillin for parish health units within a 12-month period for pregnant women. | N | Not Available | Not Available | Not Available | Not Available | Not Available |
| 3262016 | G | Maintain a one-month stock of Azithromycin and Ceftriaxone in Parish Health Units | N | Not Available | Not Available | Not Available | Not Available | Not Available |

# STATE OF LOUISIANA
## Operational Plan Form
## Activities/Objectives - Performance Indicators

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 326 - Office of Public Health**

**PROGRAM ID: 3262 - Public Health Services**

**PM OBJECTIVE: 3262-08 - 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:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:

Explanatory Notes:

| Performance Indicator | Level | Performance Indicator Name | Unit | Performance Indicator Values | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Year End Performance Standard 2025 - 2026 | Actual Year End Performance 2025 - 2026 | Performance Standard as Initially Appropriated 2026 - 2027 | Existing Performance Standard 2026 - 2027 | Performance at Continuation Budget Level 2027 - 2028 | Performance at Executive Budget Level 2027 - 2028 | Performance Standard as Initially Appropriated 2027 - 2028 |
| 24201 | K | Yearly mortality count attributed to unsafe water, food and sewage | N | 0 | 3 | 0 | 0 | 0 | 0 | 0 |
| 26622 | S | Initiate investigation within 10 working days of report to IDEpi | P | 90 | 96.81 | 90 | 90 | 90 | 0 | 0 |
| 26623 | S | Completed case investigation within 10 working days of starting investigation | P | 90 | 92.18 | 90 | 90 | 90 | 0 | 0 |
| 26624 | S | Percent of outbreaks with determined etiology | P | 90 | 97 | 90 | 90 | 90 | 0 | 0 |

# STATE OF LOUISIANA
## Operational Plan Form
## Activities/Objectives - Performance Indicators

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 326 - Office of Public Health**

**PROGRAM ID: 3262 - Public Health Services**

**PM OBJECTIVE: 3262-09 - 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:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:

Explanatory Notes:

| Performance Indicator | Level | Performance Indicator Name | Unit | Performance Indicator Values | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Year End Performance Standard 2025 - 2026 | Actual Year End Performance 2025 - 2026 | Performance Standard as Initially Appropriated 2026 - 2027 | Existing Performance Standard 2026 - 2027 | Performance at Continuation Budget Level 2027 - 2028 | Performance at Executive Budget Level 2027 - 2028 | Performance Standard as Initially Appropriated 2027 - 2028 |
| 26380 | S | At least 95% of specimens submitted to the OPH Laboratory meet acceptance criteria for testing | P | 95 | 98.15 | 95 | 95 | 95 | 0 | 0 |
| 3262010 | S | Percentage of Unsatisfactory Newborn Screening Samples Received | P | 0 | 0 | 0 | 0 | 5 | 0 | 0 |

| Performance Indicator | Level | Performance Indicator Name | Unit | General Performance Information | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Performance Indicator Values | | | | |
| | | | | Prior Year Actual FY2021 - 2022 | Prior Year Actual FY2022 - 2023 | Prior Year Actual FY2023 - 2024 | Prior Year Actual FY2024 - 2025 | Prior Year Actual FY2025 - 2026 |
| 17387 | G | Number of Specimens Tested | N | 233,799 | 212,569 | 228,473 | 226,568 | 219,715 |
| 3262008 | G | Number of tests performed and reported | N | Not Applicable | Not Applicable | Not Applicable | Not Applicable | Not Applicable |
| 3262009 | G | Number of test methods offered by OPH Laboratory | N | Not Applicable | Not Applicable | Not Applicable | Not Applicable | Not Applicable |

# STATE OF LOUISIANA
## Operational Plan Form
## Activities/Objectives - Performance Indicators

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 326 - Office of Public Health**

**PROGRAM ID: 3262 - Public Health Services**

**PM OBJECTIVE: 3262-10 - 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:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:

Explanatory Notes:

| Performance Indicator | Level | Performance Indicator Name | Unit | Performance Indicator Values | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Year End Performance Standard 2025 - 2026 | Actual Year End Performance 2025 - 2026 | Performance Standard as Initially Appropriated 2026 - 2027 | Existing Performance Standard 2026 - 2027 | Performance at Continuation Budget Level 2027 - 2028 | Performance at Executive Budget Level 2027 - 2028 | Performance Standard as Initially Appropriated 2027 - 2028 |
| 24198 | S | Number of health consults and technical assists | N | 500 | 709 | 500 | 500 | 500 | 0 | 0 |
| 24199 | S | Number of emergency reports screened from the Louisiana State Police and National Response Center | N | 9,000 | 5,233 | 9,000 | 9,000 | 9,000 | 0 | 0 |

| Performance Indicator | Level | Performance Indicator Name | Unit | General Performance Information | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Performance Indicator Values | | | | |
| | | | | Prior Year Actual FY2021 - 2022 | Prior Year Actual FY2022 - 2023 | Prior Year Actual FY2023 - 2024 | Prior Year Actual FY2024 - 2025 | Prior Year Actual FY2025 - 2026 |
| 24196 | G | Number of Indoor Air Quality phone consults | N | 427 | 330 | 103 | 316 | 464 |

# STATE OF LOUISIANA
## Operational Plan Form
## Activities/Objectives - Performance Indicators

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 326 - Office of Public Health**

**PROGRAM ID: 3262 - Public Health Services**

**PM OBJECTIVE: 3262-13 - 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:

Human Resource Policies Beneficial to Women and Families Link:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:

Explanatory Notes:

| Performance Indicator | Level | Performance Indicator Name | Unit | Performance Indicator Values | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Year End Performance Standard 2025 - 2026 | Actual Year End Performance 2025 - 2026 | Performance Standard as Initially Appropriated 2026 - 2027 | Existing Performance Standard 2026 - 2027 | Performance at Continuation Budget Level 2027 - 2028 | Performance at Executive Budget Level 2027 - 2028 | Performance Standard as Initially Appropriated 2027 - 2028 |
| 24202 | K | Percentage of permitted facilities in compliance quarterly due to inspections | P | 90 | 88 | 90 | 90 | 90 | 0 | 0 |
| 24204 | S | Percentage of sewerage systems properly installed | P | 100 | 100 | 100 | 100 | 100 | 0 | 0 |
| 24207 | S | Percentage of required samples in compliance | P | 95 | 95 | 95 | 95 | 95 | 0 | 0 |

| Performance Indicator | Level | Performance Indicator Name | Unit | General Performance Information | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Performance Indicator Values | | | | |
| | | | | Prior Year Actual FY2021 - 2022 | Prior Year Actual FY2022 - 2023 | Prior Year Actual FY2023 - 2024 | Prior Year Actual FY2024 - 2025 | Prior Year Actual FY2025 - 2026 |
| 11215 | G | Food related complaints received from the public | N | 772 | 1,017 | 1,039 | 1,078 | 1,304 |
| 11886 | G | Percentage of establishments/facilities in compliance | P | 94 | 89 | 89 | 89 | 90 |
| 24205 | G | Number of plans reviewed | N | 5,447 | 6,205 | 6,820 | 6,672 | 5,800 |
| 24206 | G | Number of samples taken | N | 8,296 | 7,352 | 7,852 | 7,865 | 8,247 |
| 24208 | G | Number of new sewage systems properly installed | N | 9,751 | 9,067 | 8,238 | 8,765 | 8,355 |
| 24209 | G | Number of existing sewage systems inspections | N | 8,247 | 9,823 | 9,271 | 8,453 | 8,234 |
| 24210 | G | Number of sewage system applications taken | N | 12,182 | 10,124 | 10,381 | 10,490 | 9,558 |
| 24211 | G | Number of food, water, sewage-borne illnesses reported | N | 1,564 | 1,807 | 3,068 | 0 | 3,993 |
| 2485 | G | Number of inspections of permitted establishments/facilities | N | 104,602 | 95,758 | 94,412 | 99,933 | 92,442 |

# STATE OF LOUISIANA
## Operational Plan Form
## Activities/Objectives - Performance Indicators

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 326 - Office of Public Health**

**PROGRAM ID: 3262 - Public Health Services**

# STATE OF LOUISIANA
## Operational Plan Form
## Activities/Objectives - Performance Indicators

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 326 - Office of Public Health**

**PROGRAM ID: 3262 - Public Health Services**

**PM OBJECTIVE: 3262-14 - 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:

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other:

Explanatory Notes:

| Performance Indicator | Level | Performance Indicator Name | Unit | Performance Indicator Values | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Year End Performance Standard 2025 - 2026 | Actual Year End Performance 2025 - 2026 | Performance Standard as Initially Appropriated 2026 - 2027 | Existing Performance Standard 2026 - 2027 | Performance at Continuation Budget Level 2027 - 2028 | Performance at Executive Budget Level 2027 - 2028 | Performance Standard as Initially Appropriated 2027 - 2028 |
| 24521 | K | Percentage of community water systems that have undergone a Class I sanitary survey within the past 3 years as required by state and federal regulations | P | 98 | 100 | 98 | 98 | 98 | 0 | 0 |
| 24523 | S | Number of Louisiana public water systems provided financial and technical assistance | N | 500 | 555 | 500 | 500 | 500 | 0 | 0 |
| 2497 | K | Percentage of the population served by community water systems that receive drinking water that meets all applicable health-based drinking water standards. | P | 90 | 86.9 | 90 | 90 | 90 | 0 | 0 |
| 25629 | S | Percentage of water and sewer plans reviewed within 60 days of receipt of submittal | P | 98 | 100 | 98 | 98 | 98 | 0 | 0 |

# STATE OF LOUISIANA
## Operational Plan Form
## Activities/Objectives - Performance Indicators

**DEPARTMENT ID: 09 - LDH**

**AGENCY ID: 326 - Office of Public Health**

**PROGRAM ID: 3262 - Public Health Services**

| Performance Indicator | Level | Performance Indicator Name | Unit | General Performance Information | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Performance Indicator Values | | | | |
| | | | | Prior Year Actual FY2021 - 2022 | Prior Year Actual FY2022 - 2023 | Prior Year Actual FY2023 - 2024 | Prior Year Actual FY2024 - 2025 | Prior Year Actual FY2025 - 2026 |
| 11225 | G | Number of public water systems in Louisiana | N | 1,277 | 1,271 | 1,263 | 1,241 | 1,225 |
| 24520 | G | Percentage of Surface Water Public Water Systems monitored annually for chemical compliance | P | 100 | 100 | 100 | 100 | 100 |
| 24522 | G | Total number of CEU hours received by certified public water and community sewage operators from LDH approved training courses | N | 59,615 | 41,089 | 42,273 | 61,224 | 89,589 |
| 24524 | G | Number of low-interest loans made | N | 7 | 12 | 5 | 15 | 8 |
| 24525 | G | Number of public water systems provided technical assistance | N | 306 | 406 | 0 | 852 | 555 |
| 24526 | G | Number of water systems provided capacity development technical assistance | N | 306 | 270 | 270 | 296 | 97 |

# Budget Request Overview

# AGENCY SUMMARY STATEMENT

## Total Agency

### Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 71,511,710 | 69,072,830 | 72,663,859 | 3,591,029 | 5.20% |
| STATE GENERAL FUND BY: | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 17,570,758 | 85,165,344 | 86,440,950 | 1,275,606 | 1.50% |
| FEES & SELF-GENERATED | 52,736,706 | 60,329,443 | 60,733,070 | 403,627 | 0.67% |
| STATUTORY DEDICATIONS | 15,001,047 | 14,826,686 | 15,026,272 | 199,586 | 1.35% |
| FEDERAL FUNDS | 326,675,976 | 261,909,479 | 266,976,312 | 5,066,833 | 1.93% |
| **TOTAL MEANS OF FINANCING** | **$483,496,198** | **$491,303,782** | **$501,840,463** | **$10,536,681** | **2.14%** |

## Fees and Self-Generated

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| Fees & Self-generated Revenues | 52,047,667 | 58,451,689 | 58,849,724 | 398,035 | 0.68% |
| Vital Records Conversion Dedicated Fund Account | 425,404 | 1,675,404 | 1,676,608 | 1,204 | 0.07% |
| Emergency Medical Technician Fund | — | 28,000 | 28,238 | 238 | 0.85% |
| Oyster Sanitation Dedicated Fund Account | 263,636 | 174,350 | 178,500 | 4,150 | 2.38% |
| **Total:** | **$52,736,706** | **$60,329,443** | **$60,733,070** | **$403,627** | **0.67%** |

## Statutory Dedications

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| Telecommunications for the Deaf Fund | 4,024,725 | 5,510,939 | 5,625,762 | 114,823 | 2.08% |
| Rural Primary Care Physicians Development Fund | 1,307,500 | — | — | — | — |
| Louisiana Fund | 9,668,822 | 9,315,747 | 9,400,510 | 84,763 | 0.91% |
| **Total:** | **$15,001,047** | **$14,826,686** | **$15,026,272** | **$199,586** | **1.35%** |

## Agency Expenditures

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| Salaries | 86,935,412 | 88,386,928 | 91,390,998 | 3,004,070 | 3.40% |
| Other Compensation | 4,498,938 | 6,688,565 | 4,284,263 | (2,404,302) | (35.95)% |
| Related Benefits | 50,006,926 | 49,685,778 | 49,619,694 | (66,084) | (0.13)% |
| **TOTAL PERSONAL SERVICES** | **$141,441,276** | **$144,761,271** | **$145,294,955** | **$533,684** | **0.37%** |
| Travel | 2,365,253 | 2,615,103 | 2,853,046 | 237,943 | 9.10% |
| Operating Services | 11,709,235 | 13,550,132 | 14,028,025 | 477,893 | 3.53% |
| Supplies | 12,859,142 | 12,903,896 | 13,361,010 | 457,114 | 3.54% |
| **TOTAL OPERATING EXPENSES** | **$26,933,630** | **$29,069,131** | **$30,242,081** | **$1,172,950** | **4.04%** |
| **PROFESSIONAL SERVICES** | **$46,053,554** | **$52,569,514** | **$56,103,442** | **$3,533,928** | **6.72%** |
| Other Charges | 239,240,271 | 225,653,348 | 230,600,525 | 4,947,177 | 2.19% |
| Debt Service | — | — | — | — | — |
| Interagency Transfers | 29,599,026 | 39,250,518 | 39,599,460 | 348,942 | 0.89% |
| **TOTAL OTHER CHARGES** | **$268,839,296** | **$264,903,866** | **$270,199,985** | **$5,296,119** | **2.00%** |
| Acquisitions | 228,442 | — | — | — | — |
| Major Repairs | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **$228,442** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$483,496,198** | **$491,303,782** | **$501,840,463** | **$10,536,681** | **2.14%** |

## Agency Positions

| | | | | | |
|---|---|---|---|---|---|
| Classified | 1,220 | 1,162 | 1,173 | 11 | 0.95% |
| Unclassified | 14 | 14 | 14 | — | — |
| TOTAL AUTHORIZED T.O. POSITIONS | 1,234 | 1,176 | 1,187 | 11 | 0.94% |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — | — | — | — | — |
| TOTAL NON-T.O. FTE POSITIONS | 103 | 88 | 88 | — | — |
| TOTAL POSITIONS | 1,337 | 1,264 | 1,275 | 11 | 0.87% |

# Cost Detail

## Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|
| State General Fund | 71,511,710 | 69,072,830 | 72,663,859 | 3,591,029 |
| Interagency Transfers | 17,570,758 | 85,165,344 | 86,440,950 | 1,275,606 |
| Fees & Self-generated Revenues | 52,047,667 | 58,451,689 | 58,849,724 | 398,035 |
| Vital Records Conversion Dedicated Fund Account | 425,404 | 1,675,404 | 1,676,608 | 1,204 |
| Emergency Medical Technician Fund | — | 28,000 | 28,238 | 238 |
| Oyster Sanitation Dedicated Fund Account | 263,636 | 174,350 | 178,500 | 4,150 |
| Telecommunications for the Deaf Fund | 4,024,725 | 5,510,939 | 5,625,762 | 114,823 |
| Rural Primary Care Physicians Development Fund | 1,307,500 | — | — | — |
| Louisiana Fund | 9,668,822 | 9,315,747 | 9,400,510 | 84,763 |
| Federal Funds | 326,675,976 | 261,909,479 | 266,976,312 | 5,066,833 |
| **Total:** | **$483,496,198** | **$491,303,782** | **$501,840,463** | **$10,536,681** |

## Salaries

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5110000 | TOTAL SALARIES | — | — | 3,004,070 | 3,004,070 |
| 5110010 | SAL-CLASS-TO-REG | 83,805,590 | 86,083,647 | 86,083,647 | — |
| 5110015 | SAL-CLASS-TO-OT | 151,965 | — | — | — |
| 5110020 | SAL-CLASS-TO-TERM | 668,652 | — | — | — |
| 5110025 | SAL-UNCLASS-TO-REG | 2,303,281 | 2,303,281 | 2,303,281 | — |
| 5110030 | SAL-UNCLASS-TO-OT | 5,925 | — | — | — |
| **Total Salaries:** | | **$86,935,412** | **$88,386,928** | **$91,390,998** | **$3,004,070** |

## Other Compensation

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5120000 | TOTAL OTHER COMP | — | — | (2,404,302) | (2,404,302) |
| 5120010 | COMPENSATION/WAGES | 4,428,486 | 6,484,205 | 6,484,205 | — |
| 5120035 | STUDENT LABOR | 11,450 | 204,360 | 204,360 | — |

## Other Compensation *(continued)*

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5120105 | COMP-CL-NON TO-OT | 27,130 | — | — | — |
| 5120110 | COMP-CL-NON TO-TERM | 31,872 | — | — | — |
| **Total Other Compensation:** | | **$4,498,938** | **$6,688,565** | **$4,284,263** | **$(2,404,302)** |

## Related Benefits

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5130000 | TOTAL RELATED BENF | — | — | (66,084) | (66,084) |
| 5130010 | RET CONTR-STATE EMP | 28,089,089 | 28,112,209 | 28,112,209 | — |
| 5130020 | RET CONTR-TEACHERS | 264,486 | — | — | — |
| 5130050 | POSTRET BENEFITS | 9,706,746 | 9,700,000 | 9,700,000 | — |
| 5130055 | FICA TAX (OASDI) | 84,973 | 139,063 | 139,063 | — |
| 5130060 | MEDICARE TAX | 1,227,789 | 1,333,752 | 1,333,752 | — |
| 5130065 | UNEMPLOYMENT BENEFIT | 8,381 | 30,000 | 30,000 | — |
| 5130070 | GRP INS CONTRIBUTION | 10,620,371 | 10,370,754 | 10,370,754 | — |
| 5130090 | TAXABLE FRINGE BEN | 5,092 | — | — | — |
| **Total Related Benefits:** | | **$50,006,926** | **$49,685,778** | **$49,619,694** | **$(66,084)** |

## Travel

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5200000 | TOTAL TRAVEL | — | 2,615,103 | 2,853,046 | 237,943 |
| 5210010 | IN-STATE TRAVEL-ADM | 21,994 | — | — | — |
| 5210015 | IN-STATE TRAVEL-CONF | 285,959 | — | — | — |
| 5210020 | IN-STATE TRAV-FIELD | 1,831,380 | — | — | — |
| 5210025 | IN-STATE TRV-BD MEM | 1,868 | — | — | — |
| 5210030 | IN-STATE TRV-IT/TRN | (1,456) | — | — | — |
| 5210050 | OUT-OF-STATE TRV-ADM | 8,595 | — | — | — |
| 5210055 | OUT-OF-STTRV-CONF | 195,668 | — | — | — |

## Travel *(continued)*

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5210060 | OUT-OF-STTRV-FIELD | 10,955 | — | — | — |
| 5210105 | STAFF TRAINING | 1,459 | — | — | — |
| 5210110 | CONFERENCE REG FEES | 8,831 | — | — | — |
| **Total Travel:** | | **$2,365,253** | **$2,615,103** | **$2,853,046** | **$237,943** |

## Operating Services

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5300000 | TOTAL OPERATING SERV | — | 13,550,132 | 14,028,025 | 477,893 |
| 5310001 | SERV-ADVERTISING | 147 | — | — | — |
| 5310003 | SERV-MARKETING | 300 | — | — | — |
| 5310004 | SERV-BANK FEES | 3 | — | — | — |
| 5310005 | SERV-PRINTING | 152,012 | — | — | — |
| 5310009 | SERV-MOVING SERVICES | 8,252 | — | — | — |
| 5310010 | SERV-DUES & OTHER | 117,307 | — | — | — |
| 5310011 | SERV-SUBSCRIPTIONS | 71,444 | — | — | — |
| 5310013 | SERV-LAB FEES | 252,627 | — | — | — |
| 5310015 | SERV-SECURITY | 101,640 | — | — | — |
| 5310017 | SERV-DOC DESTRUCTION | 720 | — | — | — |
| 5310019 | SERV-FREIGHT | 17,957 | — | — | — |
| 5310025 | SERV-LOCKSMITH | 119 | — | — | — |
| 5310026 | SERV-INVESTIGATE EXP | 109 | — | — | — |
| 5310031 | SER-CRDT CRD TRN FEE | 3,299 | — | — | — |
| 5310033 | SERV-OTH LAB-VET | 29,517 | — | — | — |
| 5310037 | SERV - TRAINING | 10,194 | — | — | — |
| 5310040 | SERV-BANK (NON-DEBT) | 36,295 | — | — | — |
| 5310049 | SERV-DUES & OTHER | 24,820 | — | — | — |
| 5310050 | SERV-DUES & OTHER | 2,004 | — | — | — |

## Operating Services *(continued)*

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5310054 | SERV-IT SUBSCRIPTION | (66) | — | — | — |
| 5310400 | SERV-MISC | 369,993 | — | — | — |
| 5330001 | MAINT-BUILDINGS | 12,645 | — | — | — |
| 5330003 | MAINT-PESTCONTROL | 11,073 | — | — | — |
| 5330004 | MAINT-GARBAGE DISP | 67,412 | — | — | — |
| 5330005 | MAINT-WSTDISP-SHRED | 6,404 | — | — | — |
| 5330006 | MAINT-HAZ WASTE DISP | 40,631 | — | — | — |
| 5330007 | MAINT-PROPERTY | 594 | — | — | — |
| 5330008 | MAINT-EQUIPMENT | 1,357,945 | — | — | — |
| 5330012 | MAINT-JANITORIAL | 622,366 | — | — | — |
| 5330013 | MAINT-CLEANING SERV | 6,275 | — | — | — |
| 5330014 | MAINT-GROUNDS | 3,307 | — | — | — |
| 5330018 | MAINT-AUTO REPAIRS | 87,939 | — | — | — |
| 5330020 | MAINT-BOATS/BOAT MTR | 21,109 | — | — | — |
| 5340010 | RENT-REAL ESTATE | 6,531,112 | — | — | — |
| 5340015 | RENT-OPER COST-BLDG | 5,080 | — | — | — |
| 5340020 | RENT-EQUIPMENT | 280,770 | — | — | — |
| 5340070 | RENT-OTHER | 99,354 | — | — | — |
| 5340075 | RENT-UNIFORM/CLOTHNG | 8,182 | — | — | — |
| 5340076 | MIPA-PRINCIPAL | (1,087) | — | — | — |
| 5350001 | UTIL-INTERNET PROVID | 46,622 | — | — | — |
| 5350002 | UTIL-DATA LINE/CIRCT | 6,224 | — | — | — |
| 5350004 | UTIL-TELEPHONE SERV | 441,750 | — | — | — |
| 5350005 | UTIL-OTHER COMM SERV | 33,101 | — | — | — |
| 5350006 | UTIL-MAIL/DEL/POST | 144,984 | — | — | — |
| 5350007 | UTIL-POSTAGE DUE | (146) | — | — | — |
| 5350008 | UTIL-DEL UPS/FED EXP | 39,632 | — | — | — |

## Operating Services *(continued)*

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5350009 | UTIL-GAS | 36,332 | — | — | — |
| 5350010 | UTIL-ELECTRICITY | 377,336 | — | — | — |
| 5350011 | UTIL-WATER | 30,259 | — | — | — |
| 5350012 | UTIL-CABLE | 6,029 | — | — | — |
| 5350016 | UTIL-SERVICES | 281 | — | — | — |
| 5350017 | UTIL-OPR SER-LAUNDRY | 3,544 | — | — | — |
| 5350018 | UTIL-MAIL/DEL/POST | 181,168 | — | — | — |
| 5350019 | UTIL-MAIL/DEL/POST | 50 | — | — | — |
| 5350020 | UTIL-MAIL/DEL/POST | 626 | — | — | — |
| 5350021 | UTIL-SEWER | 998 | — | — | — |
| 5350400 | UTIL-OTHER | 643 | — | — | — |
| **Total Operating Services:** | | **$11,709,235** | **$13,550,132** | **$14,028,025** | **$477,893** |

## Supplies

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5400000 | TOTAL SUPPLIES | — | 12,903,896 | 13,361,010 | 457,114 |
| 5410001 | SUP-OFFICE SUPPLIES | 435,433 | — | — | — |
| 5410002 | SUP-TELEPH & ACCESS | 1,919 | — | — | — |
| 5410005 | SUP-PHARMACEUTICAL | 2,508,399 | — | — | — |
| 5410006 | SUP-COMPUTER | 125,532 | — | — | — |
| 5410007 | SUP-CLOTHING/UNIFORM | 16,887 | — | — | — |
| 5410008 | SUP-MEDICAL | 435,757 | — | — | — |
| 5410009 | SUP-EDUCATION & REC | 196,402 | — | — | — |
| 5410010 | SUP-TEXTBOOKS | 366 | — | — | — |
| 5410013 | SUP-FOOD & BEVERAGE | 752,953 | — | — | — |
| 5410015 | SUP-AUTO | 15,053 | — | — | — |

## Supplies *(continued)*

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5410017 | SUP-JANITORIAL | 28,532 | — | — | — |
| 5410019 | SUP-CHEMICAL/GAS MAT | 210,848 | — | — | — |
| 5410020 | SUP-COMMUNICATIONS | 2,113 | — | — | — |
| 5410021 | SUP-ELECTRONICS/ELEC | 280 | — | — | — |
| 5410023 | SUP-PERSONAL | 375 | — | — | — |
| 5410025 | SUP-LAB SUPPLIES | 5,017,708 | — | — | — |
| 5410027 | SUP-OTHER MEDICAL | 2,601,293 | — | — | — |
| 5410028 | SUP-STORAGE/PACKAGNG | 5,072 | — | — | — |
| 5410030 | SUP-TOOLS | 999 | — | — | — |
| 5410031 | SUP-REP/MNT SUP-AUTO | 682 | — | — | — |
| 5410032 | SUP-REP/MNT SUP-OTHR | 7 | — | — | — |
| 5410035 | SUP-SOFTWARE | (3,452) | — | — | — |
| 5410036 | SUP-FUELTRAC | 171,278 | — | — | — |
| 5410042 | SUP-SCIENT.SAMPLING | 105,357 | — | — | — |
| 5410045 | SUP-BOAT MTCE | 11,711 | — | — | — |
| 5410048 | SUP-FACILITIES | 25 | — | — | — |
| 5410053 | SUP-PROT APP & EQUIP | (2,848) | — | — | — |
| 5410054 | SUP-STORES INCREASE | 88,731 | — | — | — |
| 5410055 | SUP-STORES DECREASE | — | — | — | — |
| 5410060 | SUP-POOL SUPPLIES | 46 | — | — | — |
| 5410062 | SUP-FUEL-DEF FLUID | 144 | — | — | — |
| 5410400 | SUP-OTHER | 131,542 | — | — | — |
| **Total Supplies:** | | **$12,859,142** | **$12,903,896** | **$13,361,010** | **$457,114** |

## Professional Services

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5500000 | TOTAL PROF SERVICES | — | 52,569,514 | 56,103,442 | 3,533,928 |
| 5510002 | PROF SERV-BANK/FIN | 16,042 | — | — | — |
| 5510003 | PROF SERV-MGT CONSUL | 8,817,318 | — | — | — |
| 5510004 | PROF SERV-ENG/ARCHIT | 719,837 | — | — | — |
| 5510005 | PROF SERV-LEGAL | 4,600 | — | — | — |
| 5510007 | PROF SERV-MED/DEN | 4,439,536 | — | — | — |
| 5510008 | PROF SER-OC/PHY THER | 2,187 | — | — | — |
| 5510012 | PROF SERV-EDUCATION | 6,573 | — | — | — |
| 5510020 | PROF SERV-BLD/CONSTR | 6,045 | — | — | — |
| 5510021 | PROF SERV-ENVIRONMTL | 185,884 | — | — | — |
| 5510023 | PROF SERV-INDUSTCLN | 280 | — | — | — |
| 5510025 | PROF SRV-PUB SAFETY | 2,170 | — | — | — |
| 5510027 | PROF SERV-TRANS/STOR | 1,331,875 | — | — | — |
| 5510400 | PROF SERV-OTHER | 30,521,207 | — | — | — |
| **Total Professional Services:** | | **$46,053,554** | **$52,569,514** | **$56,103,442** | **$3,533,928** |

## Other Charges

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5600000 | TOTAL OTHER CHARGES | — | 225,653,348 | 230,600,525 | 4,947,177 |
| 5610001 | LOC AID-LOCL SCHL BD | 3,323 | — | — | — |
| 5610013 | LOC AID-PUB ASST-EDU | 252,747 | — | — | — |
| 5610015 | LOC AID-MEDICAID PMT | 78,965,512 | — | — | — |
| 5610016 | LOC AID-NON MEDI PMT | 304,680 | — | — | — |
| 5610020 | PUBLIC ASST-HEALTH | 58,374 | — | — | — |
| 5620025 | MISC-TUITION-LEAS-IN | 111 | — | — | — |
| 5620056 | MISC-CONTRACTUAL SRV | 16,644,264 | — | — | — |

## Other Charges *(continued)*

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5620062 | MISC-INTERESTEXP | 1,000,334 | — | — | — |
| 5620063 | MISC-OPERATNG SVCS | 4,102,127 | — | — | — |
| 5620064 | MISC-PROF SVCS | 21,464,116 | — | — | — |
| 5620065 | MISC-SUPPLIES OTHER | 16,188,071 | — | — | — |
| 5620066 | MISC-TRVL IN STATE | 752 | — | — | — |
| 5620067 | MISC-TR OUT OF STATE | 4,075 | — | — | — |
| 5620068 | MISC-ACQ/MAJ REP OTH | 1,649,553 | — | — | — |
| 5620069 | MISC-INTERAGENCY OTH | 325,640 | — | — | — |
| 5620076 | MISC-OC-WAGES | 23,320 | — | — | — |
| 5620082 | MISC-OC-MEDICARE TAX | 338 | — | — | — |
| 5620135 | MISC-TRANSCRIPTS | 332,160 | — | — | — |
| 5620137 | MISC-OC-PS-MEDICAL | 97,920,773 | — | — | — |
| **Total Other Charges:** | | **$239,240,271** | **$225,653,348** | **$230,600,525** | **$4,947,177** |

## Interagency Transfers

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5950000 | TOTAL IAT | — | 14,026,836 | 14,156,836 | 130,000 |
| 5950001 | IAT-COMMODITY/SERV | 4,379,964 | — | — | — |
| 5950007 | IAT-PRINTING | 357,523 | — | — | — |
| 5950008 | IAT-POSTAGE | 176,059 | — | — | — |
| 5950013 | IAT-TEL-LANET DATA | 2,961 | — | — | — |
| 5950014 | IAT-TELEPHONE | 1,538,532 | — | — | — |
| 5950017 | IAT-INSURANCE | 1,081,461 | — | — | — |
| 5950023 | IAT-OTHER MAINTENANC | 1,576 | — | — | — |
| 5950026 | IAT-RENTALS | 2,208,829 | — | — | — |
| 5950032 | IAT-ADMIN IND COST | 245,991 | — | — | — |
| 5950033 | IAT-INTER AGY TRANS | 1,683,818 | — | — | — |

## Interagency Transfers *(continued)*

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5950038 | IAT-OTHER OPER SERV | 17,228,850 | — | — | — |
| 5950058 | IAT-TECH SVCS | 540,224 | 25,223,682 | 25,442,624 | 218,942 |
| 5950059 | IAT-ST PROCUREMENT | 153,236 | — | — | — |
| **Total Interagency Transfers:** | | **$29,599,026** | **$39,250,518** | **$39,599,460** | **$348,942** |

## Acquisitions

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5710221 | ACQ-COMP HARDWARE | 17,643 | — | — | — |
| 5710223 | ACQ-COMM EQUIP | 646 | — | — | — |
| 5710224 | ACQ-OFFICE FURN&EQP | 9,853 | — | — | — |
| 5710227 | ACQ-MEDICAL EQUIP | 62,268 | — | — | — |
| 5710228 | ACQ-FARM/RESEARCH EQ | 850 | — | — | — |
| 5710229 | ACQ-SEC/LAW ENFOR EQ | 4,760 | — | — | — |
| 5710236 | ACQ-OTHER | 4,341 | — | — | — |
| 5710237 | ACQ-ART ADMIN | 825 | — | — | — |
| 5710277 | ACQ-EQUP FIXED BLDG | 36,738 | — | — | — |
| 5710928 | AGRIC/RESEARCH-MA | 90,518 | — | — | — |
| **Total Acquisitions:** | | **$228,442** | **—** | **—** | **—** |
| **Total Agency Expenditures:** | | **$483,496,198** | **$491,303,782** | **$501,840,463** | **$10,536,681** |

# PROGRAM SUMMARY STATEMENT

## 3262 - Public Health Services

### Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 71,511,710 | 69,072,830 | 72,663,859 | 3,591,029 | 5.20% |
| STATE GENERAL FUND BY: | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 17,570,758 | 85,165,344 | 86,440,950 | 1,275,606 | 1.50% |
| FEES & SELF-GENERATED | 52,736,706 | 60,329,443 | 60,733,070 | 403,627 | 0.67% |
| STATUTORY DEDICATIONS | 15,001,047 | 14,826,686 | 15,026,272 | 199,586 | 1.35% |
| FEDERAL FUNDS | 326,675,976 | 261,909,479 | 266,976,312 | 5,066,833 | 1.93% |
| **TOTAL MEANS OF FINANCING** | **$483,496,198** | **$491,303,782** | **$501,840,463** | **$10,536,681** | **2.14%** |

## Fees and Self-Generated

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| Fees & Self-generated Revenues | 52,047,667 | 58,451,689 | 58,849,724 | 398,035 | 0.68% |
| Vital Records Conversion Dedicated Fund Account | 425,404 | 1,675,404 | 1,676,608 | 1,204 | 0.07% |
| Emergency Medical Technician Fund | — | 28,000 | 28,238 | 238 | 0.85% |
| Oyster Sanitation Dedicated Fund Account | 263,636 | 174,350 | 178,500 | 4,150 | 2.38% |
| **Total:** | **$52,736,706** | **$60,329,443** | **$60,733,070** | **$403,627** | **0.67%** |

## Statutory Dedications

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| Telecommunications for the Deaf Fund | 4,024,725 | 5,510,939 | 5,625,762 | 114,823 | 2.08% |
| Rural Primary Care Physicians Development Fund | 1,307,500 | — | — | — | — |
| Louisiana Fund | 9,668,822 | 9,315,747 | 9,400,510 | 84,763 | 0.91% |
| **Total:** | **$15,001,047** | **$14,826,686** | **$15,026,272** | **$199,586** | **1.35%** |

## Program Expenditures

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Percent Change |
|---|---|---|---|---|---|
| Salaries | 86,935,412 | 88,386,928 | 91,390,998 | 3,004,070 | 3.40% |
| Other Compensation | 4,498,938 | 6,688,565 | 4,284,263 | (2,404,302) | (35.95)% |
| Related Benefits | 50,006,926 | 49,685,778 | 49,619,694 | (66,084) | (0.13)% |
| **TOTAL PERSONAL SERVICES** | **$141,441,276** | **$144,761,271** | **$145,294,955** | **$533,684** | **0.37%** |
| Travel | 2,365,253 | 2,615,103 | 2,853,046 | 237,943 | 9.10% |
| Operating Services | 11,709,235 | 13,550,132 | 14,028,025 | 477,893 | 3.53% |
| Supplies | 12,859,142 | 12,903,896 | 13,361,010 | 457,114 | 3.54% |
| **TOTAL OPERATING EXPENSES** | **$26,933,630** | **$29,069,131** | **$30,242,081** | **$1,172,950** | **4.04%** |
| **PROFESSIONAL SERVICES** | **$46,053,554** | **$52,569,514** | **$56,103,442** | **$3,533,928** | **6.72%** |
| Other Charges | 239,240,271 | 225,653,348 | 230,600,525 | 4,947,177 | 2.19% |
| Debt Service | — | — | — | — | — |
| Interagency Transfers | 29,599,026 | 39,250,518 | 39,599,460 | 348,942 | 0.89% |
| **TOTAL OTHER CHARGES** | **$268,839,296** | **$264,903,866** | **$270,199,985** | **$5,296,119** | **2.00%** |
| Acquisitions | 228,442 | — | — | — | — |
| Major Repairs | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **$228,442** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$483,496,198** | **$491,303,782** | **$501,840,463** | **$10,536,681** | **2.14%** |

## Program Positions

| | | | | | |
|---|---|---|---|---|---|
| Classified | 1,220 | 1,162 | 1,173 | 11 | 0.95% |
| Unclassified | 14 | 14 | 14 | — | — |
| TOTAL AUTHORIZED T.O. POSITIONS | 1,234 | 1,176 | 1,187 | 11 | 0.94% |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — | — | — | — | — |
| TOTAL NON-T.O. FTE POSITIONS | 103 | 88 | 88 | — | — |
| TOTAL POSITIONS | 1,337 | 1,264 | 1,275 | 11 | 0.87% |

# Cost Detail

## Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|
| State General Fund | 71,511,710 | 69,072,830 | 72,663,859 | 3,591,029 |
| Interagency Transfers | 17,570,758 | 85,165,344 | 86,440,950 | 1,275,606 |
| Fees & Self-generated Revenues | 52,047,667 | 58,451,689 | 58,849,724 | 398,035 |
| Vital Records Conversion Dedicated Fund Account | 425,404 | 1,675,404 | 1,676,608 | 1,204 |
| Emergency Medical Technician Fund | — | 28,000 | 28,238 | 238 |
| Oyster Sanitation Dedicated Fund Account | 263,636 | 174,350 | 178,500 | 4,150 |
| Telecommunications for the Deaf Fund | 4,024,725 | 5,510,939 | 5,625,762 | 114,823 |
| Rural Primary Care Physicians Development Fund | 1,307,500 | — | — | — |
| Louisiana Fund | 9,668,822 | 9,315,747 | 9,400,510 | 84,763 |
| Federal Funds | 326,675,976 | 261,909,479 | 266,976,312 | 5,066,833 |
| **Total:** | **$483,496,198** | **$491,303,782** | **$501,840,463** | **$10,536,681** |

## Salaries

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5110000 | TOTAL SALARIES | — | — | 3,004,070 | 3,004,070 |
| 5110010 | SAL-CLASS-TO-REG | 83,805,590 | 86,083,647 | 86,083,647 | — |
| 5110015 | SAL-CLASS-TO-OT | 151,965 | — | — | — |
| 5110020 | SAL-CLASS-TO-TERM | 668,652 | — | — | — |
| 5110025 | SAL-UNCLASS-TO-REG | 2,303,281 | 2,303,281 | 2,303,281 | — |
| 5110030 | SAL-UNCLASS-TO-OT | 5,925 | — | — | — |
| **Total Salaries:** | | **$86,935,412** | **$88,386,928** | **$91,390,998** | **$3,004,070** |

## Other Compensation

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5120000 | TOTAL OTHER COMP | — | — | (2,404,302) | (2,404,302) |
| 5120010 | COMPENSATION/WAGES | 4,428,486 | 6,484,205 | 6,484,205 | — |
| 5120035 | STUDENT LABOR | 11,450 | 204,360 | 204,360 | — |

## Other Compensation *(continued)*

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5120105 | COMP-CL-NON TO-OT | 27,130 | — | — | — |
| 5120110 | COMP-CL-NON TO-TERM | 31,872 | — | — | — |
| **Total Other Compensation:** | | **$4,498,938** | **$6,688,565** | **$4,284,263** | **$(2,404,302)** |

## Related Benefits

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5130000 | TOTAL RELATED BENF | — | — | (66,084) | (66,084) |
| 5130010 | RET CONTR-STATE EMP | 28,089,089 | 28,112,209 | 28,112,209 | — |
| 5130020 | RET CONTR-TEACHERS | 264,486 | — | — | — |
| 5130050 | POSTRET BENEFITS | 9,706,746 | 9,700,000 | 9,700,000 | — |
| 5130055 | FICA TAX (OASDI) | 84,973 | 139,063 | 139,063 | — |
| 5130060 | MEDICARE TAX | 1,227,789 | 1,333,752 | 1,333,752 | — |
| 5130065 | UNEMPLOYMENT BENEFIT | 8,381 | 30,000 | 30,000 | — |
| 5130070 | GRP INS CONTRIBUTION | 10,620,371 | 10,370,754 | 10,370,754 | — |
| 5130090 | TAXABLE FRINGE BEN | 5,092 | — | — | — |
| **Total Related Benefits:** | | **$50,006,926** | **$49,685,778** | **$49,619,694** | **$(66,084)** |

## Travel

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5200000 | TOTAL TRAVEL | — | 2,615,103 | 2,853,046 | 237,943 |
| 5210010 | IN-STATE TRAVEL-ADM | 21,994 | — | — | — |
| 5210015 | IN-STATE TRAVEL-CONF | 285,959 | — | — | — |
| 5210020 | IN-STATE TRAV-FIELD | 1,831,380 | — | — | — |
| 5210025 | IN-STATE TRV-BD MEM | 1,868 | — | — | — |
| 5210030 | IN-STATE TRV-IT/TRN | (1,456) | — | — | — |
| 5210050 | OUT-OF-STATE TRV-ADM | 8,595 | — | — | — |
| 5210055 | OUT-OF-STTRV-CONF | 195,668 | — | — | — |

## Travel *(continued)*

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5210060 | OUT-OF-STTRV-FIELD | 10,955 | — | — | — |
| 5210105 | STAFF TRAINING | 1,459 | — | — | — |
| 5210110 | CONFERENCE REG FEES | 8,831 | — | — | — |
| **Total Travel:** | | **$2,365,253** | **$2,615,103** | **$2,853,046** | **$237,943** |

## Operating Services

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5300000 | TOTAL OPERATING SERV | — | 13,550,132 | 14,028,025 | 477,893 |
| 5310001 | SERV-ADVERTISING | 147 | — | — | — |
| 5310003 | SERV-MARKETING | 300 | — | — | — |
| 5310004 | SERV-BANK FEES | 3 | — | — | — |
| 5310005 | SERV-PRINTING | 152,012 | — | — | — |
| 5310009 | SERV-MOVING SERVICES | 8,252 | — | — | — |
| 5310010 | SERV-DUES & OTHER | 117,307 | — | — | — |
| 5310011 | SERV-SUBSCRIPTIONS | 71,444 | — | — | — |
| 5310013 | SERV-LAB FEES | 252,627 | — | — | — |
| 5310015 | SERV-SECURITY | 101,640 | — | — | — |
| 5310017 | SERV-DOC DESTRUCTION | 720 | — | — | — |
| 5310019 | SERV-FREIGHT | 17,957 | — | — | — |
| 5310025 | SERV-LOCKSMITH | 119 | — | — | — |
| 5310026 | SERV-INVESTIGATE EXP | 109 | — | — | — |
| 5310031 | SER-CRDT CRD TRN FEE | 3,299 | — | — | — |
| 5310033 | SERV-OTH LAB-VET | 29,517 | — | — | — |
| 5310037 | SERV - TRAINING | 10,194 | — | — | — |
| 5310040 | SERV-BANK (NON-DEBT) | 36,295 | — | — | — |
| 5310049 | SERV-DUES & OTHER | 24,820 | — | — | — |
| 5310050 | SERV-DUES & OTHER | 2,004 | — | — | — |

## Operating Services *(continued)*

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5310054 | SERV-IT SUBSCRIPTION | (66) | — | — | — |
| 5310400 | SERV-MISC | 369,993 | — | — | — |
| 5330001 | MAINT-BUILDINGS | 12,645 | — | — | — |
| 5330003 | MAINT-PESTCONTROL | 11,073 | — | — | — |
| 5330004 | MAINT-GARBAGE DISP | 67,412 | — | — | — |
| 5330005 | MAINT-WSTDISP-SHRED | 6,404 | — | — | — |
| 5330006 | MAINT-HAZ WASTE DISP | 40,631 | — | — | — |
| 5330007 | MAINT-PROPERTY | 594 | — | — | — |
| 5330008 | MAINT-EQUIPMENT | 1,357,945 | — | — | — |
| 5330012 | MAINT-JANITORIAL | 622,366 | — | — | — |
| 5330013 | MAINT-CLEANING SERV | 6,275 | — | — | — |
| 5330014 | MAINT-GROUNDS | 3,307 | — | — | — |
| 5330018 | MAINT-AUTO REPAIRS | 87,939 | — | — | — |
| 5330020 | MAINT-BOATS/BOAT MTR | 21,109 | — | — | — |
| 5340010 | RENT-REAL ESTATE | 6,531,112 | — | — | — |
| 5340015 | RENT-OPER COST-BLDG | 5,080 | — | — | — |
| 5340020 | RENT-EQUIPMENT | 280,770 | — | — | — |
| 5340070 | RENT-OTHER | 99,354 | — | — | — |
| 5340075 | RENT-UNIFORM/CLOTHNG | 8,182 | — | — | — |
| 5340076 | MIPA-PRINCIPAL | (1,087) | — | — | — |
| 5350001 | UTIL-INTERNET PROVID | 46,622 | — | — | — |
| 5350002 | UTIL-DATA LINE/CIRCT | 6,224 | — | — | — |
| 5350004 | UTIL-TELEPHONE SERV | 441,750 | — | — | — |
| 5350005 | UTIL-OTHER COMM SERV | 33,101 | — | — | — |
| 5350006 | UTIL-MAIL/DEL/POST | 144,984 | — | — | — |
| 5350007 | UTIL-POSTAGE DUE | (146) | — | — | — |
| 5350008 | UTIL-DEL UPS/FED EXP | 39,632 | — | — | — |

## Operating Services *(continued)*

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5350009 | UTIL-GAS | 36,332 | — | — | — |
| 5350010 | UTIL-ELECTRICITY | 377,336 | — | — | — |
| 5350011 | UTIL-WATER | 30,259 | — | — | — |
| 5350012 | UTIL-CABLE | 6,029 | — | — | — |
| 5350016 | UTIL-SERVICES | 281 | — | — | — |
| 5350017 | UTIL-OPR SER-LAUNDRY | 3,544 | — | — | — |
| 5350018 | UTIL-MAIL/DEL/POST | 181,168 | — | — | — |
| 5350019 | UTIL-MAIL/DEL/POST | 50 | — | — | — |
| 5350020 | UTIL-MAIL/DEL/POST | 626 | — | — | — |
| 5350021 | UTIL-SEWER | 998 | — | — | — |
| 5350400 | UTIL-OTHER | 643 | — | — | — |
| **Total Operating Services:** | | **$11,709,235** | **$13,550,132** | **$14,028,025** | **$477,893** |

## Supplies

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5400000 | TOTAL SUPPLIES | — | 12,903,896 | 13,361,010 | 457,114 |
| 5410001 | SUP-OFFICE SUPPLIES | 435,433 | — | — | — |
| 5410002 | SUP-TELEPH & ACCESS | 1,919 | — | — | — |
| 5410005 | SUP-PHARMACEUTICAL | 2,508,399 | — | — | — |
| 5410006 | SUP-COMPUTER | 125,532 | — | — | — |
| 5410007 | SUP-CLOTHING/UNIFORM | 16,887 | — | — | — |
| 5410008 | SUP-MEDICAL | 435,757 | — | — | — |
| 5410009 | SUP-EDUCATION & REC | 196,402 | — | — | — |
| 5410010 | SUP-TEXTBOOKS | 366 | — | — | — |
| 5410013 | SUP-FOOD & BEVERAGE | 752,953 | — | — | — |
| 5410015 | SUP-AUTO | 15,053 | — | — | — |

## Supplies *(continued)*

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5410017 | SUP-JANITORIAL | 28,532 | — | — | — |
| 5410019 | SUP-CHEMICAL/GAS MAT | 210,848 | — | — | — |
| 5410020 | SUP-COMMUNICATIONS | 2,113 | — | — | — |
| 5410021 | SUP-ELECTRONICS/ELEC | 280 | — | — | — |
| 5410023 | SUP-PERSONAL | 375 | — | — | — |
| 5410025 | SUP-LAB SUPPLIES | 5,017,708 | — | — | — |
| 5410027 | SUP-OTHER MEDICAL | 2,601,293 | — | — | — |
| 5410028 | SUP-STORAGE/PACKAGNG | 5,072 | — | — | — |
| 5410030 | SUP-TOOLS | 999 | — | — | — |
| 5410031 | SUP-REP/MNT SUP-AUTO | 682 | — | — | — |
| 5410032 | SUP-REP/MNT SUP-OTHR | 7 | — | — | — |
| 5410035 | SUP-SOFTWARE | (3,452) | — | — | — |
| 5410036 | SUP-FUELTRAC | 171,278 | — | — | — |
| 5410042 | SUP-SCIENT.SAMPLING | 105,357 | — | — | — |
| 5410045 | SUP-BOAT MTCE | 11,711 | — | — | — |
| 5410048 | SUP-FACILITIES | 25 | — | — | — |
| 5410053 | SUP-PROT APP & EQUIP | (2,848) | — | — | — |
| 5410054 | SUP-STORES INCREASE | 88,731 | — | — | — |
| 5410055 | SUP-STORES DECREASE | — | — | — | — |
| 5410060 | SUP-POOL SUPPLIES | 46 | — | — | — |
| 5410062 | SUP-FUEL-DEF FLUID | 144 | — | — | — |
| 5410400 | SUP-OTHER | 131,542 | — | — | — |
| **Total Supplies:** | | **$12,859,142** | **$12,903,896** | **$13,361,010** | **$457,114** |

## Professional Services

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5500000 | TOTAL PROF SERVICES | — | 52,569,514 | 56,103,442 | 3,533,928 |
| 5510002 | PROF SERV-BANK/FIN | 16,042 | — | — | — |
| 5510003 | PROF SERV-MGT CONSUL | 8,817,318 | — | — | — |
| 5510004 | PROF SERV-ENG/ARCHIT | 719,837 | — | — | — |
| 5510005 | PROF SERV-LEGAL | 4,600 | — | — | — |
| 5510007 | PROF SERV-MED/DEN | 4,439,536 | — | — | — |
| 5510008 | PROF SER-OC/PHY THER | 2,187 | — | — | — |
| 5510012 | PROF SERV-EDUCATION | 6,573 | — | — | — |
| 5510020 | PROF SERV-BLD/CONSTR | 6,045 | — | — | — |
| 5510021 | PROF SERV-ENVIRONMTL | 185,884 | — | — | — |
| 5510023 | PROF SERV-INDUSTCLN | 280 | — | — | — |
| 5510025 | PROF SRV-PUB SAFETY | 2,170 | — | — | — |
| 5510027 | PROF SERV-TRANS/STOR | 1,331,875 | — | — | — |
| 5510400 | PROF SERV-OTHER | 30,521,207 | — | — | — |
| **Total Professional Services:** | | **$46,053,554** | **$52,569,514** | **$56,103,442** | **$3,533,928** |

## Other Charges

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5600000 | TOTAL OTHER CHARGES | — | 225,653,348 | 230,600,525 | 4,947,177 |
| 5610001 | LOC AID-LOCL SCHL BD | 3,323 | — | — | — |
| 5610013 | LOC AID-PUB ASST-EDU | 252,747 | — | — | — |
| 5610015 | LOC AID-MEDICAID PMT | 78,965,512 | — | — | — |
| 5610016 | LOC AID-NON MEDI PMT | 304,680 | — | — | — |
| 5610020 | PUBLIC ASST-HEALTH | 58,374 | — | — | — |
| 5620025 | MISC-TUITION-LEAS-IN | 111 | — | — | — |
| 5620056 | MISC-CONTRACTUAL SRV | 16,644,264 | — | — | — |

## Other Charges *(continued)*

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5620062 | MISC-INTERESTEXP | 1,000,334 | — | — | — |
| 5620063 | MISC-OPERATNG SVCS | 4,102,127 | — | — | — |
| 5620064 | MISC-PROF SVCS | 21,464,116 | — | — | — |
| 5620065 | MISC-SUPPLIES OTHER | 16,188,071 | — | — | — |
| 5620066 | MISC-TRVL IN STATE | 752 | — | — | — |
| 5620067 | MISC-TR OUT OF STATE | 4,075 | — | — | — |
| 5620068 | MISC-ACQ/MAJ REP OTH | 1,649,553 | — | — | — |
| 5620069 | MISC-INTERAGENCY OTH | 325,640 | — | — | — |
| 5620076 | MISC-OC-WAGES | 23,320 | — | — | — |
| 5620082 | MISC-OC-MEDICARE TAX | 338 | — | — | — |
| 5620135 | MISC-TRANSCRIPTS | 332,160 | — | — | — |
| 5620137 | MISC-OC-PS-MEDICAL | 97,920,773 | — | — | — |
| **Total Other Charges:** | | **$239,240,271** | **$225,653,348** | **$230,600,525** | **$4,947,177** |

## Interagency Transfers

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5950000 | TOTAL IAT | — | 14,026,836 | 14,156,836 | 130,000 |
| 5950001 | IAT-COMMODITY/SERV | 4,379,964 | — | — | — |
| 5950007 | IAT-PRINTING | 357,523 | — | — | — |
| 5950008 | IAT-POSTAGE | 176,059 | — | — | — |
| 5950013 | IAT-TEL-LANET DATA | 2,961 | — | — | — |
| 5950014 | IAT-TELEPHONE | 1,538,532 | — | — | — |
| 5950017 | IAT-INSURANCE | 1,081,461 | — | — | — |
| 5950023 | IAT-OTHER MAINTENANC | 1,576 | — | — | — |
| 5950026 | IAT-RENTALS | 2,208,829 | — | — | — |
| 5950032 | IAT-ADMIN IND COST | 245,991 | — | — | — |
| 5950033 | IAT-INTER AGY TRANS | 1,683,818 | — | — | — |

## Interagency Transfers *(continued)*

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5950038 | IAT-OTHER OPER SERV | 17,228,850 | — | — | — |
| 5950058 | IAT-TECH SVCS | 540,224 | 25,223,682 | 25,442,624 | 218,942 |
| 5950059 | IAT-ST PROCUREMENT | 153,236 | — | — | — |
| **Total Interagency Transfers:** | | **$29,599,026** | **$39,250,518** | **$39,599,460** | **$348,942** |

## Acquisitions

| Commitment Item | Name | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|
| 5710221 | ACQ-COMP HARDWARE | 17,643 | — | — | — |
| 5710223 | ACQ-COMM EQUIP | 646 | — | — | — |
| 5710224 | ACQ-OFFICE FURN&EQP | 9,853 | — | — | — |
| 5710227 | ACQ-MEDICAL EQUIP | 62,268 | — | — | — |
| 5710228 | ACQ-FARM/RESEARCH EQ | 850 | — | — | — |
| 5710229 | ACQ-SEC/LAW ENFOR EQ | 4,760 | — | — | — |
| 5710236 | ACQ-OTHER | 4,341 | — | — | — |
| 5710237 | ACQ-ART ADMIN | 825 | — | — | — |
| 5710277 | ACQ-EQUP FIXED BLDG | 36,738 | — | — | — |
| 5710928 | AGRIC/RESEARCH-MA | 90,518 | — | — | — |
| **Total Acquisitions:** | | **$228,442** | **—** | **—** | **—** |
| **Total Expenditures for Program 3262** | | **$483,496,198** | **$491,303,782** | **$501,840,463** | **$10,536,681** |
| **Total Agency Expenditures:** | | **$483,496,198** | **$491,303,782** | **$501,840,463** | **$10,536,681** |

# SOURCE OF FUNDING SUMMARY

## Agency Overview

### Interagency Transfers

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Form ID |
|---|---|---|---|---|---|
| MCH BLOCK GRANT | — | — | — | — | 56170 |
| INTERAGENCY TRANSFERS | 1,743,512 | 2,543,473 | 2,543,473 | — | 56224 |
| INTERAGENCY TRANSFERS | — | 632,762 | 632,762 | — | 56225 |
| INTERAGENCY TRANSFERS | 108,096 | 80,000 | 20,000 | (60,000) | 56227 |
| INTERAGENCY TRANSFERS | 76,014,796 | — | — | — | 56228 |
| CSHCS | — | 2,930 | 2,930 | — | 56230 |
| MEDICAID | 15,203 | 240 | 240 | — | 56231 |
| MEDICAID | — | 19,459 | 19,459 | — | 56232 |
| DCFS-TANF | 877,075 | 1,511,658 | 1,511,658 | — | 56235 |
| MEDICAID | — | 80,092 | — | (80,092) | 56236 |
| INTERAGENCY TRANSFERS | 134,695 | 69,950 | — | (69,950) | 56237 |
| DEPT OF EDUCATION(ED) | — | 136,605 | — | (136,605) | 56238 |
| INTERAGENCY TRANSFERS | — | 7,006 | 7,006 | — | 56240 |
| INTERAGENCY TRANSFERS | — | 25,000 | 25,000 | — | 56242 |
| DEPT OF EDUCATION(ED) | 77,425 | 95,000 | 130,220 | 35,220 | 56243 |
| DCFS | 59,303 | 81,000 | 81,000 | — | 56244 |
| INTER FUND TRANSFER IN | — | 63,974,347 | 60,337,935 | (3,636,412) | 56365 |
| LDH-MVA | — | 4,158,551 | 4,158,551 | — | 56539 |
| MISC COLLECTIONS | — | — | (20,756) | (20,756) | 56554 |
| MISC COLLECTIONS | — | — | — | — | 56570 |
| MISC COLLECTIONS | (62,071,650) | — | — | — | 56580 |
| LDH-OBH | 612,303 | — | — | — | 56770 |
| INTERAGENCY TRANSFERS | — | 11,747,271 | 15,735,929 | 3,988,658 | 61164 |
| LDH-MVP | — | — | 1,255,543 | 1,255,543 | 63256 |
| **Total Interagency Transfers** | **$17,570,758** | **$85,165,344** | **$86,440,950** | **$1,275,606** | |

### Fees & Self-generated

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Form ID |
|---|---|---|---|---|---|
| Q08-OYSTER SANITATON | 263,636 | 174,350 | 178,500 | 4,150 | 56220 |
| H18-VITAL REC CONV FUND | 425,404 | 1,675,404 | 1,676,608 | 1,204 | 56221 |
| HIV/AIDS PROGRAMS | 9,999 | 6,421 | 6,421 | — | 56249 |

## Fees & Self-generated *(continued)*

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Form ID |
|---|---|---|---|---|---|
| CSHCS | 93,671 | 80,483 | 80,483 | — | 56250 |
| EMERGENCY MEDICAL SVCS | 426,475 | 460,000 | 460,000 | — | 56251 |
| FAMILY PLANNING | 6,319,785 | 4,794,257 | 4,794,257 | — | 56254 |
| FEES & SELF GENERATED | 3,934,727 | 3,077,280 | 3,077,280 | — | 56256 |
| FEES & SELF GENERATED | 1,928,541 | 868,541 | 868,541 | — | 56257 |
| SPECIAL LAB | 73,165 | 45,900 | 45,900 | — | 56258 |
| CERTIFICATION | 18,400 | 33,000 | 33,000 | — | 56259 |
| FEES & SELF GENERATED | — | 29,500 | 29,500 | — | 56261 |
| FEES & SELF GENERATED | 35,338 | 32,500 | — | (32,500) | 56263 |
| FEES & SELF GENERATED | — | 9,532,925 | 9,257,686 | (275,239) | 56266 |
| STD | 727,584 | 678,000 | 678,000 | — | 56268 |
| STD | 29,360 | 64,177 | 64,177 | — | 56269 |
| TB CONTROL PREVENTION | 149,206 | 129,715 | 129,715 | — | 56270 |
| FEES & SELF GENERATED | 302,670 | 170,450 | 170,450 | — | 56272 |
| SAFE DRINKING WATER | 20,231,728 | 19,550,000 | 20,050,000 | 500,000 | 56273 |
| FOOD AND DRUG | 347,610 | 1,026,240 | 1,026,240 | — | 56274 |
| FEES & SELF GENERATED | 12,150 | 18,000 | 18,000 | — | 56275 |
| FEES & SELF GENERATED | — | 70,000 | 70,000 | — | 56276 |
| FEES & SELF GENERATED | — | 70,000 | 70,000 | — | 56277 |
| FEES & SELF GENERATED | 123,802 | 250,000 | 250,000 | — | 56278 |
| FEES & SELF GENERATED | 129,507 | 40,000 | 40,000 | — | 56279 |
| FEES & SELF GENERATED | 126,575 | 176,000 | 176,000 | — | 56280 |
| FEES & SELF GENERATED | 7,544,073 | 6,224,000 | 6,224,000 | — | 56281 |
| FEES & SELF GENERATED | — | 100,000 | 100,000 | — | 56282 |
| FEES & SELF GENERATED | 1,565,878 | 3,000,000 | 3,000,000 | — | 56283 |
| TANNING FACILITIES | 22,230 | 25,000 | 25,000 | — | 56284 |
| VITAL RECORDS | 6,086,848 | 5,400,000 | 5,400,000 | — | 56285 |
| FEDERAL | — | 1,016,373 | 1,016,373 | — | 56338 |
| MISC COLLECTIONS | 231,035 | 50,200 | 50,200 | — | 56543 |
| MISC COLLECTIONS | — | — | 205,774 | 205,774 | 56554 |
| MISC SELF-GEN REVENUE | 1,577,310 | — | — | — | 56576 |
| EMERGENCY MEDICAL SVCS | — | 28,000 | 28,238 | 238 | 56818 |
| STATE & LOCAL GOVT | — | 1,432,727 | 1,432,727 | — | 61025 |
| **Total Fees & Self-generated** | **$52,736,707** | **$60,329,443** | **$60,733,070** | **$403,627** | |

## Statutory Dedications

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Form ID |
|---|---|---|---|---|---|
| E02-TELECOM DEAF FUND | 4,024,725 | 5,510,939 | 5,625,762 | 114,823 | 56218 |
| H45-RURAL PC PHY DEV FD | 1,307,500 | — | — | — | 56219 |
| Z13-LOUISIANA FUND | 96,668 | 500,000 | — | (500,000) | 56222 |
| Z13-LOUISIANA FUND | 6,281,786 | 5,821,260 | 6,406,023 | 584,763 | 56223 |
| MISC COLLECTIONS | 3,290,368 | 2,994,487 | 2,994,487 | — | 56537 |
| **Total Statutory Dedications** | **$15,001,047** | **$14,826,686** | **$15,026,272** | **$199,586** | |

## Federal Funds

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Form ID |
|---|---|---|---|---|---|
| HIV/AIDS PROGRAMS | 651,717 | 677,292 | 677,292 | — | 56055 |
| HIV/AIDS PROGRAMS | 5,406,558 | 5,284,187 | 5,284,187 | — | 56122 |
| HIV/AIDS PROGRAMS | 719,294 | 948,278 | 948,278 | — | 56123 |
| HIV/AIDS PROGRAMS | 31,314,357 | 28,754,060 | 28,754,060 | — | 56124 |
| HIV/AIDS PROGRAMS | 62,114,826 | 61,398,829 | 66,247,135 | 4,848,306 | 56125 |
| HIV/AIDS PROGRAMS | 7,168,593 | 3,493,989 | 3,493,989 | — | 56126 |
| HIV/AIDS PROGRAMS | — | 374,700 | — | (374,700) | 56127 |
| HIV/AIDS PROGRAMS | 652,163 | 657,022 | 657,022 | — | 56128 |
| HIV/AIDS PROGRAMS | 96,071 | 305,559 | 305,559 | — | 56130 |
| HIV/AIDS PROGRAMS | 3,153,672 | 3,095,335 | 3,095,335 | — | 56131 |
| BIOTERRORISM GRANT | 10,774,633 | 12,167,986 | 12,167,986 | — | 56137 |
| NCIPC OPIOID CRISIS | 3,846,522 | 6,132,246 | 6,132,246 | — | 56139 |
| LDH - COVID-19 CCP RSP | 53,698 | — | — | — | 56140 |
| FEDERAL | 99,982 | 235,000 | 235,000 | — | 56141 |
| CSHCS | 104,123 | 503,998 | 503,998 | — | 56142 |
| CSHCS | 5,583,091 | 5,544,314 | 5,544,314 | — | 56143 |
| EMERGENCY MEDICAL SVCS | 297,646 | 361,981 | 361,981 | — | 56144 |
| EMERGENCY MEDICAL SVCS | 175,897 | 190,650 | 190,650 | — | 56145 |
| EMERGENCY MEDICAL SVCS | 1,125 | — | — | — | 56146 |
| RAPE CRISIS PROGRAM | 100,716 | 621,849 | 621,849 | — | 56147 |
| VIOLENCE AGAINST WOMEN | 713,964 | 561,455 | 561,455 | — | 56148 |
| EPID LAB CAPACITY (ELC) | 3,024,268 | 5,267,544 | 5,267,544 | — | 56149 |
| EPID LAB CAPACITY (ELC) | 820,225 | — | — | — | 56150 |
| ANTIBIOTIC RES RET FOOD | 113,577 | 135,000 | 135,000 | — | 56153 |
| FAMILY PLANNING | 6,373,542 | 4,523,158 | 4,523,158 | — | 56154 |
| FAMILY PLANNING | 419,788 | 500,000 | 500,000 | — | 56155 |

## Federal Funds *(continued)*

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Form ID |
|---|---|---|---|---|---|
| FAMILY PLANNING | 1,412,441 | 624,000 | 624,000 | — | 56156 |
| HUD LEAD | 622,434 | 457,722 | 457,722 | — | 56157 |
| MCH BLOCK GRANT | 963,420 | 780,000 | 780,000 | — | 56158 |
| IMMUNIZATION GRANT | 3,818,913 | 6,657,230 | 6,657,230 | — | 56160 |
| CHILD DEATH REVIEW | 48,788 | 50,000 | 50,000 | — | 56161 |
| FEDERAL | 315,169 | 380,086 | 380,086 | — | 56162 |
| FEDERAL | 185,103 | 300,600 | 300,600 | — | 56163 |
| FEDERAL | 825,303 | 750,000 | 750,000 | — | 56164 |
| FEDERAL | 3,410 | — | — | — | 56165 |
| PRAMS | 169,447 | 175,000 | 175,000 | — | 56166 |
| FEDERAL | 321,101 | 325,000 | 325,000 | — | 56167 |
| SYSTEMS DEVELOPMENT | 98,965 | 115,000 | 115,000 | — | 56168 |
| FEDERAL | 348,698 | 280,067 | 111,010 | (169,057) | 56169 |
| MCH BLOCK GRANT | 5,757,690 | 4,457,507 | 4,457,507 | — | 56170 |
| FEDERAL | 485,511 | 570,000 | 570,000 | — | 56171 |
| MCH BLOCK GRANT | 350,011 | 4,339,889 | 4,339,889 | — | 56172 |
| MCH BLOCK GRANT | 12,083,080 | 12,918,800 | 12,918,800 | — | 56174 |
| LDH - COVID-19 CCP RSP | 393,690 | 3,639,637 | 3,639,637 | — | 56175 |
| RURAL HEALTH | 13,225 | — | — | — | 56176 |
| STUDENT LOAN REPAYMENT | 272,766 | — | — | — | 56177 |
| PRIMARY CARE GRANT | 90,255 | — | — | — | 56178 |
| SHIP | 525,337 | — | — | — | 56179 |
| WELL-AHEAD HEALTH GRANT | 301,374 | 48,444 | — | (48,444) | 56180 |
| CRITICAL ACCESS FLEX | 430,628 | — | — | — | 56181 |
| ORAL HEALTH GRANT | 219,002 | 15,118 | — | (15,118) | 56183 |
| BRFSS | 395,490 | 131,650 | 131,650 | — | 56184 |
| PREVENTIVE HEALTH GRNT | 1,054,433 | 700,904 | 700,904 | — | 56185 |
| OPIOID OVERDOSE SURV | 1,277,380 | 1,190,888 | 1,190,888 | — | 56186 |
| PREVENTIVE HEALTH GRNT | 381,394 | 505,000 | 505,000 | — | 56187 |
| WELL-AHEAD HEALTH GRANT | 370,726 | 696,144 | 696,144 | — | 56188 |
| PREVENTIVE HEALTH GRNT | 767,687 | 693,719 | 693,719 | — | 56189 |
| TOBACCO CONTROL | 1,315,607 | 251,692 | — | (251,692) | 56190 |
| FEDERAL | 403,134 | 43,260 | — | (43,260) | 56191 |
| FEDERAL | 896,588 | 96,778 | — | (96,778) | 56193 |
| FEDERAL | — | 1,306,379 | — | (1,306,379) | 56194 |

## Federal Funds *(continued)*

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Form ID |
|---|---|---|---|---|---|
| FEDERAL | — | 1,854,004 | 36,441,109 | 34,587,105 | 56195 |
| CSFP | 3,407,387 | 843,600 | — | (843,600) | 56196 |
| WIC ADMINISTRATION | 125,227,523 | 30,097,826 | — | (30,097,826) | 56197 |
| PEER COUNSELING GRANT | 1,522,264 | 132,030 | — | (132,030) | 56198 |
| MCH BLOCK GRANT | 174,562 | 316,437 | 316,437 | — | 56199 |
| STD | 19,688 | — | — | — | 56200 |
| STD | 2,823,902 | 1,584,651 | 1,584,651 | — | 56201 |
| TB CONTROL PREVENTION | 1,836,707 | 1,027,500 | 945,000 | (82,500) | 56203 |
| TB CONTROL PREVENTION | 496,466 | 747,434 | 747,434 | — | 56204 |
| BEACH MONITORING | 362,590 | 359,000 | 359,000 | — | 56205 |
| SAFE DRINKING WATER | 1,626,543 | 1,700,000 | 1,700,000 | — | 56206 |
| SAFE DRINKING WATER | 1,193,869 | 1,530,000 | 1,530,000 | — | 56207 |
| FEDERAL | 793,246 | 602,594 | 602,594 | — | 56208 |
| OCCUPATIONAL INJURY | 506,409 | 512,905 | 512,905 | — | 56209 |
| APPLETREE PROGRAM | 302,778 | 312,998 | 312,998 | — | 56210 |
| PRIVATE WELL INITIATIVE | 96,986 | 143,614 | 143,614 | — | 56211 |
| ENV PUBLIC HEALTH TRK | 375,056 | 615,000 | 615,000 | — | 56212 |
| FOOD AND DRUG | — | 148,789 | 148,789 | — | 56213 |
| MFD FOOD STANDARDS | 63,983 | 93,420 | 93,420 | — | 56214 |
| COMMERCIAL SEAFOOD | — | 50,000 | 50,000 | — | 56215 |
| VITAL RECORDS | — | 361,036 | 361,036 | — | 56216 |
| VITAL RECORDS | — | 280,067 | 280,067 | — | 56217 |
| FEDERAL | — | — | — | — | 56338 |
| QUITLINE | 231,520 | — | — | — | 56346 |
| SUICIDE PREVENTION | 828,671 | 1,425,456 | 1,425,456 | — | 56529 |
| WELL-AHEAD HEALTH GRANT | 483,666 | 132,046 | — | (132,046) | 56530 |
| MISC COLLECTIONS | 14,632,428 | 20,400,000 | 20,400,000 | — | 56531 |
| WIC ADMINISTRATION | 77,430 | — | — | — | 56532 |
| WIC ADMINISTRATION | 220,229 | — | — | — | 56533 |
| MISC COLLECTIONS | — | 32,871 | 32,871 | — | 56536 |
| MISC COLLECTIONS | — | — | (506,555) | (506,555) | 56554 |
| MISC COLLECTIONS | (14,870,678) | — | — | — | 56570 |
| MISC COLLECTIONS | — | — | — | — | 56580 |
| EPID LAB CAPACITY (ELC) | — | 8,840,268 | 8,840,268 | — | 56582 |
| COMMERCIAL SEAFOOD | — | 13,716 | 13,716 | — | 56633 |

## Federal Funds *(continued)*

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Total Request | Over/Under EOB | Form ID |
|---|---|---|---|---|---|
| BIOTERRORISM GRANT | 1,304,774 | — | — | — | 56764 |
| STD | 89,891 | 7,890 | — | (7,890) | 56765 |
| FEDERAL | 569,575 | 110,703 | — | (110,703) | 56766 |
| FEDERAL | 1,371,318 | 2,748,678 | 2,748,678 | — | 56767 |
| PREVENTIVE HEALTH GRNT | 208,945 | 500,000 | 500,000 | — | 56772 |
| WIC ADMINISTRATION | — | 150,000 | — | (150,000) | 60851 |
| **Total Federal Funds** | **$326,675,976** | **$261,909,479** | **$266,976,312** | **$5,066,833** | |
| **Total Sources of Funding:** | **$411,984,488** | **$422,230,952** | **$429,176,604** | **$6,945,652** | |

# SOURCE OF FUNDING DETAIL

## Interagency Transfers

### Form 56170 — 326-Maternal Child Health Services-MCH Block Grant

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56170 — 326-Maternal Child Health Services-MCH Block Grant

| 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. 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. |
| **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 56224 — 326-HIV Louisiana State Opiod Response 4.0 IAT

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 152,607 | — | — | 152,607 | — | — | 152,607 | — | — |
| Other Compensation | 9,771 | — | — | 9,771 | — | — | 9,771 | — | — |
| Related Benefits | 419,670 | — | — | 419,670 | — | — | 419,670 | — | — |
| **TOTAL PERSONAL SERVICES** | **$582,048** | **—** | **—** | **$582,048** | **—** | **—** | **$582,048** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | 13,583 | — | — | 13,583 | — | — | 13,583 | — | — |
| **TOTAL OPERATING EXPENSES** | **$13,583** | **—** | **—** | **$13,583** | **—** | **—** | **$13,583** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$466,332** | **—** | **—** | **$466,332** | **—** | **—** | **$466,332** | **—** | **—** |
| Other Charges | 1,430,796 | — | — | 1,430,796 | — | — | 1,430,796 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 50,714 | — | — | 50,714 | — | — | 50,714 | — | — |
| **TOTAL OTHER CHARGES** | **$1,481,510** | **—** | **—** | **$1,481,510** | **—** | **—** | **$1,481,510** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$2,543,473** | **—** | **—** | **$2,543,473** | **—** | **—** | **$2,543,473** | **—** | **—** |

## Form 56224 — 326-HIV Louisiana State Opiod Response 4.0 IAT

| 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 implementation of the State Opioid Response (SOR ) 4.0 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 56225 — 326 HIV Syringe Service Program IAT

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 632,762 | — | — | 632,762 | — | — | 632,762 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$632,762** | **—** | **—** | **$632,762** | **—** | **—** | **$632,762** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$632,762** | **—** | **—** | **$632,762** | **—** | **—** | **$632,762** | **—** | **—** |

## Form 56225 — 326 HIV Syringe Service Program IAT

| 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 56227 — 326-BT Alternate Care Site

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 49,893 | — | — | — | — | — | — | — | — |
| Related Benefits | 18,459 | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$68,352** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 11,648 | — | — | 20,000 | — | — | 20,000 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$11,648** | **—** | **—** | **$20,000** | **—** | **—** | **$20,000** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$80,000** | **—** | **—** | **$20,000** | **—** | **—** | **$20,000** | **—** | **—** |

## Form 56227 — 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 56228 — 326-FEMA Reimbursements

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56228 — 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 56230 — 326-Childrens Special Health Services

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$2,930** | **—** | **—** | **$2,930** | **—** | **—** | **$2,930** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$2,930** | **—** | **—** | **$2,930** | **—** | **—** | **$2,930** | **—** | **—** |

## Form 56230 — 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 56231 — 326- Family Planning

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 240 | — | — | 240 | — | — | 240 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$240** | **—** | **—** | **$240** | **—** | **—** | **$240** | **—** | **—** |
| 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** | **$240** | **—** | **—** | **$240** | **—** | **—** | **$240** | **—** | **—** |

## Form 56231 — 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 & 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 56232 — 326-Genetic Disease

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 3,158 | — | — | 3,158 | — | — | 3,158 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 2,019 | — | — | 2,019 | — | — | 2,019 | — | — |
| **TOTAL PERSONAL SERVICES** | **$5,177** | **—** | **—** | **$5,177** | **—** | **—** | **$5,177** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | 6,693 | — | — | 6,693 | — | — | 6,693 | — | — |
| **TOTAL OPERATING EXPENSES** | **$6,693** | **—** | **—** | **$6,693** | **—** | **—** | **$6,693** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$5,384** | **—** | **—** | **$5,384** | **—** | **—** | **$5,384** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 2,205 | — | — | 2,205 | — | — | 2,205 | — | — |
| **TOTAL OTHER CHARGES** | **$2,205** | **—** | **—** | **$2,205** | **—** | **—** | **$2,205** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$19,459** | **—** | **—** | **$19,459** | **—** | **—** | **$19,459** | **—** | **—** |

## Form 56232 — 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 56235 — 326-MCH Nurse Family Partnership

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 279,159 | — | — | 279,159 | — | — | 279,159 | — | — |
| Other Compensation | 4,351 | — | — | 4,351 | — | — | 4,351 | — | — |
| Related Benefits | 254,206 | — | — | 254,206 | — | — | 254,206 | — | — |
| **TOTAL PERSONAL SERVICES** | **$537,716** | **—** | **—** | **$537,716** | **—** | **—** | **$537,716** | **—** | **—** |
| Travel | 26,516 | — | — | 26,516 | — | — | 26,516 | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | 2,502 | — | — | 2,502 | — | — | 2,502 | — | — |
| **TOTAL OPERATING EXPENSES** | **$29,018** | **—** | **—** | **$29,018** | **—** | **—** | **$29,018** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$98,774** | **—** | **—** | **$98,774** | **—** | **—** | **$98,774** | **—** | **—** |
| Other Charges | 727,656 | — | — | 727,656 | — | — | 727,656 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 118,494 | — | — | 118,494 | — | — | 118,494 | — | — |
| **TOTAL OTHER CHARGES** | **$846,150** | **—** | **—** | **$846,150** | **—** | **—** | **$846,150** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$1,511,658** | **—** | **—** | **$1,511,658** | **—** | **—** | **$1,511,658** | **—** | **—** |

## Form 56235 — 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 56236 — 326-Tobacco Control

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$80,092** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$80,092** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

## Form 56236 — 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 56237 — 326-Quitline

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$69,950** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$69,950** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

## Form 56237 — 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 56238 — 326-School Based Health

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$134,515** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 2,090 | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$2,090** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$136,605** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

## Form 56238 — 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 56240 — 326-Safe Drinking Water

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 7,006 | — | — | 7,006 | — | — | 7,006 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$7,006** | **—** | **—** | **$7,006** | **—** | **—** | **$7,006** | **—** | **—** |
| 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** | **$7,006** | **—** | **—** | **$7,006** | **—** | **—** | **$7,006** | **—** | **—** |

## Form 56240 — 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 4) Louisiana Department of Culture, Recreation, and Tourism 5) Office of Behavioral Health 6) Louisiana Department of Veterans Affairs |
| **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 56242 — 326-Environmental Epidemiology

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 1,521 | — | — | 1,521 | — | — | 1,521 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 4,837 | — | — | 4,837 | — | — | 4,837 | — | — |
| **TOTAL PERSONAL SERVICES** | **$6,358** | **—** | **—** | **$6,358** | **—** | **—** | **$6,358** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | 1,322 | — | — | 1,322 | — | — | 1,322 | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,322** | **—** | **—** | **$1,322** | **—** | **—** | **$1,322** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 9,688 | — | — | 9,688 | — | — | 15,771 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 7,632 | — | — | 7,632 | — | — | 7,632 | — | — |
| **TOTAL OTHER CHARGES** | **$17,320** | **—** | **—** | **$17,320** | **—** | **—** | **$23,403** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$25,000** | **—** | **—** | **$25,000** | **—** | **—** | **$31,083** | **—** | **—** |

## Form 56242 — 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 56243 — 326-Retail Food

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 62,000 | — | — | 84,020 | — | — | 62,000 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 33,000 | — | — | 46,200 | — | — | 33,000 | — | — |
| **TOTAL PERSONAL SERVICES** | **$95,000** | **—** | **—** | **$130,220** | **—** | **—** | **$95,000** | **—** | **—** |
| 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** | **$95,000** | **—** | **—** | **$130,220** | **—** | **—** | **$95,000** | **—** | **—** |

## Form 56243 — 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 56244 — 326-Vital Records

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 36,326 | — | — | 36,326 | — | — | 36,326 | — | — |
| Other Compensation | 2,833 | — | — | 2,833 | — | — | 2,833 | — | — |
| Related Benefits | 16,615 | — | — | 16,615 | — | — | 16,615 | — | — |
| **TOTAL PERSONAL SERVICES** | **$55,774** | **—** | **—** | **$55,774** | **—** | **—** | **$55,774** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 25,226 | — | — | 25,226 | — | — | 25,226 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$25,226** | **—** | **—** | **$25,226** | **—** | **—** | **$25,226** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$81,000** | **—** | **—** | **$81,000** | **—** | **—** | **$81,000** | **—** | **—** |

## Form 56244 — 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 56365 — 326-Unallotted

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 63,974,347 | — | — | 60,337,935 | — | — | 60,367,072 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$63,974,347** | **—** | **—** | **$60,337,935** | **—** | **—** | **$60,367,072** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$63,974,347** | **—** | **—** | **$60,337,935** | **—** | **—** | **$60,367,072** | **—** | **—** |

## Form 56365 — 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. |

## Form 56539 — 326-ELECTRONIC HEALTH RECORDS

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 255,654 | — | — | 255,654 | — | — | — | — | 255,654 |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 135,497 | — | — | 135,497 | — | — | — | — | 135,497 |
| **TOTAL PERSONAL SERVICES** | **$391,151** | **—** | **—** | **$391,151** | **—** | **—** | **—** | **—** | **$391,151** |
| Travel | 1,254 | — | — | 1,254 | — | — | — | — | 1,254 |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,254** | **—** | **—** | **$1,254** | **—** | **—** | **—** | **—** | **$1,254** |
| **PROFESSIONAL SERVICES** | **$309,538** | **—** | **—** | **$309,538** | **—** | **—** | **—** | **—** | **$309,538** |
| Other Charges | 3,456,608 | — | — | 3,456,608 | — | — | — | — | 3,456,608 |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$3,456,608** | **—** | **—** | **$3,456,608** | **—** | **—** | **—** | **—** | **$3,456,608** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$4,158,551** | **—** | **—** | **$4,158,551** | **—** | **—** | **—** | **—** | **$4,158,551** |

## Form 56539 — 326-ELECTRONIC HEALTH RECORDS

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The purpose of these funds are for the implementation of the Electronic Health Records (HER) system which improves the collection and documentation of patient health information that can be used to improve care that can lead to improved outcomes. In addition to health care delivered in the PHUs, patients benefit from information sharing through health information exchange by inclusion of results management, interoperability and data exchange with external systems, electronic communication and connectivity. The electronic health records system has added benefits to care delivery by enabling patient support, oversight of administrative processes, reporting capabilities, decision support, and features to enhance public health outcomes. There is no legal citation for the use of these funds. |
| **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 56554 — 326 -SALARY AND RELATED BENEFITS BASE ADJUSTMENTS

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | 141,436 | — | — | — | — | — |
| Other Compensation | — | — | — | (144,004) | — | — | — | — | — |
| Related Benefits | — | — | — | (18,188) | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **$(20,756)** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **—** | **—** | **—** | **$(20,756)** | **—** | **—** | **—** | **—** | **—** |

## Form 56554 — 326 -SALARY AND RELATED BENEFITS BASE ADJUSTMENTS

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The purpose of these funds are for salary, other compensation, and related benefits compulsory adjustments for SFY28. There is no legal citation for these funds. |
| **Agency discretion or Federal requirement?** | Line items reflect adjustments for salaries, other compensation, and related benefits expenditures. |
| **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. |

## Form 56570 — 326-MISC COLLEC, CASH CARRYOVER, INTRAFUND TRANFERS ETC. FED

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56570 — 326-MISC COLLEC, CASH CARRYOVER, INTRAFUND TRANFERS ETC. FED

| Question | Narrative Response |
|---|---|
| State the purpose, source and legal citation. | |
| Agency discretion or Federal requirement? | |
| Describe any budgetary peculiarities. | |
| Is the Total Request amount for multiple years? | |
| Additional information or comments. | |
| Provide the amount of any indirect costs. | |
| Any indirect costs funded with other MOF? | |
| Objectives and indicators in the Operational Plan. | |
| Additional information or comments. | |

## Form 56580 — 326-MISC PRIOR YR PAYBACK,CARRYOVER, PRIOR REVENUE ETC. IAT

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56580 — 326-MISC PRIOR YR PAYBACK,CARRYOVER, PRIOR REVENUE ETC. IAT

| Question | Narrative Response |
|---|---|
| State the purpose, source and legal citation. | |
| Agency discretion or Federal requirement? | |
| Describe any budgetary peculiarities. | |
| Is the Total Request amount for multiple years? | |
| Additional information or comments. | |
| Provide the amount of any indirect costs. | |
| Any indirect costs funded with other MOF? | |
| Objectives and indicators in the Operational Plan. | |
| Additional information or comments. | |

## Form 56770 — 326 LDH-OBH LAPAQ LASOR 3.0 Maternal Child Health

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56770 — 326 LDH-OBH LAPAQ LASOR 3.0 Maternal Child Health

| Question | Narrative Response |
|---|---|
| State the purpose, source and legal citation. | |
| Agency discretion or Federal requirement? | |
| Describe any budgetary peculiarities. | |
| Is the Total Request amount for multiple years? | |
| Additional information or comments. | |
| Provide the amount of any indirect costs. | |
| Any indirect costs funded with other MOF? | |
| Objectives and indicators in the Operational Plan. | |
| Additional information or comments. | |

## Form 61164 — 326 Office of Nutrition Services

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 5,688,273 | — | — | 5,666,253 | — | — | 5,688,273 | — | — |
| Other Compensation | 456,291 | — | — | 506,184 | — | — | 506,184 | — | — |
| Related Benefits | 2,600,393 | — | — | 2,605,652 | — | — | 2,618,852 | — | — |
| **TOTAL PERSONAL SERVICES** | **$8,744,957** | **—** | **—** | **$8,778,089** | **—** | **—** | **$8,813,309** | **—** | **—** |
| Travel | 64,499 | — | — | 66,695 | — | — | 66,695 | — | — |
| Operating Services | 164,177 | — | — | 168,084 | — | — | 168,084 | — | — |
| Supplies | — | — | — | 574 | — | — | 574 | — | — |
| **TOTAL OPERATING EXPENSES** | **$228,676** | **—** | **—** | **$235,353** | **—** | **—** | **$235,353** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$1,361,080** | **—** | **—** | **$1,705,817** | **—** | **—** | **$1,705,817** | **—** | **—** |
| Other Charges | 891,215 | — | — | 4,493,237 | — | — | 4,458,017 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 521,343 | — | — | 523,433 | — | — | 523,433 | — | — |
| **TOTAL OTHER CHARGES** | **$1,412,558** | **—** | **—** | **$5,016,670** | **—** | **—** | **$4,981,450** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$11,747,271** | **—** | **—** | **$15,735,929** | **—** | **—** | **$15,735,929** | **—** | **—** |

## Form 61164 — 326 Office of Nutrition Services

| Question | Narrative Response |
|---|---|
| State the purpose, source and legal citation. | |
| Agency discretion or Federal requirement? | |
| Describe any budgetary peculiarities. | |
| Is the Total Request amount for multiple years? | |
| Additional information or comments. | |
| Provide the amount of any indirect costs. | |
| Any indirect costs funded with other MOF? | |
| Objectives and indicators in the Operational Plan. | |
| Additional information or comments. | |

## Form 63256 — Community Healthways CB-8 OTHER

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **$1,255,543** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **—** | **—** | **—** | **$1,255,543** | **—** | **—** | **—** | **—** | **—** |

## Form 63256 — Community Healthways CB-8 OTHER

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The purpose of these funds are to support the Community Healthways program in the Office of Public Health. The source of funding is from LDH Medical Vendor Payments. |
| **Agency discretion or Federal requirement?** | Agency discretion based on projected expenditures. |
| **Describe any budgetary peculiarities.** | These funds are to fund the Community Healthways program. |
| **Is the Total Request amount for multiple years?** | The amount 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. |

## Statutory Dedications

### Form 56218 — 326-Louisiana Commission for the Deaf

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 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 | — | — | 20,476 | — | — | 20,476 | — | — |
| Operating Services | 6,000 | — | — | 6,143 | — | — | 6,143 | — | — |
| Supplies | 20,000 | — | — | 20,476 | — | — | 20,476 | — | — |
| **TOTAL OPERATING EXPENSES** | **$46,000** | **—** | **—** | **$47,095** | **—** | **—** | **$47,095** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$4,778,469** | **—** | **—** | **$4,892,197** | **—** | **—** | **$4,892,197** | **—** | **—** |
| 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** | **$5,510,939** | **—** | **—** | **$5,625,762** | **—** | **—** | **$5,625,762** | **—** | **—** |

## Form 56218 — 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 56219 — 326-Rural Primary Care Physcian Development Fund

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56219 — 326-Rural Primary Care Physcian Development Fund

| 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 56222 — 326-Louisiana Fund Tobacco Control

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 500,000 | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$500,000** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$500,000** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

## Form 56222 — 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 56223 — 326-Louisiana Fund School Based Health

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 9,500 | — | — | 9,726 | — | — | 9,726 | — | — |
| Supplies | 500 | — | — | 512 | — | — | 512 | — | — |
| **TOTAL OPERATING EXPENSES** | **$10,000** | **—** | **—** | **$10,238** | **—** | **—** | **$10,238** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$557,000** | **—** | **—** | **$641,525** | **—** | **—** | **$641,525** | **—** | **—** |
| Other Charges | 5,254,260 | — | — | 5,754,260 | — | — | 5,754,260 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$5,254,260** | **—** | **—** | **$5,754,260** | **—** | **—** | **$5,754,260** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$5,821,260** | **—** | **—** | **$6,406,023** | **—** | **—** | **$6,406,023** | **—** | **—** |

## Form 56223 — 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 56537 — 326- LOUISIANA FUND GENETICS

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$2,994,487** | **—** | **—** | **$2,994,487** | **—** | **—** | **$2,994,487** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$2,994,487** | **—** | **—** | **$2,994,487** | **—** | **—** | **$2,994,487** | **—** | **—** |

## Form 56537 — 326- LOUISIANA FUND GENETICS

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The purpose of these funds are to provide services to children in the Genetic Disease program. The source of funding is the Louisiana Fund statutory dedication. |
| **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. |

# Federal Funds

## Form 56055 — 326-HIV Behavioral Surveillance

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 6,464 | — | — | 6,464 | — | — | 20,000 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 12,606 | — | — | 12,606 | — | — | 10,611 | — | — |
| **TOTAL PERSONAL SERVICES** | **$19,070** | **—** | **—** | **$19,070** | **—** | **—** | **$30,611** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 1,289 | — | — | 1,289 | — | — | 3,000 | — | — |
| Supplies | — | — | — | — | — | — | 1,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,289** | **—** | **—** | **$1,289** | **—** | **—** | **$4,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$134,002** | **—** | **—** | **$134,002** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 487,493 | — | — | 487,493 | — | — | 463,047 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 35,438 | — | — | 35,438 | — | — | 5,000 | — | — |
| **TOTAL OTHER CHARGES** | **$522,931** | **—** | **—** | **$522,931** | **—** | **—** | **$468,047** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$677,292** | **—** | **—** | **$677,292** | **—** | **—** | **$502,658** | **—** | **—** |

## Form 56055 — 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. Section 318(c) of the Public Health Service Act [42 U.S.C. Section 247c(c)]. |
| **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 56122 — 326-HIV AIDS Prevention

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 338,624 | — | — | 338,624 | — | — | 800,000 | — | — |
| Other Compensation | 3,818 | — | — | 3,818 | — | — | 100,000 | — | — |
| Related Benefits | 222,822 | — | — | 222,822 | — | — | 477,474 | — | — |
| **TOTAL PERSONAL SERVICES** | **$565,264** | **—** | **—** | **$565,264** | **—** | **—** | **$1,377,474** | **—** | **—** |
| Travel | 2,930 | — | — | 2,930 | — | — | 5,000 | — | — |
| Operating Services | 276,190 | — | — | 276,190 | — | — | 220,000 | — | — |
| Supplies | 21,769 | — | — | 21,769 | — | — | 1,300,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$300,889** | **—** | **—** | **$300,889** | **—** | **—** | **$1,525,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$525,443** | **—** | **—** | **$525,443** | **—** | **—** | **$1,400,000** | **—** | **—** |
| Other Charges | 3,722,584 | — | — | 3,722,584 | — | — | 1,550,101 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 170,007 | — | — | 170,007 | — | — | 90,000 | — | — |
| **TOTAL OTHER CHARGES** | **$3,892,591** | **—** | **—** | **$3,892,591** | **—** | **—** | **$1,640,101** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$5,284,187** | **—** | **—** | **$5,284,187** | **—** | **—** | **$5,942,575** | **—** | **—** |

## Form 56122 — 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. Section 318 (b-c) of the Pubic Health Services Act (42USC Section 247c(b-c), Consolidated Appropriation Act of 2016 (Pub L. 114-113). |
| **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 56123 — 326-AIDS Surveillance

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 61,104 | — | — | 61,104 | — | — | 80,000 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 39,541 | — | — | 39,541 | — | — | 42,442 | — | — |
| **TOTAL PERSONAL SERVICES** | **$100,645** | **—** | **—** | **$100,645** | **—** | **—** | **$122,442** | **—** | **—** |
| Travel | — | — | — | — | — | — | 500 | — | — |
| Operating Services | 99,543 | — | — | 99,543 | — | — | 83,000 | — | — |
| Supplies | — | — | — | — | — | — | 6,500 | — | — |
| **TOTAL OPERATING EXPENSES** | **$99,543** | **—** | **—** | **$99,543** | **—** | **—** | **$90,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$602,245** | **—** | **—** | **$602,245** | **—** | **—** | **$832,000** | **—** | **—** |
| Other Charges | 103,634 | — | — | 103,634 | — | — | 58,298 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 42,211 | — | — | 42,211 | — | — | 10,000 | — | — |
| **TOTAL OTHER CHARGES** | **$145,845** | **—** | **—** | **$145,845** | **—** | **—** | **$68,298** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$948,278** | **—** | **—** | **$948,278** | **—** | **—** | **$1,112,740** | **—** | **—** |

## Form 56123 — 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. Section 318 (b-c) of the Pubic Health Services Act (42USC Section 247c(b-c), Consolidated Appropriation Act of 2016 (Pub L. 114-113). |
| **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 56124 — 326-HIV Care

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 523,689 | — | — | 523,689 | — | — | 350,000 | — | — |
| Other Compensation | 8,701 | — | — | 8,701 | — | — | 10,000 | — | — |
| Related Benefits | 538,192 | — | — | 538,192 | — | — | 190,990 | — | — |
| **TOTAL PERSONAL SERVICES** | **$1,070,582** | **—** | **—** | **$1,070,582** | **—** | **—** | **$550,990** | **—** | **—** |
| Travel | 12,529 | — | — | 12,529 | — | — | 1,000 | — | — |
| Operating Services | 120,393 | — | — | 120,393 | — | — | 160,000 | — | — |
| Supplies | 5,064 | — | — | 5,064 | — | — | 8,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$137,986** | **—** | **—** | **$137,986** | **—** | **—** | **$169,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$970,306** | **—** | **—** | **$970,306** | **—** | **—** | **$1,000,000** | **—** | **—** |
| Other Charges | 26,275,741 | — | — | 26,275,741 | — | — | 14,450,291 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 299,445 | — | — | 299,445 | — | — | 250,000 | — | — |
| **TOTAL OTHER CHARGES** | **$26,575,186** | **—** | **—** | **$26,575,186** | **—** | **—** | **$14,700,291** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$28,754,060** | **—** | **—** | **$28,754,060** | **—** | **—** | **$16,420,281** | **—** | **—** |

## Form 56124 — 326-HIV Care

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The purpose of these funds are to provide primary medical care, case management, transportation and other services to HIV infected individuals in Louisiana. Source of funds - Bureau of Health Resources. 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. 42 U.S.C. 300ff-21-38; 42 U.S.C. 300ff-101; 42 U.S.C. 300ff-21-31b; 300ff-11-23 et seq.; 42 USC 300ff-21 to 331b and 300ff-121. |
| **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 56125 — 326-HIV ADAP (HIV CARE B AIDS Drug ASSISTANCE) REBATE

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 1,664,574 | — | — | 1,664,574 | — | — | 1,664,574 | — | — |
| Other Compensation | 1,264,358 | — | — | 1,264,358 | — | — | 1,264,358 | — | — |
| Related Benefits | 957,573 | — | — | 957,573 | — | — | 957,573 | — | — |
| **TOTAL PERSONAL SERVICES** | **$3,886,505** | **—** | **—** | **$3,886,505** | **—** | **—** | **$3,886,505** | **—** | **—** |
| Travel | 27,916 | — | — | 27,916 | — | — | 27,916 | — | — |
| Operating Services | 453,861 | — | — | 453,861 | — | — | 453,861 | — | — |
| Supplies | 4,033,408 | — | — | 4,033,408 | — | — | 4,033,408 | — | — |
| **TOTAL OPERATING EXPENSES** | **$4,515,185** | **—** | **—** | **$4,515,185** | **—** | **—** | **$4,515,185** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$3,260,946** | **—** | **—** | **$3,260,946** | **—** | **—** | **$3,260,946** | **—** | **—** |
| Other Charges | 48,776,572 | — | — | 53,624,878 | — | — | 53,624,878 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 959,621 | — | — | 959,621 | — | — | 959,621 | — | — |
| **TOTAL OTHER CHARGES** | **$49,736,193** | **—** | **—** | **$54,584,499** | **—** | **—** | **$54,584,499** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$61,398,829** | **—** | **—** | **$66,247,135** | **—** | **—** | **$66,247,135** | **—** | **—** |

## Form 56125 — 326-HIV ADAP (HIV CARE B AIDS Drug ASSISTANCE) REBATE

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | 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. 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. 42 U.S.C. 300ff-21-38; 42 U.S.C. 300ff-101; 42 U.S.C. 300ff-21-31b; 300ff-11-23 et seq.; 42 USC 300ff-21 to 331b and 300ff-121. |
| **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 56126 — 326-HIV Housing Opportunities for Persons With AIDS

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 9,194 | — | — | 9,194 | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 20,470 | — | — | 20,470 | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$29,664** | **—** | **—** | **$29,664** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 2,155 | — | — | 2,155 | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$2,155** | **—** | **—** | **$2,155** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 3,462,170 | — | — | 3,462,170 | — | — | 3,061,743 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$3,462,170** | **—** | **—** | **$3,462,170** | **—** | **—** | **$3,061,743** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$3,493,989** | **—** | **—** | **$3,493,989** | **—** | **—** | **$3,061,743** | **—** | **—** |

## Form 56126 — 326-HIV Housing Opportunities for Persons With 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. Source of funding - Department of Housing and Urban Development. 24 CFR 58.4 and 24 CFR 574.510. |
| **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 56127 — 326-Louisiana Assesments of Persons Presenting With HIV

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 70,201 | — | — | — | — | — | — | — | — |
| Other Compensation | 1,159 | — | — | — | — | — | — | — | — |
| Related Benefits | 46,359 | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$117,719** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 1,269 | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,269** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$64,842** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 160,541 | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 30,329 | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$190,870** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$374,700** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

## Form 56127 — 326-Louisiana Assesments of Persons Presenting With HIV

| 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. Section 318(c) of the Public Health Service Act [42 U.S.C. Section 247c(c)]. |
| **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 56128 — 326-HIV-AIDS Personal Responsibility and Education Program

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 20,039 | — | — | 20,039 | — | — | 15,000 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 23,262 | — | — | 23,262 | — | — | 7,958 | — | — |
| **TOTAL PERSONAL SERVICES** | **$43,301** | **—** | **—** | **$43,301** | **—** | **—** | **$22,958** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 1,140 | — | — | 1,140 | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,140** | **—** | **—** | **$1,140** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$165,453** | **—** | **—** | **$165,453** | **—** | **—** | **$120,000** | **—** | **—** |
| Other Charges | 405,647 | — | — | 405,647 | — | — | 582,120 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 41,481 | — | — | 41,481 | — | — | 15,000 | — | — |
| **TOTAL OTHER CHARGES** | **$447,128** | **—** | **—** | **$447,128** | **—** | **—** | **$597,120** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$657,022** | **—** | **—** | **$657,022** | **—** | **—** | **$740,078** | **—** | **—** |

## Form 56128 — 326-HIV-AIDS Personal Responsibility and Education Program

| 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. Section 513 of the Social Security Act. |
| **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 56130 — 326-HIV AIDS Hepatitis B and C Detection, Care and Treatment

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 5,126 | — | — | 5,126 | — | — | 34,000 | — | — |
| Other Compensation | — | — | — | — | — | — | 2,001 | — | — |
| Related Benefits | 12,519 | — | — | 12,519 | — | — | 19,099 | — | — |
| **TOTAL PERSONAL SERVICES** | **$17,645** | **—** | **—** | **$17,645** | **—** | **—** | **$55,100** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 15,662 | — | — | 15,662 | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | 60,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$15,662** | **—** | **—** | **$15,662** | **—** | **—** | **$60,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$39,491** | **—** | **—** | **$39,491** | **—** | **—** | **$100,000** | **—** | **—** |
| Other Charges | 198,803 | — | — | 198,803 | — | — | 5,001 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 33,958 | — | — | 33,958 | — | — | 4,825 | — | — |
| **TOTAL OTHER CHARGES** | **$232,761** | **—** | **—** | **$232,761** | **—** | **—** | **$9,826** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$305,559** | **—** | **—** | **$305,559** | **—** | **—** | **$224,926** | **—** | **—** |

## Form 56130 — 326-HIV AIDS Hepatitis B and C Detection, Care and Treatment

| 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. Section 318 of the Public Health Service Act [42 U.S.C. Section 247c. |
| **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 56131 — 326-HIV AIDS Ending the HIV Epidemic

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 41,426 | — | — | 41,426 | — | — | 40,000 | — | — |
| Other Compensation | — | — | — | — | — | — | 1,000 | — | — |
| Related Benefits | 34,756 | — | — | 34,756 | — | — | 21,752 | — | — |
| **TOTAL PERSONAL SERVICES** | **$76,182** | **—** | **—** | **$76,182** | **—** | **—** | **$62,752** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 1,866 | — | — | 1,866 | — | — | — | — | — |
| Supplies | 1,195 | — | — | 1,195 | — | — | 5,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$3,061** | **—** | **—** | **$3,061** | **—** | **—** | **$5,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$718,284** | **—** | **—** | **$718,284** | **—** | **—** | **$350,000** | **—** | **—** |
| Other Charges | 2,255,029 | — | — | 2,255,029 | — | — | 3,209,737 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 42,779 | — | — | 42,779 | — | — | 60,000 | — | — |
| **TOTAL OTHER CHARGES** | **$2,297,808** | **—** | **—** | **$2,297,808** | **—** | **—** | **$3,269,737** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$3,095,335** | **—** | **—** | **$3,095,335** | **—** | **—** | **$3,687,489** | **—** | **—** |

## Form 56131 — 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. Section 318 (b-c) of the Pubic Health Services Act (42USC Section 247c(b-c), Consolidated Appropriation Act of 2016 (Pub L. 114-113). |
| **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 56137 — 326-Public Health Emergency Preparedness and Response

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 5,422,812 | — | — | 5,422,812 | — | — | 3,396,000 | — | — |
| Other Compensation | 296,592 | — | — | 296,592 | — | — | 172,000 | — | — |
| Related Benefits | 2,690,618 | — | — | 2,690,618 | — | — | 1,871,700 | — | — |
| **TOTAL PERSONAL SERVICES** | **$8,410,022** | **—** | **—** | **$8,410,022** | **—** | **—** | **$5,439,700** | **—** | **—** |
| Travel | 51,350 | — | — | 51,350 | — | — | 25,800 | — | — |
| Operating Services | 670,554 | — | — | 670,554 | — | — | 753,000 | — | — |
| Supplies | 109,502 | — | — | 109,502 | — | — | 158,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$831,406** | **—** | **—** | **$831,406** | **—** | **—** | **$936,800** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$632,512** | **—** | **—** | **$632,512** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 926,826 | — | — | 926,826 | — | — | 1,638,683 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 1,367,220 | — | — | 1,367,220 | — | — | 900,000 | — | — |
| **TOTAL OTHER CHARGES** | **$2,294,046** | **—** | **—** | **$2,294,046** | **—** | **—** | **$2,538,683** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$12,167,986** | **—** | **—** | **$12,167,986** | **—** | **—** | **$8,915,183** | **—** | **—** |

## Form 56137 — 326-Public Health Emergency Preparedness and Response

| 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. Section 319C-1 of the Public Health Services (PHS) Act (47 USC 247 d-3a). |
| **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 56139 — 326-OPIOID Prevention (NCIPC)

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 156,291 | — | — | 156,291 | — | — | 200,000 | — | — |
| Other Compensation | 3,596 | — | — | 3,596 | — | — | — | — | — |
| Related Benefits | 240,574 | — | — | 240,574 | — | — | 106,105 | — | — |
| **TOTAL PERSONAL SERVICES** | **$400,461** | **—** | **—** | **$400,461** | **—** | **—** | **$306,105** | **—** | **—** |
| Travel | 4,477 | — | — | 4,477 | — | — | 2,000 | — | — |
| Operating Services | 14,108 | — | — | 14,108 | — | — | 10,000 | — | — |
| Supplies | 4,127 | — | — | 4,127 | — | — | 5,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$22,712** | **—** | **—** | **$22,712** | **—** | **—** | **$17,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$284,625** | **—** | **—** | **$284,625** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 4,973,989 | — | — | 4,973,989 | — | — | 2,774,812 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 450,459 | — | — | 450,459 | — | — | 400,000 | — | — |
| **TOTAL OTHER CHARGES** | **$5,424,448** | **—** | **—** | **$5,424,448** | **—** | **—** | **$3,174,812** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$6,132,246** | **—** | **—** | **$6,132,246** | **—** | **—** | **$3,497,917** | **—** | **—** |

## Form 56139 — 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. Section 311(c)(1) of the Public Health Services (PHS) Act (42 USC 243(c)(1)). |
| **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 56140 — 326-Community Health Workers For Public Health Response

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56140 — 326-Community Health Workers For Public Health Response

| 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 response 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. Coronavirus Aid, Relief, and Economic Security Act ('CARES' Act) Public Law 116-136 Public Health Services Act 42 U.S.C. 301(a). |
| **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 56141 — 326-Universal Newborn Screening

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 3,108 | — | — | 3,108 | — | — | 65,000 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 5,689 | — | — | 5,689 | — | — | 34,484 | — | — |
| **TOTAL PERSONAL SERVICES** | **$8,797** | **—** | **—** | **$8,797** | **—** | **—** | **$99,484** | **—** | **—** |
| Travel | — | — | — | — | — | — | 500 | — | — |
| Operating Services | — | — | — | — | — | — | 3,000 | — | — |
| Supplies | 1,467 | — | — | 1,467 | — | — | 500 | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,467** | **—** | **—** | **$1,467** | **—** | **—** | **$4,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$181,950** | **—** | **—** | **$181,950** | **—** | **—** | **$114,334** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | 182 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 42,786 | — | — | 42,786 | — | — | 17,000 | — | — |
| **TOTAL OTHER CHARGES** | **$42,786** | **—** | **—** | **$42,786** | **—** | **—** | **$17,182** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$235,000** | **—** | **—** | **$235,000** | **—** | **—** | **$235,000** | **—** | **—** |

## Form 56141 — 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. 42 U.S.C. 280g-1. |
| **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 56142 — 326-Early Hearing Detection Intervention Tracking, Research,

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 5,917 | — | — | 5,917 | — | — | 65,000 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 10,456 | — | — | 10,456 | — | — | 34,484 | — | — |
| **TOTAL PERSONAL SERVICES** | **$16,373** | **—** | **—** | **$16,373** | **—** | **—** | **$99,484** | **—** | **—** |
| Travel | — | — | — | — | — | — | 500 | — | — |
| Operating Services | 1,106 | — | — | 1,106 | — | — | 3,000 | — | — |
| Supplies | — | — | — | — | — | — | 500 | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,106** | **—** | **—** | **$1,106** | **—** | **—** | **$4,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$449,280** | **—** | **—** | **$449,280** | **—** | **—** | **$101,082** | **—** | **—** |
| Other Charges | 2,880 | — | — | 2,880 | — | — | 95,434 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 34,359 | — | — | 34,359 | — | — | 10,000 | — | — |
| **TOTAL OTHER CHARGES** | **$37,239** | **—** | **—** | **$37,239** | **—** | **—** | **$105,434** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$503,998** | **—** | **—** | **$503,998** | **—** | **—** | **$310,000** | **—** | **—** |

## Form 56142 — 326-Early Hearing Detection Intervention Tracking, Research,

| 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. 42 U.S.C. 280g-1. |
| **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 56143 — 326-Children's Special Health Services-MCH Block Grant

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 1,633,390 | — | — | 1,633,390 | — | — | 2,181,000 | — | — |
| Other Compensation | 66,592 | — | — | 66,592 | — | — | 200,000 | — | — |
| Related Benefits | 843,897 | — | — | 843,897 | — | — | 1,264,465 | — | — |
| **TOTAL PERSONAL SERVICES** | **$2,543,879** | **—** | **—** | **$2,543,879** | **—** | **—** | **$3,645,465** | **—** | **—** |
| Travel | 7,306 | — | — | 7,306 | — | — | 30,000 | — | — |
| Operating Services | 175,538 | — | — | 175,538 | — | — | 75,000 | — | — |
| Supplies | 19,290 | — | — | 19,290 | — | — | 175,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$202,134** | **—** | **—** | **$202,134** | **—** | **—** | **$280,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$1,910,218** | **—** | **$693,719** | **$1,910,218** | **—** | **$693,719** | **$806,281** | **—** | **$693,719** |
| Other Charges | 284,843 | — | — | 284,843 | — | — | 199,646 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 603,240 | — | — | 603,240 | — | — | 250,000 | — | — |
| **TOTAL OTHER CHARGES** | **$888,083** | **—** | **—** | **$888,083** | **—** | **—** | **$449,646** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$5,544,314** | **—** | **$693,719** | **$5,544,314** | **—** | **$693,719** | **$5,181,392** | **—** | **$693,719** |

## Form 56143 — 326-Children's Special Health Services-MCH Block Grant

| 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. 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 56144 — 326-Emergency Medical Services-Preventive Health Block Grant

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 164,033 | — | — | 164,033 | — | — | 236,500 | — | — |
| Other Compensation | 3,393 | — | — | 3,393 | — | — | — | — | — |
| Related Benefits | 84,112 | — | — | 84,112 | — | — | 125,345 | — | — |
| **TOTAL PERSONAL SERVICES** | **$251,538** | **—** | **—** | **$251,538** | **—** | **—** | **$361,845** | **—** | **—** |
| Travel | 1,698 | — | — | 1,698 | — | — | 136 | — | — |
| Operating Services | 19,280 | — | — | 19,280 | — | — | — | — | — |
| Supplies | 3,835 | — | — | 3,835 | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$24,813** | **—** | **—** | **$24,813** | **—** | **—** | **$136** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 57,215 | — | — | 57,215 | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 28,415 | — | — | 28,415 | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$85,630** | **—** | **—** | **$85,630** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$361,981** | **—** | **—** | **$361,981** | **—** | **—** | **$361,981** | **—** | **—** |

## Form 56144 — 326-Emergency Medical Services-Preventive Health Block Grant

| 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. 317(k)(2) and 307 of the Public Health Service Act (42 U.S.C. Sections 247b(k). |
| **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 56145 — 326-Emergency Medical Services for Children

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 2,368 | — | — | 2,368 | — | — | 2,100 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 4,081 | — | — | 4,081 | — | — | 1,114 | — | — |
| **TOTAL PERSONAL SERVICES** | **$6,449** | **—** | **—** | **$6,449** | **—** | **—** | **$3,214** | **—** | **—** |
| Travel | — | — | — | — | — | — | 200 | — | — |
| Operating Services | — | — | — | — | — | — | 500 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **$700** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$173,074** | **—** | **—** | **$173,074** | **—** | **—** | **$181,736** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 11,127 | — | — | 11,127 | — | — | 5,000 | — | — |
| **TOTAL OTHER CHARGES** | **$11,127** | **—** | **—** | **$11,127** | **—** | **—** | **$5,000** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$190,650** | **—** | **—** | **$190,650** | **—** | **—** | **$190,650** | **—** | **—** |

## Form 56145 — 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. 42 U.S.C. 300w-9. |
| **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 56146 — 326-Emergency Medical Services for Children Targeted Issue

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56146 — 326-Emergency Medical Services for Children Targeted Issue

| 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. |
| **Agency discretion or Federal requirement?** | Line items reflect agency discretion. |
| **Describe any budgetary peculiarities.** | Grant funding has expired. |
| **Is the Total Request amount for multiple years?** | The amount listed is for prior FY 2025. |
| **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 56147 — 326-Rape Crisis-Preventive Health Block Grant

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 108,311 | — | — | 108,311 | — | — | — | — | — |
| Other Compensation | 1,018 | — | — | 1,018 | — | — | — | — | — |
| Related Benefits | 64,372 | — | — | 64,372 | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$173,701** | **—** | **—** | **$173,701** | **—** | **—** | **—** | **—** | **—** |
| Travel | 1,136 | — | — | 1,136 | — | — | — | — | — |
| Operating Services | 1,281 | — | — | 1,281 | — | — | 1,000 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$2,417** | **—** | **—** | **$2,417** | **—** | **—** | **$1,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$386,835** | **—** | **—** | **$386,835** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 8,320 | — | — | 8,320 | — | — | 97,342 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 50,576 | — | — | 50,576 | — | — | 3,000 | — | — |
| **TOTAL OTHER CHARGES** | **$58,896** | **—** | **—** | **$58,896** | **—** | **—** | **$100,342** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$621,849** | **—** | **—** | **$621,849** | **—** | **—** | **$101,342** | **—** | **—** |

## Form 56147 — 326-Rape Crisis-Preventive Health Block Grant

| 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. 317(k)(2) and 307 of the Public Health Service Act (42 U.S.C. Sections 247b(k). |
| **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 56148 — 326-Violence Against Women

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 97,952 | — | — | 97,952 | — | — | 100,000 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 58,215 | — | — | 58,215 | — | — | 53,583 | — | — |
| **TOTAL PERSONAL SERVICES** | **$156,167** | **—** | **—** | **$156,167** | **—** | **—** | **$153,583** | **—** | **—** |
| Travel | 1,027 | — | — | 1,027 | — | — | 2,000 | — | — |
| Operating Services | 1,158 | — | — | 1,158 | — | — | 8,000 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$2,185** | **—** | **—** | **$2,185** | **—** | **—** | **$10,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$349,839** | **—** | **—** | **$349,839** | **—** | **—** | **$452,266** | **—** | **—** |
| Other Charges | 7,525 | — | — | 7,525 | — | — | 1,000 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 45,739 | — | — | 45,739 | — | — | 5,000 | — | — |
| **TOTAL OTHER CHARGES** | **$53,264** | **—** | **—** | **$53,264** | **—** | **—** | **$6,000** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$561,455** | **—** | **—** | **$561,455** | **—** | **—** | **$621,849** | **—** | **—** |

## Form 56148 — 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. Section 393A of the Public Health Service Act [42 U.S.C. 280b-1b] and (d)(4). |
| **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 56149 — 326-Epidemiology Laboratory Surveillance

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 2,301,264 | — | — | 2,301,264 | — | — | 1,068,228 | — | — |
| Other Compensation | 138,849 | — | — | 138,849 | — | — | 95,000 | — | — |
| Related Benefits | 1,242,536 | — | — | 1,242,536 | — | — | 616,594 | — | — |
| **TOTAL PERSONAL SERVICES** | **$3,682,649** | **—** | **—** | **$3,682,649** | **—** | **—** | **$1,779,822** | **—** | **—** |
| Travel | 15,982 | — | — | 15,982 | — | — | 10,000 | — | — |
| Operating Services | 289,157 | — | — | 289,157 | — | — | 7,000 | — | — |
| Supplies | 164,388 | — | — | 164,388 | — | — | 280,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$469,527** | **—** | **—** | **$469,527** | **—** | **—** | **$297,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$346,196** | **—** | **—** | **$346,196** | **—** | **—** | **$200,000** | **—** | **—** |
| Other Charges | 237,544 | — | — | 237,544 | — | — | 436,909 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 531,628 | — | — | 531,628 | — | — | 500,000 | — | — |
| **TOTAL OTHER CHARGES** | **$769,172** | **—** | **—** | **$769,172** | **—** | **—** | **$936,909** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$5,267,544** | **—** | **—** | **$5,267,544** | **—** | **—** | **$3,213,731** | **—** | **—** |

## Form 56149 — 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. 301 (A) and 317 (K)(2) Public Health Service USC 241 (A) 247B (K)2. |
| **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 56150 — 326-Epidemiology Laboratory Surveillance -COVID-19

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56150 — 326-Epidemiology Laboratory Surveillance -COVID-19

| 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. 301 (A) and 317 (K)(2) Public Health Service USC 241 (A) 247B (K)2. |
| **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 56153 — 326-Antibiotic Resistance Surveillance in Retal Food

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 45,350 | — | — | 45,350 | — | — | 50,000 | — | — |
| Other Compensation | 11,777 | — | — | 11,777 | — | — | 6,000 | — | — |
| Related Benefits | 28,312 | — | — | 28,312 | — | — | 29,710 | — | — |
| **TOTAL PERSONAL SERVICES** | **$85,439** | **—** | **—** | **$85,439** | **—** | **—** | **$85,710** | **—** | **—** |
| Travel | — | — | — | — | — | — | 1,500 | — | — |
| Operating Services | 9,698 | — | — | 9,698 | — | — | 15,000 | — | — |
| Supplies | 21,636 | — | — | 21,636 | — | — | 15,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$31,334** | **—** | **—** | **$31,334** | **—** | **—** | **$31,500** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$4,923** | **—** | **—** | **$4,923** | **—** | **—** | **$5,000** | **—** | **—** |
| Other Charges | 1,296 | — | — | 1,296 | — | — | 4,790 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 12,008 | — | — | 12,008 | — | — | 8,000 | — | — |
| **TOTAL OTHER CHARGES** | **$13,304** | **—** | **—** | **$13,304** | **—** | **—** | **$12,790** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$135,000** | **—** | **—** | **$135,000** | **—** | **—** | **$135,000** | **—** | **—** |

## Form 56153 — 326-Antibiotic Resistance Surveillance in Retal Food

| 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. 42 USC 241; 31 USC 6305; 42 CFR 52. |
| **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 56154 — 326-Family Planning Title X

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 2,015,668 | — | — | 2,015,668 | — | — | 2,100,000 | — | — |
| Other Compensation | 38,895 | — | — | 38,895 | — | — | 140,000 | — | — |
| Related Benefits | 702,541 | — | — | 702,541 | — | — | 1,347,015 | — | — |
| **TOTAL PERSONAL SERVICES** | **$2,757,104** | **—** | **—** | **$2,757,104** | **—** | **—** | **$3,587,015** | **—** | **—** |
| Travel | 17,499 | — | — | 17,499 | — | — | 31,500 | — | — |
| Operating Services | 167,694 | — | — | 167,694 | — | — | 325,171 | — | — |
| Supplies | 824,216 | — | — | 824,216 | — | — | 563,619 | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,009,409** | **—** | **—** | **$1,009,409** | **—** | **—** | **$920,290** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$187,476** | **—** | **—** | **$187,476** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 97,462 | — | — | 97,462 | — | — | 9,760 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 471,707 | — | — | 471,707 | — | — | 252,935 | — | — |
| **TOTAL OTHER CHARGES** | **$569,169** | **—** | **—** | **$569,169** | **—** | **—** | **$262,695** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$4,523,158** | **—** | **—** | **$4,523,158** | **—** | **—** | **$4,770,000** | **—** | **—** |

## Form 56154 — 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. |
| **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 56155 — 326-Family Planning MCH Block Grant

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 90,965 | — | 223,600 | 90,965 | — | 223,600 | 296,400 | — | 223,600 |
| Other Compensation | — | — | 8,600 | — | — | 8,600 | 11,400 | — | 8,600 |
| Related Benefits | 32,419 | — | 122,985 | 32,419 | — | 122,985 | 163,500 | — | 122,985 |
| **TOTAL PERSONAL SERVICES** | **$123,384** | **—** | **$355,185** | **$123,384** | **—** | **$355,185** | **$471,300** | **—** | **$355,185** |
| Travel | — | — | 1,000 | — | — | 1,000 | 1,000 | — | 1,000 |
| Operating Services | 90,694 | — | 8,000 | 90,694 | — | 8,000 | 10,000 | — | 8,000 |
| Supplies | 88,644 | — | 800 | 88,644 | — | 800 | 1,000 | — | 800 |
| **TOTAL OPERATING EXPENSES** | **$179,338** | **—** | **$9,800** | **$179,338** | **—** | **$9,800** | **$12,000** | **—** | **$9,800** |
| **PROFESSIONAL SERVICES** | **$196,120** | **—** | **$6,000** | **$196,120** | **—** | **$6,000** | **$9,000** | **—** | **$6,000** |
| Other Charges | — | — | 715 | — | — | 715 | 1,000 | — | 715 |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 1,158 | — | 3,300 | 1,158 | — | 3,300 | 6,700 | — | 3,300 |
| **TOTAL OTHER CHARGES** | **$1,158** | **—** | **$4,015** | **$1,158** | **—** | **$4,015** | **$7,700** | **—** | **$4,015** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$500,000** | **—** | **$375,000** | **$500,000** | **—** | **$375,000** | **$500,000** | **—** | **$375,000** |

## Form 56155 — 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. |
| 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 56156 — 326-Family Planning -Preventive Health Block Grant

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 163,468 | — | — | 163,468 | — | — | 513,000 | — | — |
| Other Compensation | 15,166 | — | — | 15,166 | — | — | 20,000 | — | — |
| Related Benefits | 88,508 | — | — | 88,508 | — | — | 283,000 | — | — |
| **TOTAL PERSONAL SERVICES** | **$267,142** | **—** | **—** | **$267,142** | **—** | **—** | **$816,000** | **—** | **—** |
| Travel | — | — | — | — | — | — | 4,000 | — | — |
| Operating Services | 33,034 | — | — | 33,034 | — | — | 42,000 | — | — |
| Supplies | 173,516 | — | — | 173,516 | — | — | 70,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$206,550** | **—** | **—** | **$206,550** | **—** | **—** | **$116,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$81,445** | **—** | **—** | **$81,445** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 6,580 | — | — | 6,580 | — | — | 106,726 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 62,283 | — | — | 62,283 | — | — | 85,274 | — | — |
| **TOTAL OTHER CHARGES** | **$68,863** | **—** | **—** | **$68,863** | **—** | **—** | **$192,000** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$624,000** | **—** | **—** | **$624,000** | **—** | **—** | **$1,124,000** | **—** | **—** |

## Form 56156 — 326-Family Planning -Preventive Health 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: 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. |
| **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 56157 — 326-Childhood Lead Prevention

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 181,577 | — | — | 181,577 | — | — | 125,000 | — | — |
| Other Compensation | 17,041 | — | — | 17,041 | — | — | 5,001 | — | — |
| Related Benefits | 93,690 | — | — | 93,690 | — | — | 68,969 | — | — |
| **TOTAL PERSONAL SERVICES** | **$292,308** | **—** | **—** | **$292,308** | **—** | **—** | **$198,970** | **—** | **—** |
| Travel | 1,666 | — | — | 1,666 | — | — | 2,000 | — | — |
| Operating Services | 1,683 | — | — | 1,683 | — | — | 3,000 | — | — |
| Supplies | — | — | — | — | — | — | 1,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$3,349** | **—** | **—** | **$3,349** | **—** | **—** | **$6,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 116,783 | — | — | 116,783 | — | — | 258,708 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 45,282 | — | — | 45,282 | — | — | 5,000 | — | — |
| **TOTAL OTHER CHARGES** | **$162,065** | **—** | **—** | **$162,065** | **—** | **—** | **$263,708** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$457,722** | **—** | **—** | **$457,722** | **—** | **—** | **$468,678** | **—** | **—** |

## Form 56157 — 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. Section 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 247b(k)(2)]. |
| **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 56158 — 326-Genetic Disease-MCH Block Grant

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 26,250 | — | 300,000 | 26,250 | — | 300,000 | 780,000 | — | 300,000 |
| Other Compensation | — | — | 30,000 | — | — | 30,000 | — | — | 30,000 |
| Related Benefits | 12,961 | — | 160,000 | 12,961 | — | 160,000 | — | — | 160,000 |
| **TOTAL PERSONAL SERVICES** | **$39,211** | **—** | **$490,000** | **$39,211** | **—** | **$490,000** | **$780,000** | **—** | **$490,000** |
| Travel | — | — | 2,000 | — | — | 2,000 | — | — | 2,000 |
| Operating Services | 4,735 | — | 50,000 | 4,735 | — | 50,000 | — | — | 50,000 |
| Supplies | 57,626 | — | 43,000 | 57,626 | — | 43,000 | — | — | 43,000 |
| **TOTAL OPERATING EXPENSES** | **$62,361** | **—** | **$95,000** | **$62,361** | **—** | **$95,000** | **—** | **—** | **$95,000** |
| **PROFESSIONAL SERVICES** | **$646,580** | **—** | **—** | **$646,580** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 31,848 | — | — | 31,848 | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$31,848** | **—** | **—** | **$31,848** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$780,000** | **—** | **$585,000** | **$780,000** | **—** | **$585,000** | **$780,000** | **—** | **$585,000** |

## Form 56158 — 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. |
| **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 56160 — 326-Immunization

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 2,700,017 | — | — | 2,700,017 | — | — | 2,250,000 | — | — |
| Other Compensation | 30,197 | — | — | 30,197 | — | — | 65,000 | — | — |
| Related Benefits | 1,377,180 | — | — | 1,377,180 | — | — | 1,228,170 | — | — |
| **TOTAL PERSONAL SERVICES** | **$4,107,394** | **—** | **—** | **$4,107,394** | **—** | **—** | **$3,543,170** | **—** | **—** |
| Travel | 38,471 | — | — | 38,471 | — | — | 50,000 | — | — |
| Operating Services | 438,154 | — | — | 438,154 | — | — | 120,000 | — | — |
| Supplies | 18,715 | — | — | 18,715 | — | — | 250,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$495,340** | **—** | **—** | **$495,340** | **—** | **—** | **$420,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$493,606** | **—** | **—** | **$493,606** | **—** | **—** | **$185,837** | **—** | **—** |
| Other Charges | 34,236 | — | — | 34,236 | — | — | 1,154,189 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 1,526,654 | — | — | 1,526,654 | — | — | 450,000 | — | — |
| **TOTAL OTHER CHARGES** | **$1,560,890** | **—** | **—** | **$1,560,890** | **—** | **—** | **$1,604,189** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$6,657,230** | **—** | **—** | **$6,657,230** | **—** | **—** | **$5,753,196** | **—** | **—** |

## Form 56160 — 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. |
| **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 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.<br>3) Percentage of 6th graders, 11-12 years of age, up to date with 1 TdaP, 2MMR, 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 56161 — 326-Child Death Review-MCH Block Grant

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | 2,061 | — | — | 2,061 | — | — | 500 | — | — |
| **TOTAL PERSONAL SERVICES** | **$2,061** | **—** | **—** | **$2,061** | **—** | **—** | **$500** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$43,039** | **—** | **—** | **$43,039** | **—** | **—** | **$49,000** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 4,900 | — | — | 4,900 | — | — | 500 | — | — |
| **TOTAL OTHER CHARGES** | **$4,900** | **—** | **—** | **$4,900** | **—** | **—** | **$500** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$50,000** | **—** | **—** | **$50,000** | **—** | **—** | **$50,000** | **—** | **—** |

## Form 56161 — 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. |
| **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 56162 — 326-National Violent Death Reporting System

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 28,350 | — | — | 28,350 | — | — | 45,000 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 17,976 | — | — | 17,976 | — | — | 24,935 | — | — |
| **TOTAL PERSONAL SERVICES** | **$46,326** | **—** | **—** | **$46,326** | **—** | **—** | **$69,935** | **—** | **—** |
| Travel | 1,111 | — | — | 1,111 | — | — | 2,000 | — | — |
| Operating Services | 2,271 | — | — | 2,271 | — | — | 3,500 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$3,382** | **—** | **—** | **$3,382** | **—** | **—** | **$5,500** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$308,316** | **—** | **—** | **$308,316** | **—** | **—** | **$245,651** | **—** | **—** |
| Other Charges | 1,577 | — | — | 1,577 | — | — | 2,000 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 20,485 | — | — | 20,485 | — | — | 7,000 | — | — |
| **TOTAL OTHER CHARGES** | **$22,062** | **—** | **—** | **$22,062** | **—** | **—** | **$9,000** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$380,086** | **—** | **—** | **$380,086** | **—** | **—** | **$330,086** | **—** | **—** |

## Form 56162 — 326-National Violent Death Reporting System

| 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. Section 392(a)(1) of the Public Health Service Act, [42 USC 280b-0(a)(1)]. |
| **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 56163 — 326-Early Childhood Comprehensive System

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 9,152 | — | — | 9,152 | — | — | 31,000 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 9,606 | — | — | 9,606 | — | — | 16,446 | — | — |
| **TOTAL PERSONAL SERVICES** | **$18,758** | **—** | **—** | **$18,758** | **—** | **—** | **$47,446** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | 4,000 | — | — |
| Supplies | — | — | — | — | — | — | 500 | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **$4,500** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$266,659** | **—** | **—** | **$266,659** | **—** | **—** | **$200,654** | **—** | **—** |
| Other Charges | 1,317 | — | — | 1,317 | — | — | 42,000 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 13,866 | — | — | 13,866 | — | — | 5,000 | — | — |
| **TOTAL OTHER CHARGES** | **$15,183** | **—** | **—** | **$15,183** | **—** | **—** | **$47,000** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$300,600** | **—** | **—** | **$300,600** | **—** | **—** | **$299,600** | **—** | **—** |

## Form 56163 — 326-Early Childhood Comprehensive System

| 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 . 42 U.S.C. 701(a)(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 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 56164 — 326-Maternal Depression

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 55,166 | — | — | 55,166 | — | — | 60,000 | — | — |
| Other Compensation | — | — | — | — | — | — | 1,000 | — | — |
| Related Benefits | 43,642 | — | — | 43,642 | — | — | 32,362 | — | — |
| **TOTAL PERSONAL SERVICES** | **$98,808** | **—** | **—** | **$98,808** | **—** | **—** | **$93,362** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 1,939 | — | — | 1,939 | — | — | 7,000 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,939** | **—** | **—** | **$1,939** | **—** | **—** | **$7,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$557,451** | **—** | **—** | **$557,451** | **—** | **—** | **$639,138** | **—** | **—** |
| Other Charges | 31,082 | — | — | 31,082 | — | — | 500 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 60,720 | — | — | 60,720 | — | — | 10,000 | — | — |
| **TOTAL OTHER CHARGES** | **$91,802** | **—** | **—** | **$91,802** | **—** | **—** | **$10,500** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$750,000** | **—** | **—** | **$750,000** | **—** | **—** | **$750,000** | **—** | **—** |

## Form 56164 — 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. 42 U.S.C. 247b-13a. |
| **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 56165 — 326-Maternal Child Health Mortality Surveillance

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56165 — 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. Public Health Service Act section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12. |
| **Agency discretion or Federal requirement?** | Line items reflect agency discretion. |
| **Describe any budgetary peculiarities.** | The grant has expired. |
| **Is the Total Request amount for multiple years?** | The amount listed is for prior FY 2025. |
| **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 56166 — 326-Pregnancy Risk Assessment Monitoring System

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 1,930 | — | — | 1,930 | — | — | 3,500 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 2,030 | — | — | 2,030 | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$3,960** | **—** | **—** | **$3,960** | **—** | **—** | **$3,500** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 2,818 | — | — | 2,818 | — | — | — | — | — |
| Supplies | 12,959 | — | — | 12,959 | — | — | 16,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$15,777** | **—** | **—** | **$15,777** | **—** | **—** | **$16,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$145,719** | **—** | **—** | **$145,719** | **—** | **—** | **$147,500** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 9,544 | — | — | 9,544 | — | — | 8,000 | — | — |
| **TOTAL OTHER CHARGES** | **$9,544** | **—** | **—** | **$9,544** | **—** | **—** | **$8,000** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$175,000** | **—** | **—** | **$175,000** | **—** | **—** | **$175,000** | **—** | **—** |

## Form 56166 — 326-Pregnancy Risk Assessment Monitoring System

| 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. Public Health Service Act Sec 301(a), 317(K), 42 USC 241 (A) 247B (K). Source of funding - Centers for Disease Control and Prevention. |
| **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 56167 — 326-Perinatal Quality Collaborative

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 2,554 | — | — | 2,554 | — | — | 5,000 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 5,928 | — | — | 5,928 | — | — | 2,653 | — | — |
| **TOTAL PERSONAL SERVICES** | **$8,482** | **—** | **—** | **$8,482** | **—** | **—** | **$7,653** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 1,280 | — | — | 1,280 | — | — | 3,000 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,280** | **—** | **—** | **$1,280** | **—** | **—** | **$3,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$295,087** | **—** | **—** | **$295,087** | **—** | **—** | **$261,347** | **—** | **—** |
| Other Charges | 2,250 | — | — | 2,250 | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 17,901 | — | — | 17,901 | — | — | 3,000 | — | — |
| **TOTAL OTHER CHARGES** | **$20,151** | **—** | **—** | **$20,151** | **—** | **—** | **$3,000** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$325,000** | **—** | **—** | **$325,000** | **—** | **—** | **$275,000** | **—** | **—** |

## Form 56167 — 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. Public Health Service Act Section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12. |
| **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 56168 — 326-System Development

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 1,831 | — | — | 1,831 | — | — | 1,000 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 2,673 | — | — | 2,673 | — | — | 531 | — | — |
| **TOTAL PERSONAL SERVICES** | **$4,504** | **—** | **—** | **$4,504** | **—** | **—** | **$1,531** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | 1,000 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **$1,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$98,094** | **—** | **—** | **$98,094** | **—** | **—** | **$96,469** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 12,402 | — | — | 12,402 | — | — | 1,000 | — | — |
| **TOTAL OTHER CHARGES** | **$12,402** | **—** | **—** | **$12,402** | **—** | **—** | **$1,000** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$115,000** | **—** | **—** | **$115,000** | **—** | **—** | **$100,000** | **—** | **—** |

## Form 56168 — 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. 42 U.S.C. 701(a)(2). |
| **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 56169 — 326-Maternal Death Due to Violence

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 16,741 | — | — | 16,741 | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 9,763 | — | — | 9,763 | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$26,504** | **—** | **—** | **$26,504** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$200,496** | **—** | **—** | **$31,439** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 1,112 | — | — | 1,112 | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 51,955 | — | — | 51,955 | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$53,067** | **—** | **—** | **$53,067** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$280,067** | **—** | **—** | **$111,010** | **—** | **—** | **—** | **—** | **—** |

## Form 56169 — 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. 42 U.S.C. 300u-2(a) and 42 U.S.C. 237a. |
| **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 56170 — 326-Maternal Child Health Services-MCH Block Grant

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 554,447 | — | — | 554,447 | — | — | 1,600,000 | — | — |
| Other Compensation | 3,681 | — | — | 3,681 | — | — | 250,000 | — | — |
| Related Benefits | 390,147 | — | — | 390,147 | — | — | 981,475 | — | — |
| **TOTAL PERSONAL SERVICES** | **$948,275** | **—** | **—** | **$948,275** | **—** | **—** | **$2,831,475** | **—** | **—** |
| Travel | 4,726 | — | — | 4,726 | — | — | 5,000 | — | — |
| Operating Services | 273,257 | — | — | 273,257 | — | — | 150,000 | — | — |
| Supplies | 2,397 | — | — | 2,397 | — | — | 15,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$280,380** | **—** | **—** | **$280,380** | **—** | **—** | **$170,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$2,601,457** | **—** | **—** | **$2,601,457** | **—** | **—** | **$2,710,200** | **—** | **—** |
| Other Charges | 68,156 | — | — | 68,156 | — | — | 55,479 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 559,239 | — | — | 559,239 | — | — | 208,000 | — | — |
| **TOTAL OTHER CHARGES** | **$627,395** | **—** | **—** | **$627,395** | **—** | **—** | **$263,479** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$4,457,507** | **—** | **—** | **$4,457,507** | **—** | **—** | **$5,975,154** | **—** | **—** |

## Form 56170 — 326-Maternal Child Health Services-MCH Block Grant

| 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. 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. |
| **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 56171 — 326-Maternal Child Health Mortality Review

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 12,674 | — | — | 12,674 | — | — | 15,000 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 20,168 | — | — | 20,168 | — | — | 7,958 | — | — |
| **TOTAL PERSONAL SERVICES** | **$32,842** | **—** | **—** | **$32,842** | **—** | **—** | **$22,958** | **—** | **—** |
| Travel | 2,850 | — | — | 2,850 | — | — | — | — | — |
| Operating Services | 2,436 | — | — | 2,436 | — | — | 5,000 | — | — |
| Supplies | — | — | — | — | — | — | 1,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$5,286** | **—** | **—** | **$5,286** | **—** | **—** | **$6,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$478,724** | **—** | **—** | **$478,724** | **—** | **—** | **$533,417** | **—** | **—** |
| Other Charges | 5,056 | — | — | 5,056 | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 48,092 | — | — | 48,092 | — | — | 7,625 | — | — |
| **TOTAL OTHER CHARGES** | **$53,148** | **—** | **—** | **$53,148** | **—** | **—** | **$7,625** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$570,000** | **—** | **—** | **$570,000** | **—** | **—** | **$570,000** | **—** | **—** |

## Form 56171 — 326-Maternal Child Health Mortality Review

| 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. Public Health Service Act Section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12. |
| **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 56172 — 326-Nurse Family Partnership -MCH Block Grant

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 1,240,263 | — | 1,050,000 | 1,240,263 | — | 1,050,000 | 65,000 | — | 1,050,000 |
| Other Compensation | — | — | 8,000 | — | — | 8,000 | 7,000 | — | 8,000 |
| Related Benefits | 478,771 | — | 572,065 | 478,771 | — | 572,065 | 37,393 | — | 572,065 |
| **TOTAL PERSONAL SERVICES** | **$1,719,034** | **—** | **$1,630,065** | **$1,719,034** | **—** | **$1,630,065** | **$109,393** | **—** | **$1,630,065** |
| Travel | 21,265 | — | 30,000 | 21,265 | — | 30,000 | 20,000 | — | 30,000 |
| Operating Services | 6,377 | — | 150,000 | 6,377 | — | 150,000 | 125,000 | — | 150,000 |
| Supplies | 2,227 | — | 15,000 | 2,227 | — | 15,000 | 10,000 | — | 15,000 |
| **TOTAL OPERATING EXPENSES** | **$29,869** | **—** | **$195,000** | **$29,869** | **—** | **$195,000** | **$155,000** | **—** | **$195,000** |
| **PROFESSIONAL SERVICES** | **$154,886** | **—** | **$2,258,234** | **$154,886** | **—** | **$2,258,234** | **$52,607** | **—** | **$2,258,234** |
| Other Charges | 2,436,100 | — | 40,000 | 2,436,100 | — | 40,000 | 33,000 | — | 40,000 |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | 476,701 | — | — | 476,701 | — | — | 476,701 |
| **TOTAL OTHER CHARGES** | **$2,436,100** | **—** | **$516,701** | **$2,436,100** | **—** | **$516,701** | **$33,000** | **—** | **$516,701** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$4,339,889** | **—** | **$4,600,000** | **$4,339,889** | **—** | **$4,600,000** | **$350,000** | **—** | **$4,600,000** |

## Form 56172 — 326-Nurse Family Partnership -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, 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. 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. |
| **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 56174 — 326-Maternal Infant and Childhood Home Visiting Direct & Inf

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 1,358,630 | — | — | 1,358,630 | — | — | 1,300,000 | — | — |
| Other Compensation | 16,552 | — | — | 16,552 | — | — | 120,000 | — | — |
| Related Benefits | 1,001,458 | — | — | 1,001,458 | — | — | 753,349 | — | — |
| **TOTAL PERSONAL SERVICES** | **$2,376,640** | **—** | **—** | **$2,376,640** | **—** | **—** | **$2,173,349** | **—** | **—** |
| Travel | 30,533 | — | — | 30,533 | — | — | 50,000 | — | — |
| Operating Services | 57,534 | — | — | 57,534 | — | — | 125,000 | — | — |
| Supplies | 6,694 | — | — | 6,694 | — | — | 15,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$94,761** | **—** | **—** | **$94,761** | **—** | **—** | **$190,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$838,384** | **—** | **—** | **$838,384** | **—** | **—** | **$8,403,906** | **—** | **—** |
| Other Charges | 8,725,477 | — | — | 8,725,477 | — | — | 562,511 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 883,538 | — | — | 883,538 | — | — | 600,000 | — | — |
| **TOTAL OTHER CHARGES** | **$9,609,015** | **—** | **—** | **$9,609,015** | **—** | **—** | **$1,162,511** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$12,918,800** | **—** | **—** | **$12,918,800** | **—** | **—** | **$11,929,766** | **—** | **—** |

## Form 56174 — 326-Maternal Infant and Childhood Home Visiting Direct & Inf

| 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. 42 U.S.C. 711a; 42 U.S.C. 711(c). |
| **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 56175 — 326-CV-19 American Rescue Plan Act For Pediactric Mental Hea

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 266,682 | — | — | 266,682 | — | — | 10,000 | — | — |
| Other Compensation | 2,960 | — | — | 2,960 | — | — | — | — | — |
| Related Benefits | 192,838 | — | — | 192,838 | — | — | 5,305 | — | — |
| **TOTAL PERSONAL SERVICES** | **$462,480** | **—** | **—** | **$462,480** | **—** | **—** | **$15,305** | **—** | **—** |
| Travel | 1,487 | — | — | 1,487 | — | — | 1,000 | — | — |
| Operating Services | 8,799 | — | — | 8,799 | — | — | 5,000 | — | — |
| Supplies | — | — | — | — | — | — | 2,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$10,286** | **—** | **—** | **$10,286** | **—** | **—** | **$8,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$2,829,175** | **—** | **—** | **$2,829,175** | **—** | **—** | **$315,459** | **—** | **—** |
| Other Charges | 38,661 | — | — | 38,661 | — | — | 198,578 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 299,035 | — | — | 299,035 | — | — | 10,000 | — | — |
| **TOTAL OTHER CHARGES** | **$337,696** | **—** | **—** | **$337,696** | **—** | **—** | **$208,578** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$3,639,637** | **—** | **—** | **$3,639,637** | **—** | **—** | **$547,342** | **—** | **—** |

## Form 56175 — 326-CV-19 American Rescue Plan Act For Pediactric Mental Hea

| 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). 42 U.S.C. 254c-19. Source of funding - U.S. Department of Health and Human Services. |
| **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 56176 — 326-Rural Health

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56176 — 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. 42 U.S.C. 254r. |
| **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 56177 — 326-Student Loan Repayment Plan

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | 90,000 | — | — | 90,000 | — | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | 47,747 | — | — | 47,747 | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **$137,747** | **—** | **—** | **$137,747** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | 634,253 | — | — | 634,253 | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **—** | **—** | **$634,253** | **—** | **—** | **$634,253** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **—** | **—** | **$772,000** | **—** | **—** | **$772,000** | **—** | **—** | **—** |

## Form 56177 — 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. 42 U.S.C. 254q-1. |
| **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 56178 — 326-Primary Care

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56178 — 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. 42 U.S.C. 254f(d). |
| **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 56179 — 326-Small Hospital Improvements

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56179 — 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. 42 U.S.C. 1395i-4. |
| **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 56180 — 326-Bold Well Ahead

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 621 | — | — | — | — | — | — | — | — |
| Other Compensation | 27 | — | — | — | — | — | — | — | — |
| Related Benefits | 379 | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$1,027** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 57 | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$57** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$40,278** | **—** | **$135,000** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 6,977 | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 105 | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$7,082** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$48,444** | **—** | **$135,000** | **—** | **—** | **—** | **—** | **—** | **—** |

## Form 56180 — 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. Public Health Service Act Section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C.247b-12. |
| **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 56181 — 326-Critical Care Access(FLEX)

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56181 — 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. 42 U.S.C. 1395i-4(g). |
| **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 56183 — 326-Oral Health Workforce

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 1,004 | — | — | — | — | — | — | — | — |
| Other Compensation | 43 | — | — | — | — | — | — | — | — |
| Related Benefits | 608 | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$1,655** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 1,615 | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,615** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$11,680** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 2 | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 166 | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$168** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$15,118** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

## Form 56183 — 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. 42 U.S.C. 256(g). |
| **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 56184 — 326-Behavorial Risk Factor Surveillance System(BRFSS)

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 5,635 | — | — | 5,635 | — | — | 5,635 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 5,995 | — | — | 5,995 | — | — | 5,995 | — | — |
| **TOTAL PERSONAL SERVICES** | **$11,630** | **—** | **—** | **$11,630** | **—** | **—** | **$11,630** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$110,343** | **—** | **—** | **$110,343** | **—** | **—** | **$110,343** | **—** | **—** |
| Other Charges | 1,309 | — | — | 1,309 | — | — | 1,309 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 8,368 | — | — | 8,368 | — | — | 8,368 | — | — |
| **TOTAL OTHER CHARGES** | **$9,677** | **—** | **—** | **$9,677** | **—** | **—** | **$9,677** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$131,650** | **—** | **—** | **$131,650** | **—** | **—** | **$131,650** | **—** | **—** |

## Form 56184 — 326-Behavorial Risk Factor Surveillance System(BRFSS)

| 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. Public Health Service Act Section 301(a) [42U.S.C. section 241(a)]. |
| **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 56185 — 326-Performance Improvement-Preventive Health Block Grant

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 422,909 | — | — | 422,909 | — | — | 422,909 | — | — |
| Other Compensation | 3,404 | — | — | 3,404 | — | — | 3,404 | — | — |
| Related Benefits | 186,595 | — | — | 186,595 | — | — | 186,595 | — | — |
| **TOTAL PERSONAL SERVICES** | **$612,908** | **—** | **—** | **$612,908** | **—** | **—** | **$612,908** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 2,077 | — | — | 2,077 | — | — | 2,077 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$2,077** | **—** | **—** | **$2,077** | **—** | **—** | **$2,077** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 14,720 | — | — | 14,720 | — | — | 14,720 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 71,199 | — | — | 71,199 | — | — | 71,199 | — | — |
| **TOTAL OTHER CHARGES** | **$85,919** | **—** | **—** | **$85,919** | **—** | **—** | **$85,919** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$700,904** | **—** | **—** | **$700,904** | **—** | **—** | **$700,904** | **—** | **—** |

## Form 56185 — 326-Performance Improvement-Preventive Health Block Grant

| 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. |
| **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 56186 — 326-Overdose Surveillance

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 14,219 | — | — | 14,219 | — | — | 14,219 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 26,886 | — | — | 26,886 | — | — | 26,886 | — | — |
| **TOTAL PERSONAL SERVICES** | **$41,105** | **—** | **—** | **$41,105** | **—** | **—** | **$41,105** | **—** | **—** |
| Travel | 4,908 | — | — | 4,908 | — | — | 4,908 | — | — |
| Operating Services | 12,745 | — | — | 12,745 | — | — | 12,745 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$17,653** | **—** | **—** | **$17,653** | **—** | **—** | **$17,653** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$478,911** | **—** | **—** | **$478,911** | **—** | **—** | **$478,911** | **—** | **—** |
| Other Charges | 576,223 | — | — | 576,223 | — | — | 576,223 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 76,996 | — | — | 76,996 | — | — | 76,996 | — | — |
| **TOTAL OTHER CHARGES** | **$653,219** | **—** | **—** | **$653,219** | **—** | **—** | **$653,219** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$1,190,888** | **—** | **—** | **$1,190,888** | **—** | **—** | **$1,190,888** | **—** | **—** |

## Form 56186 — 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. Public Health Service Act, Section 311(c)(1) (42 USC 243(1). |
| **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 56187 — 326-Public Health Informatics Preventive Health Block Grant

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 63,613 | — | — | 63,613 | — | — | 63,613 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 36,196 | — | — | 36,196 | — | — | 36,196 | — | — |
| **TOTAL PERSONAL SERVICES** | **$99,809** | **—** | **—** | **$99,809** | **—** | **—** | **$99,809** | **—** | **—** |
| Travel | 14,498 | — | — | 14,498 | — | — | 14,498 | — | — |
| Operating Services | 76,651 | — | — | 76,651 | — | — | 76,651 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$91,149** | **—** | **—** | **$91,149** | **—** | **—** | **$91,149** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$48,997** | **—** | **—** | **$48,997** | **—** | **—** | **$48,997** | **—** | **—** |
| Other Charges | 265,045 | — | — | 265,045 | — | — | 265,045 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$265,045** | **—** | **—** | **$265,045** | **—** | **—** | **$265,045** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$505,000** | **—** | **—** | **$505,000** | **—** | **—** | **$505,000** | **—** | **—** |

## Form 56187 — 326-Public Health Informatics Preventive Health Block Grant

| 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. Omnibus Budget Reconciliation Act of 1982 (Public Law 97-35); 45 CFR 16, 74. Source of funding - Department of Health and Human Services. |
| **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 56188 — 326-Well Ahead -Preventive Health Block Grant

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 5,657 | — | — | 5,657 | — | — | 5,657 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$5,657** | **—** | **—** | **$5,657** | **—** | **—** | **$5,657** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$473,228** | **—** | **$135,000** | **$473,228** | **—** | **$135,000** | **$473,228** | **—** | **$135,000** |
| Other Charges | 72,011 | — | — | 72,011 | — | — | 72,011 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 145,248 | — | — | 145,248 | — | — | 145,248 | — | — |
| **TOTAL OTHER CHARGES** | **$217,259** | **—** | **—** | **$217,259** | **—** | **—** | **$217,259** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$696,144** | **—** | **$135,000** | **$696,144** | **—** | **$135,000** | **$696,144** | **—** | **$135,000** |

## Form 56188 — 326-Well Ahead -Preventive Health Block Grant

| 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. Omnibus Budget Reconciliation Act of 1982 (Public Law 97-35); 45 CFR 16, 74. Source of funding - Department of Health and Human Services. |
| **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 56189 — 326-Preventative Health Block

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 242,509 | — | — | 242,509 | — | — | 150,000 | — | — |
| Other Compensation | — | — | — | — | — | — | 5,000 | — | — |
| Related Benefits | 115,720 | — | — | 115,720 | — | — | 82,232 | — | — |
| **TOTAL PERSONAL SERVICES** | **$358,229** | **—** | **—** | **$358,229** | **—** | **—** | **$237,232** | **—** | **—** |
| Travel | — | — | — | — | — | — | 2,000 | — | — |
| Operating Services | 1,568 | — | — | 1,568 | — | — | 2,000 | — | — |
| Supplies | — | — | — | — | — | — | 1,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,568** | **—** | **—** | **$1,568** | **—** | **—** | **$5,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$208,998** | **—** | **—** | **$208,998** | **—** | **—** | **$400,000** | **—** | **—** |
| Other Charges | 11,233 | — | — | 11,233 | — | — | 39,987 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 113,691 | — | — | 113,691 | — | — | 11,500 | — | — |
| **TOTAL OTHER CHARGES** | **$124,924** | **—** | **—** | **$124,924** | **—** | **—** | **$51,487** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$693,719** | **—** | **—** | **$693,719** | **—** | **—** | **$693,719** | **—** | **—** |

## Form 56189 — 326-Preventative Health Block

| 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. Omnibus Budget Reconciliation Act of 1982 (Public Law 97-35); 45 CFR 16, 74. Source of funding - Department of Health and Human Services. |
| **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 56190 — 326-Tobacco Control

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 31,165 | — | — | — | — | — | — | — | — |
| Other Compensation | 20,729 | — | — | — | — | — | — | — | — |
| Related Benefits | 21,289 | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$73,183** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | 2 | — | — | — | — | — | — | — | — |
| Operating Services | 67 | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$69** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$176,069** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 15 | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 2,356 | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$2,371** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$251,692** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

## Form 56190 — 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. Section 317(k)(2) of the Public Health Service Act , 42 U.S.C. 247b(k)(2). |
| **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 56191 — 326-Wisewoman

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 719 | — | — | — | — | — | — | — | — |
| Other Compensation | 31 | — | — | — | — | — | — | — | — |
| Related Benefits | 453 | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$1,203** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 146 | — | — | — | — | — | — | — | — |
| Supplies | 89 | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$235** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$37,470** | **—** | **$166,667** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 4,219 | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 133 | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$4,352** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$43,260** | **—** | **$166,667** | **—** | **—** | **—** | **—** | **—** | **—** |

## Form 56191 — 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. Section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12, Public Health Service Act. |
| **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 56193 — 326-Heart Disease and Stroke

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 36,534 | — | — | — | — | — | — | — | — |
| Other Compensation | 78 | — | — | — | — | — | — | — | — |
| Related Benefits | 17,506 | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$54,118** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | 4,066 | — | — | — | — | — | — | — | — |
| Operating Services | 2,793 | — | — | — | — | — | — | — | — |
| Supplies | 10 | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$6,869** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$34,027** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 11 | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 1,753 | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$1,764** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$96,778** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

## Form 56193 — 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. Source of Funds - Centers for Disease Control and Prevention. Public Health Service Act, Section 301(a) and Section 3147K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12. |
| **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 56194 — 326-Diabetes Prevention

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 62,742 | — | — | — | — | — | — | — | — |
| Other Compensation | 1,241 | — | — | — | — | — | — | — | — |
| Related Benefits | 48,043 | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$112,026** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 12,441 | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$12,441** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$639,963** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 474,921 | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 67,028 | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$541,949** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$1,306,379** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

## Form 56194 — 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. Public Health Service Act, Section 301(a) and Section 3147K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12. |
| **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 56195 — 326-Unallotted

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | 3,593,716 | — | — | 3,007,304 | — | — |
| Other Compensation | 1,142,158 | — | — | 1,030,364 | — | — | 1,616,776 | — | — |
| Related Benefits | — | — | — | 1,402,050 | — | — | 1,599,616 | — | — |
| **TOTAL PERSONAL SERVICES** | **$1,142,158** | **—** | **—** | **$6,026,130** | **—** | **—** | **$6,223,696** | **—** | **—** |
| Travel | — | — | — | 65,607 | — | — | 65,607 | — | — |
| Operating Services | — | — | — | 436,999 | — | — | 436,999 | — | — |
| Supplies | 711,846 | — | — | 983,308 | — | — | 983,308 | — | — |
| **TOTAL OPERATING EXPENSES** | **$711,846** | **—** | **—** | **$1,485,914** | **—** | **—** | **$1,485,914** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **$5,322,417** | **—** | **—** | **$5,322,417** | **—** | **—** |
| Other Charges | — | — | — | 23,183,638 | — | — | 23,183,638 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | 423,010 | — | — | 423,010 | — | — |
| **TOTAL OTHER CHARGES** | **—** | **—** | **—** | **$23,606,648** | **—** | **—** | **$23,606,648** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$1,854,004** | **—** | **—** | **$36,441,109** | **—** | **—** | **$36,638,675** | **—** | **—** |

## Form 56195 — 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 56196 — 326-Commodity Supplemental Food Program

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$274,393** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 569,207 | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$569,207** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$843,600** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

## Form 56196 — 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. |
| **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 56197 — 326-Women Infants and Children

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 2,770,719 | — | — | — | — | — | — | — | — |
| Other Compensation | 170,984 | — | — | — | — | — | — | — | — |
| Related Benefits | 1,449,177 | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$4,390,880** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | 37,093 | — | — | — | — | — | — | — | — |
| Operating Services | 307,360 | — | — | — | — | — | — | — | — |
| Supplies | 113,982 | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$458,435** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$3,019,368** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 22,060,027 | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 169,116 | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$22,229,143** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$30,097,826** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

## Form 56197 — 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. |
| **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 monthly WIC participants. 2) Percentage of postpartum women enrolled in WIC who breastfeed. 3) Percentage of WIC eligible clients served. 4) Number of WIC vendor fraud investigations. |
| **Additional information or comments.** | Not applicable. |

## Form 56198 — 326-Peer Counseling

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 3,626 | — | — | — | — | — | — | — | — |
| Other Compensation | 155 | — | — | — | — | — | — | — | — |
| Related Benefits | 2,181 | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$5,962** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | 121 | — | — | — | — | — | — | — | — |
| Operating Services | 21 | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$142** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 125,340 | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 586 | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$125,926** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$132,030** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

## Form 56198 — 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. |
| **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 56199 — 326-School Based Health MCH Block Grant

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 3,941 | — | 100,000 | 3,941 | — | 100,000 | 3,941 | — | 100,000 |
| Other Compensation | — | — | 5,000 | — | — | 5,000 | — | — | 5,000 |
| Related Benefits | 11,067 | — | 60,000 | 11,067 | — | 60,000 | 11,067 | — | 60,000 |
| **TOTAL PERSONAL SERVICES** | **$15,008** | **—** | **$165,000** | **$15,008** | **—** | **$165,000** | **$15,008** | **—** | **$165,000** |
| Travel | — | — | 500 | — | — | 500 | — | — | 500 |
| Operating Services | — | — | 1,000 | — | — | 1,000 | — | — | 1,000 |
| Supplies | — | — | 1,000 | — | — | 1,000 | — | — | 1,000 |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **$2,500** | **—** | **—** | **$2,500** | **—** | **—** | **$2,500** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 4,086 | — | 70,000 | 4,086 | — | 70,000 | 4,086 | — | 70,000 |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 297,343 | — | — | 297,343 | — | — | 297,343 | — | — |
| **TOTAL OTHER CHARGES** | **$301,429** | **—** | **$70,000** | **$301,429** | **—** | **$70,000** | **$301,429** | **—** | **$70,000** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$316,437** | **—** | **$237,500** | **$316,437** | **—** | **$237,500** | **$316,437** | **—** | **$237,500** |

## Form 56199 — 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. |
| **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 56200 — 326-Sexually Transmitted Diseases (STD) DIS Workforce

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56200 — 326-Sexually Transmitted Diseases (STD) DIS Workforce

| 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. |
| **Agency discretion or Federal requirement?** | Line items reflect agency discretion. |
| **Describe any budgetary peculiarities.** | This grant has expired. |
| **Is the Total Request amount for multiple years?** | The amount listed is for prior FY 2025. |
| **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 56201 — 326-Sexual Transmitted Diseases Case Finding

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 273,449 | — | — | 273,449 | — | — | 273,449 | — | — |
| Other Compensation | 2,247 | — | — | 2,247 | — | — | 2,247 | — | — |
| Related Benefits | 154,468 | — | — | 154,468 | — | — | 154,468 | — | — |
| **TOTAL PERSONAL SERVICES** | **$430,164** | **—** | **—** | **$430,164** | **—** | **—** | **$430,164** | **—** | **—** |
| Travel | 5,514 | — | — | 5,514 | — | — | 5,514 | — | — |
| Operating Services | 67,872 | — | — | 67,872 | — | — | 67,872 | — | — |
| Supplies | 9,097 | — | — | 9,097 | — | — | 9,097 | — | — |
| **TOTAL OPERATING EXPENSES** | **$82,483** | **—** | **—** | **$82,483** | **—** | **—** | **$82,483** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$670,350** | **—** | **—** | **$670,350** | **—** | **—** | **$670,350** | **—** | **—** |
| Other Charges | 323,650 | — | — | 323,650 | — | — | 323,650 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 78,004 | — | — | 78,004 | — | — | 78,004 | — | — |
| **TOTAL OTHER CHARGES** | **$401,654** | **—** | **—** | **$401,654** | **—** | **—** | **$401,654** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$1,584,651** | **—** | **—** | **$1,584,651** | **—** | **—** | **$1,584,651** | **—** | **—** |

## Form 56201 — 326-Sexual Transmitted Diseases Case Finding

| 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. Public Health Service Act, Section 318 (42 U.S.C. Section 247c. |
| **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 56203 — 326-Tuberculosis - Preventive Health Block Grant

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 554,699 | — | — | 554,699 | — | — | 554,699 | — | — |
| Other Compensation | 280,066 | — | — | — | — | — | — | — | — |
| Related Benefits | 192,735 | — | — | 390,301 | — | — | 390,301 | — | — |
| **TOTAL PERSONAL SERVICES** | **$1,027,500** | **—** | **—** | **$945,000** | **—** | **—** | **$945,000** | **—** | **—** |
| 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** | **$1,027,500** | **—** | **—** | **$945,000** | **—** | **—** | **$945,000** | **—** | **—** |

## Form 56203 — 326-Tuberculosis - Preventive Health Block Grant

| 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. Omnibus Budget Reconciliation Act of 1982 (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 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 56204 — 326-Tuberculosis Prevention

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 354,323 | — | — | 354,323 | — | — | 354,323 | — | — |
| Other Compensation | 4,045 | — | — | 4,045 | — | — | 4,045 | — | — |
| Related Benefits | 195,272 | — | — | 195,272 | — | — | 195,272 | — | — |
| **TOTAL PERSONAL SERVICES** | **$553,640** | **—** | **—** | **$553,640** | **—** | **—** | **$553,640** | **—** | **—** |
| Travel | 101,815 | — | — | 101,815 | — | — | 101,815 | — | — |
| Operating Services | 23,220 | — | — | 23,220 | — | — | 23,220 | — | — |
| Supplies | 1,337 | — | — | 1,337 | — | — | 1,337 | — | — |
| **TOTAL OPERATING EXPENSES** | **$126,372** | **—** | **—** | **$126,372** | **—** | **—** | **$126,372** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$6,486** | **—** | **—** | **$6,486** | **—** | **—** | **$6,486** | **—** | **—** |
| Other Charges | 4,854 | — | — | 4,854 | — | — | 4,854 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 56,082 | — | — | 56,082 | — | — | 56,082 | — | — |
| **TOTAL OTHER CHARGES** | **$60,936** | **—** | **—** | **$60,936** | **—** | **—** | **$60,936** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$747,434** | **—** | **—** | **$747,434** | **—** | **—** | **$747,434** | **—** | **—** |

## Form 56204 — 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. Section 317(a) of the Public Health Service Act, [42 U.S.C. Section 247b-69(a). |
| **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 56205 — 326-Beach Monitoring

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 94,880 | — | — | 94,880 | — | — | 94,880 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 40,057 | — | — | 40,057 | — | — | 40,057 | — | — |
| **TOTAL PERSONAL SERVICES** | **$134,937** | **—** | **—** | **$134,937** | **—** | **—** | **$134,937** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | 26,840 | — | — | 26,840 | — | — | 26,840 | — | — |
| **TOTAL OPERATING EXPENSES** | **$26,840** | **—** | **—** | **$26,840** | **—** | **—** | **$26,840** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$8,485** | **—** | **—** | **$8,485** | **—** | **—** | **$8,485** | **—** | **—** |
| Other Charges | 132,648 | — | — | 132,648 | — | — | 132,648 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 56,090 | — | — | 56,090 | — | — | 56,090 | — | — |
| **TOTAL OTHER CHARGES** | **$188,738** | **—** | **—** | **$188,738** | **—** | **—** | **$188,738** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$359,000** | **—** | **—** | **$359,000** | **—** | **—** | **$359,000** | **—** | **—** |

## Form 56205 — 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. |
| **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 56206 — 326-Drinking Water Revolving Loan Fund

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 736,788 | — | — | 736,788 | — | — | 736,788 | — | — |
| Other Compensation | 22,309 | — | — | 22,309 | — | — | 22,309 | — | — |
| Related Benefits | 380,840 | — | — | 380,840 | — | — | 380,840 | — | — |
| **TOTAL PERSONAL SERVICES** | **$1,139,937** | **—** | **—** | **$1,139,937** | **—** | **—** | **$1,139,937** | **—** | **—** |
| Travel | 27,415 | — | — | 27,415 | — | — | 27,415 | — | — |
| Operating Services | 16,055 | — | — | 16,055 | — | — | 16,055 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$43,470** | **—** | **—** | **$43,470** | **—** | **—** | **$43,470** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$66,546** | **—** | **—** | **$66,546** | **—** | **—** | **$66,546** | **—** | **—** |
| Other Charges | 133,102 | — | — | 133,102 | — | — | 133,102 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 316,945 | — | — | 316,945 | — | — | 316,945 | — | — |
| **TOTAL OTHER CHARGES** | **$450,047** | **—** | **—** | **$450,047** | **—** | **—** | **$450,047** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$1,700,000** | **—** | **—** | **$1,700,000** | **—** | **—** | **$1,700,000** | **—** | **—** |

## Form 56206 — 326-Drinking Water Revolving Loan Fund

| 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. |
| **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 56207 — 326-Safe Drinking Water

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 771,042 | — | — | 771,042 | — | — | 771,042 | — | — |
| Other Compensation | 102,366 | — | — | 102,366 | — | — | 102,366 | — | — |
| Related Benefits | 371,934 | — | — | 371,934 | — | — | 371,934 | — | — |
| **TOTAL PERSONAL SERVICES** | **$1,245,342** | **—** | **—** | **$1,245,342** | **—** | **—** | **$1,245,342** | **—** | **—** |
| Travel | 11,114 | — | — | 11,114 | — | — | 11,114 | — | — |
| Operating Services | 40,677 | — | — | 40,677 | — | — | 40,677 | — | — |
| Supplies | 8,686 | — | — | 8,686 | — | — | 8,686 | — | — |
| **TOTAL OPERATING EXPENSES** | **$60,477** | **—** | **—** | **$60,477** | **—** | **—** | **$60,477** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 164,374 | — | — | 164,374 | — | — | 164,374 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 59,807 | — | — | 59,807 | — | — | 59,807 | — | — |
| **TOTAL OTHER CHARGES** | **$224,181** | **—** | **—** | **$224,181** | **—** | **—** | **$224,181** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$1,530,000** | **—** | **—** | **$1,530,000** | **—** | **—** | **$1,530,000** | **—** | **—** |

## Form 56207 — 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. |
| **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 56208 — 326-Water Infrastructure Improvement fot the Nation

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 4,673 | — | — | 4,673 | — | — | 4,673 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 11,030 | — | — | 11,030 | — | — | 11,030 | — | — |
| **TOTAL PERSONAL SERVICES** | **$15,703** | **—** | **—** | **$15,703** | **—** | **—** | **$15,703** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$548,044** | **—** | **—** | **$548,044** | **—** | **—** | **$548,044** | **—** | **—** |
| Other Charges | 3,175 | — | — | 3,175 | — | — | 3,175 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 35,672 | — | — | 35,672 | — | — | 35,672 | — | — |
| **TOTAL OTHER CHARGES** | **$38,847** | **—** | **—** | **$38,847** | **—** | **—** | **$38,847** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$602,594** | **—** | **—** | **$602,594** | **—** | **—** | **$602,594** | **—** | **—** |

## Form 56208 — 326-Water Infrastructure Improvement fot the Nation

| 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. |
| **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 56209 — 326-Occupational Health and Injury Surveillance

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 144,412 | — | — | 144,412 | — | — | 225,000 | — | — |
| Other Compensation | 2,360 | — | — | 2,360 | — | — | 2,000 | — | — |
| Related Benefits | 81,342 | — | — | 81,342 | — | — | 120,430 | — | — |
| **TOTAL PERSONAL SERVICES** | **$228,114** | **—** | **—** | **$228,114** | **—** | **—** | **$347,430** | **—** | **—** |
| Travel | 3,185 | — | — | 3,185 | — | — | 2,000 | — | — |
| Operating Services | 2,142 | — | — | 2,142 | — | — | 11,000 | — | — |
| Supplies | — | — | — | — | — | — | 3,000 | — | — |
| **TOTAL OPERATING EXPENSES** | **$5,327** | **—** | **—** | **$5,327** | **—** | **—** | **$16,000** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$116,403** | **—** | **—** | **$116,403** | **—** | **—** | **$50,000** | **—** | **—** |
| Other Charges | 127,425 | — | — | 127,425 | — | — | 84,475 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 35,636 | — | — | 35,636 | — | — | 15,000 | — | — |
| **TOTAL OTHER CHARGES** | **$163,061** | **—** | **—** | **$163,061** | **—** | **—** | **$99,475** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$512,905** | **—** | **—** | **$512,905** | **—** | **—** | **$512,905** | **—** | **—** |

## Form 56209 — 326-Occupational Health and Injury Surveillance

| 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. Section 301 & 307, Public Health Service Act 42 USC 241 & 242. |
| **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 56210 — 326-Partnership to Promote Local Efforts to Reduce Env Expo

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 182,512 | — | — | 182,512 | — | — | 182,512 | — | — |
| Other Compensation | 3,476 | — | — | 3,476 | — | — | 3,476 | — | — |
| Related Benefits | 96,662 | — | — | 96,662 | — | — | 96,662 | — | — |
| **TOTAL PERSONAL SERVICES** | **$282,650** | **—** | **—** | **$282,650** | **—** | **—** | **$282,650** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 2,667 | — | — | 2,667 | — | — | 2,667 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 27,681 | — | — | 27,681 | — | — | 27,681 | — | — |
| **TOTAL OTHER CHARGES** | **$30,348** | **—** | **—** | **$30,348** | **—** | **—** | **$30,348** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$312,998** | **—** | **—** | **$312,998** | **—** | **—** | **$312,998** | **—** | **—** |

## Form 56210 — 326-Partnership to Promote Local Efforts to Reduce Env Expo

| 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. Section 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 247(k)(2)]. |
| **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 56211 — 326-Private Well

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 75,476 | — | — | 75,476 | — | — | 75,476 | — | — |
| Other Compensation | 1,226 | — | — | 1,226 | — | — | 1,226 | — | — |
| Related Benefits | 35,271 | — | — | 35,271 | — | — | 35,271 | — | — |
| **TOTAL PERSONAL SERVICES** | **$111,973** | **—** | **—** | **$111,973** | **—** | **—** | **$111,973** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 31,641 | — | — | 31,641 | — | — | 31,641 | — | — |
| **TOTAL OTHER CHARGES** | **$31,641** | **—** | **—** | **$31,641** | **—** | **—** | **$31,641** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$143,614** | **—** | **—** | **$143,614** | **—** | **—** | **$143,614** | **—** | **—** |

## Form 56211 — 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. Section 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 247(k)(2)]. |
| **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 56212 — 326-Environmental Public Health Tracking

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 218,978 | — | — | 218,978 | — | — | 218,978 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 100,992 | — | — | 100,992 | — | — | 100,992 | — | — |
| **TOTAL PERSONAL SERVICES** | **$319,970** | **—** | **—** | **$319,970** | **—** | **—** | **$319,970** | **—** | **—** |
| Travel | 2,107 | — | — | 2,107 | — | — | 2,107 | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$2,107** | **—** | **—** | **$2,107** | **—** | **—** | **$2,107** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$62,516** | **—** | **—** | **$62,516** | **—** | **—** | **$62,516** | **—** | **—** |
| Other Charges | 133,146 | — | — | 133,146 | — | — | 133,146 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 97,261 | — | — | 97,261 | — | — | 97,261 | — | — |
| **TOTAL OTHER CHARGES** | **$230,407** | **—** | **—** | **$230,407** | **—** | **—** | **$230,407** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$615,000** | **—** | **—** | **$615,000** | **—** | **—** | **$615,000** | **—** | **—** |

## Form 56212 — 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. Section 317(k)(3) of the Public Health Service Act, [42 U.S.C. Section 247b(k)(3)]. Source of funds: Centers for Disease Control and Prevention. |
| **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 56213 — 326-Food and Drug

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 80,952 | — | — | 80,952 | — | — | 80,952 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 44,290 | — | — | 44,290 | — | — | 44,290 | — | — |
| **TOTAL PERSONAL SERVICES** | **$125,242** | **—** | **—** | **$125,242** | **—** | **—** | **$125,242** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 4,445 | — | — | 4,445 | — | — | 4,445 | — | — |
| Supplies | 1,712 | — | — | 1,712 | — | — | 1,712 | — | — |
| **TOTAL OPERATING EXPENSES** | **$6,157** | **—** | **—** | **$6,157** | **—** | **—** | **$6,157** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 1,364 | — | — | 1,364 | — | — | 1,364 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 16,026 | — | — | 16,026 | — | — | 16,026 | — | — |
| **TOTAL OTHER CHARGES** | **$17,390** | **—** | **—** | **$17,390** | **—** | **—** | **$17,390** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$148,789** | **—** | **—** | **$148,789** | **—** | **—** | **$148,789** | **—** | **—** |

## Form 56213 — 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. |
| **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 56214 — 326-Manufactured Food Standards

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 32,595 | — | — | 32,595 | — | — | 32,595 | — | — |
| Other Compensation | 1,017 | — | — | 1,017 | — | — | 1,017 | — | — |
| Related Benefits | 19,431 | — | — | 19,431 | — | — | 19,431 | — | — |
| **TOTAL PERSONAL SERVICES** | **$53,043** | **—** | **—** | **$53,043** | **—** | **—** | **$53,043** | **—** | **—** |
| Travel | 19,506 | — | — | 19,506 | — | — | 19,506 | — | — |
| Operating Services | 1,893 | — | — | 1,893 | — | — | 1,893 | — | — |
| Supplies | 5,461 | — | — | 5,461 | — | — | 5,461 | — | — |
| **TOTAL OPERATING EXPENSES** | **$26,860** | **—** | **—** | **$26,860** | **—** | **—** | **$26,860** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$2,326** | **—** | **—** | **$2,326** | **—** | **—** | **$2,326** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 11,191 | — | — | 11,191 | — | — | 11,191 | — | — |
| **TOTAL OTHER CHARGES** | **$11,191** | **—** | **—** | **$11,191** | **—** | **—** | **$11,191** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$93,420** | **—** | **—** | **$93,420** | **—** | **—** | **$93,420** | **—** | **—** |

## Form 56214 — 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. 42 USC 241 31 USC 6305 42 CFR 52. |
| **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 56215 — 326-Commercial Seafood

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 28,177 | — | — | 28,177 | — | — | 28,177 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 15,111 | — | — | 15,111 | — | — | 15,111 | — | — |
| **TOTAL PERSONAL SERVICES** | **$43,288** | **—** | **—** | **$43,288** | **—** | **—** | **$43,288** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 6,712 | — | — | 6,712 | — | — | 6,712 | — | — |
| **TOTAL OTHER CHARGES** | **$6,712** | **—** | **—** | **$6,712** | **—** | **—** | **$6,712** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$50,000** | **—** | **—** | **$50,000** | **—** | **—** | **$50,000** | **—** | **—** |

## Form 56215 — 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. |
| **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 56216 — 326-Vital Records Co-Op

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 42,554 | — | — | 42,554 | — | — | 42,554 | — | — |
| Other Compensation | 2,960 | — | — | 2,960 | — | — | 2,960 | — | — |
| Related Benefits | 24,301 | — | — | 24,301 | — | — | 24,301 | — | — |
| **TOTAL PERSONAL SERVICES** | **$69,815** | **—** | **—** | **$69,815** | **—** | **—** | **$69,815** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 5,776 | — | — | 5,776 | — | — | 5,776 | — | — |
| Supplies | 4,384 | — | — | 4,384 | — | — | 4,384 | — | — |
| **TOTAL OPERATING EXPENSES** | **$10,160** | **—** | **—** | **$10,160** | **—** | **—** | **$10,160** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$33,773** | **—** | **—** | **$33,773** | **—** | **—** | **$33,773** | **—** | **—** |
| Other Charges | 231,412 | — | — | 231,412 | — | — | 231,412 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 15,876 | — | — | 15,876 | — | — | 15,876 | — | — |
| **TOTAL OTHER CHARGES** | **$247,288** | **—** | **—** | **$247,288** | **—** | **—** | **$247,288** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$361,036** | **—** | **—** | **$361,036** | **—** | **—** | **$361,036** | **—** | **—** |

## Form 56216 — 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. |
| **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 56217 — 326-SUDDEN INFANT DEATH (SUID)

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 15,767 | — | — | 15,767 | — | — | 15,767 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 13,971 | — | — | 13,971 | — | — | 13,971 | — | — |
| **TOTAL PERSONAL SERVICES** | **$29,738** | **—** | **—** | **$29,738** | **—** | **—** | **$29,738** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 3,365 | — | — | 3,365 | — | — | 3,365 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$3,365** | **—** | **—** | **$3,365** | **—** | **—** | **$3,365** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$222,284** | **—** | **—** | **$222,284** | **—** | **—** | **$222,284** | **—** | **—** |
| Other Charges | 2,111 | — | — | 2,111 | — | — | 2,111 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 22,569 | — | — | 22,569 | — | — | 22,569 | — | — |
| **TOTAL OTHER CHARGES** | **$24,680** | **—** | **—** | **$24,680** | **—** | **—** | **$24,680** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$280,067** | **—** | **—** | **$280,067** | **—** | **—** | **$280,067** | **—** | **—** |

## Form 56217 — 326-SUDDEN INFANT DEATH (SUID)

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The purpose of these funds is to support surveillance and data analysis on infant deaths at the state and regional levels, funding, support and direction of a State Mortality Epidemiologist and the Maternal Child Health (MCH) Regional Coordinators, and guidance and support for interventions recommended by the regional and State Child Death Review panels. Sudden Unexpected Infant Deaths (SUID) activities are managed jointly by the Bureau of Family Health (BFH) Data Action Team and the Regional MCH Coordinators working within the nine public health regions across Louisiana. The SUID mortality epidemiologist and Regional Coordinators work with local coroners, death scene investigators, law enforcement, and health care providers to ensure collection of autopsy and SUID investigation reporting forms which are used by the Regional Coordinators in their comprehensive review of all records related to SUID deaths. Once a case is fully abstracted, it is presented to a Child Death Review panel for recommendations for development and implementation of community action to prevent similar deaths in the future. Public Health Service Act, as amended, Section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12; Child Death Investigation (L.S.A. R.S. 40:2019); Sanitary Code - State of Louisiana - Part II - The Control of Disease (LAC 51:II.105) |
| **Agency discretion or Federal requirement?** | Line item expenditures represent approved grant budget. |
| **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 objectives or performance adjustments associated with this activity in the Operational Plan. |
| **Additional information or comments.** | Not applicable. |

## Form 56338 — 326 Administrative Clearing

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56338 — 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 56346 — 326 QUITLINE

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56346 — 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.** | This grant has expired. |
| **Is the Total Request amount for multiple years?** | The amount listed is for prior FY 2025. |
| **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 56529 — 326-COMPREHENSIVE SUICIDE PREVENTION PLAN

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 265,783 | — | — | 265,783 | — | — | 265,783 | — | — |
| Other Compensation | 3,005 | — | — | 3,005 | — | — | 3,005 | — | — |
| Related Benefits | 154,705 | — | — | 154,705 | — | — | 154,705 | — | — |
| **TOTAL PERSONAL SERVICES** | **$423,493** | **—** | **—** | **$423,493** | **—** | **—** | **$423,493** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 5,988 | — | — | 5,988 | — | — | 5,988 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$5,988** | **—** | **—** | **$5,988** | **—** | **—** | **$5,988** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$755,629** | **—** | **—** | **$755,629** | **—** | **—** | **$755,629** | **—** | **—** |
| Other Charges | 125,303 | — | — | 125,303 | — | — | 125,303 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 115,043 | — | — | 115,043 | — | — | 115,043 | — | — |
| **TOTAL OTHER CHARGES** | **$240,346** | **—** | **—** | **$240,346** | **—** | **—** | **$240,346** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$1,425,456** | **—** | **—** | **$1,425,456** | **—** | **—** | **$1,425,456** | **—** | **—** |

## Form 56529 — 326-COMPREHENSIVE SUICIDE PREVENTION PLAN

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The purpose of these funds are to implement and evaluate a comprehensive public health approach to suicide prevention in order to reduce suicide morbidity and mortality. 301, 39(a)(2) and 39 (a)(1) of the Public Health Service Act. |
| **Agency discretion or Federal requirement?** | Line items reflect approved budget by the grantor. |
| **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 56530 — 326-WELL AHEAD STATE PHYSICAL ACTIVITY AND NUTRITION PROGRAM

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 770 | — | — | — | — | — | — | — | — |
| Other Compensation | 33 | — | — | — | — | — | — | — | — |
| Related Benefits | 468 | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$1,271** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 74 | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$74** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$130,573** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 128 | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$128** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$132,046** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

## Form 56530 — 326-WELL AHEAD STATE PHYSICAL ACTIVITY AND NUTRITION PROGRAM

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The purpose of these funds are to expand community partnerships, and implement evidence-based strategies to increase access to healthier foods, access to everyday destinations, breastfeeding continuity of care, and improve ECE standards related to nutrition, PA, breastfeeding, and increase Farm to ECE initiatives at the state level and in identified target parishes. Public Health Service Act, as amended, Section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b- 12 |
| **Agency discretion or Federal requirement?** | Line items reflect approved budget by the grantor. |
| **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 activity. |
| **Additional information or comments.** | Not applicable. |

## Form 56531 — 326-PUBLIC HEALTH INFRASTRUCTURE

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 1,848,070 | — | — | 1,848,070 | — | — | 1,848,070 | — | — |
| Other Compensation | 429,083 | — | — | 429,083 | — | — | 429,083 | — | — |
| Related Benefits | 2,823,083 | — | — | 2,823,083 | — | — | 2,823,083 | — | — |
| **TOTAL PERSONAL SERVICES** | **$5,100,236** | **—** | **—** | **$5,100,236** | **—** | **—** | **$5,100,236** | **—** | **—** |
| Travel | 480,116 | — | — | 480,116 | — | — | 480,116 | — | — |
| Operating Services | 665,984 | — | — | 665,984 | — | — | 665,984 | — | — |
| Supplies | 91,589 | — | — | 91,589 | — | — | 91,589 | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,237,689** | **—** | **—** | **$1,237,689** | **—** | **—** | **$1,237,689** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$5,338,606** | **—** | **—** | **$5,338,606** | **—** | **—** | **$5,338,606** | **—** | **—** |
| Other Charges | 3,586,592 | — | — | 3,586,592 | — | — | 3,586,592 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 5,136,877 | — | — | 5,136,877 | — | — | 5,136,877 | — | — |
| **TOTAL OTHER CHARGES** | **$8,723,469** | **—** | **—** | **$8,723,469** | **—** | **—** | **$8,723,469** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$20,400,000** | **—** | **—** | **$20,400,000** | **—** | **—** | **$20,400,000** | **—** | **—** |

## Form 56531 — 326-PUBLIC HEALTH INFRASTRUCTURE

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The purpose of these funds are to support critical public health infrastructure needs of jurisdictions across the United States. 317 (K)(2) of PHSA 42USC 247B(K)(2). |
| **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 56532 — 326-WIC MODERNIZATION

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56532 — 326-WIC MODERNIZATION

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The purpose of these funds are to support planning and implementation projects focused on enhancements that improve the WIC participant experience, as evidenced by enhancing the WIC shopping experience, increasing participant enrollment, reducing unnecessary administrative burden for both participants and administrators, including through data matching to streamline enrollment, and retaining eligible participants while improving equity. Section 17 of the Child Nutrition Act of 1966; 7 CFR Part 246. |
| **Agency discretion or Federal requirement?** | Line items reflect approved budget by the grantor. |
| **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 56533 — 326-WIC SHOPPING EXPERIENCE

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56533 — 326-WIC SHOPPING EXPERIENCE

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The purpose of these funds is to support activities providing direct support, education, and training to WIC participants, WIC vendors (retailers), and Louisiana WIC program staff to improve the WIC shopping experience. Section 17 of the Child Nutrition Act of 1966; 7 CFR Part 246. |
| **Agency discretion or Federal requirement?** | Line items reflect approved budget by the grantor. |
| **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 56536 — 326-MILK & DAIRY

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 13,006 | — | — | 13,006 | — | — | 13,006 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 7,152 | — | — | 7,152 | — | — | 7,152 | — | — |
| **TOTAL PERSONAL SERVICES** | **$20,158** | **—** | **—** | **$20,158** | **—** | **—** | **$20,158** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 3,300 | — | — | 3,300 | — | — | 3,300 | — | — |
| Supplies | 1,985 | — | — | 1,985 | — | — | 1,985 | — | — |
| **TOTAL OPERATING EXPENSES** | **$5,285** | **—** | **—** | **$5,285** | **—** | **—** | **$5,285** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$3,604** | **—** | **—** | **$3,604** | **—** | **—** | **$3,604** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 3,824 | — | — | 3,824 | — | — | 3,824 | — | — |
| **TOTAL OTHER CHARGES** | **$3,824** | **—** | **—** | **$3,824** | **—** | **—** | **$3,824** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$32,871** | **—** | **—** | **$32,871** | **—** | **—** | **$32,871** | **—** | **—** |

## Form 56536 — 326-MILK & DAIRY

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The purpose of these funds is for Inspections of a certain number of milk processing establishments that 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. |
| **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 56554 — 326 -SALARY AND RELATED BENEFITS BASE ADJUSTMENTS

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | 788,001 | — | — | — | — | — |
| Other Compensation | — | — | — | (1,188,028) | — | — | — | — | — |
| Related Benefits | — | — | — | (106,528) | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **$(506,555)** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **—** | **—** | **—** | **$(506,555)** | **—** | **—** | **—** | **—** | **—** |

## Form 56554 — 326 -SALARY AND RELATED BENEFITS BASE ADJUSTMENTS

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The purpose of these funds are for salary, other compensation, and related benefits compulsory adjustments for SFY28. There is no legal citation for these funds. |
| **Agency discretion or Federal requirement?** | Line items reflect adjustments for salaries, other compensation, and related benefits expenditures. |
| **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. |

## Form 56570 — 326-MISC COLLEC, CASH CARRYOVER, INTRAFUND TRANFERS ETC. FED

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56570 — 326-MISC COLLEC, CASH CARRYOVER, INTRAFUND TRANFERS ETC. FED

| Question | Narrative Response |
|---|---|
| State the purpose, source and legal citation. | |
| Agency discretion or Federal requirement? | |
| Describe any budgetary peculiarities. | |
| Is the Total Request amount for multiple years? | |
| Additional information or comments. | |
| Provide the amount of any indirect costs. | |
| Any indirect costs funded with other MOF? | |
| Objectives and indicators in the Operational Plan. | |
| Additional information or comments. | |

## Form 56580 — 326-MISC PRIOR YR PAYBACK,CARRYOVER, PRIOR REVENUE ETC. IAT

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56580 — 326-MISC PRIOR YR PAYBACK,CARRYOVER, PRIOR REVENUE ETC. IAT

| Question | Narrative Response |
|---|---|
| State the purpose, source and legal citation. | |
| Agency discretion or Federal requirement? | |
| Describe any budgetary peculiarities. | |
| Is the Total Request amount for multiple years? | |
| Additional information or comments. | |
| Provide the amount of any indirect costs. | |
| Any indirect costs funded with other MOF? | |
| Objectives and indicators in the Operational Plan. | |
| Additional information or comments. | |

## Form 56582 — 326-EPIDEMIIOLGY LAB CAPACITY COVID-19 DETECTION AND MITIGAT

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 2,757,587 | — | — | 2,757,587 | — | — | 2,757,587 | — | — |
| Other Compensation | 194,399 | — | — | 194,399 | — | — | 194,399 | — | — |
| Related Benefits | 1,424,067 | — | — | 1,424,067 | — | — | 1,424,067 | — | — |
| **TOTAL PERSONAL SERVICES** | **$4,376,053** | **—** | **—** | **$4,376,053** | **—** | **—** | **$4,376,053** | **—** | **—** |
| Travel | 64,669 | — | — | 64,669 | — | — | 64,669 | — | — |
| Operating Services | 144,106 | — | — | 144,106 | — | — | 144,106 | — | — |
| Supplies | 50,658 | — | — | 50,658 | — | — | 50,658 | — | — |
| **TOTAL OPERATING EXPENSES** | **$259,433** | **—** | **—** | **$259,433** | **—** | **—** | **$259,433** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 3,977,912 | — | — | 3,977,912 | — | — | 3,977,912 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 226,870 | — | — | 226,870 | — | — | 226,870 | — | — |
| **TOTAL OTHER CHARGES** | **$4,204,782** | **—** | **—** | **$4,204,782** | **—** | **—** | **$4,204,782** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$8,840,268** | **—** | **—** | **$8,840,268** | **—** | **—** | **$8,840,268** | **—** | **—** |

## Form 56582 — 326-EPIDEMIIOLGY LAB CAPACITY COVID-19 DETECTION AND MITIGAT

| Question | Narrative Response |
|---|---|
| State the purpose, source and legal citation. | These funds have expired and were part of the Infectious Disease Epidemiology Laboratory Capacity grant. |
| Agency discretion or Federal requirement? | Not applicable. |
| Describe any budgetary peculiarities. | This grant has expired. |
| Is the Total Request amount for multiple years? | The amount listed is for prior FY 2025. |
| Additional information or comments. | None. |
| Provide the amount of any indirect costs. | |
| Any indirect costs funded with other MOF? | |
| Objectives and indicators in the Operational Plan. | |
| Additional information or comments. | |

## Form 56633 — 326-Molluscan Shellfish AFDO Education Supply & Travel

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 1,407 | — | — | 1,407 | — | — | 1,407 | — | — |
| Supplies | 12,309 | — | — | 12,309 | — | — | 12,309 | — | — |
| **TOTAL OPERATING EXPENSES** | **$13,716** | **—** | **—** | **$13,716** | **—** | **—** | **$13,716** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$13,716** | **—** | **—** | **$13,716** | **—** | **—** | **$13,716** | **—** | **—** |

## Form 56633 — 326-Molluscan Shellfish AFDO Education Supply & Travel

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The purpose of these funds are to support ongoing education and training for the Molluscan Shellfish Program. The source of funding is from the Association of Food and Drug Officials (AFDO). There is no legal citation associated with these funds. |
| **Agency discretion or Federal requirement?** | Line items reflect agency discretion. |
| **Describe any budgetary peculiarities.** | Not applicable. |
| **Is the Total Request amount for multiple years?** | The amount is only for the existing 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 56764 — 326-H5N1

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56764 — 326-H5N1

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The purpose of these funds are to support the governmental public health response to influenza A/H5N1, an influenza A virus with pandemic potential, and other potential respiratory disease threats to communities, the Centers for Disease Control and Prevention (CDC) is awarding supplemental funding through the CDC-RFA-TP22-2201 Public Health Crisis Response Cooperative Agreement. These funds will support state, tribal, local, and territorial (STLT) public health readiness and response activities related to influenza A virus and other respiratory disease threats to communities. |
| **Agency discretion or Federal requirement?** | Line items reflect approved budget by the grantor. |
| **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.** | a. Intra Departmental Delegation of Authority, Public Health Law 116-139 ñ Paycheck Protection Program and Healthcare Enhancement Act, Provider Relief Fund. b. Award date: January 18, 2025 ñ January 17, 2026 c. Length of award/performance period: 12 months from award date, unallocated funds from earlier budget periods may carry over into later budget periods d. Pre-award costs will be approved if it fits with the approved spend plan starting from October 21, 2024. Pre-award costs must be included in the proposed budget that is submitted in REDCap. e. Submission of this application assumes concurrence among the state health official and the jurisdictionís preparedness, epidemiology, immunization and laboratory programs. f. Recipients will be required to report on how they support tribes, local jurisdictions, and other partners within your geographic boundaries. |
| **Additional information or comments.** | Not applicable. |

## Form 56765 — 326-LOUISIANA YOUTH RISK BEHAVIOR SURVEY PROJECT

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 18 | — | — | — | — | — | — | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 90 | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$108** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$7,717** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 65 | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$65** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$7,890** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

## Form 56765 — 326-LOUISIANA YOUTH RISK BEHAVIOR SURVEY PROJECT

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | Through the Louisiana Youth Risk Behavior Survey (YRBS), funded through the Center for Disease Control, Well-Ahead provides data that can be used by healthcare professionals, providers, educators, lawmakers, and community organizations to identify priority youth health risk behaviors and school policies and practices in place to support the health of school-aged youth in Louisiana. The Louisiana Youth Risk Behavior Survey (YRBS) is administered every other year to a scientifically selected sample of high school students. Data collection and analysis helps support the development of policies and practices that reduce priority health risk behaviors and experiences among youth in Louisiana. The YRBS monitors priority health risk behaviors and conditions including 1) behaviors contributing to unintentional injuries and violence, 2) physical activity, 3) diet, 4) mental health, 5) tobacco use, and 6) alcohol and other drug use. The data can be used by educators, lawmakers, doctors, community organizations, and local health agencies to guide efforts to reduce unhealthy or risky behaviors and improve student outcomes. Statutory Authority ñ Public Health Service Act, a amended, Section 301(a) and Section 317K, 42 U.S.C. 241 (a); 42 U.S.C. 247b-12 |
| **Agency discretion or Federal requirement?** | Line items reflect approved grant budget. |
| **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 objectives or indicators associated with this activity in the Operational Plan. |
| **Additional information or comments.** | Not applicable. |

## Form 56766 — 326-ASTHMA CONTROL INIATATIVE

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 29,185 | — | — | — | — | — | — | — | — |
| Other Compensation | 72 | — | — | — | — | — | — | — | — |
| Related Benefits | 13,063 | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$42,320** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 105 | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$105** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$61,131** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 5,902 | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 1,245 | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$7,147** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$110,703** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

## Form 56766 — 326-ASTHMA CONTROL INIATATIVE

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The Asthma Control Program educates and promotes healthy lifestyle choices to residents at risk for or living with asthma. Efforts of the Well-Ahead Louisiana Asthma Control Program (WAL-ACP) to reduce asthma morbidity and mortality are focused in the following five priority areas: Asthma Healthcare Education - educating health care providers, schools, and asthma patients (adults and children) on asthma (burden, care, treatment, control) to create awareness. Advocacy and Policy - advocating for more state dollars to be allocated to asthma by directly addressing legislators, community leaders, and policymakers. Community Outreach - developing partnerships and coalitions within local communities, providing education, and other services. Data and Surveillance - accumulating data from existing sources, developing and maintaining new sources, and analyzing and interpreting results, which can be used for evaluation and information sharing. Asthma-Related Health Partiality Inequities - identify inequities within communities and factors that contribute to those inequities, and establish criteria for their classification; focus will be on this cohort to maximize impact on diminishing inequities. The CDC National Asthma Control Program (NACP) has funded state, local and territorial public health departments to encourage a comprehensive public health approach to asthma control. This project aims to implement efforts to provide improved current evidence based asthma strategies and tools/training to healthcare clinicians for addressing asthma among the stateís most vulnerable populations. Statutory Authority ñ Section 317(k)(3) of the Public Health Services Act, [42 U.S.C. 247b (k)(3)] |
| **Agency discretion or Federal requirement?** | Line items reflect approved budget by grantor. |
| **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 objectives or indicators associated with this activity in the Operational Plan. |
| **Additional information or comments.** | Not applicable. |

## Form 56767 — 326-MATERNAL HEALTH INNOVATION

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 346,938 | — | — | 346,938 | — | — | 346,938 | — | — |
| Other Compensation | 26,102 | — | — | 26,102 | — | — | 26,102 | — | — |
| Related Benefits | 236,750 | — | — | 236,750 | — | — | 236,750 | — | — |
| **TOTAL PERSONAL SERVICES** | **$609,790** | **—** | **—** | **$609,790** | **—** | **—** | **$609,790** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 8,446 | — | — | 8,446 | — | — | 8,446 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$8,446** | **—** | **—** | **$8,446** | **—** | **—** | **$8,446** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$1,168,255** | **—** | **—** | **$1,168,255** | **—** | **—** | **$1,168,255** | **—** | **—** |
| Other Charges | 315,835 | — | — | 315,835 | — | — | 315,835 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 646,352 | — | — | 646,352 | — | — | 646,352 | — | — |
| **TOTAL OTHER CHARGES** | **$962,187** | **—** | **—** | **$962,187** | **—** | **—** | **$962,187** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$2,748,678** | **—** | **—** | **$2,748,678** | **—** | **—** | **$2,748,678** | **—** | **—** |

## Form 56767 — 326-MATERNAL HEALTH INNOVATION

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The purpose of these funds are to strengthen long-term momentum to advance maternal health improvements and outcomes in the state. Specifically, the Office of Public Health Bureau of Family Health (BFH) will leverage this grant to create a long-term strategic plan for the state, advance the use of data to improve systems of care, and foster the development of innovations to improve the coordination of services for mothers and families in Louisiana. Source Health Resources Services Administration Statutory Authority 42 U.S.C. ß 701(a)(2) |
| **Agency discretion or Federal requirement?** | Line items reflect approved budget for the grant. |
| **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 objectives or indicators associated with this activity in the Operational Plan. |
| **Additional information or comments.** | Not applicable. |

## Form 56772 — 326 ACES TRAUMA-INFORMED PREVENTIVE HLTH BLOCK

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 8,103 | — | — | 8,103 | — | — | 8,103 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 26,873 | — | — | 26,873 | — | — | 26,873 | — | — |
| **TOTAL PERSONAL SERVICES** | **$34,976** | **—** | **—** | **$34,976** | **—** | **—** | **$34,976** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$418,318** | **—** | **—** | **$418,318** | **—** | **—** | **$418,318** | **—** | **—** |
| Other Charges | 9,480 | — | — | 9,480 | — | — | 9,480 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 37,226 | — | — | 37,226 | — | — | 37,226 | — | — |
| **TOTAL OTHER CHARGES** | **$46,706** | **—** | **—** | **$46,706** | **—** | **—** | **$46,706** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$500,000** | **—** | **—** | **$500,000** | **—** | **—** | **$500,000** | **—** | **—** |

## Form 56772 — 326 ACES TRAUMA-INFORMED PREVENTIVE HLTH BLOCK

| Question | Narrative Response |
|---|---|
| State the purpose, source and legal citation. | This activity is no longer valid. |
| Agency discretion or Federal requirement? | Not applicable. |
| Describe any budgetary peculiarities. | This activity has expired. |
| Is the Total Request amount for multiple years? | Not applicable. |
| Additional information or comments. | None. |
| Provide the amount of any indirect costs. | |
| Any indirect costs funded with other MOF? | |
| Objectives and indicators in the Operational Plan. | |
| Additional information or comments. | |

## Form 60851 — 326 WIC INFRASTRUCTURE

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 150,000 | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$150,000** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$150,000** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

## Form 60851 — 326 WIC INFRASTRUCTURE

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The purpose of these funds are to provide infrastructure support for 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. |
| **Agency discretion or Federal requirement?** | Line items reflect federal requirement. |
| **Describe any budgetary peculiarities.** | These funds are to provide infrastructure support to the Women, Infants, and Children (WIC) administrative program. |
| **Is the Total Request amount for multiple years?** | Amount is only for current 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. |

## Fees & Self-generated

### Form 56220 — 326-Oyster Sanitation Fund

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 86,051 | — | — | 88,099 | — | — | 88,099 | — | — |
| Supplies | 88,299 | — | — | 90,401 | — | — | 90,401 | — | — |
| **TOTAL OPERATING EXPENSES** | **$174,350** | **—** | **—** | **$178,500** | **—** | **—** | **$178,500** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$174,350** | **—** | **—** | **$178,500** | **—** | **—** | **$178,500** | **—** | **—** |

## Form 56220 — 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 56221 — 326-Vital Records Conversion Fund

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 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 | — | — | 51,190 | — | — | 51,190 | — | — |
| Supplies | 100 | — | — | 102 | — | — | 102 | — | — |
| **TOTAL OPERATING EXPENSES** | **$50,600** | **—** | **—** | **$51,804** | **—** | **—** | **$51,804** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 192,218 | — | — | 192,218 | — | — | 192,218 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 1,264,220 | — | — | 1,264,220 | — | — | 1,264,220 | — | — |
| **TOTAL OTHER CHARGES** | **$1,456,438** | **—** | **—** | **$1,456,438** | **—** | **—** | **$1,456,438** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$1,675,404** | **—** | **—** | **$1,676,608** | **—** | **—** | **$1,676,608** | **—** | **—** |

## Form 56221 — 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 56249 — 326-HIV AIDS Surveillance Self Generated

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$6,421** | **—** | **—** | **$6,421** | **—** | **—** | **$6,421** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$6,421** | **—** | **—** | **$6,421** | **—** | **—** | **$6,421** | **—** | **—** |

## Form 56249 — 326-HIV AIDS Surveillance Self Generated

| 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 56250 — 326-Childrens Special Health Services-Healthy Louisiana Pla

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 15,166 | — | — | 15,166 | — | — | 15,166 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 7,489 | — | — | 7,489 | — | — | 7,489 | — | — |
| **TOTAL PERSONAL SERVICES** | **$22,655** | **—** | **—** | **$22,655** | **—** | **—** | **$22,655** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 1,836 | — | — | 1,836 | — | — | 1,836 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,836** | **—** | **—** | **$1,836** | **—** | **—** | **$1,836** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$47,525** | **—** | **—** | **$47,525** | **—** | **—** | **$47,525** | **—** | **—** |
| Other Charges | 2,816 | — | — | 2,816 | — | — | 2,816 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 5,651 | — | — | 5,651 | — | — | 5,651 | — | — |
| **TOTAL OTHER CHARGES** | **$8,467** | **—** | **—** | **$8,467** | **—** | **—** | **$8,467** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$80,483** | **—** | **—** | **$80,483** | **—** | **—** | **$80,483** | **—** | **—** |

## Form 56250 — 326-Childrens Special Health Services-Healthy Louisiana Pla

| 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 56251 — 326-Emergency Medical Services

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 16,883 | — | — | 16,883 | — | — | 16,883 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 30,409 | — | — | 30,409 | — | — | 30,409 | — | — |
| **TOTAL PERSONAL SERVICES** | **$47,292** | **—** | **—** | **$47,292** | **—** | **—** | **$47,292** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 3,321 | — | — | 3,321 | — | — | 3,321 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$3,321** | **—** | **—** | **$3,321** | **—** | **—** | **$3,321** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 409,387 | — | — | 409,387 | — | — | 409,387 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$409,387** | **—** | **—** | **$409,387** | **—** | **—** | **$409,387** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$460,000** | **—** | **—** | **$460,000** | **—** | **—** | **$460,000** | **—** | **—** |

## Form 56251 — 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 56254 — 326-Family Planning

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 2,757,637 | — | — | 2,757,637 | — | — | 2,757,637 | — | — |
| Other Compensation | 75,777 | — | — | 75,777 | — | — | 75,777 | — | — |
| Related Benefits | 1,679,045 | — | — | 1,679,045 | — | — | 1,679,045 | — | — |
| **TOTAL PERSONAL SERVICES** | **$4,512,459** | **—** | **—** | **$4,512,459** | **—** | **—** | **$4,512,459** | **—** | **—** |
| Travel | 27,910 | — | — | 27,910 | — | — | 27,910 | — | — |
| Operating Services | 3,227 | — | — | 3,227 | — | — | 3,227 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$31,137** | **—** | **—** | **$31,137** | **—** | **—** | **$31,137** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$223,580** | **—** | **—** | **$223,580** | **—** | **—** | **$223,580** | **—** | **—** |
| Other Charges | 27,081 | — | — | 27,081 | — | — | 27,081 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$27,081** | **—** | **—** | **$27,081** | **—** | **—** | **$27,081** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$4,794,257** | **—** | **—** | **$4,794,257** | **—** | **—** | **$4,794,257** | **—** | **—** |

## Form 56254 — 326-Family Planning

| 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 56256 — 326-Genetic Diseases-Healthy Louisiana Plan, Formula and For

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 806,788 | — | — | 806,788 | — | — | 806,788 | — | — |
| Other Compensation | 21,263 | — | — | 21,263 | — | — | 21,263 | — | — |
| Related Benefits | 522,212 | — | — | 522,212 | — | — | 522,212 | — | — |
| **TOTAL PERSONAL SERVICES** | **$1,350,263** | **—** | **—** | **$1,350,263** | **—** | **—** | **$1,350,263** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 74,090 | — | — | 74,090 | — | — | 74,090 | — | — |
| Supplies | 783,441 | — | — | 783,441 | — | — | 783,441 | — | — |
| **TOTAL OPERATING EXPENSES** | **$857,531** | **—** | **—** | **$857,531** | **—** | **—** | **$857,531** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$589,042** | **—** | **—** | **$589,042** | **—** | **—** | **$589,042** | **—** | **—** |
| Other Charges | 53,467 | — | — | 53,467 | — | — | 53,467 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 226,977 | — | — | 226,977 | — | — | 226,977 | — | — |
| **TOTAL OTHER CHARGES** | **$280,444** | **—** | **—** | **$280,444** | **—** | **—** | **$280,444** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$3,077,280** | **—** | **—** | **$3,077,280** | **—** | **—** | **$3,077,280** | **—** | **—** |

## Form 56256 — 326-Genetic Diseases-Healthy Louisiana Plan, Formula and For

| 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 56257 — 326-Immunization

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 229,334 | — | — | 229,334 | — | — | 229,334 | — | — |
| Other Compensation | 170,797 | — | — | 170,797 | — | — | 170,797 | — | — |
| Related Benefits | 241,202 | — | — | 241,202 | — | — | 241,202 | — | — |
| **TOTAL PERSONAL SERVICES** | **$641,333** | **—** | **—** | **$641,333** | **—** | **—** | **$641,333** | **—** | **—** |
| Travel | 1,665 | — | — | 1,665 | — | — | 1,665 | — | — |
| Operating Services | 21,762 | — | — | 21,762 | — | — | 21,762 | — | — |
| Supplies | 15,740 | — | — | 15,740 | — | — | 15,740 | — | — |
| **TOTAL OPERATING EXPENSES** | **$39,167** | **—** | **—** | **$39,167** | **—** | **—** | **$39,167** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$82,910** | **—** | **—** | **$82,910** | **—** | **—** | **$82,910** | **—** | **—** |
| Other Charges | 23,884 | — | — | 23,884 | — | — | 23,884 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 81,247 | — | — | 81,247 | — | — | 81,247 | — | — |
| **TOTAL OTHER CHARGES** | **$105,131** | **—** | **—** | **$105,131** | **—** | **—** | **$105,131** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$868,541** | **—** | **—** | **$868,541** | **—** | **—** | **$868,541** | **—** | **—** |

## Form 56257 — 326-Immunization

| 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 56258 — 326-Special Lab Testing

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 19,972 | — | — | 19,972 | — | — | 19,972 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 10,991 | — | — | 10,991 | — | — | 10,991 | — | — |
| **TOTAL PERSONAL SERVICES** | **$30,963** | **—** | **—** | **$30,963** | **—** | **—** | **$30,963** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 2,454 | — | — | 2,454 | — | — | 2,454 | — | — |
| Supplies | 2,108 | — | — | 2,108 | — | — | 2,108 | — | — |
| **TOTAL OPERATING EXPENSES** | **$4,562** | **—** | **—** | **$4,562** | **—** | **—** | **$4,562** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$4,173** | **—** | **—** | **$4,173** | **—** | **—** | **$4,173** | **—** | **—** |
| Other Charges | 3,750 | — | — | 3,750 | — | — | 3,750 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 2,452 | — | — | 2,452 | — | — | 2,452 | — | — |
| **TOTAL OTHER CHARGES** | **$6,202** | **—** | **—** | **$6,202** | **—** | **—** | **$6,202** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$45,900** | **—** | **—** | **$45,900** | **—** | **—** | **$45,900** | **—** | **—** |

## Form 56258 — 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 56259 — 326-Lab Certification

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 14,359 | — | — | 14,359 | — | — | 14,359 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 7,902 | — | — | 7,902 | — | — | 7,902 | — | — |
| **TOTAL PERSONAL SERVICES** | **$22,261** | **—** | **—** | **$22,261** | **—** | **—** | **$22,261** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 1,764 | — | — | 1,764 | — | — | 1,764 | — | — |
| Supplies | 1,516 | — | — | 1,516 | — | — | 1,516 | — | — |
| **TOTAL OPERATING EXPENSES** | **$3,280** | **—** | **—** | **$3,280** | **—** | **—** | **$3,280** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$3,000** | **—** | **—** | **$3,000** | **—** | **—** | **$3,000** | **—** | **—** |
| Other Charges | 2,696 | — | — | 2,696 | — | — | 2,696 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 1,763 | — | — | 1,763 | — | — | 1,763 | — | — |
| **TOTAL OTHER CHARGES** | **$4,459** | **—** | **—** | **$4,459** | **—** | **—** | **$4,459** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$33,000** | **—** | **—** | **$33,000** | **—** | **—** | **$33,000** | **—** | **—** |

## Form 56259 — 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 56261 — 326-Public Health Informatics

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 2,504 | — | — | 2,504 | — | — | 2,504 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **$2,504** | **—** | **—** | **$2,504** | **—** | **—** | **$2,504** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 1,821 | — | — | 1,821 | — | — | 1,821 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,821** | **—** | **—** | **$1,821** | **—** | **—** | **$1,821** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$2,795** | **—** | **—** | **$2,795** | **—** | **—** | **$2,795** | **—** | **—** |
| Other Charges | 15,008 | — | — | 15,008 | — | — | 15,008 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 7,372 | — | — | 7,372 | — | — | 7,372 | — | — |
| **TOTAL OTHER CHARGES** | **$22,380** | **—** | **—** | **$22,380** | **—** | **—** | **$22,380** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$29,500** | **—** | **—** | **$29,500** | **—** | **—** | **$29,500** | **—** | **—** |

## Form 56261 — 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 56263 — 326-Texas Tech University Telehealth (TEXLA)

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$30,467** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 2,033 | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$2,033** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$32,500** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |

## Form 56263 — 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. |

## Form 56266 — 326-Unallotted

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 2,656,868 | — | — | 2,656,868 | — | — | 2,656,868 | — | — |
| Other Compensation | 44,729 | — | — | 44,729 | — | — | 44,729 | — | — |
| Related Benefits | 1,761,691 | — | — | 1,761,691 | — | — | 1,761,691 | — | — |
| **TOTAL PERSONAL SERVICES** | **$4,463,288** | **—** | **—** | **$4,463,288** | **—** | **—** | **$4,463,288** | **—** | **—** |
| Travel | 253,889 | — | — | 272,447 | — | — | 253,889 | — | — |
| Operating Services | 3,318,779 | — | — | 3,454,225 | — | — | 3,318,779 | — | — |
| Supplies | 414,916 | — | — | 466,182 | — | — | 414,916 | — | — |
| **TOTAL OPERATING EXPENSES** | **$3,987,584** | **—** | **—** | **$4,192,854** | **—** | **—** | **$3,987,584** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$17,937** | **—** | **—** | **$38,097** | **—** | **—** | **$17,937** | **—** | **—** |
| Other Charges | 1,000,912 | — | — | 498,210 | — | — | 1,250,912 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 63,204 | — | — | 65,237 | — | — | 63,204 | — | — |
| **TOTAL OTHER CHARGES** | **$1,064,116** | **—** | **—** | **$563,447** | **—** | **—** | **$1,314,116** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$9,532,925** | **—** | **—** | **$9,257,686** | **—** | **—** | **$9,782,925** | **—** | **—** |

## Form 56266 — 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 56268 — 326-Sexually Transmitted Diseases (STD)-TelePrep

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 35,974 | — | — | 35,974 | — | — | 35,974 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 30,605 | — | — | 30,605 | — | — | 30,605 | — | — |
| **TOTAL PERSONAL SERVICES** | **$66,579** | **—** | **—** | **$66,579** | **—** | **—** | **$66,579** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 4,171 | — | — | 4,171 | — | — | 4,171 | — | — |
| Supplies | 9,671 | — | — | 9,671 | — | — | 9,671 | — | — |
| **TOTAL OPERATING EXPENSES** | **$13,842** | **—** | **—** | **$13,842** | **—** | **—** | **$13,842** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$55,558** | **—** | **—** | **$55,558** | **—** | **—** | **$55,558** | **—** | **—** |
| Other Charges | 479,096 | — | — | 479,096 | — | — | 479,096 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 62,925 | — | — | 62,925 | — | — | 62,925 | — | — |
| **TOTAL OTHER CHARGES** | **$542,021** | **—** | **—** | **$542,021** | **—** | **—** | **$542,021** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$678,000** | **—** | **—** | **$678,000** | **—** | **—** | **$678,000** | **—** | **—** |

## Form 56268 — 326-Sexually Transmitted Diseases (STD)-TelePrep

| 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 56269 — 326-Sexual Transmitted Diseases (STD)

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 11,853 | — | — | 11,853 | — | — | 11,853 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 6,947 | — | — | 6,947 | — | — | 6,947 | — | — |
| **TOTAL PERSONAL SERVICES** | **$18,800** | **—** | **—** | **$18,800** | **—** | **—** | **$18,800** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 2,813 | — | — | 2,813 | — | — | 2,813 | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$2,813** | **—** | **—** | **$2,813** | **—** | **—** | **$2,813** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$24,199** | **—** | **—** | **$24,199** | **—** | **—** | **$24,199** | **—** | **—** |
| Other Charges | 12,060 | — | — | 12,060 | — | — | 12,060 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 6,305 | — | — | 6,305 | — | — | 6,305 | — | — |
| **TOTAL OTHER CHARGES** | **$18,365** | **—** | **—** | **$18,365** | **—** | **—** | **$18,365** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$64,177** | **—** | **—** | **$64,177** | **—** | **—** | **$64,177** | **—** | **—** |

## Form 56269 — 326-Sexual Transmitted Diseases (STD)

| 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 56270 — 326-Tuberculosis

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$110,638** | **—** | **—** | **$110,638** | **—** | **—** | **$110,638** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 19,077 | — | — | 19,077 | — | — | 19,077 | — | — |
| **TOTAL OTHER CHARGES** | **$19,077** | **—** | **—** | **$19,077** | **—** | **—** | **$19,077** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$129,715** | **—** | **—** | **$129,715** | **—** | **—** | **$129,715** | **—** | **—** |

## Form 56270 — 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. 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 56272 — 326-Commercial Body Art

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 92,727 | — | — | 92,727 | — | — | 92,727 | — | — |
| Other Compensation | 1,035 | — | — | 1,035 | — | — | 1,035 | — | — |
| Related Benefits | 47,785 | — | — | 47,785 | — | — | 47,785 | — | — |
| **TOTAL PERSONAL SERVICES** | **$141,547** | **—** | **—** | **$141,547** | **—** | **—** | **$141,547** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 1,957 | — | — | 1,957 | — | — | 1,957 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 26,946 | — | — | 26,946 | — | — | 26,946 | — | — |
| **TOTAL OTHER CHARGES** | **$28,903** | **—** | **—** | **$28,903** | **—** | **—** | **$28,903** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$170,450** | **—** | **—** | **$170,450** | **—** | **—** | **$170,450** | **—** | **—** |

## Form 56272 — 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 56273 — 326-Safe Drinking Water

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 6,233,293 | — | — | 6,233,293 | — | — | 6,233,293 | — | — |
| Other Compensation | 206,677 | — | — | 206,677 | — | — | 206,677 | — | — |
| Related Benefits | 3,614,119 | — | — | 3,614,119 | — | — | 3,614,119 | — | — |
| **TOTAL PERSONAL SERVICES** | **$10,054,089** | **—** | **—** | **$10,054,089** | **—** | **—** | **$10,054,089** | **—** | **—** |
| Travel | 447,615 | — | — | 447,615 | — | — | 447,615 | — | — |
| Operating Services | 834,977 | — | — | 834,977 | — | — | 834,977 | — | — |
| Supplies | 702,940 | — | — | 702,940 | — | — | 702,940 | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,985,532** | **—** | **—** | **$1,985,532** | **—** | **—** | **$1,985,532** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$1,095,833** | **—** | **—** | **$1,098,833** | **—** | **—** | **$1,095,833** | **—** | **—** |
| Other Charges | 6,414,546 | — | — | 6,911,546 | — | — | 6,164,546 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$6,414,546** | **—** | **—** | **$6,911,546** | **—** | **—** | **$6,164,546** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$19,550,000** | **—** | **—** | **$20,050,000** | **—** | **—** | **$19,300,000** | **—** | **—** |

## Form 56273 — 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 56274 — 326-Food and Drug

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 530,953 | — | — | 530,953 | — | — | 530,953 | — | — |
| Other Compensation | 6,717 | — | — | 6,717 | — | — | 6,717 | — | — |
| Related Benefits | 293,008 | — | — | 293,008 | — | — | 293,008 | — | — |
| **TOTAL PERSONAL SERVICES** | **$830,678** | **—** | **—** | **$830,678** | **—** | **—** | **$830,678** | **—** | **—** |
| Travel | 2,008 | — | — | 2,008 | — | — | 2,008 | — | — |
| Operating Services | 5,317 | — | — | 5,317 | — | — | 5,317 | — | — |
| Supplies | 3,928 | — | — | 3,928 | — | — | 3,928 | — | — |
| **TOTAL OPERATING EXPENSES** | **$11,253** | **—** | **—** | **$11,253** | **—** | **—** | **$11,253** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 13,980 | — | — | 13,980 | — | — | 13,980 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 170,329 | — | — | 170,329 | — | — | 170,329 | — | — |
| **TOTAL OTHER CHARGES** | **$184,309** | **—** | **—** | **$184,309** | **—** | **—** | **$184,309** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$1,026,240** | **—** | **—** | **$1,026,240** | **—** | **—** | **$1,026,240** | **—** | **—** |

## Form 56274 — 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 56275 — 326-Infectious Waste

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 12,429 | — | — | 12,429 | — | — | 12,429 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 5,571 | — | — | 5,571 | — | — | 5,571 | — | — |
| **TOTAL PERSONAL SERVICES** | **$18,000** | **—** | **—** | **$18,000** | **—** | **—** | **$18,000** | **—** | **—** |
| 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** | **$18,000** | **—** | **—** | **$18,000** | **—** | **—** | **$18,000** | **—** | **—** |

## Form 56275 — 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 56276 — 326-Milk and Dairy

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 40,427 | — | — | 40,427 | — | — | 40,427 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 20,521 | — | — | 20,521 | — | — | 20,521 | — | — |
| **TOTAL PERSONAL SERVICES** | **$60,948** | **—** | **—** | **$60,948** | **—** | **—** | **$60,948** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 5,906 | — | — | 5,906 | — | — | 5,906 | — | — |
| Supplies | 3,146 | — | — | 3,146 | — | — | 3,146 | — | — |
| **TOTAL OPERATING EXPENSES** | **$9,052** | **—** | **—** | **$9,052** | **—** | **—** | **$9,052** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$70,000** | **—** | **—** | **$70,000** | **—** | **—** | **$70,000** | **—** | **—** |

## Form 56276 — 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 56277 — 326-Molluscan Shellfish

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 27,893 | — | — | 27,893 | — | — | — | 27,893 | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 13,326 | — | — | 13,326 | — | — | — | 13,326 | — |
| **TOTAL PERSONAL SERVICES** | **$41,219** | **—** | **—** | **$41,219** | **—** | **—** | **—** | **$41,219** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 1,695 | — | — | 1,695 | — | — | — | 1,695 | — |
| Supplies | 2,366 | — | — | 2,366 | — | — | — | 2,366 | — |
| **TOTAL OPERATING EXPENSES** | **$4,061** | **—** | **—** | **$4,061** | **—** | **—** | **—** | **$4,061** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 24,720 | — | — | 24,720 | — | — | — | 24,720 | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$24,720** | **—** | **—** | **$24,720** | **—** | **—** | **—** | **$24,720** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$70,000** | **—** | **—** | **$70,000** | **—** | **—** | **—** | **$70,000** | **—** |

## Form 56277 — 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 56278 — 326-Operator Certification

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 145,258 | — | — | 145,258 | — | — | 145,258 | — | — |
| Other Compensation | 23,894 | — | — | 23,894 | — | — | 23,894 | — | — |
| Related Benefits | 73,975 | — | — | 73,975 | — | — | 73,975 | — | — |
| **TOTAL PERSONAL SERVICES** | **$243,127** | **—** | **—** | **$243,127** | **—** | **—** | **$243,127** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | 1,374 | — | — | 1,374 | — | — | 1,374 | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,374** | **—** | **—** | **$1,374** | **—** | **—** | **$1,374** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$1,564** | **—** | **—** | **$1,564** | **—** | **—** | **$1,564** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 3,935 | — | — | 3,935 | — | — | 3,935 | — | — |
| **TOTAL OTHER CHARGES** | **$3,935** | **—** | **—** | **$3,935** | **—** | **—** | **$3,935** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$250,000** | **—** | **—** | **$250,000** | **—** | **—** | **$250,000** | **—** | **—** |

## Form 56278 — 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. 40:1142(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 56279 — 326-Private Water Supply

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 26,735 | — | — | 26,735 | — | — | 26,735 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 13,265 | — | — | 13,265 | — | — | 13,265 | — | — |
| **TOTAL PERSONAL SERVICES** | **$40,000** | **—** | **—** | **$40,000** | **—** | **—** | **$40,000** | **—** | **—** |
| 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** | **$40,000** | **—** | **—** | **$40,000** | **—** | **—** | **$40,000** | **—** | **—** |

## Form 56279 — 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 56280 — 326-Retail Food Certification

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 112,515 | — | — | 112,515 | — | — | 112,515 | — | — |
| Other Compensation | 3,636 | — | — | 3,636 | — | — | 3,636 | — | — |
| Related Benefits | 54,143 | — | — | 54,143 | — | — | 54,143 | — | — |
| **TOTAL PERSONAL SERVICES** | **$170,294** | **—** | **—** | **$170,294** | **—** | **—** | **$170,294** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 3,932 | — | — | 3,932 | — | — | 3,932 | — | — |
| Supplies | 1,774 | — | — | 1,774 | — | — | 1,774 | — | — |
| **TOTAL OPERATING EXPENSES** | **$5,706** | **—** | **—** | **$5,706** | **—** | **—** | **$5,706** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$176,000** | **—** | **—** | **$176,000** | **—** | **—** | **$176,000** | **—** | **—** |

## Form 56280 — 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 56281 — 326-Retail Food

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 3,964,382 | — | — | 3,964,382 | — | — | 3,964,382 | — | — |
| Other Compensation | 129,781 | — | — | 129,781 | — | — | 129,781 | — | — |
| Related Benefits | 1,904,075 | — | — | 1,904,075 | — | — | 1,904,075 | — | — |
| **TOTAL PERSONAL SERVICES** | **$5,998,238** | **—** | **—** | **$5,998,238** | **—** | **—** | **$5,998,238** | **—** | **—** |
| Travel | 10,887 | — | — | 10,887 | — | — | 10,887 | — | — |
| Operating Services | 140,341 | — | — | 140,341 | — | — | 140,341 | — | — |
| Supplies | 63,317 | — | — | 63,317 | — | — | 63,317 | — | — |
| **TOTAL OPERATING EXPENSES** | **$214,545** | **—** | **—** | **$214,545** | **—** | **—** | **$214,545** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | — | — | — | — | — | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 11,217 | — | — | 11,217 | — | — | 11,217 | — | — |
| **TOTAL OTHER CHARGES** | **$11,217** | **—** | **—** | **$11,217** | **—** | **—** | **$11,217** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$6,224,000** | **—** | **—** | **$6,224,000** | **—** | **—** | **$6,224,000** | **—** | **—** |

## Form 56281 — 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 56282 — 326-Commercial Seafood

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 68,467 | — | — | 68,467 | — | — | 68,467 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 31,533 | — | — | 31,533 | — | — | 31,533 | — | — |
| **TOTAL PERSONAL SERVICES** | **$100,000** | **—** | **—** | **$100,000** | **—** | **—** | **$100,000** | **—** | **—** |
| 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** | **$100,000** | **—** | **—** | **$100,000** | **—** | **—** | **$100,000** | **—** | **—** |

## Form 56282 — 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 56283 — 326-Sewerage Private

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 1,609,949 | — | — | 1,609,949 | — | — | 1,609,949 | — | — |
| Other Compensation | 43,551 | — | — | 43,551 | — | — | 43,551 | — | — |
| Related Benefits | 897,262 | — | — | 897,262 | — | — | 897,262 | — | — |
| **TOTAL PERSONAL SERVICES** | **$2,550,762** | **—** | **—** | **$2,550,762** | **—** | **—** | **$2,550,762** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | 18,691 | — | — | 18,691 | — | — | 18,691 | — | — |
| Supplies | 2,164 | — | — | 2,164 | — | — | 2,164 | — | — |
| **TOTAL OPERATING EXPENSES** | **$20,855** | **—** | **—** | **$20,855** | **—** | **—** | **$20,855** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$1,504** | **—** | **—** | **$1,504** | **—** | **—** | **$1,504** | **—** | **—** |
| Other Charges | 39,219 | — | — | 39,219 | — | — | 39,219 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 387,660 | — | — | 387,660 | — | — | 387,660 | — | — |
| **TOTAL OTHER CHARGES** | **$426,879** | **—** | **—** | **$426,879** | **—** | **—** | **$426,879** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$3,000,000** | **—** | **—** | **$3,000,000** | **—** | **—** | **$3,000,000** | **—** | **—** |

## Form 56283 — 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 56284 — 326-Tanning

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 17,527 | — | — | 17,527 | — | — | 17,527 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 7,473 | — | — | 7,473 | — | — | 7,473 | — | — |
| **TOTAL PERSONAL SERVICES** | **$25,000** | **—** | **—** | **$25,000** | **—** | **—** | **$25,000** | **—** | **—** |
| 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** | **$25,000** | **—** | **—** | **$25,000** | **—** | **—** | **$25,000** | **—** | **—** |

## Form 56284 — 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 56285 — 326-Vital Records

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 2,753,179 | — | — | 2,753,179 | — | — | 2,753,179 | — | — |
| Other Compensation | 149,564 | — | — | 149,564 | — | — | 149,564 | — | — |
| Related Benefits | 1,113,867 | — | — | 1,113,867 | — | — | 1,113,867 | — | — |
| **TOTAL PERSONAL SERVICES** | **$4,016,610** | **—** | **—** | **$4,016,610** | **—** | **—** | **$4,016,610** | **—** | **—** |
| Travel | 7,094 | — | — | 7,094 | — | — | 7,094 | — | — |
| Operating Services | 1,117,014 | — | — | 1,117,014 | — | — | 1,117,014 | — | — |
| Supplies | 36,449 | — | — | 36,449 | — | — | 36,449 | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,160,557** | **—** | **—** | **$1,160,557** | **—** | **—** | **$1,160,557** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$18,812** | **—** | **—** | **$18,812** | **—** | **—** | **$18,812** | **—** | **—** |
| Other Charges | 80,791 | — | — | 80,791 | — | — | 80,791 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 123,230 | — | — | 123,230 | — | — | 123,230 | — | — |
| **TOTAL OTHER CHARGES** | **$204,021** | **—** | **—** | **$204,021** | **—** | **—** | **$204,021** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$5,400,000** | **—** | **—** | **$5,400,000** | **—** | **—** | **$5,400,000** | **—** | **—** |

## Form 56285 — 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 56338 — 326 Administrative Clearing

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 429,282 | — | — | 429,282 | — | — | — | 429,282 | — |
| Other Compensation | 17,874 | — | — | 17,874 | — | — | — | 17,874 | — |
| Related Benefits | 236,235 | — | — | 236,235 | — | — | — | 236,235 | — |
| **TOTAL PERSONAL SERVICES** | **$683,391** | **—** | **—** | **$683,391** | **—** | **—** | **—** | **$683,391** | **—** |
| Travel | 11,909 | — | — | 11,909 | — | — | — | 11,909 | — |
| Operating Services | 52,742 | — | — | 52,742 | — | — | — | 52,742 | — |
| Supplies | 45,309 | — | — | 45,309 | — | — | — | 45,309 | — |
| **TOTAL OPERATING EXPENSES** | **$109,960** | **—** | **—** | **$109,960** | **—** | **—** | **—** | **$109,960** | **—** |
| **PROFESSIONAL SERVICES** | **$89,700** | **—** | **—** | **$89,700** | **—** | **—** | **—** | **$89,700** | **—** |
| Other Charges | 80,614 | — | — | 80,614 | — | — | — | 80,614 | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 52,708 | — | — | 52,708 | — | — | — | 52,708 | — |
| **TOTAL OTHER CHARGES** | **$133,322** | **—** | **—** | **$133,322** | **—** | **—** | **—** | **$133,322** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$1,016,373** | **—** | **—** | **$1,016,373** | **—** | **—** | **—** | **$1,016,373** | **—** |

## Form 56338 — 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 56543 — 326-CANNABIS

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 8,308 | — | — | 8,308 | — | — | 8,308 | — | — |
| Other Compensation | — | — | — | — | — | — | — | — | — |
| Related Benefits | 5,512 | — | — | 5,512 | — | — | 5,512 | — | — |
| **TOTAL PERSONAL SERVICES** | **$13,820** | **—** | **—** | **$13,820** | **—** | **—** | **$13,820** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | — | — | — | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 16,833 | — | — | 16,833 | — | — | 16,833 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 19,547 | — | — | 19,547 | — | — | 19,547 | — | — |
| **TOTAL OTHER CHARGES** | **$36,380** | **—** | **—** | **$36,380** | **—** | **—** | **$36,380** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$50,200** | **—** | **—** | **$50,200** | **—** | **—** | **$50,200** | **—** | **—** |

## Form 56543 — 326-CANNABIS

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The purpose of these funds are for the regulation of the medical marijuana and consumable hemp programs under the Food and Drug unit in the Office of Public Health. Legal Citation: ACTs 491 and 492 of the 2022 Regular Legislative Session gives the Louisiana Department of Health (LDH) authority to regulate and collect fees related to permits and label registrations of medical marijuana products; ACT 498 of the 2022 Regular Legislative Session gives LDH authority to collect fees related to permits and label registrations of consumable hemp products. |
| **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 56554 — 326 -SALARY AND RELATED BENEFITS BASE ADJUSTMENTS

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | 525,334 | — | — | — | — | — |
| Other Compensation | — | — | — | (252,006) | — | — | — | — | — |
| Related Benefits | — | — | — | (67,554) | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **$205,774** | **—** | **—** | **—** | **—** | **—** |
| 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** | **—** | **—** | **—** | **$205,774** | **—** | **—** | **—** | **—** | **—** |

## Form 56554 — 326 -SALARY AND RELATED BENEFITS BASE ADJUSTMENTS

| Question | Narrative Response |
|---|---|
| **State the purpose, source and legal citation.** | The purpose of these funds are for salary, other compensation, and related benefits compulsory adjustments for SFY28. There is no legal citation for these funds. |
| **Agency discretion or Federal requirement?** | Line items reflect adjustments for salaries, other compensation, and related benefits expenditures. |
| **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. |

## Form 56576 — MISC-INS RECOVERY, FEES, PRIVATE SOURCE, INTEREST,PROP SELF

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| 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 56576 — MISC-INS RECOVERY, FEES, PRIVATE SOURCE, INTEREST,PROP SELF

| Question | Narrative Response |
|---|---|
| State the purpose, source and legal citation. | |
| Agency discretion or Federal requirement? | |
| Describe any budgetary peculiarities. | |
| Is the Total Request amount for multiple years? | |
| Additional information or comments. | |
| Provide the amount of any indirect costs. | |
| Any indirect costs funded with other MOF? | |
| Objectives and indicators in the Operational Plan. | |
| Additional information or comments. | |

## Form 56818 — 326 Emergency Medical Technician Fund Statutory Dedication

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | — | — | — | — | — | — | — | — | — |
| Related Benefits | — | — | — | — | — | — | — | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Travel | — | — | — | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — | — | — | — |
| Supplies | 10,000 | — | — | 10,238 | — | — | 10,238 | — | — |
| **TOTAL OPERATING EXPENSES** | **$10,000** | **—** | **—** | **$10,238** | **—** | **—** | **$10,238** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | 18,000 | — | — | 18,000 | — | — | 18,000 | — | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | — | — | — | — |
| **TOTAL OTHER CHARGES** | **$18,000** | **—** | **—** | **$18,000** | **—** | **—** | **$18,000** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$28,000** | **—** | **—** | **$28,238** | **—** | **—** | **$28,238** | **—** | **—** |

## Form 56818 — 326 Emergency Medical Technician Fund Statutory Dedication

| Question | Narrative Response |
|---|---|
| State the purpose, source and legal citation. | |
| Agency discretion or Federal requirement? | |
| Describe any budgetary peculiarities. | |
| Is the Total Request amount for multiple years? | |
| Additional information or comments. | |
| Provide the amount of any indirect costs. | |
| Any indirect costs funded with other MOF? | |
| Objectives and indicators in the Operational Plan. | |
| Additional information or comments. | |

## Form 61025 — 326 PHU LOCAL FUNDS

| Expenditures | Existing Operating Budget as of 10/01/2026 | | | FY2027-2028 Total Request | | | FY2028-2029 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 | 605,136 | — | — | 605,136 | — | — | — | 605,136 | — |
| Other Compensation | 25,195 | — | — | 25,195 | — | — | — | 25,195 | — |
| Related Benefits | 333,008 | — | — | 333,008 | — | — | — | 333,008 | — |
| **TOTAL PERSONAL SERVICES** | **$963,339** | **—** | **—** | **$963,339** | **—** | **—** | **—** | **$963,339** | **—** |
| Travel | 16,788 | — | — | 16,788 | — | — | — | 16,788 | — |
| Operating Services | 74,347 | — | — | 74,347 | — | — | — | 74,347 | — |
| Supplies | 63,870 | — | — | 63,870 | — | — | — | 63,870 | — |
| **TOTAL OPERATING EXPENSES** | **$155,005** | **—** | **—** | **$155,005** | **—** | **—** | **—** | **$155,005** | **—** |
| **PROFESSIONAL SERVICES** | **$126,445** | **—** | **—** | **$126,445** | **—** | **—** | **—** | **$126,445** | **—** |
| Other Charges | 113,638 | — | — | 113,638 | — | — | — | 113,638 | — |
| Debt Service | — | — | — | — | — | — | — | — | — |
| Interagency Transfers | 74,300 | — | — | 74,300 | — | — | — | 74,300 | — |
| **TOTAL OTHER CHARGES** | **$187,938** | **—** | **—** | **$187,938** | **—** | **—** | **—** | **$187,938** | **—** |
| Acquisitions | — | — | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$1,432,727** | **—** | **—** | **$1,432,727** | **—** | **—** | **—** | **$1,432,727** | **—** |

## Form 61025 — 326 PHU LOCAL FUNDS

| Question | Narrative Response |
|---|---|
| State the purpose, source and legal citation. | |
| Agency discretion or Federal requirement? | |
| Describe any budgetary peculiarities. | |
| Is the Total Request amount for multiple years? | |
| Additional information or comments. | |
| Provide the amount of any indirect costs. | |
| Any indirect costs funded with other MOF? | |
| Objectives and indicators in the Operational Plan. | |
| Additional information or comments. | |

# 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 56224 INTERAGENCY TRANSFERS | Interagency Transfers Form ID 56225 INTERAGENCY TRANSFERS | Interagency Transfers Form ID 56227 INTERAGENCY TRANSFERS |
|---|---|---|---|---|---|---|
| Salaries | 1,763,600 | 88,386,928 | 24,371,891 | 152,607 | — | — |
| Other Compensation | 51,600 | 6,688,565 | 834,975 | 9,771 | — | 49,893 |
| Related Benefits | 962,797 | 49,685,778 | 12,937,795 | 419,670 | — | 18,459 |
| **TOTAL PERSONAL SERVICES** | **$2,777,997** | **$144,761,271** | **$38,144,661** | **$582,048** | **—** | **$68,352** |
| Travel | 33,500 | 2,615,103 | 700,481 | — | — | — |
| Operating Services | 209,000 | 13,550,132 | 2,877,398 | — | — | — |
| Supplies | 59,800 | 12,903,896 | 3,994,208 | 13,583 | — | — |
| **TOTAL OPERATING EXPENSES** | **$302,300** | **$29,069,131** | **$7,572,087** | **$13,583** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$3,394,620** | **$52,569,514** | **$2,380,911** | **$466,332** | **—** | **—** |
| Other Charges | 744,968 | 225,653,348 | 2,172,575 | 1,430,796 | 632,762 | 11,648 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 480,001 | 39,250,518 | 18,802,596 | 50,714 | — | — |
| **TOTAL OTHER CHARGES** | **$1,224,969** | **$264,903,866** | **$20,975,171** | **$1,481,510** | **$632,762** | **$11,648** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$7,699,886** | **$491,303,782** | **$69,072,830** | **$2,543,473** | **$632,762** | **$80,000** |

| Expenditures | Statutory Dedications Form ID 56218 E02-TELECOM DEAF FUND | Statutory Dedications Form ID 56222 Z13-LOUISIANA FUND | Statutory Dedications Form ID 56223 Z13-LOUISIANA FUND | Statutory Dedications Form ID 56537 MISC COLLECTIONS | Federal Funds Form ID 56055 HIV/AIDS PROGRAMS | Federal Funds Form ID 56122 HIV/AIDS PROGRAMS |
|---|---|---|---|---|---|---|
| Salaries | 252,500 | — | — | — | 6,464 | 338,624 |
| Other Compensation | 50,000 | — | — | — | — | 3,818 |
| Related Benefits | 184,875 | — | — | — | 12,606 | 222,822 |
| **TOTAL PERSONAL SERVICES** | **$487,375** | **—** | **—** | **—** | **$19,070** | **$565,264** |
| Travel | 20,000 | — | — | — | — | 2,930 |
| Operating Services | 6,000 | — | 9,500 | — | 1,289 | 276,190 |
| Supplies | 20,000 | — | 500 | — | — | 21,769 |
| **TOTAL OPERATING EXPENSES** | **$46,000** | **—** | **$10,000** | **—** | **$1,289** | **$300,889** |
| **PROFESSIONAL SERVICES** | **$4,778,469** | **—** | **$557,000** | **$2,994,487** | **$134,002** | **$525,443** |
| Other Charges | 159,095 | 500,000 | 5,254,260 | — | 487,493 | 3,722,584 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 40,000 | — | — | — | 35,438 | 170,007 |
| **TOTAL OTHER CHARGES** | **$199,095** | **$500,000** | **$5,254,260** | **—** | **$522,931** | **$3,892,591** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$5,510,939** | **$500,000** | **$5,821,260** | **$2,994,487** | **$677,292** | **$5,284,187** |

| Expenditures | Federal Funds Form ID 56123 HIV/AIDS PROGRAMS | Federal Funds Form ID 56124 HIV/AIDS PROGRAMS | Federal Funds Form ID 56125 HIV/AIDS PROGRAMS | Federal Funds Form ID 56126 HIV/AIDS PROGRAMS | Federal Funds Form ID 56127 HIV/AIDS PROGRAMS | Federal Funds Form ID 56128 HIV/AIDS PROGRAMS |
|---|---|---|---|---|---|---|
| Salaries | 61,104 | 523,689 | 1,664,574 | 9,194 | 70,201 | 20,039 |
| Other Compensation | — | 8,701 | 1,264,358 | — | 1,159 | — |
| Related Benefits | 39,541 | 538,192 | 957,573 | 20,470 | 46,359 | 23,262 |
| **TOTAL PERSONAL SERVICES** | **$100,645** | **$1,070,582** | **$3,886,505** | **$29,664** | **$117,719** | **$43,301** |
| Travel | — | 12,529 | 27,916 | — | — | — |
| Operating Services | 99,543 | 120,393 | 453,861 | 2,155 | 1,269 | 1,140 |
| Supplies | — | 5,064 | 4,033,408 | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$99,543** | **$137,986** | **$4,515,185** | **$2,155** | **$1,269** | **$1,140** |
| **PROFESSIONAL SERVICES** | **$602,245** | **$970,306** | **$3,260,946** | **—** | **$64,842** | **$165,453** |
| Other Charges | 103,634 | 26,275,741 | 48,776,572 | 3,462,170 | 160,541 | 405,647 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 42,211 | 299,445 | 959,621 | — | 30,329 | 41,481 |
| **TOTAL OTHER CHARGES** | **$145,845** | **$26,575,186** | **$49,736,193** | **$3,462,170** | **$190,870** | **$447,128** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$948,278** | **$28,754,060** | **$61,398,829** | **$3,493,989** | **$374,700** | **$657,022** |

| Expenditures | Federal Funds Form ID 56130 HIV/AIDS PROGRAMS | Federal Funds Form ID 56131 HIV/AIDS PROGRAMS | Federal Funds Form ID 56137 BIOTERRORISM GRANT | Federal Funds Form ID 56139 NCIPC OPIOID CRISIS | Federal Funds Form ID 56141 FEDERAL | Federal Funds Form ID 56142 CSHCS |
|---|---|---|---|---|---|---|
| Salaries | 5,126 | 41,426 | 5,422,812 | 156,291 | 3,108 | 5,917 |
| Other Compensation | — | — | 296,592 | 3,596 | — | — |
| Related Benefits | 12,519 | 34,756 | 2,690,618 | 240,574 | 5,689 | 10,456 |
| **TOTAL PERSONAL SERVICES** | **$17,645** | **$76,182** | **$8,410,022** | **$400,461** | **$8,797** | **$16,373** |
| Travel | — | — | 51,350 | 4,477 | — | — |
| Operating Services | 15,662 | 1,866 | 670,554 | 14,108 | — | 1,106 |
| Supplies | — | 1,195 | 109,502 | 4,127 | 1,467 | — |
| **TOTAL OPERATING EXPENSES** | **$15,662** | **$3,061** | **$831,406** | **$22,712** | **$1,467** | **$1,106** |
| **PROFESSIONAL SERVICES** | **$39,491** | **$718,284** | **$632,512** | **$284,625** | **$181,950** | **$449,280** |
| Other Charges | 198,803 | 2,255,029 | 926,826 | 4,973,989 | — | 2,880 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 33,958 | 42,779 | 1,367,220 | 450,459 | 42,786 | 34,359 |
| **TOTAL OTHER CHARGES** | **$232,761** | **$2,297,808** | **$2,294,046** | **$5,424,448** | **$42,786** | **$37,239** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$305,559** | **$3,095,335** | **$12,167,986** | **$6,132,246** | **$235,000** | **$503,998** |

| Expenditures | Federal Funds Form ID 56143 CSHCS | Federal Funds Form ID 56144 EMERGENCY MEDICAL SVCS | Federal Funds Form ID 56145 EMERGENCY MEDICAL SVCS | Federal Funds Form ID 56147 RAPE CRISIS PROGRAM | Federal Funds Form ID 56148 VIOLENCE AGAINST WOMEN | Federal Funds Form ID 56149 EPID LAB CAPACITY (ELC) |
|---|---|---|---|---|---|---|
| Salaries | 1,633,390 | 164,033 | 2,368 | 108,311 | 97,952 | 2,301,264 |
| Other Compensation | 66,592 | 3,393 | — | 1,018 | — | 138,849 |
| Related Benefits | 843,897 | 84,112 | 4,081 | 64,372 | 58,215 | 1,242,536 |
| **TOTAL PERSONAL SERVICES** | **$2,543,879** | **$251,538** | **$6,449** | **$173,701** | **$156,167** | **$3,682,649** |
| Travel | 7,306 | 1,698 | — | 1,136 | 1,027 | 15,982 |
| Operating Services | 175,538 | 19,280 | — | 1,281 | 1,158 | 289,157 |
| Supplies | 19,290 | 3,835 | — | — | — | 164,388 |
| **TOTAL OPERATING EXPENSES** | **$202,134** | **$24,813** | **—** | **$2,417** | **$2,185** | **$469,527** |
| **PROFESSIONAL SERVICES** | **$1,910,218** | **—** | **$173,074** | **$386,835** | **$349,839** | **$346,196** |
| Other Charges | 284,843 | 57,215 | — | 8,320 | 7,525 | 237,544 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 603,240 | 28,415 | 11,127 | 50,576 | 45,739 | 531,628 |
| **TOTAL OTHER CHARGES** | **$888,083** | **$85,630** | **$11,127** | **$58,896** | **$53,264** | **$769,172** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$5,544,314** | **$361,981** | **$190,650** | **$621,849** | **$561,455** | **$5,267,544** |

| Expenditures | Federal Funds Form ID 56153 ANTIBIOTIC RES RET FOOD | Federal Funds Form ID 56154 FAMILY PLANNING | Federal Funds Form ID 56155 FAMILY PLANNING | Federal Funds Form ID 56156 FAMILY PLANNING | Federal Funds Form ID 56157 HUD LEAD | Federal Funds Form ID 56158 MCH BLOCK GRANT |
|---|---|---|---|---|---|---|
| Salaries | 45,350 | 2,015,668 | 90,965 | 163,468 | 181,577 | 26,250 |
| Other Compensation | 11,777 | 38,895 | — | 15,166 | 17,041 | — |
| Related Benefits | 28,312 | 702,541 | 32,419 | 88,508 | 93,690 | 12,961 |
| **TOTAL PERSONAL SERVICES** | **$85,439** | **$2,757,104** | **$123,384** | **$267,142** | **$292,308** | **$39,211** |
| Travel | — | 17,499 | — | — | 1,666 | — |
| Operating Services | 9,698 | 167,694 | 90,694 | 33,034 | 1,683 | 4,735 |
| Supplies | 21,636 | 824,216 | 88,644 | 173,516 | — | 57,626 |
| **TOTAL OPERATING EXPENSES** | **$31,334** | **$1,009,409** | **$179,338** | **$206,550** | **$3,349** | **$62,361** |
| **PROFESSIONAL SERVICES** | **$4,923** | **$187,476** | **$196,120** | **$81,445** | **—** | **$646,580** |
| Other Charges | 1,296 | 97,462 | — | 6,580 | 116,783 | — |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 12,008 | 471,707 | 1,158 | 62,283 | 45,282 | 31,848 |
| **TOTAL OTHER CHARGES** | **$13,304** | **$569,169** | **$1,158** | **$68,863** | **$162,065** | **$31,848** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$135,000** | **$4,523,158** | **$500,000** | **$624,000** | **$457,722** | **$780,000** |

| Expenditures | Federal Funds Form ID 56160 IMMUNIZATION GRANT | Federal Funds Form ID 56161 CHILD DEATH REVIEW | Federal Funds Form ID 56162 FEDERAL | Federal Funds Form ID 56163 FEDERAL | Federal Funds Form ID 56164 FEDERAL | Federal Funds Form ID 56166 PRAMS |
|---|---|---|---|---|---|---|
| Salaries | 2,700,017 | — | 28,350 | 9,152 | 55,166 | 1,930 |
| Other Compensation | 30,197 | — | — | — | — | — |
| Related Benefits | 1,377,180 | 2,061 | 17,976 | 9,606 | 43,642 | 2,030 |
| **TOTAL PERSONAL SERVICES** | **$4,107,394** | **$2,061** | **$46,326** | **$18,758** | **$98,808** | **$3,960** |
| Travel | 38,471 | — | 1,111 | — | — | — |
| Operating Services | 438,154 | — | 2,271 | — | 1,939 | 2,818 |
| Supplies | 18,715 | — | — | — | — | 12,959 |
| **TOTAL OPERATING EXPENSES** | **$495,340** | **—** | **$3,382** | **—** | **$1,939** | **$15,777** |
| **PROFESSIONAL SERVICES** | **$493,606** | **$43,039** | **$308,316** | **$266,659** | **$557,451** | **$145,719** |
| Other Charges | 34,236 | — | 1,577 | 1,317 | 31,082 | — |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 1,526,654 | 4,900 | 20,485 | 13,866 | 60,720 | 9,544 |
| **TOTAL OTHER CHARGES** | **$1,560,890** | **$4,900** | **$22,062** | **$15,183** | **$91,802** | **$9,544** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$6,657,230** | **$50,000** | **$380,086** | **$300,600** | **$750,000** | **$175,000** |

| Expenditures | Federal Funds Form ID 56167 FEDERAL | Federal Funds Form ID 56168 SYSTEMS DEVELOPMENT | Federal Funds Form ID 56169 FEDERAL | Federal Funds Form ID 56170 MCH BLOCK GRANT | Federal Funds Form ID 56171 FEDERAL | Federal Funds Form ID 56172 MCH BLOCK GRANT |
|---|---|---|---|---|---|---|
| Salaries | 2,554 | 1,831 | 16,741 | 554,447 | 12,674 | 1,240,263 |
| Other Compensation | — | — | — | 3,681 | — | — |
| Related Benefits | 5,928 | 2,673 | 9,763 | 390,147 | 20,168 | 478,771 |
| **TOTAL PERSONAL SERVICES** | **$8,482** | **$4,504** | **$26,504** | **$948,275** | **$32,842** | **$1,719,034** |
| Travel | — | — | — | 4,726 | 2,850 | 21,265 |
| Operating Services | 1,280 | — | — | 273,257 | 2,436 | 6,377 |
| Supplies | — | — | — | 2,397 | — | 2,227 |
| **TOTAL OPERATING EXPENSES** | **$1,280** | **—** | **—** | **$280,380** | **$5,286** | **$29,869** |
| **PROFESSIONAL SERVICES** | **$295,087** | **$98,094** | **$200,496** | **$2,601,457** | **$478,724** | **$154,886** |
| Other Charges | 2,250 | — | 1,112 | 68,156 | 5,056 | 2,436,100 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 17,901 | 12,402 | 51,955 | 559,239 | 48,092 | — |
| **TOTAL OTHER CHARGES** | **$20,151** | **$12,402** | **$53,067** | **$627,395** | **$53,148** | **$2,436,100** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$325,000** | **$115,000** | **$280,067** | **$4,457,507** | **$570,000** | **$4,339,889** |

| Expenditures | Federal Funds Form ID 56174 MCH BLOCK GRANT | Federal Funds Form ID 56175 LDH - COVID-19 CCP RSP | Federal Funds Form ID 56180 WELL-AHEAD HEALTH GRANT | Federal Funds Form ID 56183 ORAL HEALTH GRANT | Federal Funds Form ID 56184 BRFSS | Federal Funds Form ID 56185 PREVENTIVE HEALTH GRNT |
|---|---|---|---|---|---|---|
| Salaries | 1,358,630 | 266,682 | 621 | 1,004 | 5,635 | 422,909 |
| Other Compensation | 16,552 | 2,960 | 27 | 43 | — | 3,404 |
| Related Benefits | 1,001,458 | 192,838 | 379 | 608 | 5,995 | 186,595 |
| **TOTAL PERSONAL SERVICES** | **$2,376,640** | **$462,480** | **$1,027** | **$1,655** | **$11,630** | **$612,908** |
| Travel | 30,533 | 1,487 | — | — | — | — |
| Operating Services | 57,534 | 8,799 | 57 | 1,615 | — | 2,077 |
| Supplies | 6,694 | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$94,761** | **$10,286** | **$57** | **$1,615** | **—** | **$2,077** |
| **PROFESSIONAL SERVICES** | **$838,384** | **$2,829,175** | **$40,278** | **$11,680** | **$110,343** | **—** |
| Other Charges | 8,725,477 | 38,661 | 6,977 | 2 | 1,309 | 14,720 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 883,538 | 299,035 | 105 | 166 | 8,368 | 71,199 |
| **TOTAL OTHER CHARGES** | **$9,609,015** | **$337,696** | **$7,082** | **$168** | **$9,677** | **$85,919** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$12,918,800** | **$3,639,637** | **$48,444** | **$15,118** | **$131,650** | **$700,904** |

| Expenditures | Federal Funds Form ID 56186 OPIOID OVERDOSE SURV | Federal Funds Form ID 56187 PREVENTIVE HEALTH GRNT | Federal Funds Form ID 56188 WELL-AHEAD HEALTH GRANT | Federal Funds Form ID 56189 PREVENTIVE HEALTH GRNT | Federal Funds Form ID 56190 TOBACCO CONTROL | Federal Funds Form ID 56191 FEDERAL |
|---|---|---|---|---|---|---|
| Salaries | 14,219 | 63,613 | — | 242,509 | 31,165 | 719 |
| Other Compensation | — | — | — | — | 20,729 | 31 |
| Related Benefits | 26,886 | 36,196 | — | 115,720 | 21,289 | 453 |
| **TOTAL PERSONAL SERVICES** | **$41,105** | **$99,809** | **—** | **$358,229** | **$73,183** | **$1,203** |
| Travel | 4,908 | 14,498 | — | — | 2 | — |
| Operating Services | 12,745 | 76,651 | 5,657 | 1,568 | 67 | 146 |
| Supplies | — | — | — | — | — | 89 |
| **TOTAL OPERATING EXPENSES** | **$17,653** | **$91,149** | **$5,657** | **$1,568** | **$69** | **$235** |
| **PROFESSIONAL SERVICES** | **$478,911** | **$48,997** | **$473,228** | **$208,998** | **$176,069** | **$37,470** |
| Other Charges | 576,223 | 265,045 | 72,011 | 11,233 | 15 | 4,219 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 76,996 | — | 145,248 | 113,691 | 2,356 | 133 |
| **TOTAL OTHER CHARGES** | **$653,219** | **$265,045** | **$217,259** | **$124,924** | **$2,371** | **$4,352** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$1,190,888** | **$505,000** | **$696,144** | **$693,719** | **$251,692** | **$43,260** |

| Expenditures | Federal Funds Form ID 56193 FEDERAL | Federal Funds Form ID 56194 FEDERAL | Federal Funds Form ID 56195 FEDERAL | Federal Funds Form ID 56196 CSFP | Federal Funds Form ID 56197 WIC ADMINISTRATION | Federal Funds Form ID 56198 PEER COUNSELING GRANT |
|---|---|---|---|---|---|---|
| Salaries | 36,534 | 62,742 | — | — | 2,770,719 | 3,626 |
| Other Compensation | 78 | 1,241 | 1,142,158 | — | 170,984 | 155 |
| Related Benefits | 17,506 | 48,043 | — | — | 1,449,177 | 2,181 |
| **TOTAL PERSONAL SERVICES** | **$54,118** | **$112,026** | **$1,142,158** | **—** | **$4,390,880** | **$5,962** |
| Travel | 4,066 | — | — | — | 37,093 | 121 |
| Operating Services | 2,793 | 12,441 | — | — | 307,360 | 21 |
| Supplies | 10 | — | 711,846 | — | 113,982 | — |
| **TOTAL OPERATING EXPENSES** | **$6,869** | **$12,441** | **$711,846** | **—** | **$458,435** | **$142** |
| **PROFESSIONAL SERVICES** | **$34,027** | **$639,963** | **—** | **$274,393** | **$3,019,368** | **—** |
| Other Charges | 11 | 474,921 | — | 569,207 | 22,060,027 | 125,340 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 1,753 | 67,028 | — | — | 169,116 | 586 |
| **TOTAL OTHER CHARGES** | **$1,764** | **$541,949** | **—** | **$569,207** | **$22,229,143** | **$125,926** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$96,778** | **$1,306,379** | **$1,854,004** | **$843,600** | **$30,097,826** | **$132,030** |

| Expenditures | Interagency Transfers Form ID 56230 CSHCS | Interagency Transfers Form ID 56231 MEDICAID | Interagency Transfers Form ID 56232 MEDICAID | Interagency Transfers Form ID 56235 DCFS-TANF | Interagency Transfers Form ID 56236 MEDICAID | Interagency Transfers Form ID 56237 INTERAGENCY TRANSFERS |
|---|---|---|---|---|---|---|
| Salaries | — | 240 | 3,158 | 279,159 | — | — |
| Other Compensation | — | — | — | 4,351 | — | — |
| Related Benefits | — | — | 2,019 | 254,206 | — | — |
| **TOTAL PERSONAL SERVICES** | **—** | **$240** | **$5,177** | **$537,716** | **—** | **—** |
| Travel | — | — | — | 26,516 | — | — |
| Operating Services | — | — | — | — | — | — |
| Supplies | — | — | 6,693 | 2,502 | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **$6,693** | **$29,018** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$2,930** | **—** | **$5,384** | **$98,774** | **$80,092** | **$69,950** |
| Other Charges | — | — | — | 727,656 | — | — |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | — | — | 2,205 | 118,494 | — | — |
| **TOTAL OTHER CHARGES** | **—** | **—** | **$2,205** | **$846,150** | **—** | **—** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$2,930** | **$240** | **$19,459** | **$1,511,658** | **$80,092** | **$69,950** |

| Expenditures | Federal Funds Form ID 56199 MCH BLOCK GRANT | Federal Funds Form ID 56201 STD | Federal Funds Form ID 56203 TB CONTROL PREVENTION | Federal Funds Form ID 56204 TB CONTROL PREVENTION | Federal Funds Form ID 56205 BEACH MONITORING | Federal Funds Form ID 56206 SAFE DRINKING WATER |
|---|---|---|---|---|---|---|
| Salaries | 3,941 | 273,449 | 554,699 | 354,323 | 94,880 | 736,788 |
| Other Compensation | — | 2,247 | 280,066 | 4,045 | — | 22,309 |
| Related Benefits | 11,067 | 154,468 | 192,735 | 195,272 | 40,057 | 380,840 |
| **TOTAL PERSONAL SERVICES** | **$15,008** | **$430,164** | **$1,027,500** | **$553,640** | **$134,937** | **$1,139,937** |
| Travel | — | 5,514 | — | 101,815 | — | 27,415 |
| Operating Services | — | 67,872 | — | 23,220 | — | 16,055 |
| Supplies | — | 9,097 | — | 1,337 | 26,840 | — |
| **TOTAL OPERATING EXPENSES** | **—** | **$82,483** | **—** | **$126,372** | **$26,840** | **$43,470** |
| **PROFESSIONAL SERVICES** | **—** | **$670,350** | **—** | **$6,486** | **$8,485** | **$66,546** |
| Other Charges | 4,086 | 323,650 | — | 4,854 | 132,648 | 133,102 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 297,343 | 78,004 | — | 56,082 | 56,090 | 316,945 |
| **TOTAL OTHER CHARGES** | **$301,429** | **$401,654** | **—** | **$60,936** | **$188,738** | **$450,047** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$316,437** | **$1,584,651** | **$1,027,500** | **$747,434** | **$359,000** | **$1,700,000** |

| Expenditures | Federal Funds Form ID 56207 SAFE DRINKING WATER | Federal Funds Form ID 56208 FEDERAL | Federal Funds Form ID 56209 OCCUPATIONAL INJURY | Federal Funds Form ID 56210 APPLETREE PROGRAM | Federal Funds Form ID 56211 PRIVATE WELL INITIATIVE | Federal Funds Form ID 56212 ENV PUBLIC HEALTH TRK |
|---|---|---|---|---|---|---|
| Salaries | 771,042 | 4,673 | 144,412 | 182,512 | 75,476 | 218,978 |
| Other Compensation | 102,366 | — | 2,360 | 3,476 | 1,226 | — |
| Related Benefits | 371,934 | 11,030 | 81,342 | 96,662 | 35,271 | 100,992 |
| **TOTAL PERSONAL SERVICES** | **$1,245,342** | **$15,703** | **$228,114** | **$282,650** | **$111,973** | **$319,970** |
| Travel | 11,114 | — | 3,185 | — | — | 2,107 |
| Operating Services | 40,677 | — | 2,142 | — | — | — |
| Supplies | 8,686 | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$60,477** | **—** | **$5,327** | **—** | **—** | **$2,107** |
| **PROFESSIONAL SERVICES** | **—** | **$548,044** | **$116,403** | **—** | **—** | **$62,516** |
| Other Charges | 164,374 | 3,175 | 127,425 | 2,667 | — | 133,146 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 59,807 | 35,672 | 35,636 | 27,681 | 31,641 | 97,261 |
| **TOTAL OTHER CHARGES** | **$224,181** | **$38,847** | **$163,061** | **$30,348** | **$31,641** | **$230,407** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$1,530,000** | **$602,594** | **$512,905** | **$312,998** | **$143,614** | **$615,000** |

| Expenditures | Federal Funds Form ID 56213 FOOD AND DRUG | Federal Funds Form ID 56214 MFD FOOD STANDARDS | Federal Funds Form ID 56215 COMMERCIAL SEAFOOD | Federal Funds Form ID 56216 VITAL RECORDS | Federal Funds Form ID 56217 VITAL RECORDS | Federal Funds Form ID 56529 SUICIDE PREVENTION |
|---|---|---|---|---|---|---|
| Salaries | 80,952 | 32,595 | 28,177 | 42,554 | 15,767 | 265,783 |
| Other Compensation | — | 1,017 | — | 2,960 | — | 3,005 |
| Related Benefits | 44,290 | 19,431 | 15,111 | 24,301 | 13,971 | 154,705 |
| **TOTAL PERSONAL SERVICES** | **$125,242** | **$53,043** | **$43,288** | **$69,815** | **$29,738** | **$423,493** |
| Travel | — | 19,506 | — | — | — | — |
| Operating Services | 4,445 | 1,893 | — | 5,776 | 3,365 | 5,988 |
| Supplies | 1,712 | 5,461 | — | 4,384 | — | — |
| **TOTAL OPERATING EXPENSES** | **$6,157** | **$26,860** | **—** | **$10,160** | **$3,365** | **$5,988** |
| **PROFESSIONAL SERVICES** | **—** | **$2,326** | **—** | **$33,773** | **$222,284** | **$755,629** |
| Other Charges | 1,364 | — | — | 231,412 | 2,111 | 125,303 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 16,026 | 11,191 | 6,712 | 15,876 | 22,569 | 115,043 |
| **TOTAL OTHER CHARGES** | **$17,390** | **$11,191** | **$6,712** | **$247,288** | **$24,680** | **$240,346** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$148,789** | **$93,420** | **$50,000** | **$361,036** | **$280,067** | **$1,425,456** |

| Expenditures | Federal Funds Form ID 56530 WELL-AHEAD HEALTH GRANT | Federal Funds Form ID 56531 MISC COLLECTIONS | Federal Funds Form ID 56536 MISC COLLECTIONS | Federal Funds Form ID 56582 EPID LAB CAPACITY (ELC) | Federal Funds Form ID 56633 COMMERCIAL SEAFOOD | Federal Funds Form ID 56765 STD |
|---|---|---|---|---|---|---|
| Salaries | 770 | 1,848,070 | 13,006 | 2,757,587 | — | 18 |
| Other Compensation | 33 | 429,083 | — | 194,399 | — | — |
| Related Benefits | 468 | 2,823,083 | 7,152 | 1,424,067 | — | 90 |
| **TOTAL PERSONAL SERVICES** | **$1,271** | **$5,100,236** | **$20,158** | **$4,376,053** | **—** | **$108** |
| Travel | — | 480,116 | — | 64,669 | — | — |
| Operating Services | 74 | 665,984 | 3,300 | 144,106 | 1,407 | — |
| Supplies | — | 91,589 | 1,985 | 50,658 | 12,309 | — |
| **TOTAL OPERATING EXPENSES** | **$74** | **$1,237,689** | **$5,285** | **$259,433** | **$13,716** | **—** |
| **PROFESSIONAL SERVICES** | **$130,573** | **$5,338,606** | **$3,604** | **—** | **—** | **$7,717** |
| Other Charges | — | 3,586,592 | — | 3,977,912 | — | — |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 128 | 5,136,877 | 3,824 | 226,870 | — | 65 |
| **TOTAL OTHER CHARGES** | **$128** | **$8,723,469** | **$3,824** | **$4,204,782** | **—** | **$65** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$132,046** | **$20,400,000** | **$32,871** | **$8,840,268** | **$13,716** | **$7,890** |

| Expenditures | Federal Funds Form ID 56766 FEDERAL | Federal Funds Form ID 56767 FEDERAL | Federal Funds Form ID 56772 PREVENTIVE HEALTH GRNT | Federal Funds Form ID 60851 WIC ADMINISTRATION |
|---|---|---|---|---|
| Salaries | 29,185 | 346,938 | 8,103 | — |
| Other Compensation | 72 | 26,102 | — | — |
| Related Benefits | 13,063 | 236,750 | 26,873 | — |
| **TOTAL PERSONAL SERVICES** | **$42,320** | **$609,790** | **$34,976** | **—** |
| Travel | — | — | — | — |
| Operating Services | 105 | 8,446 | — | — |
| Supplies | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$105** | **$8,446** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$61,131** | **$1,168,255** | **$418,318** | **—** |
| Other Charges | 5,902 | 315,835 | 9,480 | — |
| Debt Service | — | — | — | — |
| Interagency Transfers | 1,245 | 646,352 | 37,226 | 150,000 |
| **TOTAL OTHER CHARGES** | **$7,147** | **$962,187** | **$46,706** | **$150,000** |
| Acquisitions | — | — | — | — |
| Major Repairs | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$110,703** | **$2,748,678** | **$500,000** | **$150,000** |

| Expenditures | Interagency Transfers Form ID 56238 DEPT OF EDUCATION(ED) | Interagency Transfers Form ID 56240 INTERAGENCY TRANSFERS | Interagency Transfers Form ID 56242 INTERAGENCY TRANSFERS | Interagency Transfers Form ID 56243 DEPT OF EDUCATION(ED) | Interagency Transfers Form ID 56244 DCFS | Interagency Transfers Form ID 56365 INTER FUND TRANSFER IN |
|---|---|---|---|---|---|---|
| Salaries | — | 7,006 | 1,521 | 62,000 | 36,326 | — |
| Other Compensation | — | — | — | — | 2,833 | — |
| Related Benefits | — | — | 4,837 | 33,000 | 16,615 | — |
| **TOTAL PERSONAL SERVICES** | **—** | **$7,006** | **$6,358** | **$95,000** | **$55,774** | **—** |
| Travel | — | — | — | — | — | — |
| Operating Services | — | — | — | — | — | — |
| Supplies | — | — | 1,322 | — | — | — |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **$1,322** | **—** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$134,515** | **—** | **—** | **—** | **—** | **—** |
| Other Charges | — | — | 9,688 | — | 25,226 | 63,974,347 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 2,090 | — | 7,632 | — | — | — |
| **TOTAL OTHER CHARGES** | **$2,090** | **—** | **$17,320** | **—** | **$25,226** | **$63,974,347** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$136,605** | **$7,006** | **$25,000** | **$95,000** | **$81,000** | **$63,974,347** |

| Expenditures | Interagency Transfers Form ID 56539 LDH-MVA | Interagency Transfers Form ID 61164 INTERAGENCY TRANSFERS | Fees & Self-generated Form ID 56220 Q08-OYSTER SANITATON | Fees & Self-generated Form ID 56221 H18-VITAL REC CONV FUND | Fees & Self-generated Form ID 56249 HIV/AIDS PROGRAMS | Fees & Self-generated Form ID 56250 CSHCS |
|---|---|---|---|---|---|---|
| Salaries | 255,654 | 5,688,273 | — | 82,500 | — | 15,166 |
| Other Compensation | — | 456,291 | — | 22,000 | — | — |
| Related Benefits | 135,497 | 2,600,393 | — | 63,866 | — | 7,489 |
| **TOTAL PERSONAL SERVICES** | **$391,151** | **$8,744,957** | **—** | **$168,366** | **—** | **$22,655** |
| Travel | 1,254 | 64,499 | — | 500 | — | — |
| Operating Services | — | 164,177 | 86,051 | 50,000 | — | 1,836 |
| Supplies | — | — | 88,299 | 100 | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,254** | **$228,676** | **$174,350** | **$50,600** | **—** | **$1,836** |
| **PROFESSIONAL SERVICES** | **$309,538** | **$1,361,080** | **—** | **—** | **$6,421** | **$47,525** |
| Other Charges | 3,456,608 | 891,215 | — | 192,218 | — | 2,816 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | — | 521,343 | — | 1,264,220 | — | 5,651 |
| **TOTAL OTHER CHARGES** | **$3,456,608** | **$1,412,558** | **—** | **$1,456,438** | **—** | **$8,467** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$4,158,551** | **$11,747,271** | **$174,350** | **$1,675,404** | **$6,421** | **$80,483** |

| Expenditures | Fees & Self-generated Form ID 56251 EMERGENCY MEDICAL SVCS | Fees & Self-generated Form ID 56254 FAMILY PLANNING | Fees & Self-generated Form ID 56256 FEES & SELF GENERATED | Fees & Self-generated Form ID 56257 FEES & SELF GENERATED | Fees & Self-generated Form ID 56258 SPECIAL LAB | Fees & Self-generated Form ID 56259 CERTIFICATION |
|---|---|---|---|---|---|---|
| Salaries | 16,883 | 2,757,637 | 806,788 | 229,334 | 19,972 | 14,359 |
| Other Compensation | — | 75,777 | 21,263 | 170,797 | — | — |
| Related Benefits | 30,409 | 1,679,045 | 522,212 | 241,202 | 10,991 | 7,902 |
| **TOTAL PERSONAL SERVICES** | **$47,292** | **$4,512,459** | **$1,350,263** | **$641,333** | **$30,963** | **$22,261** |
| Travel | — | 27,910 | — | 1,665 | — | — |
| Operating Services | 3,321 | 3,227 | 74,090 | 21,762 | 2,454 | 1,764 |
| Supplies | — | — | 783,441 | 15,740 | 2,108 | 1,516 |
| **TOTAL OPERATING EXPENSES** | **$3,321** | **$31,137** | **$857,531** | **$39,167** | **$4,562** | **$3,280** |
| **PROFESSIONAL SERVICES** | **—** | **$223,580** | **$589,042** | **$82,910** | **$4,173** | **$3,000** |
| Other Charges | 409,387 | 27,081 | 53,467 | 23,884 | 3,750 | 2,696 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | — | — | 226,977 | 81,247 | 2,452 | 1,763 |
| **TOTAL OTHER CHARGES** | **$409,387** | **$27,081** | **$280,444** | **$105,131** | **$6,202** | **$4,459** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$460,000** | **$4,794,257** | **$3,077,280** | **$868,541** | **$45,900** | **$33,000** |

| Expenditures | Fees & Self-generated Form ID 56261 FEES & SELF GENERATED | Fees & Self-generated Form ID 56263 FEES & SELF GENERATED | Fees & Self-generated Form ID 56266 FEES & SELF GENERATED | Fees & Self-generated Form ID 56268 STD | Fees & Self-generated Form ID 56269 STD | Fees & Self-generated Form ID 56270 TB CONTROL PREVENTION |
|---|---|---|---|---|---|---|
| Salaries | 2,504 | — | 2,656,868 | 35,974 | 11,853 | — |
| Other Compensation | — | — | 44,729 | — | — | — |
| Related Benefits | — | — | 1,761,691 | 30,605 | 6,947 | — |
| **TOTAL PERSONAL SERVICES** | **$2,504** | **—** | **$4,463,288** | **$66,579** | **$18,800** | **—** |
| Travel | — | — | 253,889 | — | — | — |
| Operating Services | 1,821 | — | 3,318,779 | 4,171 | 2,813 | — |
| Supplies | — | — | 414,916 | 9,671 | — | — |
| **TOTAL OPERATING EXPENSES** | **$1,821** | **—** | **$3,987,584** | **$13,842** | **$2,813** | **—** |
| **PROFESSIONAL SERVICES** | **$2,795** | **$30,467** | **$17,937** | **$55,558** | **$24,199** | **$110,638** |
| Other Charges | 15,008 | — | 1,000,912 | 479,096 | 12,060 | — |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 7,372 | 2,033 | 63,204 | 62,925 | 6,305 | 19,077 |
| **TOTAL OTHER CHARGES** | **$22,380** | **$2,033** | **$1,064,116** | **$542,021** | **$18,365** | **$19,077** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$29,500** | **$32,500** | **$9,532,925** | **$678,000** | **$64,177** | **$129,715** |

| Expenditures | Fees & Self-generated Form ID 56272 FEES & SELF GENERATED | Fees & Self-generated Form ID 56273 SAFE DRINKING WATER | Fees & Self-generated Form ID 56274 FOOD AND DRUG | Fees & Self-generated Form ID 56275 FEES & SELF GENERATED | Fees & Self-generated Form ID 56276 FEES & SELF GENERATED | Fees & Self-generated Form ID 56277 FEES & SELF GENERATED |
|---|---|---|---|---|---|---|
| Salaries | 92,727 | 6,233,293 | 530,953 | 12,429 | 40,427 | 27,893 |
| Other Compensation | 1,035 | 206,677 | 6,717 | — | — | — |
| Related Benefits | 47,785 | 3,614,119 | 293,008 | 5,571 | 20,521 | 13,326 |
| **TOTAL PERSONAL SERVICES** | **$141,547** | **$10,054,089** | **$830,678** | **$18,000** | **$60,948** | **$41,219** |
| Travel | — | 447,615 | 2,008 | — | — | — |
| Operating Services | — | 834,977 | 5,317 | — | 5,906 | 1,695 |
| Supplies | — | 702,940 | 3,928 | — | 3,146 | 2,366 |
| **TOTAL OPERATING EXPENSES** | **—** | **$1,985,532** | **$11,253** | **—** | **$9,052** | **$4,061** |
| **PROFESSIONAL SERVICES** | **—** | **$1,095,833** | **—** | **—** | **—** | **—** |
| Other Charges | 1,957 | 6,414,546 | 13,980 | — | — | 24,720 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 26,946 | — | 170,329 | — | — | — |
| **TOTAL OTHER CHARGES** | **$28,903** | **$6,414,546** | **$184,309** | **—** | **—** | **$24,720** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$170,450** | **$19,550,000** | **$1,026,240** | **$18,000** | **$70,000** | **$70,000** |

| Expenditures | Fees & Self-generated Form ID 56278 FEES & SELF GENERATED | Fees & Self-generated Form ID 56279 FEES & SELF GENERATED | Fees & Self-generated Form ID 56280 FEES & SELF GENERATED | Fees & Self-generated Form ID 56281 FEES & SELF GENERATED | Fees & Self-generated Form ID 56282 FEES & SELF GENERATED | Fees & Self-generated Form ID 56283 FEES & SELF GENERATED |
|---|---|---|---|---|---|---|
| Salaries | 145,258 | 26,735 | 112,515 | 3,964,382 | 68,467 | 1,609,949 |
| Other Compensation | 23,894 | — | 3,636 | 129,781 | — | 43,551 |
| Related Benefits | 73,975 | 13,265 | 54,143 | 1,904,075 | 31,533 | 897,262 |
| **TOTAL PERSONAL SERVICES** | **$243,127** | **$40,000** | **$170,294** | **$5,998,238** | **$100,000** | **$2,550,762** |
| Travel | — | — | — | 10,887 | — | — |
| Operating Services | — | — | 3,932 | 140,341 | — | 18,691 |
| Supplies | 1,374 | — | 1,774 | 63,317 | — | 2,164 |
| **TOTAL OPERATING EXPENSES** | **$1,374** | **—** | **$5,706** | **$214,545** | **—** | **$20,855** |
| **PROFESSIONAL SERVICES** | **$1,564** | **—** | **—** | **—** | **—** | **$1,504** |
| Other Charges | — | — | — | — | — | 39,219 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 3,935 | — | — | 11,217 | — | 387,660 |
| **TOTAL OTHER CHARGES** | **$3,935** | **—** | **—** | **$11,217** | **—** | **$426,879** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$250,000** | **$40,000** | **$176,000** | **$6,224,000** | **$100,000** | **$3,000,000** |

| Expenditures | Fees & Self-generated Form ID 56284 TANNING FACILITIES | Fees & Self-generated Form ID 56285 VITAL RECORDS | Fees & Self-generated Form ID 56338 FEDERAL | Fees & Self-generated Form ID 56543 MISC COLLECTIONS | Fees & Self-generated Form ID 56818 EMERGENCY MEDICAL SVCS | Fees & Self-generated Form ID 61025 STATE & LOCAL GOVT |
|---|---|---|---|---|---|---|
| Salaries | 17,527 | 2,753,179 | 429,282 | 8,308 | — | 605,136 |
| Other Compensation | — | 149,564 | 17,874 | — | — | 25,195 |
| Related Benefits | 7,473 | 1,113,867 | 236,235 | 5,512 | — | 333,008 |
| **TOTAL PERSONAL SERVICES** | **$25,000** | **$4,016,610** | **$683,391** | **$13,820** | **—** | **$963,339** |
| Travel | — | 7,094 | 11,909 | — | — | 16,788 |
| Operating Services | — | 1,117,014 | 52,742 | — | — | 74,347 |
| Supplies | — | 36,449 | 45,309 | — | 10,000 | 63,870 |
| **TOTAL OPERATING EXPENSES** | **—** | **$1,160,557** | **$109,960** | **—** | **$10,000** | **$155,005** |
| **PROFESSIONAL SERVICES** | **—** | **$18,812** | **$89,700** | **—** | **—** | **$126,445** |
| Other Charges | — | 80,791 | 80,614 | 16,833 | 18,000 | 113,638 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | — | 123,230 | 52,708 | 19,547 | — | 74,300 |
| **TOTAL OTHER CHARGES** | **—** | **$204,021** | **$133,322** | **$36,380** | **$18,000** | **$187,938** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$25,000** | **$5,400,000** | **$1,016,373** | **$50,200** | **$28,000** | **$1,432,727** |

## Total Request

| Expenditures | Used as a Cash Match | Total Means of Financing By Expenditure | Total State General Fund | Interagency Transfers Form ID 56224 INTERAGENCY TRANSFERS | Interagency Transfers Form ID 56225 INTERAGENCY TRANSFERS | Interagency Transfers Form ID 56227 INTERAGENCY TRANSFERS |
|---|---|---|---|---|---|---|
| Salaries | 1,763,600 | 91,390,998 | 25,334,778 | 152,607 | — | — |
| Other Compensation | 51,600 | 4,284,263 | 601,123 | 9,771 | — | — |
| Related Benefits | 962,797 | 49,619,694 | 13,063,981 | 419,670 | — | — |
| **TOTAL PERSONAL SERVICES** | **$2,777,997** | **$145,294,955** | **$38,999,882** | **$582,048** | **—** | **—** |
| Travel | 33,500 | 2,853,046 | 892,857 | — | — | — |
| Operating Services | 209,000 | 14,028,025 | 3,101,280 | — | — | — |
| Supplies | 59,800 | 13,361,010 | 4,239,271 | 13,583 | — | — |
| **TOTAL OPERATING EXPENSES** | **$302,300** | **$30,242,081** | **$8,233,408** | **$13,583** | **—** | **—** |
| **PROFESSIONAL SERVICES** | **$3,092,953** | **$56,103,442** | **$3,752,321** | **$466,332** | **—** | **—** |
| Other Charges | 744,968 | 230,600,525 | 2,526,710 | 1,430,796 | 632,762 | 20,000 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 480,001 | 39,599,460 | 19,151,538 | 50,714 | — | — |
| **TOTAL OTHER CHARGES** | **$1,224,969** | **$270,199,985** | **$21,678,248** | **$1,481,510** | **$632,762** | **$20,000** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$7,398,219** | **$501,840,463** | **$72,663,859** | **$2,543,473** | **$632,762** | **$20,000** |

| Expenditures | Federal Funds Form ID 56168 SYSTEMS DEVELOPMENT | Federal Funds Form ID 56169 FEDERAL | Federal Funds Form ID 56170 MCH BLOCK GRANT | Federal Funds Form ID 56171 FEDERAL | Federal Funds Form ID 56172 MCH BLOCK GRANT | Federal Funds Form ID 56174 MCH BLOCK GRANT |
|---|---|---|---|---|---|---|
| Salaries | 1,831 | 16,741 | 554,447 | 12,674 | 1,240,263 | 1,358,630 |
| Other Compensation | — | — | 3,681 | — | — | 16,552 |
| Related Benefits | 2,673 | 9,763 | 390,147 | 20,168 | 478,771 | 1,001,458 |
| **TOTAL PERSONAL SERVICES** | **$4,504** | **$26,504** | **$948,275** | **$32,842** | **$1,719,034** | **$2,376,640** |
| Travel | — | — | 4,726 | 2,850 | 21,265 | 30,533 |
| Operating Services | — | — | 273,257 | 2,436 | 6,377 | 57,534 |
| Supplies | — | — | 2,397 | — | 2,227 | 6,694 |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **$280,380** | **$5,286** | **$29,869** | **$94,761** |
| **PROFESSIONAL SERVICES** | **$98,094** | **$31,439** | **$2,601,457** | **$478,724** | **$154,886** | **$838,384** |
| Other Charges | — | 1,112 | 68,156 | 5,056 | 2,436,100 | 8,725,477 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 12,402 | 51,955 | 559,239 | 48,092 | — | 883,538 |
| **TOTAL OTHER CHARGES** | **$12,402** | **$53,067** | **$627,395** | **$53,148** | **$2,436,100** | **$9,609,015** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$115,000** | **$111,010** | **$4,457,507** | **$570,000** | **$4,339,889** | **$12,918,800** |

| Expenditures | Federal Funds Form ID 56175 LDH - COVID-19 CCP RSP | Federal Funds Form ID 56184 BRFSS | Federal Funds Form ID 56185 PREVENTIVE HEALTH GRNT | Federal Funds Form ID 56186 OPIOID OVERDOSE SURV | Federal Funds Form ID 56187 PREVENTIVE HEALTH GRNT | Federal Funds Form ID 56188 WELL-AHEAD HEALTH GRANT |
|---|---|---|---|---|---|---|
| Salaries | 266,682 | 5,635 | 422,909 | 14,219 | 63,613 | — |
| Other Compensation | 2,960 | — | 3,404 | — | — | — |
| Related Benefits | 192,838 | 5,995 | 186,595 | 26,886 | 36,196 | — |
| **TOTAL PERSONAL SERVICES** | **$462,480** | **$11,630** | **$612,908** | **$41,105** | **$99,809** | **—** |
| Travel | 1,487 | — | — | 4,908 | 14,498 | — |
| Operating Services | 8,799 | — | 2,077 | 12,745 | 76,651 | 5,657 |
| Supplies | — | — | — | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$10,286** | **—** | **$2,077** | **$17,653** | **$91,149** | **$5,657** |
| **PROFESSIONAL SERVICES** | **$2,829,175** | **$110,343** | **—** | **$478,911** | **$48,997** | **$473,228** |
| Other Charges | 38,661 | 1,309 | 14,720 | 576,223 | 265,045 | 72,011 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 299,035 | 8,368 | 71,199 | 76,996 | — | 145,248 |
| **TOTAL OTHER CHARGES** | **$337,696** | **$9,677** | **$85,919** | **$653,219** | **$265,045** | **$217,259** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$3,639,637** | **$131,650** | **$700,904** | **$1,190,888** | **$505,000** | **$696,144** |

| Expenditures | Federal Funds Form ID 56189 PREVENTIVE HEALTH GRNT | Federal Funds Form ID 56195 FEDERAL | Federal Funds Form ID 56199 MCH BLOCK GRANT | Federal Funds Form ID 56201 STD | Federal Funds Form ID 56203 TB CONTROL PREVENTION | Federal Funds Form ID 56204 TB CONTROL PREVENTION |
|---|---|---|---|---|---|---|
| Salaries | 242,509 | 3,593,716 | 3,941 | 273,449 | 554,699 | 354,323 |
| Other Compensation | — | 1,030,364 | — | 2,247 | — | 4,045 |
| Related Benefits | 115,720 | 1,402,050 | 11,067 | 154,468 | 390,301 | 195,272 |
| **TOTAL PERSONAL SERVICES** | **$358,229** | **$6,026,130** | **$15,008** | **$430,164** | **$945,000** | **$553,640** |
| Travel | — | 65,607 | — | 5,514 | — | 101,815 |
| Operating Services | 1,568 | 436,999 | — | 67,872 | — | 23,220 |
| Supplies | — | 983,308 | — | 9,097 | — | 1,337 |
| **TOTAL OPERATING EXPENSES** | **$1,568** | **$1,485,914** | **—** | **$82,483** | **—** | **$126,372** |
| **PROFESSIONAL SERVICES** | **$208,998** | **$5,322,417** | **—** | **$670,350** | **—** | **$6,486** |
| Other Charges | 11,233 | 23,183,638 | 4,086 | 323,650 | — | 4,854 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 113,691 | 423,010 | 297,343 | 78,004 | — | 56,082 |
| **TOTAL OTHER CHARGES** | **$124,924** | **$23,606,648** | **$301,429** | **$401,654** | **—** | **$60,936** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$693,719** | **$36,441,109** | **$316,437** | **$1,584,651** | **$945,000** | **$747,434** |

| Expenditures | Federal Funds Form ID 56205 BEACH MONITORING | Federal Funds Form ID 56206 SAFE DRINKING WATER | Federal Funds Form ID 56207 SAFE DRINKING WATER | Federal Funds Form ID 56208 FEDERAL | Federal Funds Form ID 56209 OCCUPATIONAL INJURY | Federal Funds Form ID 56210 APPLETREE PROGRAM |
|---|---|---|---|---|---|---|
| Salaries | 94,880 | 736,788 | 771,042 | 4,673 | 144,412 | 182,512 |
| Other Compensation | — | 22,309 | 102,366 | — | 2,360 | 3,476 |
| Related Benefits | 40,057 | 380,840 | 371,934 | 11,030 | 81,342 | 96,662 |
| **TOTAL PERSONAL SERVICES** | **$134,937** | **$1,139,937** | **$1,245,342** | **$15,703** | **$228,114** | **$282,650** |
| Travel | — | 27,415 | 11,114 | — | 3,185 | — |
| Operating Services | — | 16,055 | 40,677 | — | 2,142 | — |
| Supplies | 26,840 | — | 8,686 | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$26,840** | **$43,470** | **$60,477** | **—** | **$5,327** | **—** |
| **PROFESSIONAL SERVICES** | **$8,485** | **$66,546** | **—** | **$548,044** | **$116,403** | **—** |
| Other Charges | 132,648 | 133,102 | 164,374 | 3,175 | 127,425 | 2,667 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 56,090 | 316,945 | 59,807 | 35,672 | 35,636 | 27,681 |
| **TOTAL OTHER CHARGES** | **$188,738** | **$450,047** | **$224,181** | **$38,847** | **$163,061** | **$30,348** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$359,000** | **$1,700,000** | **$1,530,000** | **$602,594** | **$512,905** | **$312,998** |

| Expenditures | Federal Funds Form ID 56211 PRIVATE WELL INITIATIVE | Federal Funds Form ID 56212 ENV PUBLIC HEALTH TRK | Federal Funds Form ID 56213 FOOD AND DRUG | Federal Funds Form ID 56214 MFD FOOD STANDARDS | Federal Funds Form ID 56215 COMMERCIAL SEAFOOD | Federal Funds Form ID 56216 VITAL RECORDS |
|---|---|---|---|---|---|---|
| Salaries | 75,476 | 218,978 | 80,952 | 32,595 | 28,177 | 42,554 |
| Other Compensation | 1,226 | — | — | 1,017 | — | 2,960 |
| Related Benefits | 35,271 | 100,992 | 44,290 | 19,431 | 15,111 | 24,301 |
| **TOTAL PERSONAL SERVICES** | **$111,973** | **$319,970** | **$125,242** | **$53,043** | **$43,288** | **$69,815** |
| Travel | — | 2,107 | — | 19,506 | — | — |
| Operating Services | — | — | 4,445 | 1,893 | — | 5,776 |
| Supplies | — | — | 1,712 | 5,461 | — | 4,384 |
| **TOTAL OPERATING EXPENSES** | **—** | **$2,107** | **$6,157** | **$26,860** | **—** | **$10,160** |
| **PROFESSIONAL SERVICES** | **—** | **$62,516** | **—** | **$2,326** | **—** | **$33,773** |
| Other Charges | — | 133,146 | 1,364 | — | — | 231,412 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 31,641 | 97,261 | 16,026 | 11,191 | 6,712 | 15,876 |
| **TOTAL OTHER CHARGES** | **$31,641** | **$230,407** | **$17,390** | **$11,191** | **$6,712** | **$247,288** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$143,614** | **$615,000** | **$148,789** | **$93,420** | **$50,000** | **$361,036** |

| Expenditures | Federal Funds Form ID 56217 VITAL RECORDS | Federal Funds Form ID 56529 SUICIDE PREVENTION | Federal Funds Form ID 56531 MISC COLLECTIONS | Federal Funds Form ID 56536 MISC COLLECTIONS | Federal Funds Form ID 56554 MISC COLLECTIONS | Federal Funds Form ID 56582 EPID LAB CAPACITY (ELC) |
|---|---|---|---|---|---|---|
| Salaries | 15,767 | 265,783 | 1,848,070 | 13,006 | 788,001 | 2,757,587 |
| Other Compensation | — | 3,005 | 429,083 | — | (1,188,028) | 194,399 |
| Related Benefits | 13,971 | 154,705 | 2,823,083 | 7,152 | (106,528) | 1,424,067 |
| **TOTAL PERSONAL SERVICES** | **$29,738** | **$423,493** | **$5,100,236** | **$20,158** | **$(506,555)** | **$4,376,053** |
| Travel | — | — | 480,116 | — | — | 64,669 |
| Operating Services | 3,365 | 5,988 | 665,984 | 3,300 | — | 144,106 |
| Supplies | — | — | 91,589 | 1,985 | — | 50,658 |
| **TOTAL OPERATING EXPENSES** | **$3,365** | **$5,988** | **$1,237,689** | **$5,285** | **—** | **$259,433** |
| **PROFESSIONAL SERVICES** | **$222,284** | **$755,629** | **$5,338,606** | **$3,604** | **—** | **—** |
| Other Charges | 2,111 | 125,303 | 3,586,592 | — | — | 3,977,912 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 22,569 | 115,043 | 5,136,877 | 3,824 | — | 226,870 |
| **TOTAL OTHER CHARGES** | **$24,680** | **$240,346** | **$8,723,469** | **$3,824** | **—** | **$4,204,782** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$280,067** | **$1,425,456** | **$20,400,000** | **$32,871** | **$(506,555)** | **$8,840,268** |

| Expenditures | Federal Funds Form ID 56633 COMMERCIAL SEAFOOD | Federal Funds Form ID 56767 FEDERAL | Federal Funds Form ID 56772 PREVENTIVE HEALTH GRNT | Fees & Self-generated Form ID 56220 Q08-OYSTER SANITATON | Fees & Self-generated Form ID 56221 H18-VITAL REC CONV FUND | Fees & Self-generated Form ID 56249 HIV/AIDS PROGRAMS |
|---|---|---|---|---|---|---|
| Salaries | — | 346,938 | 8,103 | — | 82,500 | — |
| Other Compensation | — | 26,102 | — | — | 22,000 | — |
| Related Benefits | — | 236,750 | 26,873 | — | 63,866 | — |
| **TOTAL PERSONAL SERVICES** | **—** | **$609,790** | **$34,976** | **—** | **$168,366** | **—** |
| Travel | — | — | — | — | 512 | — |
| Operating Services | 1,407 | 8,446 | — | 88,099 | 51,190 | — |
| Supplies | 12,309 | — | — | 90,401 | 102 | — |
| **TOTAL OPERATING EXPENSES** | **$13,716** | **$8,446** | **—** | **$178,500** | **$51,804** | **—** |
| **PROFESSIONAL SERVICES** | **—** | **$1,168,255** | **$418,318** | **—** | **—** | **$6,421** |
| Other Charges | — | 315,835 | 9,480 | — | 192,218 | — |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | — | 646,352 | 37,226 | — | 1,264,220 | — |
| **TOTAL OTHER CHARGES** | **—** | **$962,187** | **$46,706** | **—** | **$1,456,438** | **—** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$13,716** | **$2,748,678** | **$500,000** | **$178,500** | **$1,676,608** | **$6,421** |

| Expenditures | Fees & Self-generated Form ID 56250 CSHCS | Fees & Self-generated Form ID 56251 EMERGENCY MEDICAL SVCS | Fees & Self-generated Form ID 56254 FAMILY PLANNING | Fees & Self-generated Form ID 56256 FEES & SELF GENERATED | Fees & Self-generated Form ID 56257 FEES & SELF GENERATED | Fees & Self-generated Form ID 56258 SPECIAL LAB |
|---|---|---|---|---|---|---|
| Salaries | 15,166 | 16,883 | 2,757,637 | 806,788 | 229,334 | 19,972 |
| Other Compensation | — | — | 75,777 | 21,263 | 170,797 | — |
| Related Benefits | 7,489 | 30,409 | 1,679,045 | 522,212 | 241,202 | 10,991 |
| **TOTAL PERSONAL SERVICES** | **$22,655** | **$47,292** | **$4,512,459** | **$1,350,263** | **$641,333** | **$30,963** |
| Travel | — | — | 27,910 | — | 1,665 | — |
| Operating Services | 1,836 | 3,321 | 3,227 | 74,090 | 21,762 | 2,454 |
| Supplies | — | — | — | 783,441 | 15,740 | 2,108 |
| **TOTAL OPERATING EXPENSES** | **$1,836** | **$3,321** | **$31,137** | **$857,531** | **$39,167** | **$4,562** |
| **PROFESSIONAL SERVICES** | **$47,525** | **—** | **$223,580** | **$589,042** | **$82,910** | **$4,173** |
| Other Charges | 2,816 | 409,387 | 27,081 | 53,467 | 23,884 | 3,750 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 5,651 | — | — | 226,977 | 81,247 | 2,452 |
| **TOTAL OTHER CHARGES** | **$8,467** | **$409,387** | **$27,081** | **$280,444** | **$105,131** | **$6,202** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$80,483** | **$460,000** | **$4,794,257** | **$3,077,280** | **$868,541** | **$45,900** |

| Expenditures | Fees & Self-generated Form ID 56259 CERTIFICATION | Fees & Self-generated Form ID 56261 FEES & SELF GENERATED | Fees & Self-generated Form ID 56266 FEES & SELF GENERATED | Fees & Self-generated Form ID 56268 STD | Fees & Self-generated Form ID 56269 STD | Fees & Self-generated Form ID 56270 TB CONTROL PREVENTION |
|---|---|---|---|---|---|---|
| Salaries | 14,359 | 2,504 | 2,656,868 | 35,974 | 11,853 | — |
| Other Compensation | — | — | 44,729 | — | — | — |
| Related Benefits | 7,902 | — | 1,761,691 | 30,605 | 6,947 | — |
| **TOTAL PERSONAL SERVICES** | **$22,261** | **$2,504** | **$4,463,288** | **$66,579** | **$18,800** | **—** |
| Travel | — | — | 272,447 | — | — | — |
| Operating Services | 1,764 | 1,821 | 3,454,225 | 4,171 | 2,813 | — |
| Supplies | 1,516 | — | 466,182 | 9,671 | — | — |
| **TOTAL OPERATING EXPENSES** | **$3,280** | **$1,821** | **$4,192,854** | **$13,842** | **$2,813** | **—** |
| **PROFESSIONAL SERVICES** | **$3,000** | **$2,795** | **$38,097** | **$55,558** | **$24,199** | **$110,638** |
| Other Charges | 2,696 | 15,008 | 498,210 | 479,096 | 12,060 | — |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 1,763 | 7,372 | 65,237 | 62,925 | 6,305 | 19,077 |
| **TOTAL OTHER CHARGES** | **$4,459** | **$22,380** | **$563,447** | **$542,021** | **$18,365** | **$19,077** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$33,000** | **$29,500** | **$9,257,686** | **$678,000** | **$64,177** | **$129,715** |

| Expenditures | Fees & Self-generated Form ID 56272 FEES & SELF GENERATED | Fees & Self-generated Form ID 56273 SAFE DRINKING WATER | Fees & Self-generated Form ID 56274 FOOD AND DRUG | Fees & Self-generated Form ID 56275 FEES & SELF GENERATED | Fees & Self-generated Form ID 56276 FEES & SELF GENERATED | Fees & Self-generated Form ID 56277 FEES & SELF GENERATED |
|---|---|---|---|---|---|---|
| Salaries | 92,727 | 6,233,293 | 530,953 | 12,429 | 40,427 | 27,893 |
| Other Compensation | 1,035 | 206,677 | 6,717 | — | — | — |
| Related Benefits | 47,785 | 3,614,119 | 293,008 | 5,571 | 20,521 | 13,326 |
| **TOTAL PERSONAL SERVICES** | **$141,547** | **$10,054,089** | **$830,678** | **$18,000** | **$60,948** | **$41,219** |
| Travel | — | 447,615 | 2,008 | — | — | — |
| Operating Services | — | 834,977 | 5,317 | — | 5,906 | 1,695 |
| Supplies | — | 702,940 | 3,928 | — | 3,146 | 2,366 |
| **TOTAL OPERATING EXPENSES** | **—** | **$1,985,532** | **$11,253** | **—** | **$9,052** | **$4,061** |
| **PROFESSIONAL SERVICES** | **—** | **$1,098,833** | **—** | **—** | **—** | **—** |
| Other Charges | 1,957 | 6,911,546 | 13,980 | — | — | 24,720 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 26,946 | — | 170,329 | — | — | — |
| **TOTAL OTHER CHARGES** | **$28,903** | **$6,911,546** | **$184,309** | **—** | **—** | **$24,720** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$170,450** | **$20,050,000** | **$1,026,240** | **$18,000** | **$70,000** | **$70,000** |

| Expenditures | Interagency Transfers Form ID 56230 CSHCS | Interagency Transfers Form ID 56231 MEDICAID | Interagency Transfers Form ID 56232 MEDICAID | Interagency Transfers Form ID 56235 DCFS-TANF | Interagency Transfers Form ID 56240 INTERAGENCY TRANSFERS | Interagency Transfers Form ID 56242 INTERAGENCY TRANSFERS |
|---|---|---|---|---|---|---|
| Salaries | — | 240 | 3,158 | 279,159 | 7,006 | 1,521 |
| Other Compensation | — | — | — | 4,351 | — | — |
| Related Benefits | — | — | 2,019 | 254,206 | — | 4,837 |
| **TOTAL PERSONAL SERVICES** | **—** | **$240** | **$5,177** | **$537,716** | **$7,006** | **$6,358** |
| Travel | — | — | — | 26,516 | — | — |
| Operating Services | — | — | — | — | — | — |
| Supplies | — | — | 6,693 | 2,502 | — | 1,322 |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **$6,693** | **$29,018** | **—** | **$1,322** |
| **PROFESSIONAL SERVICES** | **$2,930** | **—** | **$5,384** | **$98,774** | **—** | **—** |
| Other Charges | — | — | — | 727,656 | — | 9,688 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | — | — | 2,205 | 118,494 | — | 7,632 |
| **TOTAL OTHER CHARGES** | **—** | **—** | **$2,205** | **$846,150** | **—** | **$17,320** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$2,930** | **$240** | **$19,459** | **$1,511,658** | **$7,006** | **$25,000** |

| Expenditures | Fees & Self-generated Form ID 56278 FEES & SELF GENERATED | Fees & Self-generated Form ID 56279 FEES & SELF GENERATED | Fees & Self-generated Form ID 56280 FEES & SELF GENERATED | Fees & Self-generated Form ID 56281 FEES & SELF GENERATED | Fees & Self-generated Form ID 56282 FEES & SELF GENERATED | Fees & Self-generated Form ID 56283 FEES & SELF GENERATED |
|---|---|---|---|---|---|---|
| Salaries | 145,258 | 26,735 | 112,515 | 3,964,382 | 68,467 | 1,609,949 |
| Other Compensation | 23,894 | — | 3,636 | 129,781 | — | 43,551 |
| Related Benefits | 73,975 | 13,265 | 54,143 | 1,904,075 | 31,533 | 897,262 |
| **TOTAL PERSONAL SERVICES** | **$243,127** | **$40,000** | **$170,294** | **$5,998,238** | **$100,000** | **$2,550,762** |
| Travel | — | — | — | 10,887 | — | — |
| Operating Services | — | — | 3,932 | 140,341 | — | 18,691 |
| Supplies | 1,374 | — | 1,774 | 63,317 | — | 2,164 |
| **TOTAL OPERATING EXPENSES** | **$1,374** | **—** | **$5,706** | **$214,545** | **—** | **$20,855** |
| **PROFESSIONAL SERVICES** | **$1,564** | **—** | **—** | **—** | **—** | **$1,504** |
| Other Charges | — | — | — | — | — | 39,219 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 3,935 | — | — | 11,217 | — | 387,660 |
| **TOTAL OTHER CHARGES** | **$3,935** | **—** | **—** | **$11,217** | **—** | **$426,879** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$250,000** | **$40,000** | **$176,000** | **$6,224,000** | **$100,000** | **$3,000,000** |

| Expenditures | Fees & Self-generated Form ID 56284 TANNING FACILITIES | Fees & Self-generated Form ID 56285 VITAL RECORDS | Fees & Self-generated Form ID 56338 FEDERAL | Fees & Self-generated Form ID 56543 MISC COLLECTIONS | Fees & Self-generated Form ID 56554 MISC COLLECTIONS | Fees & Self-generated Form ID 56818 EMERGENCY MEDICAL SVCS |
|---|---|---|---|---|---|---|
| Salaries | 17,527 | 2,753,179 | 429,282 | 8,308 | 525,334 | — |
| Other Compensation | — | 149,564 | 17,874 | — | (252,006) | — |
| Related Benefits | 7,473 | 1,113,867 | 236,235 | 5,512 | (67,554) | — |
| **TOTAL PERSONAL SERVICES** | **$25,000** | **$4,016,610** | **$683,391** | **$13,820** | **$205,774** | **—** |
| Travel | — | 7,094 | 11,909 | — | — | — |
| Operating Services | — | 1,117,014 | 52,742 | — | — | — |
| Supplies | — | 36,449 | 45,309 | — | — | 10,238 |
| **TOTAL OPERATING EXPENSES** | **—** | **$1,160,557** | **$109,960** | **—** | **—** | **$10,238** |
| **PROFESSIONAL SERVICES** | **—** | **$18,812** | **$89,700** | **—** | **—** | **—** |
| Other Charges | — | 80,791 | 80,614 | 16,833 | — | 18,000 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | — | 123,230 | 52,708 | 19,547 | — | — |
| **TOTAL OTHER CHARGES** | **—** | **$204,021** | **$133,322** | **$36,380** | **—** | **$18,000** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$25,000** | **$5,400,000** | **$1,016,373** | **$50,200** | **$205,774** | **$28,238** |

| Expenditures | Fees & Self-generated Form ID 61025 STATE & LOCAL GOVT |
|---|---|
| Salaries | 605,136 |
| Other Compensation | 25,195 |
| Related Benefits | 333,008 |
| **TOTAL PERSONAL SERVICES** | **$963,339** |
| Travel | 16,788 |
| Operating Services | 74,347 |
| Supplies | 63,870 |
| **TOTAL OPERATING EXPENSES** | **$155,005** |
| **PROFESSIONAL SERVICES** | **$126,445** |
| Other Charges | 113,638 |
| Debt Service | — |
| Interagency Transfers | 74,300 |
| **TOTAL OTHER CHARGES** | **$187,938** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$1,432,727** |

| Expenditures | Interagency Transfers Form ID 56243 DEPT OF EDUCATION(ED) | Interagency Transfers Form ID 56244 DCFS | Interagency Transfers Form ID 56365 INTER FUND TRANSFER IN | Interagency Transfers Form ID 56539 LDH-MVA | Interagency Transfers Form ID 56554 MISC COLLECTIONS | Interagency Transfers Form ID 61164 INTERAGENCY TRANSFERS |
|---|---|---|---|---|---|---|
| Salaries | 84,020 | 36,326 | — | 255,654 | 141,436 | 5,666,253 |
| Other Compensation | — | 2,833 | — | — | (144,004) | 506,184 |
| Related Benefits | 46,200 | 16,615 | — | 135,497 | (18,188) | 2,605,652 |
| **TOTAL PERSONAL SERVICES** | **$130,220** | **$55,774** | **—** | **$391,151** | **$(20,756)** | **$8,778,089** |
| Travel | — | — | — | 1,254 | — | 66,695 |
| Operating Services | — | — | — | — | — | 168,084 |
| Supplies | — | — | — | — | — | 574 |
| **TOTAL OPERATING EXPENSES** | **—** | **—** | **—** | **$1,254** | **—** | **$235,353** |
| **PROFESSIONAL SERVICES** | **—** | **—** | **—** | **$309,538** | **—** | **$1,705,817** |
| Other Charges | — | 25,226 | 60,337,935 | 3,456,608 | — | 4,493,237 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | — | — | — | — | — | 523,433 |
| **TOTAL OTHER CHARGES** | **—** | **$25,226** | **$60,337,935** | **$3,456,608** | **—** | **$5,016,670** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$130,220** | **$81,000** | **$60,337,935** | **$4,158,551** | **$(20,756)** | **$15,735,929** |

| Expenditures | Interagency Transfers Form ID 63256 LDH-MVP | Statutory Dedications Form ID 56218 E02-TELECOM DEAF FUND | Statutory Dedications Form ID 56223 Z13-LOUISIANA FUND | Statutory Dedications Form ID 56537 MISC COLLECTIONS | Federal Funds Form ID 56055 HIV/AIDS PROGRAMS | Federal Funds Form ID 56122 HIV/AIDS PROGRAMS |
|---|---|---|---|---|---|---|
| Salaries | — | 252,500 | — | — | 6,464 | 338,624 |
| Other Compensation | — | 50,000 | — | — | — | 3,818 |
| Related Benefits | — | 184,875 | — | — | 12,606 | 222,822 |
| **TOTAL PERSONAL SERVICES** | **—** | **$487,375** | **—** | **—** | **$19,070** | **$565,264** |
| Travel | — | 20,476 | — | — | — | 2,930 |
| Operating Services | — | 6,143 | 9,726 | — | 1,289 | 276,190 |
| Supplies | — | 20,476 | 512 | — | — | 21,769 |
| **TOTAL OPERATING EXPENSES** | **—** | **$47,095** | **$10,238** | **—** | **$1,289** | **$300,889** |
| **PROFESSIONAL SERVICES** | **$1,255,543** | **$4,892,197** | **$641,525** | **$2,994,487** | **$134,002** | **$525,443** |
| Other Charges | — | 159,095 | 5,754,260 | — | 487,493 | 3,722,584 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | — | 40,000 | — | — | 35,438 | 170,007 |
| **TOTAL OTHER CHARGES** | **—** | **$199,095** | **$5,754,260** | **—** | **$522,931** | **$3,892,591** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$1,255,543** | **$5,625,762** | **$6,406,023** | **$2,994,487** | **$677,292** | **$5,284,187** |

| Expenditures | Federal Funds Form ID 56123 HIV/AIDS PROGRAMS | Federal Funds Form ID 56124 HIV/AIDS PROGRAMS | Federal Funds Form ID 56125 HIV/AIDS PROGRAMS | Federal Funds Form ID 56126 HIV/AIDS PROGRAMS | Federal Funds Form ID 56128 HIV/AIDS PROGRAMS | Federal Funds Form ID 56130 HIV/AIDS PROGRAMS |
|---|---|---|---|---|---|---|
| Salaries | 61,104 | 523,689 | 1,664,574 | 9,194 | 20,039 | 5,126 |
| Other Compensation | — | 8,701 | 1,264,358 | — | — | — |
| Related Benefits | 39,541 | 538,192 | 957,573 | 20,470 | 23,262 | 12,519 |
| **TOTAL PERSONAL SERVICES** | **$100,645** | **$1,070,582** | **$3,886,505** | **$29,664** | **$43,301** | **$17,645** |
| Travel | — | 12,529 | 27,916 | — | — | — |
| Operating Services | 99,543 | 120,393 | 453,861 | 2,155 | 1,140 | 15,662 |
| Supplies | — | 5,064 | 4,033,408 | — | — | — |
| **TOTAL OPERATING EXPENSES** | **$99,543** | **$137,986** | **$4,515,185** | **$2,155** | **$1,140** | **$15,662** |
| **PROFESSIONAL SERVICES** | **$602,245** | **$970,306** | **$3,260,946** | **—** | **$165,453** | **$39,491** |
| Other Charges | 103,634 | 26,275,741 | 53,624,878 | 3,462,170 | 405,647 | 198,803 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 42,211 | 299,445 | 959,621 | — | 41,481 | 33,958 |
| **TOTAL OTHER CHARGES** | **$145,845** | **$26,575,186** | **$54,584,499** | **$3,462,170** | **$447,128** | **$232,761** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$948,278** | **$28,754,060** | **$66,247,135** | **$3,493,989** | **$657,022** | **$305,559** |

| Expenditures | Federal Funds Form ID 56131 HIV/AIDS PROGRAMS | Federal Funds Form ID 56137 BIOTERRORISM GRANT | Federal Funds Form ID 56139 NCIPC OPIOID CRISIS | Federal Funds Form ID 56141 FEDERAL | Federal Funds Form ID 56142 CSHCS | Federal Funds Form ID 56143 CSHCS |
|---|---|---|---|---|---|---|
| Salaries | 41,426 | 5,422,812 | 156,291 | 3,108 | 5,917 | 1,633,390 |
| Other Compensation | — | 296,592 | 3,596 | — | — | 66,592 |
| Related Benefits | 34,756 | 2,690,618 | 240,574 | 5,689 | 10,456 | 843,897 |
| **TOTAL PERSONAL SERVICES** | **$76,182** | **$8,410,022** | **$400,461** | **$8,797** | **$16,373** | **$2,543,879** |
| Travel | — | 51,350 | 4,477 | — | — | 7,306 |
| Operating Services | 1,866 | 670,554 | 14,108 | — | 1,106 | 175,538 |
| Supplies | 1,195 | 109,502 | 4,127 | 1,467 | — | 19,290 |
| **TOTAL OPERATING EXPENSES** | **$3,061** | **$831,406** | **$22,712** | **$1,467** | **$1,106** | **$202,134** |
| **PROFESSIONAL SERVICES** | **$718,284** | **$632,512** | **$284,625** | **$181,950** | **$449,280** | **$1,910,218** |
| Other Charges | 2,255,029 | 926,826 | 4,973,989 | — | 2,880 | 284,843 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 42,779 | 1,367,220 | 450,459 | 42,786 | 34,359 | 603,240 |
| **TOTAL OTHER CHARGES** | **$2,297,808** | **$2,294,046** | **$5,424,448** | **$42,786** | **$37,239** | **$888,083** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$3,095,335** | **$12,167,986** | **$6,132,246** | **$235,000** | **$503,998** | **$5,544,314** |

| Expenditures | Federal Funds Form ID 56144 EMERGENCY MEDICAL SVCS | Federal Funds Form ID 56145 EMERGENCY MEDICAL SVCS | Federal Funds Form ID 56147 RAPE CRISIS PROGRAM | Federal Funds Form ID 56148 VIOLENCE AGAINST WOMEN | Federal Funds Form ID 56149 EPID LAB CAPACITY (ELC) | Federal Funds Form ID 56153 ANTIBIOTIC RES RET FOOD |
|---|---|---|---|---|---|---|
| Salaries | 164,033 | 2,368 | 108,311 | 97,952 | 2,301,264 | 45,350 |
| Other Compensation | 3,393 | — | 1,018 | — | 138,849 | 11,777 |
| Related Benefits | 84,112 | 4,081 | 64,372 | 58,215 | 1,242,536 | 28,312 |
| **TOTAL PERSONAL SERVICES** | **$251,538** | **$6,449** | **$173,701** | **$156,167** | **$3,682,649** | **$85,439** |
| Travel | 1,698 | — | 1,136 | 1,027 | 15,982 | — |
| Operating Services | 19,280 | — | 1,281 | 1,158 | 289,157 | 9,698 |
| Supplies | 3,835 | — | — | — | 164,388 | 21,636 |
| **TOTAL OPERATING EXPENSES** | **$24,813** | **—** | **$2,417** | **$2,185** | **$469,527** | **$31,334** |
| **PROFESSIONAL SERVICES** | **—** | **$173,074** | **$386,835** | **$349,839** | **$346,196** | **$4,923** |
| Other Charges | 57,215 | — | 8,320 | 7,525 | 237,544 | 1,296 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 28,415 | 11,127 | 50,576 | 45,739 | 531,628 | 12,008 |
| **TOTAL OTHER CHARGES** | **$85,630** | **$11,127** | **$58,896** | **$53,264** | **$769,172** | **$13,304** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$361,981** | **$190,650** | **$621,849** | **$561,455** | **$5,267,544** | **$135,000** |

| Expenditures | Federal Funds Form ID 56154 FAMILY PLANNING | Federal Funds Form ID 56155 FAMILY PLANNING | Federal Funds Form ID 56156 FAMILY PLANNING | Federal Funds Form ID 56157 HUD LEAD | Federal Funds Form ID 56158 MCH BLOCK GRANT | Federal Funds Form ID 56160 IMMUNIZATION GRANT |
|---|---|---|---|---|---|---|
| Salaries | 2,015,668 | 90,965 | 163,468 | 181,577 | 26,250 | 2,700,017 |
| Other Compensation | 38,895 | — | 15,166 | 17,041 | — | 30,197 |
| Related Benefits | 702,541 | 32,419 | 88,508 | 93,690 | 12,961 | 1,377,180 |
| **TOTAL PERSONAL SERVICES** | **$2,757,104** | **$123,384** | **$267,142** | **$292,308** | **$39,211** | **$4,107,394** |
| Travel | 17,499 | — | — | 1,666 | — | 38,471 |
| Operating Services | 167,694 | 90,694 | 33,034 | 1,683 | 4,735 | 438,154 |
| Supplies | 824,216 | 88,644 | 173,516 | — | 57,626 | 18,715 |
| **TOTAL OPERATING EXPENSES** | **$1,009,409** | **$179,338** | **$206,550** | **$3,349** | **$62,361** | **$495,340** |
| **PROFESSIONAL SERVICES** | **$187,476** | **$196,120** | **$81,445** | **—** | **$646,580** | **$493,606** |
| Other Charges | 97,462 | — | 6,580 | 116,783 | — | 34,236 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 471,707 | 1,158 | 62,283 | 45,282 | 31,848 | 1,526,654 |
| **TOTAL OTHER CHARGES** | **$569,169** | **$1,158** | **$68,863** | **$162,065** | **$31,848** | **$1,560,890** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$4,523,158** | **$500,000** | **$624,000** | **$457,722** | **$780,000** | **$6,657,230** |

| Expenditures | Federal Funds Form ID 56161 CHILD DEATH REVIEW | Federal Funds Form ID 56162 FEDERAL | Federal Funds Form ID 56163 FEDERAL | Federal Funds Form ID 56164 FEDERAL | Federal Funds Form ID 56166 PRAMS | Federal Funds Form ID 56167 FEDERAL |
|---|---|---|---|---|---|---|
| Salaries | — | 28,350 | 9,152 | 55,166 | 1,930 | 2,554 |
| Other Compensation | — | — | — | — | — | — |
| Related Benefits | 2,061 | 17,976 | 9,606 | 43,642 | 2,030 | 5,928 |
| **TOTAL PERSONAL SERVICES** | **$2,061** | **$46,326** | **$18,758** | **$98,808** | **$3,960** | **$8,482** |
| Travel | — | 1,111 | — | — | — | — |
| Operating Services | — | 2,271 | — | 1,939 | 2,818 | 1,280 |
| Supplies | — | — | — | — | 12,959 | — |
| **TOTAL OPERATING EXPENSES** | **—** | **$3,382** | **—** | **$1,939** | **$15,777** | **$1,280** |
| **PROFESSIONAL SERVICES** | **$43,039** | **$308,316** | **$266,659** | **$557,451** | **$145,719** | **$295,087** |
| Other Charges | — | 1,577 | 1,317 | 31,082 | — | 2,250 |
| Debt Service | — | — | — | — | — | — |
| Interagency Transfers | 4,900 | 20,485 | 13,866 | 60,720 | 9,544 | 17,901 |
| **TOTAL OTHER CHARGES** | **$4,900** | **$22,062** | **$15,183** | **$91,802** | **$9,544** | **$20,151** |
| Acquisitions | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$50,000** | **$380,086** | **$300,600** | **$750,000** | **$175,000** | **$325,000** |

# REVENUE COLLECTIONS/INCOME

## Interagency Transfers

### 003 - Interagency Transfers

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| MISC COLLECTIONS | 4710059 | MR-FROM STATE AGENCY | — | 632,762 | 632,762 | — |
| LDH-OS | 4710059 | MR-FROM STATE AGENCY | 108,096 | 80,000 | 20,000 | (60,000) |
| GOHSEP-FEMA | 4710059 | MR-FROM STATE AGENCY | 76,014,797 | — | — | — |
| MEDICAID | 4710059 | MR-FROM STATE AGENCY | — | 2,930 | 2,930 | — |
| LDH-MVP | 4710059 | MR-FROM STATE AGENCY | 15,203 | 240 | 240 | — |
| MEDICAID | 4710059 | MR-FROM STATE AGENCY | — | 19,459 | 19,459 | — |
| DCFS | 4710059 | MR-FROM STATE AGENCY | 877,075 | 1,511,658 | 1,511,658 | — |
| MISC COLLECTIONS | 4710059 | MR-FROM STATE AGENCY | — | 80,092 | — | (80,092) |
| LDH-OBH | 4710059 | MR-FROM STATE AGENCY | 134,695 | 69,950 | — | (69,950) |
| MISC COLLECTIONS | 4710059 | MR-FROM STATE AGENCY | — | 136,605 | — | (136,605) |
| MISC COLLECTIONS | 4710059 | MR-FROM STATE AGENCY | — | 7,006 | 7,006 | — |
| MISC COLLECTIONS | 4710059 | MR-FROM STATE AGENCY | — | 25,000 | 25,000 | — |
| DEPT OF EDUCATION(ED) | 4710059 | MR-FROM STATE AGENCY | 77,425 | 95,000 | 130,200 | 35,200 |
| DCFS | 4710059 | MR-FROM STATE AGENCY | 59,303 | 81,000 | 81,000 | — |
| MISC COLLECTIONS | 4710059 | MR-FROM STATE AGENCY | — | 63,974,347 | 60,337,955 | (3,636,392) |
| LDH-OBH | 4710059 | MR-FROM STATE AGENCY | 612,303 | — | — | — |
| MEDICAID | 4710059 | MR-FROM STATE AGENCY | — | 4,158,551 | 4,158,551 | — |
| MISC COLLECTIONS | 4830011 | INT FUND CY TRANS IN | 589,208 | — | — | — |
| MISC COLLECTIONS | 4710059 | MR-FROM STATE AGENCY | — | — | (20,756) | (20,756) |
| LDH-OBH | 4710059 | MR-FROM STATE AGENCY | 1,743,512 | 2,543,473 | 2,543,473 | — |
| MISC COLLECTIONS | 4710059 | MR-FROM STATE AGENCY | — | 11,747,271 | 15,735,929 | 3,988,658 |
| MEDICAID | 4710059 | MR-FROM STATE AGENCY | — | — | 1,255,543 | 1,255,543 |
| **Total Collections/Income** | | | **$80,231,617** | **$85,165,344** | **$86,440,950** | **$1,275,606** |

## 003 - Interagency Transfers *(continued)*

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | 17,570,758 | 85,165,344 | 86,440,950 | 1,275,606 |
| Transfer | | | 62,660,859 | — | — | — |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **$80,231,617** | **$85,165,344** | **$86,440,950** | **$1,275,606** |
| **Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **—** | **—** | **—** | **—** |

# Fees & Self-generated

## 002 - Fees & Self-generated Revenues

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| MISC COLLECTIONS | 4710029 | MR-PRIVATE SOURCES | 9,999 | 6,421 | 6,421 | — |
| MEDICAID | 4710094 | MR-INSURANCE RECOVER | 93,671 | 80,483 | 80,483 | — |
| EMERGENCY MEDICAL SVCS | 4550030 | LIC PERM & FEES-OTH | 426,475 | 460,000 | 460,000 | — |
| FAMILY PLANNING | 4550030 | LIC PERM & FEES-OTH | 1,251 | — | — | — |
| FAMILY PLANNING | 4550032 | FEES-INELIG PATIENT | 32,614 | — | — | — |
| FAMILY PLANNING | 4710071 | MR-COPIES | 22 | — | — | — |
| FAMILY PLANNING | 4710094 | MR-INSURANCE RECOVER | 6,285,896 | 4,794,257 | 4,794,257 | — |
| MEDICAID | 4650010 | SALE NON ST-SERVICES | 380,439 | — | — | — |
| MEDICAID | 4710094 | MR-INSURANCE RECOVER | 3,554,288 | 3,077,280 | 3,077,280 | — |
| MEDICAID | 4550030 | LIC PERM & FEES-OTH | 1,178,311 | — | — | — |
| MEDICAID | 4550032 | FEES-INELIG PATIENT | 101,222 | — | — | — |
| MEDICAID | 4710094 | MR-INSURANCE RECOVER | 649,008 | 868,541 | 868,541 | — |
| SPECIAL LAB | 4650010 | SALE NON ST-SERVICES | 73,165 | 45,900 | 45,900 | — |
| CERTIFICATION | 4550030 | LIC PERM & FEES-OTH | 18,400 | 33,000 | 33,000 | — |
| MISC SELF-GEN REVENUE | 4710029 | MR-PRIVATE SOURCES | — | 29,500 | 29,500 | — |
| SG-TEXAS A & M | 4710029 | MR-PRIVATE SOURCES | 35,338 | 32,500 | — | (32,500) |
| MISC SELF-GEN REVENUE | 4710029 | MR-PRIVATE SOURCES | — | 9,532,925 | 9,257,686 | (275,239) |
| STD | 4550032 | FEES-INELIG PATIENT | 130 | — | — | — |
| STD | 4710094 | MR-INSURANCE RECOVER | 21,731 | 678,000 | 678,000 | — |
| STD | 4710029 | MR-PRIVATE SOURCES | 7,500 | 64,177 | 64,177 | — |
| TB CONTROL PREVENTION | 4710094 | MR-INSURANCE RECOVER | 149,206 | 129,715 | 129,715 | — |
| LICENSES PERMITS & FEES | 4550030 | LIC PERM & FEES-OTH | 302,670 | 170,450 | 170,450 | — |
| SAFE DRINKING WATER | 4550030 | LIC PERM & FEES-OTH | 20,231,728 | 19,550,000 | 20,050,000 | 500,000 |
| FOOD AND DRUG | 4550030 | LIC PERM & FEES-OTH | 347,610 | 1,026,240 | 1,026,240 | — |
| LICENSES PERMITS & FEES | 4550030 | LIC PERM & FEES-OTH | 12,150 | 18,000 | 18,000 | — |
| LICENSES PERMITS & FEES | 4550030 | LIC PERM & FEES-OTH | — | 70,000 | 70,000 | — |

## 002 - Fees & Self-generated Revenues *(continued)*

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| LICENSES PERMITS & FEES | 4550030 | LIC PERM & FEES-OTH | — | 70,000 | 70,000 | — |
| LICENSES PERMITS & FEES | 4550030 | LIC PERM & FEES-OTH | 123,802 | 250,000 | 250,000 | — |
| LICENSES PERMITS & FEES | 4550030 | LIC PERM & FEES-OTH | 129,507 | 40,000 | 40,000 | — |
| LICENSES PERMITS & FEES | 4550030 | LIC PERM & FEES-OTH | 126,575 | 176,000 | 176,000 | — |
| LICENSES PERMITS & FEES | 4550030 | LIC PERM & FEES-OTH | 7,544,073 | 6,224,000 | 6,224,000 | — |
| LICENSES PERMITS & FEES | 4550030 | LIC PERM & FEES-OTH | — | 100,000 | 100,000 | — |
| LICENSES PERMITS & FEES | 4550030 | LIC PERM & FEES-OTH | 1,565,878 | 3,000,000 | 3,000,000 | — |
| LICENSES PERMITS & FEES | 4550030 | LIC PERM & FEES-OTH | 22,230 | 25,000 | 25,000 | — |
| VITAL RECORDS | 4550030 | LIC PERM & FEES-OTH | 6,083,098 | 5,400,000 | 5,400,000 | — |
| VITAL RECORDS | 4550440 | FEES-GB-VITAL RECORD | 3,750 | — | — | — |
| HIV/AIDS PROGRAMS | 4710094 | MR-INSURANCE RECOVER | 727,584 | — | — | — |
| MISC COLLECTIONS | 4550030 | LIC PERM & FEES-OTH | 231,035 | 50,200 | 50,200 | — |
| MISC COLLECTIONS | 4090014 | NFR-OTHER STATE | 1,543,628 | 1,432,727 | 1,432,727 | — |
| MISC COLLECTIONS | 4430010 | INTERESTON INVEST | 63 | — | — | — |
| MISC COLLECTIONS | 4650009 | SALE NON ST-MER/COMM | 33,573 | — | — | — |
| MISC COLLECTIONS | 4710027 | MR-CONV OF PROP | 11,790 | — | — | — |
| MISC COLLECTIONS | 4710094 | MR-INSURANCE RECOVER | 2,073 | — | — | — |
| MISC SELF-GEN REVENUE | 4710071 | MR-COPIES | 57,863 | — | — | — |
| TOBACCO CONTROL | 4710029 | MR-PRIVATE SOURCES | 23 | — | — | — |
| MISC COLLECTIONS | 4710029 | MR-PRIVATE SOURCES | — | — | 205,774 | 205,774 |
| MISC SELF-GEN REVENUE | 4710029 | MR-PRIVATE SOURCES | — | 1,016,373 | 1,016,373 | — |
| **Total Collections/Income** | | | **$52,119,369** | **$58,451,689** | **$58,849,724** | **$398,035** |
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | 52,047,667 | 58,451,689 | 58,849,724 | 398,035 |
| Transfer | | | 71,702 | — | — | — |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **$52,119,369** | **$58,451,689** | **$58,849,724** | **$398,035** |
| **Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **—** | **—** | **—** | **—** |

## H18 - Vital Records Conversion Dedicated Fund Account

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| H18-VITAL REC CONV FUND | 4830014 | INTRAFUND TRANSFER | 425,404 | 1,675,404 | 1,676,608 | 1,204 |
| **Total Collections/Income** | | | **$425,404** | **$1,675,404** | **$1,676,608** | **$1,204** |
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | 425,404 | 1,675,404 | 1,676,608 | 1,204 |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **$425,404** | **$1,675,404** | **$1,676,608** | **$1,204** |
| **Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **—** | **—** | **—** | **—** |

## P14 - Emergency Medical Technician Fund

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| EMERGENCY MEDICAL SVCS | 4830014 | INTRAFUND TRANSFER | — | 28,000 | 28,238 | 238 |
| **Total Collections/Income** | | | **—** | **$28,000** | **$28,238** | **$238** |
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | — | 28,000 | 28,238 | 238 |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **—** | **$28,000** | **$28,238** | **$238** |
| **Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **—** | **—** | **—** | **—** |

## Q08 - Oyster Sanitation Dedicated Fund Account

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| Q08-OYSTER SANITATON | 4550030 | LIC PERM & FEES-OTH | 263,636 | 174,350 | 178,500 | 4,150 |
| **Total Collections/Income** | | | **$263,636** | **$174,350** | **$178,500** | **$4,150** |
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | 263,636 | 174,350 | 178,500 | 4,150 |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **$263,636** | **$174,350** | **$178,500** | **$4,150** |
| **Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY** | | | — | — | — | — |

# Statutory Dedications

## E02 - Telecommunications for the Deaf Fund

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| E02-TELECOM DEAF FUND | 4830014 | INTRAFUND TRANSFER | 4,024,725 | 5,510,939 | 5,625,762 | 114,823 |
| **Total Collections/Income** | | | **$4,024,725** | **$5,510,939** | **$5,625,762** | **$114,823** |
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | 4,024,725 | 5,510,939 | 5,625,762 | 114,823 |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **$4,024,725** | **$5,510,939** | **$5,625,762** | **$114,823** |
| **Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **—** | **—** | **—** | **—** |

## H45 - Rural Primary Care Physicians Development Fund

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| H45-RURAL PC PHY DEV FD | 4830014 | INTRAFUND TRANSFER | 1,307,500 | — | — | — |
| **Total Collections/Income** | | | **$1,307,500** | **—** | **—** | **—** |
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | 1,307,500 | — | — | — |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **$1,307,500** | **—** | **—** | **—** |
| **Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **—** | **—** | **—** | **—** |

## Z13 - Louisiana Fund

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| Z13-LOUISIANA FUND | 4830014 | INTRAFUND TRANSFER | 96,668 | 500,000 | — | (500,000) |
| Z13-LOUISIANA FUND | 4830014 | INTRAFUND TRANSFER | 6,281,786 | 5,821,260 | 6,406,023 | 584,763 |
| Z13-LOUISIANA FUND | 4830014 | INTRAFUND TRANSFER | 3,290,368 | 2,994,487 | 2,994,487 | — |
| **Total Collections/Income** | | | **$9,668,822** | **$9,315,747** | **$9,400,510** | **$84,763** |
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | 9,668,822 | 9,315,747 | 9,400,510 | 84,763 |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **$9,668,822** | **$9,315,747** | **$9,400,510** | **$84,763** |
| **Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY** | | | — | — | — | — |

# Federal Funds

## 006 - Federal Funds

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| **SOURCE** | | | | | | |
| HIV/AIDS PROGRAMS | 4060035 | FR-OTHER | 651,717 | 677,292 | 677,292 | — |
| HIV/AIDS PROGRAMS | 4060035 | FR-OTHER | 5,406,558 | 5,284,187 | 5,284,187 | — |
| HIV/AIDS PROGRAMS | 4060035 | FR-OTHER | 719,294 | 948,278 | 948,278 | — |
| HIV/AIDS PROGRAMS | 4060035 | FR-OTHER | 31,314,357 | 28,754,060 | 28,754,060 | — |
| HIV/AIDS PROGRAMS | 4060035 | FR-OTHER | 62,114,826 | 61,398,829 | 66,247,135 | 4,848,306 |
| HIV/AIDS PROGRAMS | 4060035 | FR-OTHER | 7,168,593 | 3,493,989 | 3,493,989 | — |
| HIV/AIDS PROGRAMS | 4060035 | FR-OTHER | — | 374,700 | — | (374,700) |
| HIV/AIDS PROGRAMS | 4060035 | FR-OTHER | 652,163 | 657,022 | 657,022 | — |
| HIV/AIDS PROGRAMS | 4060035 | FR-OTHER | 96,071 | 305,559 | 305,559 | — |
| HIV/AIDS PROGRAMS | 4060035 | FR-OTHER | 3,153,672 | 3,095,335 | 3,095,335 | — |
| BIOTERRORISM GRANT | 4060035 | FR-OTHER | 10,774,633 | 12,167,986 | 12,167,986 | — |
| NCIPC OPIOID CRISIS | 4060035 | FR-OTHER | 3,846,522 | 6,132,246 | 6,132,246 | — |
| LDH - COVID-19 CCP RSP | 4060035 | FR-OTHER | 53,698 | — | — | — |
| MISC FEDERAL GRANTS | 4060035 | FR-OTHER | 99,982 | 235,000 | 235,000 | — |
| CSHCS | 4060035 | FR-OTHER | 104,123 | 503,998 | 503,998 | — |
| CSHCS | 4060035 | FR-OTHER | 5,583,091 | 5,544,314 | 5,544,314 | — |
| EMERGENCY MEDICAL SVCS | 4060035 | FR-OTHER | 297,646 | 361,981 | 361,981 | — |
| EMERGENCY MEDICAL SVCS | 4060035 | FR-OTHER | 175,897 | 190,650 | 190,650 | — |
| EMERGENCY MEDICAL SVCS | 4060035 | FR-OTHER | 1,125 | — | — | — |
| RAPE CRISIS PROGRAM | 4060035 | FR-OTHER | 100,716 | 621,849 | 621,849 | — |
| VIOLENCE AGAINST WOMEN | 4060035 | FR-OTHER | 713,964 | 561,455 | 561,455 | — |
| EPID LAB CAPACITY (ELC) | 4060035 | FR-OTHER | 3,024,268 | 5,267,544 | 5,267,544 | — |
| EPID LAB CAPACITY (ELC) | 4060035 | FR-OTHER | 820,225 | — | — | — |
| ANTIBIOTIC RES RET FOOD | 4060035 | FR-OTHER | 113,577 | 135,000 | 135,000 | — |
| FAMILY PLANNING | 4060035 | FR-OTHER | 6,373,542 | 4,523,158 | 4,523,158 | — |
| FAMILY PLANNING | 4060035 | FR-OTHER | 419,788 | 500,000 | 500,000 | — |

## 006 - Federal Funds *(continued)*

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| FAMILY PLANNING | 4060035 | FR-OTHER | 1,412,441 | 624,000 | 624,000 | — |
| HUD LEAD | 4060035 | FR-OTHER | 622,434 | 457,722 | 457,722 | — |
| MCH BLOCK GRANT | 4060035 | FR-OTHER | 963,420 | 780,000 | 780,000 | — |
| IMMUNIZATION GRANT | 4060035 | FR-OTHER | 3,818,913 | 6,657,230 | 6,657,230 | — |
| CHILD DEATH REVIEW | 4060035 | FR-OTHER | 48,788 | 50,000 | 50,000 | — |
| MISC FEDERAL GRANTS | 4060035 | FR-OTHER | 315,169 | 380,086 | 380,086 | — |
| MISC FEDERAL GRANTS | 4060035 | FR-OTHER | 185,103 | 300,600 | 300,600 | — |
| MISC FEDERAL GRANTS | 4060035 | FR-OTHER | 825,303 | 750,000 | 750,000 | — |
| MISC FEDERAL GRANTS | 4060035 | FR-OTHER | 3,410 | — | — | — |
| PRAMS | 4060035 | FR-OTHER | 169,447 | 175,000 | 175,000 | — |
| MISC FEDERAL GRANTS | 4060035 | FR-OTHER | 321,101 | 325,000 | 325,000 | — |
| SUICIDE PREVENTION | 4060035 | FR-OTHER | 828,671 | 1,425,456 | 1,425,456 | — |
| SYSTEMS DEVELOPMENT | 4060035 | FR-OTHER | 98,965 | 115,000 | 115,000 | — |
| MISC FEDERAL GRANTS | 4060035 | FR-OTHER | 348,698 | 280,067 | 111,010 | (169,057) |
| MCH BLOCK GRANT | 4060035 | FR-OTHER | 5,757,690 | 4,457,507 | 4,457,507 | — |
| MISC FEDERAL GRANTS | 4060035 | FR-OTHER | 485,511 | 570,000 | 570,000 | — |
| MCH BLOCK GRANT | 4060035 | FR-OTHER | 350,011 | 4,339,889 | 4,339,889 | — |
| MCH BLOCK GRANT | 4060035 | FR-OTHER | 12,083,080 | 12,918,800 | 12,918,800 | — |
| LDH - COVID-19 CCP RSP | 4060035 | FR-OTHER | 393,690 | 3,639,637 | 3,639,637 | — |
| RURAL HEALTH | 4060035 | FR-OTHER | 13,225 | — | — | — |
| STUDENT LOAN REPAYMENT | 4060035 | FR-OTHER | 272,766 | — | — | — |
| PRIMARY CARE GRANT | 4060035 | FR-OTHER | 90,255 | — | — | — |
| SHIP | 4060035 | FR-OTHER | 525,337 | — | — | — |
| WELL-AHEAD HEALTH GRANT | 4060035 | FR-OTHER | 301,374 | 48,444 | — | (48,444) |
| CRITICAL ACCESS FLEX | 4060035 | FR-OTHER | 430,628 | — | — | — |
| ORAL HEALTH GRANT | 4060035 | FR-OTHER | 219,002 | 15,118 | — | (15,118) |
| BRFSS | 4060035 | FR-OTHER | 395,490 | 131,650 | 131,650 | — |
| PREVENTIVE HEALTH GRNT | 4060035 | FR-OTHER | 1,054,433 | 700,904 | 700,904 | — |

## 006 - Federal Funds *(continued)*

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| FEDERAL | 4060035 | FR-OTHER | 14,632,428 | 20,400,000 | 20,400,000 | — |
| OPIOID OVERDOSE SURV | 4060035 | FR-OTHER | 1,277,380 | 1,190,888 | 1,190,888 | — |
| PREVENTIVE HEALTH GRNT | 4060035 | FR-OTHER | 381,394 | 505,000 | 505,000 | — |
| WELL-AHEAD HEALTH GRANT | 4060035 | FR-OTHER | 370,726 | 696,144 | 696,144 | — |
| PREVENTIVE HEALTH GRNT | 4060035 | FR-OTHER | 767,687 | 693,719 | 693,719 | — |
| TOBACCO CONTROL | 4060035 | FR-OTHER | 1,315,607 | 251,692 | — | (251,692) |
| MISC FEDERAL GRANTS | 4060035 | FR-OTHER | 403,134 | 43,260 | — | (43,260) |
| MISC FEDERAL GRANTS | 4060035 | FR-OTHER | 896,588 | 96,778 | — | (96,778) |
| FEDERAL | 4060035 | FR-OTHER | — | 1,854,004 | 36,441,109 | 34,587,105 |
| CSFP | 4060035 | FR-OTHER | 3,407,387 | 843,600 | — | (843,600) |
| WIC ADMINISTRATION | 4060035 | FR-OTHER | 125,227,523 | 30,097,826 | — | (30,097,826) |
| PEER COUNSELING GRANT | 4060035 | FR-OTHER | 1,522,264 | 132,030 | — | (132,030) |
| MCH BLOCK GRANT | 4060035 | FR-OTHER | 174,562 | 316,437 | 316,437 | — |
| STD | 4060035 | FR-OTHER | 19,688 | — | — | — |
| STD | 4060035 | FR-OTHER | 2,823,902 | 1,584,651 | 1,584,651 | — |
| TB CONTROL PREVENTION | 4060035 | FR-OTHER | 1,836,707 | 1,027,500 | 945,000 | (82,500) |
| TB CONTROL PREVENTION | 4060035 | FR-OTHER | 496,466 | 747,434 | 747,434 | — |
| BEACH MONITORING | 4060035 | FR-OTHER | 362,590 | 359,000 | 359,000 | — |
| SAFE DRINKING WATER | 4060035 | FR-OTHER | 1,626,543 | 1,700,000 | 1,700,000 | — |
| SAFE DRINKING WATER | 4060035 | FR-OTHER | 1,193,869 | 1,530,000 | 1,530,000 | — |
| SAFE DRINKING WATER | 4060035 | FR-OTHER | 793,246 | 602,594 | 602,594 | — |
| OCCUPATIONAL INJURY | 4060035 | FR-OTHER | 506,409 | 512,905 | 512,905 | — |
| APPLETREE PROGRAM | 4060035 | FR-OTHER | 302,778 | 312,998 | 312,998 | — |
| PRIVATE WELL INITIATIVE | 4060035 | FR-OTHER | 96,986 | 143,614 | 143,614 | — |
| ENV PUBLIC HEALTH TRK | 4060035 | FR-OTHER | 375,056 | 615,000 | 615,000 | — |
| FOOD AND DRUG | 4060035 | FR-OTHER | — | 148,789 | 148,789 | — |
| MFD FOOD STANDARDS | 4060035 | FR-OTHER | 63,983 | 93,420 | 93,420 | — |
| COMMERCIAL SEAFOOD | 4060035 | FR-OTHER | — | 50,000 | 50,000 | — |

## 006 - Federal Funds *(continued)*

| Source | Commitment Item | Commitment Item Name | FY2025-2026 Actuals | FY-2027 Estimate | FY2027-2028 Projected | Over/Under Current Year Estimate |
|---|---|---|---|---|---|---|
| VITAL RECORDS | 4060035 | FR-OTHER | — | 361,036 | 361,036 | — |
| HEPATITIS SURVEILLANCE | 4060035 | FR-OTHER | 236,350 | — | — | — |
| MISC FEDERAL GRANTS | 4830016 | PY CASH CARRYOVER | 719,250 | — | — | — |
| MISC FEDERAL GRANTS | 4830019 | PY BAFL PYBK-TRNF IN | 56,626,542 | — | — | — |
| QUITLINE | 4060035 | FR-OTHER | 231,520 | — | — | — |
| WELL-AHEAD HEALTH GRANT | 4060035 | FR-OTHER | 483,666 | 132,046 | — | (132,046) |
| WIC ADMINISTRATION | 4060035 | FR-OTHER | 77,430 | — | — | — |
| WIC ADMINISTRATION | 4060035 | FR-OTHER | 220,229 | — | — | — |
| FOOD AND DRUG | 4060035 | FR-OTHER | — | 32,871 | 32,871 | — |
| INFECTIOUS DISEASE EPI | 4060035 | FR-OTHER | — | 8,840,268 | 8,840,268 | — |
| MISC COLLECTIONS | 4060035 | FR-OTHER | — | — | (506,555) | (506,555) |
| FOOD AND DRUG | 4060035 | FR-OTHER | — | 13,716 | 13,716 | — |
| MISC FEDERAL GRANTS | 4060036 | FR-OTHER-VA BASIC | 208,945 | 500,000 | 500,000 | — |
| MISC FEDERAL GRANTS | 4060035 | FR-OTHER | 1,371,318 | 2,748,678 | 2,748,678 | — |
| MISC FEDERAL GRANTS | 4060035 | FR-OTHER | 89,891 | 7,890 | — | (7,890) |
| MISC FEDERAL GRANTS | 4060035 | FR-OTHER | 569,575 | 110,703 | — | (110,703) |
| BIOTERRORISM GRANT | 4060035 | FR-OTHER | 1,304,774 | — | — | — |
| MISC FEDERAL GRANTS | 4060035 | FR-OTHER | — | 280,067 | 280,067 | — |
| WIC ADMINISTRATION | 4060035 | FR-OTHER | — | 150,000 | — | (150,000) |
| MISC FEDERAL GRANTS | 4060035 | FR-OTHER | — | 1,306,379 | — | (1,306,379) |
| **Total Collections/Income** | | | **$399,128,796** | **$261,909,479** | **$266,976,312** | **$5,066,833** |
| **TYPE** | | | | | | |
| Expenditures Source of Funding Form (BR-6) | | | 326,675,976 | 261,909,479 | 266,976,312 | 5,066,833 |
| Carryforward | | | 8,137,363 | — | — | — |
| Transfer | | | 64,315,457 | — | — | — |
| **Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **$399,128,796** | **$261,909,479** | **$266,976,312** | **$5,066,833** |
| **Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY** | | | **—** | **—** | **—** | **—** |

## Justification of Differences

### Form 57188 — 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 57189 — 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 57190 — 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 57191 — 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 57192 — 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 57193 — 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 57195 — 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 57196 — 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 57203 — 326 HIV/AIDS LA SOR 3.0 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 57210 — 326 HIV/AIDS 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 57211 — 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 57212 — 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 57213 — 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 57214 — 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 57215 — 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 57216 — 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 57217 — 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 57218 — 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 57219 — 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 57220 — 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 57221 — 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 57222 — 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 57223 — 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 57224 — 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 57225 — 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 57226 — 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 57227 — 326 ENV EPI Interagency Transfer (Dept Ag & Forestry)

| 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 57228 — 326 Retail Food Dept of Ed. 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 57229 — 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 57230 — 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 57231 — 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 57232 — 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. |

## Form 57233 — 326 Children's Special Health 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 57234 — 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 57235 — 326 Rabies Control 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 57236 — 326 Infectious Disese 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 57237 — 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 57238 — 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 57239 — 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 57240 — 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 57241 — 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 57242 — 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 57243 — 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 57244 — 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 57245 — 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 57246 — 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 57247 — 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 57248 — 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 57249 — 326 Unalllotted 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 57250 — 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 57251 — 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 57252 — 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 57253 — 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 57254 — 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 57255 — 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 57256 — 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 57257 — 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 57258 — 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 57259 — 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 57260 — 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 57261 — 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 57262 — 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 57263 — 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 57264 — 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 57265 — 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 57266 — 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 57267 — 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 57268 — 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 57269 — 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 57270 — 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 57271 — 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 57272 — 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 57273 — 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 57274 — 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 57275 — 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 57276 — 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 57277 — 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 57278 — 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 57279 — 326 HIV ADAP/REBATES 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 57280 — 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 57281 — 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 57282 — 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 57283 — 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 57284 — 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 57285 — 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 57286 — 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 57287 — 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 57288 — 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 57289 — 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 57290 — 326 Community Health Workers for Public Hlt 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 57291 — 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 57292 — 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 57293 — 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 57294 — 326 Emergency Medical Services - Preventive Hlth 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 57295 — 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 57296 — 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 57297 — 326 Rape Crisis - 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 57298 — 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 57299 — 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 57300 — 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 57301 — 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 57302 — 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 57303 — 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 57304 — 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 57305 — 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 57306 — 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 57307 — 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 57308 — 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 57309 — 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 57310 — 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 57311 — 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 57312 — 326 Association of Public Hlth 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 57313 — 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 57314 — 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 57315 — 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 57316 — 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 57317 — 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 57318 — 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 57319 — 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 57320 — 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 57321 — 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 57322 — 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 57323 — 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 57324 — 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 57325 — 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 57326 — 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 57327 — 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 57328 — 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 57329 — 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 57330 — 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 57331 — 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 57332 — 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 57333 — 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 57334 — 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 57335 — 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 57336 — 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 57337 — 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 57338 — 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 57339 — 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 57340 — 326 Performance Improvement Preventive Hlth 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 57341 — 326 Public Health Infrastructure 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 57342 — 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 57343 — 326 Public Health Informatics Preventive Hlth 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 57344 — 326 WELL AHEAD Preventive Hlth 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 57345 — 326 Primary Care and Rural Health Prev Hlth 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 57346 — 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 57347 — 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 57348 — 326 Heart and Stroke 2320 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 57349 — 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 57350 — 326 Diabetes 1817 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 57351 — 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 57352 — 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 57353 — 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 57354 — 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 57355 — 326 School Based Health 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 57356 — 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 57357 — 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 57358 — 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 57359 — 326 Tuberculosis PHB 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 57360 — 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 57361 — 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 57362 — 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 57363 — 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 57364 — 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 57365 — 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 57366 — 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 57367 — 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 57368 — 326 Partnership to Promote Local Efforts 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 57369 — 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 57370 — 326 Environmental 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 57371 — 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 57372 — 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 57373 — 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 57374 — 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 57375 — 326 ELC COVID-19 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 57376 — 326 MISC COLLECTIONS/TRANSFERS 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 57377 — 326 Policy Planning Preventive Hlth 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 57378 — 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 57379 — 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 57380 — 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 57381 — 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 57382 — 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 57383 — 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 57384 — 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 57385 — 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 57386 — 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 57387 — 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 57389 — 326 INFLATION SELF GENERATED and STATUTORY DEDICATION

| 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 57390 — 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 57392 — 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 57393 — 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. |

## Form 57506 — 326 Louisiana Fund DOULA REGISTRY

| 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 57507 — 326 MCH LAPAQ LASOR 3.0 OBH 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 57508 — 326 Electronic Health Records - Health Informatics 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 57509 — 326 Vital Records OBH 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 57510 — 326 MISC COLLECTIONS/TRANSFERS 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 57511 — 326 HIV TELEPREP 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 57512 — 326 NEMOURS Misc 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 57513 — 326 ASTHO - Improve Cardio Health 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 57514 — 326 Cannabis Program 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 57515 — 326 Region 5 NACCHO 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 57516 — 326 MISC COLLECTIONS/TRANSFERS 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 57517 — 326 HIV TELEHEALTH 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 57518 — 326 MONKEY POX 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 57519 — 326 EPID LAB CAPACITY COVID-19 TRAVELRS 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 57520 — 326 EPID LAB CAPACITY COVID-19 IPC TRAINING 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 57521 — 326 EPID CONFINEMENT FACILITIES FOR COVID-19 RESPONSE 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 57522 — 326 EPID LAB CAPACITY - HOMELESS SITES 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 57523 — 326 SLTT REDUCE MATERNAL DEATH 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 57524 — 326 COMPREHENSIVE 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 57525 — 326 WELL AHEAD STATE PHYSICAL ACTIVITY AND NUTRITION PROGRAM

| 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 57526 — 326 WIC MODERNIZATION 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 57527 — 326 WIC SHOPPING EXPERIENCE 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 57528 — 326 MILK AND DAIRY INSPECTION 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 57529 — 326 EPID ACA ELECTRONIC CASE 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 57530 — 326 EPID LAB CAPACITY COVID-19 DETECTION AND MITIGATION

| 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 57531 — 326 IMMUNIZATION MCH 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 57532 — 326 IMMUNIZATION PANDEMIC INFLUENZA

| 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 57533 — 326 IMMUNIZATION PREV HEALTH 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 57534 — 326 IMMUNIZATION UKRAINIAN VACCINE 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 57535 — 326 MCH ARPHA EXPANSION

| 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 57536 — 326 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM COVID-19

| 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 57537 — 326 OPIOID ENHANCED SURVEILLANCE

| 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 57538 — 326 DIABETES DOMAIN 4 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 57539 — 326 CONTROL DIABETES PLUS 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 57543 — 326 Inflation STATUTORY DEDICATIONS

| 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 57544 — 326 Salary and Related Benefits Adjustments - CB-6

| 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 57545 — 326 Community Outreach CB-8

| 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 57571 — 326 FEMA 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 57572 — 326 Safe Drinking Water Office of Behavioral 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 57573 — 326 Molluscan Shellfish Imported Seafood Sampling - DWF

| 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 57574 — 326 Molluscan Shellfish - FDA Shellfish Grant 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 57575 — 326 MOLLUSCAN SHELLFISH AFDO 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 57576 — 326 PHB ACES Trauma Informed 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 57589 — 326 ACQUISITIONS - CB-8

| 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 57598 — 326- MOF Swap DCFS for NFP 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 57607 — 326 LDH-OBH LA SOR 4.0 HIV/AIDS Interagency Transfers

| 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 57608 — 326 DISASTER ASSISTANCE 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 57609 — 326 COMMODITY SUPPLEMENTAL FOOD PROGRAM 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 57610 — 326 Maternal Health Innovation 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 57611 — 326 Youth Risk Behavior Project BCDHPCA 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 57612 — 326 ASTHMA Control Initiative BCDPHCA 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 57613 — 326 H5N1 BIOTERRORISM 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 57614 — 326 SUDDEN INFANT DEATH (SUID) MCH 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 57616 — 326 ENV EPI (LSU Sponsored Prgrms) Interagency Transfers

| 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 57631 — 326 CB-8 MOF SWAP BRCO COMM HEALTHWAYS OPERATING COSTS 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 57638 — 326 CB-8 IT Lease Equipment 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 57639 — 326 EMERGENCY MEDICAL TECHNICIANS FUND STAT DED

| 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 61488 — 326 Administrative Clearing 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 61526 — 326 Office of Nutrition Services OHN

| 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 61723 — 326 WIC Infrastructure

| 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 61791 — 326 Diabetes 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 63257 — 326 Community Healthways CB-8 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. |

# SCHEDULE OF REQUESTED EXPENDITURES

## 3262 - Public Health Services

### Travel

| FY2027-2028 Request | Description |
|---|---|
| 3,578 | In-State Administrative Personnel travel costs for trips within the state of Louisiana, to attend meetings regarding the Louisiana Commission for the Deaf, the Bureau of Community Preparedness, Adolescent and School Based Health and Region 6 Central Office. |
| 559,163 | In-State and Out- Of- State Conference travel costs, to attend but not limited to the Louisiana Chapter Registry of Interpreters for the Deaf, Southeast Regional Food Safety Seminar, Southwest American Water Works Association Meeting, and Pubic Health Preparedness Summit, for Parish Health Units, Regional, Sanitarian and other Programmatic Offices. |
| 4,528 | In-State Board Member Travel costs, to attend required meetings related but not limited to the EMS Certification Commission, ELC Governance Team members, Louisiana Sickle Cell Commission, Emergency Medical Services program, Maternal and Child Health program, and Sexually Transmitted Diseases program. |
| 2,251,476 | In-State Field travel costs for non-administrative personnel performing routine duties related but not limited to water and waste inspections, monitoring of health unit services, conducting quality assurance and program monitoring statewide Bureau of Chronic Disease Prevention and Healthcare Access.<br><br>62,238 System Inflation<br>175,705 Community Healthways CB-8 |
| 9,500 | In-State Information Technology travel costs for training related but not limited to the Laboratory Information Management Systems, Sanitarian Services Section and Nutrition Section. |
| 6,800 | Out- of-State Board Members travel costs to attend National Association for Public Health Statistics and Information Systems. |
| 18,001 | Out of State IT Training for Bureau of Nutrition to attend Tableau Conference and MOSAIC User Group Meetings. |
| **$2,853,046** | **Total Travel** |

### Operating Services

| FY2027-2028 Request | Description |
|---|---|
| 854,398 | 391493 System Generated Inflation |
| 90,335 | Auto maintenance includes but not limited to toll bridge fees, boat hauling costs, and fuel and maintenance costs for all of the Office of Public Health fleet vehicles located in Parish Health Units, Regional and Programmatic Offices statewide. |
| 6,656 | Banking Fees will apply to Programmatic Offices and Regions 1, 2, 3, 4, 5, 6, 7 and 9 Parish Health Units. |

## Operating Services *(continued)*

| FY2027-2028 Request | Description |
|---|---|
| 13,915 | Building maintenance expenditures related to annual maintenance of Vital Records Sapphire Fire Suppression system, annual fuel cost for building generators and building and grounds maintenance at Jefferson Parish Health Unit. |
| 5,924,710 | Building rental costs for Parish Health Unit, Regional and Programmatic Offices including Vital Records, Bureau of Community Preparedness, Nutrition Services, Infectious Disease Epidemiology, Pharmacy, Sanitarian Services, Engineering Services and Bureau of Emergency Medical Services. Building rental costs include BENSON TOWER in New Orleans. |
| 10,990 | Cost associated with data lines circuits for Engineering Services Programmatic Office, and Regions 1, 9, and Sanitarian Services Parish Health Units. Data line circuit cost includes statewide telecommunications services, new data lines for staff, repairs to existing data lines/circuits and 2DSL lines. |
| 95,659 | Cost related to the printing of forms utilized by, but not limited to, Vital Records, EMS, Parish Health Units, Regional, and other Programmatic Offices. |
| 3,729 | Costs for lawn care service at Region 4 Parish Health Units and Laboratory and Sanitarian Services Programmatic Offices. |
| 294,045 | Costs for office equipment rentals for Parish Health Units, Regional, and Programmatic Offices statewide. Office rental equipment includes fax machines, postage meters, and large volume fax machines and copiers. |
| 1,744 | Credit card related expenditures for Permit Unit and Regions 1, 5,6,7, and 9 Parish Health Units. |
| 127,271 | Dues and fees for Parish Health Units, Regional and Programmatic Offices including but not limited to the Assistant Secretary, Engineering, Primary Care, Lab Section, and Rural Health Administration. Membership in professional organizations is included in the dues. |
| 310,755 | Electricity costs for Parish Health Units, Regional, and other Programmatic Offices including but not limited to: Laboratory Services, Milk and Dairy Unit, and Regions 2, 4, 5, 6, and 7. |
| 1,475,134 | Expenditures include all medical and office equipment maintenance in Programmatic Offices including but not limited to the Bureau of Community Preparedness, Laboratory, Sanitarian Services, Vital Records Section, and 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. |

## Operating Services *(continued)*

| FY2027-2028 Request | Description |
|---|---|
| 19,533 | Expenditures related to public information advertisement released by Programmatic Offices, including but not limited to the Bureau of Community Preparedness, Homeland Security, Drinking Water Revolving Loan Fund, and other Parish Health Units, Regional, and Programmatic Offices. |
| 591,274 | Expenses related to custodial services rendered in Regional Offices, Parish Health Units, and Programmatic Offices statewide. |
| 33,049 | Gas costs for Parish Health Units and Regional Offices including but not limited to Regions 2, 5, 6, and 7. |
| 77,679 | Internet provider costs for Parish Health Units, Regional, and Programmatic Offices including but not limited to Sanitarian Services, EMS, Homeland Security, and Regions 1, 4 and 6 Administrative Offices. These costs include monthly cable and internet service charges. |
| 433,374 | Lab Fees cost for Programmatic Offices including but not limited to: Engineering, Tuberculosis,Family Planning, and Laboratory Services. |
| 4,310 | Laundry costs for Parish Health Units, Regional, and Programmatic Offices such as, but not limited to: Region 3 and Emergency Medical Services, which include cleaning services for towels, floor mats, rugs, mops, and other items. |
| 141,704 | Medical waste disposal pick-up for all Parish Health Units, Programmatic and Regional Offices statewide. |
| 2,347,252 | Miscellaneous cost for Parish Health Units, Regional, and Programmatic Offices including but not limited to: Vital Records, Engineering Services, and<br>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.<br><br>86,400 - Community Healthways CB-8 |
| 32,274 | 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: Vital Records, Immunization, Infectious Disease Epidemiology, and Region 1. Other communications cost includes MIFIs, social media, radio paging and payments to Cox Communications, etc. |
| 2,424 | Other costs include the cost of utilities other than natural gas, electricity, or water for Parish Health Units, Regional, Programmatic, Laboratory Services, and Region 4. |
| 205,867 | Other rental costs for Programmatic Offices including but not limited to Operations and Support, Sanitarian Services, Infectious Disease Epidemiology, Nutrition Services, New Orleans TB Control Unit and Region 1 Administrative Office. Other rental costs include charges related to storage units, parking garages, and other third-party leases. |
| 17,032 | 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. |

## Operating Services *(continued)*

| FY2027-2028 Request | Description |
|---|---|
| 422,461 | 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. |
| 118,809 | Security cost for Sabine and Allen Parish Health Units, Metropolitan Region 1 Administrative Office, and Programmatic Offices including Office of the Assistant Secretary. Security costs include wages for security officers. |
| 48,298 | Subscription costs for Programmatic Offices including but not limited to Pharmacy Section, Laboratory, Infectious Disease Epidemiology, Primary Care, and Rural Health and Nutrition Services. Costs include organization memberships and subscription fees such as Pharmacy Law, Public Health Digital Library, Data Camp, Rural Recruitment and Retention Network, and the Academy of Nutrition and Dietetics Pediatric Nutrition Care Manual. |
| 294,537 | Telephone cost for Programmatic Offices including but not limited to Sanitarian, Vital Records, and Operations and Support, and Parish Health Units, and Regional Offices. Telephone cost includes cellular services and travel charges, reimbursements for local and long-distance work-related calls, telephone conference calls, and zoom connections. MiFi device related to Regional Nurse Family Partnership, scanning capability for copiers. |
| 7,829 | Uniform costs include,but are not limited to. lab coats and laundry related to Environmental Chemistry and Water Lab. |
| 20,978 | Water costs for Parish Health Units, Regional, and Programmatic Offices including but not limited to Laboratory Services and Regions 2, 4, 6, and 7, Parish Health Units. Costs include charges for water services paid to the City of Amite, Baton Rouge, Hammond, and Oakdale. |
| **$14,028,025** | **Total Operating Services** |

## Supplies

| FY2027-2028 Request | Description |
|---|---|
| 4,766,931 | 457,114 System Generated Inflation |
| 37,494 | Automotive expenditures such as fuel, oil filters, headlights, wiper blades, etc. for Sanitarian Services, Bureau of Community Preparedness, Operations and Support Services, and other Programmatic Offices, Parish Health Units, and Regional Offices. |
| 2,585,573 | Consumable and non-consumable to be determined. |
| 314,058 | Expenditure cost for daily operations office supplies, such as paper clips, pens, file folders, copy paper, stationary, and other item for Central Offices, Regional and Parish Health Statewide. |

## Supplies *(continued)*

| FY2027-2028 Request | Description |
|---|---|
| 5,863 | Expenditures related to nutritional food demonstrations using WIC food products for Parish Health Units and Regional Offices. |
| 3,031,729 | Medical expenditures include gowns, syringes, testing, bandages, table covers, and other medical-related supplies for Regions (1-9 Parish Health Units) as well as other Regional and Programmatic Offices.<br>. |
| 277,960 | Minor equipment maintenance expenditures for Parish Health Units, Regional, and Programmatic offices such as lock repairs, educational-recreational, household, and other auto-related supplies that are not covered under the automotive expenditure category. |
| 642,401 | Other supplies for the Pharmacy such as shipping boxes, packing material, koolits, and an Ice chest. Engineering services water testing supplies, Environmental Epi dust covers, spacers, spray bottles, and peak flow meters. Including, but not limited to other Programmatic Offices, Parish Health Units, and Regional Offices. Other repairs for the Pharmacy. |
| 225 | Personal supplies for Parish Health Units and Regional Offices that do not fall under other categories. |
| 1,500,113 | 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, as well as Parish Health Units and Regional Offices. |
| 177,064 | Required computer and IT-related supply expenditures that ensure federal compliance and maintain effective operations of the Office of Public Health state-wide data information system. |
| 21,599 | Uniform cost for Sanitarian Services and Engineering. These costs include but are not limited to shirts, boots, vests, and protective headgears. |
| **$13,361,010** | **Total Supplies** |

## Professional Services

| FY2027-2028 Request | Means of Financing | Description |
|---|---|---|
| 1,255,543 | Interagency Transfers | |
| **$1,255,543** | | **Community Healthways CB-8 OTHER** |
| 3,512,320 | Interagency Transfers | |
| **$3,512,320** | | **Other Professional Services costs for Programmatic Offices including, but not limited to: Maternal and Child Health, Genetic Disease, and Bureau of Performance Improvement.** |

## Professional Services *(continued)*

| FY2027-2028 Request | Means of Financing | Description |
|---|---|---|
| 34,755,546 | Federal Funds | |
| **$34,755,546** | | **Professional Services cost for Parish Health Units, Regional, and Programmatic Offices including, but not limited to: Accounting and Auditing for Nutrition Section; Management Consulting services for the HIV/ STD, Health Informatics, Environmental Epidemiology Section, Maternal and Child Health; Engineering and Architectural services for Drink Water State Revolving Loan Fund Section, Engineering Services, and Adolescent and School Health Section; Legal services for Drink Water State Revolving Loan Section; Medical and Dental services for the Genetics, Tuberculosis, and Children's Special Health Services programs; Other Professional Services for the Commodity Supplemental Food Program, Bureau of Chronic Disease Healthcare Access, Population Health, Family Planning, Genetic Disease, Immunization, Family Planning, Maternal and Child Health programs, and Nutrition Section. Non-recurring BA-7** |
| 3,921,723 | Telecommunications for the Deaf Fund | |
| **$3,921,723** | | **Professional Services costs for Louisiana Commission for the Deaf current and future programs, which include but are not limited to the Hearing Aid Distribution Program, Telecommunications Access Program, and Interpreting Services Program.** |
| 8,546,243 | State General Fund | |
| **$8,546,243** | | **Professional Services costs for Programmatic Offices include but are not limited to Management Consulting for Environmental Epidemiology; Medical and Dental services for Children Special Health Services, Genetics, Maternal and Child Health, Immunization, Tuberculosis, Family Planning, Health Informatics, and Bureau of Community Preparedness.**<br><br>**2,570,287 - Community Healthways CB-8** |
| 1,107,557 | Fees & Self-generated Revenues | |
| **$1,107,557** | | **Professional Services costs for Programmatic Offices including, but not limited to: Management Consulting services for the AIDS Surveillance activity, STD program and Environmental Epidemiology and Population Health and Informatics.** |
| 3,004,510 | Louisiana Fund | |
| **$3,004,510** | | **Professional Services costs, which include but are not limited to the Genetic programs, Maternal and Children Health Services, and School Based Health Services.** |
| **$56,103,442** | **Total Professional Services** | |

## Other Charges

| FY2027-2028 Request | Means of Financing | Description |
|---|---|---|
| 6,551,764 | State General Fund | |
| **$6,551,764** | | **Other Charges cost for Programmatic Offices include but are not limited to Bureau of Community Preparedness, HIV Housing activity, and Immunization program; Other Charges ñ Assistance Education for Emergency Medical Services, Other Charges - Professional Services Medical for Environmental Epidemiology program and Lab Certification activity. CB-8 Request-BRCO Infrastructure Improvements.** |
| 6,162,388 | Oyster Sanitation Dedicated Fund Account | |
| **$6,162,388** | | **Other Charges costs associated with services provide to Genetics, Maternal and Children Services, and School Based Health Services** |
| 134,274,090 | Federal Funds | |
| **$134,274,090** | | **Other Charges costs for Parish Health Units, Regional, and Programmatic Offices Include but are not limited to Bureau of Community Preparedness programs, Chronic Disease, Engineering Services, HIV/STD, Immunization, Infectious Epidemiology; Other Charges - Supplies costs for Administrative Laboratory, Immunization, and Nutrition Services; Other Charges - Professional Services Medical for Chronic Disease, Environmental Epidemiology program, Infectious Epidemiology, Newborn Screening Laboratory, and Tuberculosis programs.** |
| 73,964,891 | Interagency Transfers | |
| **$73,964,891** | | **Other Charges costs for Programmatic Offices include but are not limited to Bureau of Chronic Disease, HIV/AIDS, Maternal Child Health, and Performance Improvement.** |
| 7,198,357 | Fees & Self-generated Revenues | |
| **$7,198,357** | | **Other Charges costs for Programmatic Offices include but are not limited to, Engineering Services, Family Planning, Food and Drug, Immunization program, Milk and Dairy, Retail Food programs. Safe Drinking Water programs, and STD programs.** |
| 121,115 | Telecommunications for the Deaf Fund | |
| **$121,115** | | **Other Charges Professional Services costs for Louisiana Commission for the Deaf programmatic office.** |

## Other Charges *(continued)*

| FY2027-2028 Request | Means of Financing | Description |
|---|---|---|
| 2,135,702 | Rural Primary Care Physicians Development Fund | |
| **$2,135,702** | | **Other Professional Services- Medical costs for the Bureau of Chronic Disease and Healthcare Access programmatic office.** |
| 192,218 | Vital Records Conversion Dedicated Fund Account | |
| **$192,218** | | **Other Professional Services- Medical costs for the Bureau of Vital Records programmatic office.** |
| **$230,600,525** | **Total Other Charges** | |

## Interagency Transfers

| FY2027-2028 Request | Means of Financing | Receiving Agency | Description |
|---|---|---|---|
| 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.** |
| 2,301,350 | Federal Funds | | |
| **$2,301,350** | | **DHH MEDICAL VENDOR PAYMENTS** | **Interagency transfer to Louisiana Department of Health - Medical Vendor payments. This transfer covers reimbursement LINCCA payments.** |
| 40,000 | Telecommunications for the Deaf Fund | | |
| **$40,000** | | **DOA-ADMINISTRATIVE SUPPORT** | **Division of Administration - Office of State Buildings and Grounds** |
| 648,186 | Interagency Transfers | | |
| 2,105,932 | State General Fund | | |
| **$2,754,118** | | **DOA-ADMINISTRATIVE SUPPORT** | **Interagency items to be billed to the Office of Public Health.** |

## Interagency Transfers *(continued)*

| FY2027-2028 Request | Means of Financing | Receiving Agency | Description |
|---|---|---|---|
| 5,920 | Federal Funds | | |
| **$5,920** | | **DOA-ADMINISTRATIVE SUPPORT** | **Interagency transfers to DOA for required GPS Service for 65 vehicles and deductibles for insurance and repairs.** |
| 13,043 | State General Fund | | |
| **$13,043** | | **DOA-ADMINISTRATIVE SUPPORT** | **Interagency transfers to DOA for required GPS Services.** |
| 343,252 | Federal Funds | | |
| **$343,252** | | **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 the Bienville Building and the OPH Laboratory in Baton Rouge.** |
| 1,125 | Federal Funds | | |
| 1,037 | Fees & Self-generated Revenues | | |
| **$2,162** | | **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.** |
| 2,376,343 | State General Fund | | |
| **$2,376,343** | | **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.** |

## Interagency Transfers *(continued)*

| FY2027-2028 Request | Means of Financing | Receiving Agency | Description |
|---|---|---|---|
| 121,981 | Federal Funds | | |
| **$121,981** | | **DOA-OFFICE OF ST PROCUREMENT** | **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.** |
| 268,737 | State General Fund | | |
| **$268,737** | | **DOA-OFFICE OF ST PROCUREMENT** | **Interagency transfer to the Office of State Procurement. This transfer covers statewide procurement services and support costs.** |
| 1,264,220 | Vital Records Conversion Dedicated Fund Account | | |
| **$1,264,220** | | **DOA-OFFICE OF TECHNOLOGY SVCS** | **Interagency transfer to the Division of Administration - Office of Technology Services (OTS). The purpose of this IAT is for maintenance and support for the Louisiana Electronic Event Registration System (LEERS).** |
| 1,309,424 | Fees & Self-generated Revenues | | |
| **$1,309,424** | | **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 email services, storage, archiving, data, Enterprise desktop and printer support, center electrical distribution, and ISB raised floor.** |
| 11,157,939 | Federal Funds | | |

## Interagency Transfers *(continued)*

| FY2027-2028 Request | Means of Financing | Receiving Agency | Description |
|---|---|---|---|
| 54,292 | Interagency Transfers | | |
| **$11,212,231** | | **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 email services, storage, archiving, data, Enterprise desktop and printer support, center electrical distribution, and ISB raised floor.** |
| 11,627,811 | State General Fund | | |
| **$11,627,811** | | **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 email services, storage, archiving, data, Enterprise desktop and printer support, center electrical distribution, and ISB raised floor.**<br>**10,000 Community Healthways CB-8** |
| 219,325 | Federal Funds | | |
| **$219,325** | | **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.** |
| 38,417 | Fees & Self-generated Revenues | | |
| 483,199 | State General Fund | | |
| **$521,616** | | **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.** |
| 250,000 | Federal Funds | | |
| **$250,000** | | **HEALTH & HOSP OFF OF SECRETARY** | **Interagency transfer to cover the costs of providing direct clinical services in school-based health centers.** |

## Interagency Transfers *(continued)*

| FY2027-2028 Request | Means of Financing | Receiving Agency | Description |
|---|---|---|---|
| 255,400 | Federal Funds | | |
| **$255,400** | | **HEALTH & HOSP OFF OF SECRETARY** | **Interagency transfer to strengthen and manage community partnerships and workforce development.** |
| 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.** |
| 60,000 | State General Fund | | |
| **$60,000** | | **HEALTH & HOSP OFF OF SECRETARY** | **Interagency transfer to the 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.** |
| 153,635 | Federal Funds | | |
| **$153,635** | | **LA HIGHWAY SAFETY COMMISSION** | **Interagency transfer to the Louisiana Highway Commission. This transfer covers costs for contract services under the Opioid Overdose Prevention grant.** |
| 120,000 | Federal Funds | | |
| **$120,000** | | **LEGISLATIVE AUDITOR** | **Interagency transfer to the Office of the Legislative Auditor. This transfer will cover the Drinking Water Revolving Loan Fund auditing services.** |
| 450,000 | Federal Funds | | |
| **$450,000** | | **LOUISIANA JUDICIARY** | **Interagency transfer to the Louisiana State Supreme Court - Drug Court. This transfer covers cost-related services provided in conjunction with the Opioid Overdose Prevention grant.** |

## Interagency Transfers *(continued)*

| FY2027-2028 Request | Means of Financing | Receiving Agency | Description |
|---|---|---|---|
| 576,000 | Federal Funds | | |
| **$576,000** | | **MISCELLANEOUS STATE AID** | **Interagency transfer to the Louisiana Board of Pharmacy. This transfer covers Opioid Overdose Prevention service contracts.** |
| 320,141 | Federal Funds | | |
| **$320,141** | | **OFFICE OF RISK MANAGEMENT** | **Interagency transfer to the Office of Risk Management. This transfer covers OPH's share of the Risk Management insurance premium.** |
| 705,307 | State General Fund | | |
| **$705,307** | | **OFFICE OF RISK MANAGEMENT** | **Office of Risk Management** |
| 62,383 | Federal Funds | | |
| **$62,383** | | **OFFICE OF STATE POLICE** | **Interagency transfer to the Department of Public Safety - Capital Police Security. This transfer covers wages for security officers at Benson Towers, Brandywine, OPH Laboratory, and the Shreveport office buildings.** |
| 137,437 | State General Fund | | |
| **$137,437** | | **OFFICE OF STATE POLICE** | **Interagency transfer to the Department of Public Safety - Capital Police Security. This transfer covers wages for security officers at Benson Towers, Brandywine, OPH Laboratory, and the Shreveport office buildings.**<br>**Federal Funds.** |
| 165,000 | Federal Funds | | |
| **$165,000** | | **OFF OF LEGAL AFFAIRS & ENFORCE** | **Interagency transfer to the Louisiana Department of Health - Office of the Secretary. This transfer covers the cost of an Attorney 4 job appointment assigned to OPH Engineering Services, OPH Sanitarian Services, and the Bureau of Emergency Medical Services.** |
| 185,022 | Federal Funds | | |

## Interagency Transfers *(continued)*

| FY2027-2028 Request | Means of Financing | Receiving Agency | Description |
|---|---|---|---|
| 922,450 | State General Fund | | |
| **$1,107,472** | | **OFF. TELECOMMUNICATIONS MGMT** | **Interagency transfer to the Office of Telecommunications. This transfer covers statewide costs for local and long-distance telephone calls, fax, and conference calling services.** |
| 389,813 | State General Fund | | |
| **$389,813** | | **STATE CIVIL SERVICE** | **Interagency Transfers for State Civil Service and Comprehensive Public Training Program (CPTP).** |
| 176,938 | Federal Funds | | |
| **$176,938** | | **STATE CIVIL SERVICE** | **Interagency transfer to Civil Service. This transfer will cover OPH's pro rata share of State Civil Service costs.** |
| 4,582 | Federal Funds | | |
| **$4,582** | | **ST TREASURER OPERATING** | **Interagency transfer to the Office of the State Treasurer. This transfer covers central depository banking service costs.** |
| 10,094 | State General Fund | | |
| **$10,094** | | **ST TREASURER OPERATING** | **Office of State Treasurer** |
| 51,372 | State General Fund | | |
| **$51,372** | | **UNIFORM PAYROLL OFFICE** | **Office of State Uniform Payroll System** |
| 23,318 | Federal Funds | | |
| **$23,318** | | **UNIFORM PAYROLL OFFICE** | **Uniform Payroll Office** |
| **$39,599,460** | **Total Interagency Transfers** | | |




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# Continuation Budget Adjustments

# AGENCY SUMMARY STATEMENT

## Total Agency

### Means of Financing

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 69,072,830 | (584,632) | 236,882 | 282,185 | — | 3,460,508 | 72,467,773 |
| STATE GENERAL FUND BY: | — | — | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 85,165,344 | (26,038) | 66,857 | (20,756) | — | 1,255,543 | 86,440,950 |
| FEES & SELF-GENERATED | 60,329,443 | (71,702) | 269,555 | 205,774 | — | — | 60,733,070 |
| STATUTORY DEDICATIONS | 14,826,686 | — | 199,586 | — | — | — | 15,026,272 |
| FEDERAL FUNDS | 261,909,479 | (4,506,590) | 1,163,435 | (506,555) | — | 8,916,543 | 266,976,312 |
| **TOTAL MEANS OF FINANCING** | **$491,303,782** | **$(5,188,962)** | **$1,936,315** | **$(39,352)** | **—** | **$13,632,594** | **$501,644,377** |

## Fees and Self-Generated

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| Emergency Medical Technician Fund | 28,000 | — | 238 | — | — | — | 28,238 |
| Fees & Self-generated Revenues | 58,451,689 | (71,702) | 263,963 | 205,774 | — | — | 58,849,724 |
| Oyster Sanitation Dedicated Fund Account | 174,350 | — | 4,150 | — | — | — | 178,500 |
| Vital Records Conversion Dedicated Fund Account | 1,675,404 | — | 1,204 | — | — | — | 1,676,608 |
| **Total:** | **$60,329,443** | **$(71,702)** | **$269,555** | **$205,774** | **—** | **—** | **$60,733,070** |

## Statutory Dedications

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| Louisiana Fund | 9,315,747 | — | 84,763 | — | — | — | 9,400,510 |
| Telecommunications for the Deaf Fund | 5,510,939 | — | 114,823 | — | — | — | 5,625,762 |
| **Total:** | **$14,826,686** | **—** | **$199,586** | **—** | **—** | **—** | **$15,026,272** |

## Expenditures and Positions

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| Salaries | 88,386,928 | — | — | 2,020,515 | — | 252,987 | 90,660,430 |
| Other Compensation | 6,688,565 | — | — | (1,800,043) | — | — | 4,888,522 |
| Related Benefits | 49,685,778 | — | — | (259,824) | — | 123,963 | 49,549,917 |
| **TOTAL PERSONAL SERVICES** | **$144,761,271** | **—** | **—** | **$(39,352)** | **—** | **$376,950** | **$145,098,869** |
| Travel | 2,615,103 | — | 62,238 | — | — | 175,705 | 2,853,046 |
| Operating Services | 13,550,132 | — | 322,493 | — | — | 155,400 | 14,028,025 |
| Supplies | 12,903,896 | — | 307,114 | — | — | 150,000 | 13,361,010 |
| **TOTAL OPERATING EXPENSES** | **$29,069,131** | **—** | **$691,845** | **—** | **—** | **$481,105** | **$30,242,081** |
| **PROFESSIONAL SERVICES** | **$52,569,514** | **$(280,829)** | **$1,244,470** | **—** | **—** | **$2,570,287** | **$56,103,442** |
| Other Charges | 225,653,348 | (4,908,133) | — | — | — | 9,855,310 | 230,600,525 |
| Debt Service | — | — | — | — | — | — | — |
| Interagency Transfers | 39,250,518 | — | — | — | — | 348,942 | 39,599,460 |
| **TOTAL OTHER CHARGES** | **$264,903,866** | **$(4,908,133)** | **—** | **—** | **—** | **$10,204,252** | **$270,199,985** |
| Acquisitions | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$491,303,782** | **$(5,188,962)** | **$1,936,315** | **$(39,352)** | **—** | **$13,632,594** | **$501,644,377** |
| Classified | 1,162 | — | — | — | — | — | 1,162 |
| Unclassified | 14 | — | — | — | — | — | 14 |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **1,176** | **—** | **—** | **—** | **—** | **—** | **1,176** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **88** | **—** | **—** | **—** | **—** | **—** | **88** |

# CONTINUATION BUDGET ADJUSTMENTS - SUMMARIZED

## Form 59304 — FY27-28 Non-Recurring Carryforwards

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | (584,632) |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | (26,038) |
| FEES & SELF-GENERATED | (71,702) |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | (4,506,590) |
| **TOTAL MEANS OF FINANCING** | **$(5,188,962)** |

### Positions

| | FTE |
|---|---|
| Classified | — |
| Unclassified | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — |
| TOTAL NON-T.O. FTE POSITIONS | — |

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **$(280,829)** |
| Other Charges | (4,908,133) |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$(4,908,133)** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$(5,188,962)** |

# Form 59307 — FY27-28 Inflation

## Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 236,882 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | 66,857 |
| FEES & SELF-GENERATED | 269,555 |
| STATUTORY DEDICATIONS | 199,586 |
| FEDERAL FUNDS | 1,163,435 |
| **TOTAL MEANS OF FINANCING** | **$1,936,315** |

## Positions

| | FTE |
|---|---|
| Classified | — |
| Unclassified | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — |
| TOTAL NON-T.O. FTE POSITIONS | — |

## Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | 62,238 |
| Operating Services | 322,493 |
| Supplies | 307,114 |
| **TOTAL OPERATING EXPENSES** | **$691,845** |
| **PROFESSIONAL SERVICES** | **$1,244,470** |
| Other Charges | — |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **—** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$1,936,315** |

## Form 62368 — 326 - Salary and Related Benefits Base Adjustments

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 282,185 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | (20,756) |
| FEES & SELF-GENERATED | 205,774 |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | (506,555) |
| **TOTAL MEANS OF FINANCING** | **$(39,352)** |

### Positions

| | FTE |
|---|---|
| Classified | — |
| Unclassified | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — |
| TOTAL NON-T.O. FTE POSITIONS | — |

### Expenditures

| | Amount |
|---|---|
| Salaries | 2,020,515 |
| Other Compensation | (1,800,043) |
| Related Benefits | (259,824) |
| **TOTAL PERSONAL SERVICES** | **$(39,352)** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | — |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **—** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$(39,352)** |

## Form 60021 — 326 - Digital Health Database Upgrade

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 130,000 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | — |
| **TOTAL MEANS OF FINANCING** | **$130,000** |

### Positions

| | FTE |
|---|---|
| Classified | — |
| Unclassified | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — |
| TOTAL NON-T.O. FTE POSITIONS | — |

### 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 | 130,000 |
| **TOTAL OTHER CHARGES** | **$130,000** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$130,000** |

## Form 60026 — 326 - Loan and Grant Tracking System

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 570,000 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | — |
| **TOTAL MEANS OF FINANCING** | **$570,000** |

### Positions

| | FTE |
|---|---|
| Classified | — |
| Unclassified | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — |
| TOTAL NON-T.O. FTE POSITIONS | — |

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 570,000 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$570,000** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$570,000** |

## Form 60027 — 326 - Louisiana Domestic Abuse Fatality Review Panel

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 169,057 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | (169,057) |
| **TOTAL MEANS OF FINANCING** | **—** |

### Positions

| | FTE |
|---|---|
| Classified | — |
| Unclassified | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — |
| TOTAL NON-T.O. FTE POSITIONS | — |

### 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** | **—** |

## Form 60062 — 326 - Increased cost: Health Insurance Program (HIP) and PBM

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | — |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | 9,085,600 |
| **TOTAL MEANS OF FINANCING** | **$9,085,600** |

### Positions

| | FTE |
|---|---|
| Classified | — |
| Unclassified | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — |
| TOTAL NON-T.O. FTE POSITIONS | — |

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 9,085,600 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$9,085,600** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$9,085,600** |

# Form 60546 — 326 - BRCO Statewide Infrastructure Investment

## Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 558,652 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | — |
| **TOTAL MEANS OF FINANCING** | **$558,652** |

## Positions

| | FTE |
|---|---|
| Classified | — |
| Unclassified | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — |
| TOTAL NON-T.O. FTE POSITIONS | — |

## Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | 150,000 |
| **TOTAL OPERATING EXPENSES** | **$150,000** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 199,710 |
| Debt Service | — |
| Interagency Transfers | 208,942 |
| **TOTAL OTHER CHARGES** | **$408,652** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$558,652** |

# Form 60586 — 326 - Center for Environmental Health Infrastructure OPH Lab

## Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 69,000 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | — |
| **TOTAL MEANS OF FINANCING** | **$69,000** |

## Positions

| | FTE |
|---|---|
| Classified | — |
| Unclassified | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — |
| TOTAL NON-T.O. FTE POSITIONS | — |

## Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | 69,000 |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **$69,000** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | — |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **—** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$69,000** |

## Form 63141 — 326- Community Healthways

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 1,963,799 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | 1,255,543 |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | — |
| **TOTAL MEANS OF FINANCING** | **$3,219,342** |

### Positions

| | FTE |
|---|---|
| Classified | — |
| Unclassified | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — |
| TOTAL NON-T.O. FTE POSITIONS | — |

### Expenditures

| | Amount |
|---|---|
| Salaries | 252,987 |
| Other Compensation | — |
| Related Benefits | 123,963 |
| **TOTAL PERSONAL SERVICES** | **$376,950** |
| Travel | 175,705 |
| Operating Services | 86,400 |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **$262,105** |
| **PROFESSIONAL SERVICES** | **$2,570,287** |
| Other Charges | — |
| Debt Service | — |
| Interagency Transfers | 10,000 |
| **TOTAL OTHER CHARGES** | **$10,000** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$3,219,342** |

# PROGRAM SUMMARY STATEMENT

## 3262 - Public Health Services

### Means of Financing

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 69,072,830 | (584,632) | 236,882 | 282,185 | — | 3,460,508 | 72,467,773 |
| STATE GENERAL FUND BY: | — | — | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 85,165,344 | (26,038) | 66,857 | (20,756) | — | 1,255,543 | 86,440,950 |
| FEES & SELF-GENERATED | 60,329,443 | (71,702) | 269,555 | 205,774 | — | — | 60,733,070 |
| STATUTORY DEDICATIONS | 14,826,686 | — | 199,586 | — | — | — | 15,026,272 |
| FEDERAL FUNDS | 261,909,479 | (4,506,590) | 1,163,435 | (506,555) | — | 8,916,543 | 266,976,312 |
| **TOTAL MEANS OF FINANCING** | **$491,303,782** | **$(5,188,962)** | **$1,936,315** | **$(39,352)** | **—** | **$13,632,594** | **$501,644,377** |

## Fees and Self-Generated

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| Emergency Medical Technician Fund | 28,000 | — | 238 | — | — | — | 28,238 |
| Fees & Self-generated Revenues | 58,451,689 | (71,702) | 263,963 | 205,774 | — | — | 58,849,724 |
| Oyster Sanitation Dedicated Fund Account | 174,350 | — | 4,150 | — | — | — | 178,500 |
| Vital Records Conversion Dedicated Fund Account | 1,675,404 | — | 1,204 | — | — | — | 1,676,608 |
| **Total:** | **$60,329,443** | **$(71,702)** | **$269,555** | **$205,774** | **—** | **—** | **$60,733,070** |

## Statutory Dedications

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| Louisiana Fund | 9,315,747 | — | 84,763 | — | — | — | 9,400,510 |
| Telecommunications for the Deaf Fund | 5,510,939 | — | 114,823 | — | — | — | 5,625,762 |
| **Total:** | **$14,826,686** | **—** | **$199,586** | **—** | **—** | **—** | **$15,026,272** |

## Expenditures and Positions

| Description | Existing Operating Budget as of 10/01/2026 | Non-Recurring | Inflation | Compulsory | Workload | Other | FY2027-2028 Requested Continuation Level |
|---|---|---|---|---|---|---|---|
| Salaries | 88,386,928 | — | — | 2,020,515 | — | 252,987 | 90,660,430 |
| Other Compensation | 6,688,565 | — | — | (1,800,043) | — | — | 4,888,522 |
| Related Benefits | 49,685,778 | — | — | (259,824) | — | 123,963 | 49,549,917 |
| **TOTAL PERSONAL SERVICES** | **$144,761,271** | **—** | **—** | **$(39,352)** | **—** | **$376,950** | **$145,098,869** |
| Travel | 2,615,103 | — | 62,238 | — | — | 175,705 | 2,853,046 |
| Operating Services | 13,550,132 | — | 322,493 | — | — | 155,400 | 14,028,025 |
| Supplies | 12,903,896 | — | 307,114 | — | — | 150,000 | 13,361,010 |
| **TOTAL OPERATING EXPENSES** | **$29,069,131** | **—** | **$691,845** | **—** | **—** | **$481,105** | **$30,242,081** |
| **PROFESSIONAL SERVICES** | **$52,569,514** | **$(280,829)** | **$1,244,470** | **—** | **—** | **$2,570,287** | **$56,103,442** |
| Other Charges | 225,653,348 | (4,908,133) | — | — | — | 9,855,310 | 230,600,525 |
| Debt Service | — | — | — | — | — | — | — |
| Interagency Transfers | 39,250,518 | — | — | — | — | 348,942 | 39,599,460 |
| **TOTAL OTHER CHARGES** | **$264,903,866** | **$(4,908,133)** | **—** | **—** | **—** | **$10,204,252** | **$270,199,985** |
| Acquisitions | — | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$491,303,782** | **$(5,188,962)** | **$1,936,315** | **$(39,352)** | **—** | **$13,632,594** | **$501,644,377** |
| Classified | 1,162 | — | — | — | — | — | 1,162 |
| Unclassified | 14 | — | — | — | — | — | 14 |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **1,176** | **—** | **—** | **—** | **—** | **—** | **1,176** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **88** | **—** | **—** | **—** | **—** | **—** | **88** |

# CONTINUATION BUDGET ADJUSTMENTS - BY PROGRAM

## Form 59304 — FY27-28 Non-Recurring Carryforwards

### 3262 - Public Health Services

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | (584,632) |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | (26,038) |
| FEES & SELF-GENERATED | (71,702) |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | (4,506,590) |
| **TOTAL MEANS OF FINANCING** | **$(5,188,962)** |

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **$(280,829)** |
| Other Charges | (4,908,133) |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$(4,908,133)** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$(5,188,962)** |

### 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 Revenues | (71,702) |
| **Total:** | **$(71,702)** |

### Statutory Dedications

| | Amount |
|---|---|
| **Total:** | **—** |

# Supporting Detail

## Means of Financing

| Description | Amount |
|---|---|
| Federal Funds | (4,506,590) |
| Fees & Self-generated Revenues | (71,702) |
| Interagency Transfers | (26,038) |
| State General Fund | (584,632) |
| **Total:** | **$(5,188,962)** |

## Professional Services

| Commitment item | Name | Amount |
|---|---|---|
| 5500000 | TOTAL PROF SERVICES | (280,829) |
| **Total:** | | **$(280,829)** |

## Other Charges

| Commitment item | Name | Amount |
|---|---|---|
| 5600000 | TOTAL OTHER CHARGES | (4,908,133) |
| **Total:** | | **$(4,908,133)** |

# Form 59307 — FY27-28 Inflation

## 3262 - Public Health Services

### Means of Financing

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 236,882 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | 66,857 |
| FEES & SELF-GENERATED | 269,555 |
| STATUTORY DEDICATIONS | 199,586 |
| FEDERAL FUNDS | 1,163,435 |
| **TOTAL MEANS OF FINANCING** | **$1,936,315** |

### Expenditures

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | 62,238 |
| Operating Services | 322,493 |
| Supplies | 307,114 |
| **TOTAL OPERATING EXPENSES** | **$691,845** |
| **PROFESSIONAL SERVICES** | **$1,244,470** |
| Other Charges | — |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **—** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$1,936,315** |

### 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 |
|---|---|
| Emergency Medical Technician Fund | 238 |
| Fees & Self-generated Revenues | 263,963 |
| Oyster Sanitation Dedicated Fund Account | 4,150 |
| Vital Records Conversion Dedicated Fund Account | 1,204 |
| **Total:** | **$269,555** |

### Statutory Dedications

| | Amount |
|---|---|
| Louisiana Fund | 84,763 |
| Telecommunications for the Deaf Fund | 114,823 |
| **Total:** | **$199,586** |

## Supporting Detail

### Means of Financing

| Description | Amount |
|---|---|
| Emergency Medical Technician Fund | 238 |
| Federal Funds | 1,163,435 |
| Fees & Self-generated Revenues | 263,963 |
| Interagency Transfers | 66,857 |
| Louisiana Fund | 84,763 |
| Oyster Sanitation Dedicated Fund Account | 4,150 |
| State General Fund | 236,882 |
| Telecommunications for the Deaf Fund | 114,823 |
| Vital Records Conversion Dedicated Fund Account | 1,204 |
| **Total:** | **$1,936,315** |

### Travel

| Commitment item | Name | Amount |
|---|---|---|
| 5200000 | TOTAL TRAVEL | 62,238 |
| **Total:** | | **$62,238** |

### Operating Services

| Commitment item | Name | Amount |
|---|---|---|
| 5300000 | TOTAL OPERATING SERV | 322,493 |
| **Total:** | | **$322,493** |

### Supplies

| Commitment item | Name | Amount |
|---|---|---|
| 5400000 | TOTAL SUPPLIES | 307,114 |
| **Total:** | | **$307,114** |

### Professional Services

| Commitment item | Name | Amount |
|---|---|---|
| 5500000 | TOTAL PROF SERVICES | 1,244,470 |
| **Total:** | | **$1,244,470** |

# Form 62368 — 326 - Salary and Related Benefits Base Adjustments

## 3262 - Public Health Services

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 282,185 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | (20,756) |
| FEES & SELF-GENERATED | 205,774 |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | (506,555) |
| **TOTAL MEANS OF FINANCING** | **$(39,352)** |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | 2,020,515 |
| Other Compensation | (1,800,043) |
| Related Benefits | (259,824) |
| **TOTAL PERSONAL SERVICES** | **$(39,352)** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | — |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **—** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$(39,352)** |

### 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 Revenues | 205,774 |
| **Total:** | **$205,774** |

### Statutory Dedications

| | Amount |
|---|---|
| **Total:** | **—** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This request is to fund the Market Rate Adjustments, Salary Base Adjustments, and Related Benefits Adjustments for Personnel Services in the Office of Public Health. |
| **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 fund this request would result in the Office of Public Health not having sufficient funding for Market Rate Adjustments, Salary Base Adjustments, and Related Benefits Adjustments for Personnel Services in FY 2027 - 2028. |
| **Is revenue a fixed amount or can it be adjusted?** | The revenue is fixed based on projected expenditures. |
| **Is the expenditure of these revenues restricted?** | The expenditures are restricted to personnel services. |
| **Additional information or comments.** | Not applicable. |

# Form 60021 — 326 - Digital Health Database Upgrade

## 3262 - Public Health Services

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 130,000 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | — |
| **TOTAL MEANS OF FINANCING** | **$130,000** |

### AUTHORIZED POSITIONS

| | FTE |
|---|---|
| Classified | — |
| Unclassified | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — |
| TOTAL NON-T.O. FTE POSITIONS | — |

### 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 | 130,000 |
| **TOTAL OTHER CHARGES** | **$130,000** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$130,000** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This adjustment requests $130,000 in additional recurring funding to transition Sanitarian Services from the legacy DHD software, which is being discontinued, to Tyler Technologiesí EnerGov platform. All sanitarians rely on this system for permitting, inspections, invoicing, complaint tracking, and scheduling. The replacement is necessary to maintain these essential operations and prevent service disruptions when the existing platform shuts down. EnerGov will preserve current database functions while improving public access and staff efficiency. The Civic Access portal will allow the public to submit applications and service requests electronically, track their status, and receive updates. The eReview module will support electronic plan submissions, staff markups, and successive compliance reviews. Mobile interfaces will support field staff using iPads, while guided application submissions and real-time dashboards will improve application processing, monitoring, and resource allocation. Based on the vendorís quote, the existing recurring cost of $152,000 will increase by $134,000, bringing the total annual recurring cost to $286,000. Sanitarian Services will absorb $4,000 within its current operating budget, leaving an additional recurring funding need of $130,000. |
| **Cite performance indicators for the adjustment.** | The system supports tracking and reporting of the following existing performance indicators: Number of existing sewage system inspections. Percentage of establishments/facilities in compliance. Number of inspections of permitted establishments/facilities. Number of food-related complaints received from the public. Number of existing sewage system applications taken. Number of plans reviewed. Number of new sewage systems properly installed. Percentage of retail food establishments inspected in accordance with the assigned risk category. |
| **What would the impact be if this is not funded?** | Without funding, Sanitarian Services risks losing the electronic platform used to document inspections, track compliance, manage applications, and monitor program performance when the legacy system is discontinued. Reliance on paper forms and separate spreadsheets would increase administrative workload, delay processing, and weaken managementís ability to monitor inspection goals and enforcement activities. |
| **Is revenue a fixed amount or can it be adjusted?** | The requested funding amount is based on the vendorís quoted recurring cost. Of the $134,000 annual increase, $4,000 will be absorbed within the current operating budget, leaving a fixed additional funding need of $130,000 based on the current quote. |
| **Is the expenditure of these revenues restricted?** | The requested funding will be used to support the EnerGov software subscription and associated functionality, subject to applicable appropriation, procurement, and contractual requirements. |
| **Additional information or comments.** | Not applicable. |

# Form 60026 — 326 - Loan and Grant Tracking System

## 3262 - Public Health Services

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 570,000 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | — |
| **TOTAL MEANS OF FINANCING** | **$570,000** |

### AUTHORIZED POSITIONS

| | FTE |
|---|---|
| Classified | — |
| Unclassified | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — |
| TOTAL NON-T.O. FTE POSITIONS | — |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 570,000 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$570,000** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$570,000** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | The Drinking Water Revolving Loan Fund (DWRLF) is requesting funding to purchase the Loan and Grant Tracking System (LGTS), a web-based platform designed specifically for State Revolving Fund programs. LGTS would replace multiple spreadsheets and disconnected data sources with a centralized system to manage loan and grant projects, funding commitments, disbursements, financial information, and project milestones. This investment would improve data accuracy, operational efficiency, and continuity while strengthening the programís ability to meet increasingly complex state and federal reporting and oversight requirements. Staff and management would have timely, reliable information to monitor performance, develop financial projections, assess funding needs, and make informed decisions. According to the program, LGTS is used by approximately 15 states, including Louisianaís Clean Water State Revolving Fund. Adopting this established platform would modernize DWRLFís information management capabilities and support OPH Goal VI through improved technology and integrated data. Implementation will occur in two phases: $310,000 for Phase 1 and $260,000 for Phase 2, totaling $570,000, with both phases payable within nine months. The vendorís quote includes annual software maintenance of $78,000 within the $570,000 total. |
| **Cite performance indicators for the adjustment.** | The system will support administration and reporting of the following existing performance indicators: Number of Louisiana public water systems provided financial and technical assistance. Number of Low-interest loans made |
| **What would the impact be if this is not funded?** | Immediate FY 2028 Impact: Without funding, DWRLF will continue relying on multiple spreadsheets, databases, and manual processes to manage its loan and grant portfolio. Staff will continue spending significant time manually entering, compiling, reconciling, and validating project and financial information. As the number and complexity of DWRLF-funded projects increase, these processes will place additional workload demands on existing staff and reduce the time available for loan processing, project oversight, financial monitoring, and technical assistance. Continued reliance on manual tracking also increases the risk of duplicate or inconsistent data, missed project milestones, reporting errors, and delays in producing required state and federal reports. Staff may have difficulty obtaining a complete and timely view of project status, financial activity, outstanding requirements, and available funding. Longer-Term Risk: As the portfolio grows, these processes may delay loan processing, disbursements, project monitoring, and required reporting. Continued reliance on disconnected records also increases the risk of inconsistent data, missed milestones, incomplete documentation, and difficulty identifying projects requiring intervention. |
| **Is revenue a fixed amount or can it be adjusted?** | The requested funding is based on the current $570,000 vendor quote. , any change in the requested amount should reflect a corresponding change in project scope or cost. |
| **Is the expenditure of these revenues restricted?** | Yes. Funding must be used for eligible DWRLF program purposes and is subject to applicable federal requirements and EPA approval before expenditure. |
| **Additional information or comments.** | Not applicable. |

# Form 60027 — 326 - Louisiana Domestic Abuse Fatality Review Panel

## 3262 - Public Health Services

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 169,057 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | (169,057) |
| **TOTAL MEANS OF FINANCING** | **—** |

### AUTHORIZED POSITIONS

| | FTE |
|---|---|
| Classified | — |
| Unclassified | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — |
| TOTAL NON-T.O. FTE POSITIONS | — |

### 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** | **—** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This adjustment requests a means of financing substitution of $169,057 from Federal funds to State General Fund to sustain the Louisiana Domestic Abuse Fatality Review (DAFR) Panel following the expiration of federal funding on September 29, 2026. The adjustment will increase State General Fund by $169,057 and decrease Federal authority by the same amount, resulting in no net increase in total expenditure authority. Established pursuant to La. R.S. 40:2024.1ñ2024.6, the DAFR Panel conducts multidisciplinary reviews of domestic abuse fatalities to identify trends, contributing factors, and gaps across systems serving victims, survivors, and families. Continued funding will support fatality reviews, data analysis, stakeholder collaboration, and recommendations to improve prevention efforts and reduce future fatalities. |
| **Cite performance indicators for the adjustment.** | No specific performance indicators are identified for this adjustment. The funding supports continuation of the DAFR Panelís statutory review, analysis, and recommendation functions. |
| **What would the impact be if this is not funded?** | Louisiana consistently leads the nation in domestic homicides and has ranked among the top five almost every year since 1997. Without continued funding, the Louisiana Department of Health, Office of Public Health, Bureau of Family Health would be unable to sustain the current operations of the Louisiana Domestic Abuse Fatality Review (DAFR) Panel following the expiration of federal funding on September 29, 2026. This would jeopardize continued review and analysis of domestic abuse fatalities, identification of contributing factors and system gaps, and development of prevention recommendations. The loss of funding would also limit collaboration among agencies and community partners and reduce the stateís capacity to translate fatality review findings into improvements in policy and services. |
| **Is revenue a fixed amount or can it be adjusted?** | This request is based on an amount in the initial fiscal note for Louisiana R.S. 40:2024.1-2024.6 estimated the implementation to cost $160,823 per year for five years. The amount reflects the funding requested to continue current operations and may be adjusted only with a corresponding change in the operating plan or identification of another available funding source. |
| **Is the expenditure of these revenues restricted?** | The State General Fund replacement is intended to support the continued operation of the Domestic Abuse Fatality Review initiative following the expiration of grant funding. While these funds would not be subject to the restrictions associated with the previous grant, expenditures would be directed toward activities necessary to fulfill the initiative's statutory responsibilities as outlined in Louisiana R.S. 40:2024.1ñ2024.6. |
| **Additional information or comments.** | This adjustment changes the means of financing without increasing total expenditure authority. |

# Form 60062 — 326 - Increased cost: Health Insurance Program (HIP) and PBM

## 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 | 9,085,600 |
| **TOTAL MEANS OF FINANCING** | **$9,085,600** |

### AUTHORIZED POSITIONS

| | FTE |
|---|---|
| Classified | — |
| Unclassified | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — |
| TOTAL NON-T.O. FTE POSITIONS | — |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **—** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 9,085,600 |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **$9,085,600** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$9,085,600** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This adjustment requests a corresponding increase of $9,085,600 in Federal revenue and expenditure authority for the STI/HIV/Hepatitis Program (SHHP), supported by current ADAP pharmaceutical rebate collections and other eligible Federal resources. The additional authority is necessary to cover projected SFY28 increases in health insurance premiums, associated cost sharing, and medication assistance for uninsured persons living with HIV. The request addresses three primary cost drivers: a projected 15% increase in Affordable Care Act Marketplace premiums, increased enrollment in the Louisiana Health Access Program (LA HAP), and temporary medication assistance for uninsured individuals awaiting Medicaid eligibility determinations. The program reports 2,596 members enrolled in Marketplace plans at the end of 2026 Open Enrollment and enrollment growth of 477 clients. Longer Medicaid eligibility determination periods also increase the need for temporary medication coverage through the AIDS Drug Assistance Program (ADAP). Increasing revenue and expenditure authority will align the programís budget with available collections and projected service costs. Maintaining insurance and medication assistance supports continuity of HIV treatment and the generation of pharmaceutical rebate revenue that can be reinvested in eligible program services. |
| **Cite performance indicators for the adjustment.** | There are no performance indicators associated with this request. |
| **What would the impact be if this is not funded?** | Failure to approve this request would result in insufficient Federal budget authority to support projected available eligible collections to meet projected SFY28 costs . Without the additional authority, OPH and SHHP program could face limitations on insurance premium payments, associated cost sharing, and medication assistance despite sufficient revenue being available. These limitations could disrupt insurance coverage and HIV treatment, particularly for low- and moderate-income individuals and uninsured persons awaiting Medicaid eligibility determinations. |
| **Is revenue a fixed amount or can it be adjusted?** | Revenue is variable and depends on actual ADAP pharmaceutical rebate collections and other eligible Federal resources. Future adjustments will depend on revenue availability, projected program costs, and applicable budget approval requirements. |
| **Is the expenditure of these revenues restricted?** | Expenditures are restricted to allowable activities in accordance with applicable Federal program requirements. Funds are intended to support eligible HIP and Uninsured medication expenditures and must be used in compliance with eligible HIV program activities in accordance with the requirements applicable to each funding source, including ADAP pharmaceutical rebates. This request will support eligible health insurance premiums, associated cost sharing, and medication assistance for uninsured persons living with HIV. |
| **Additional information or comments.** | Not applicable. |

# Form 60546 — 326 - BRCO Statewide Infrastructure Investment

## 3262 - Public Health Services

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 558,652 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | — |
| **TOTAL MEANS OF FINANCING** | **$558,652** |

### AUTHORIZED POSITIONS

| | FTE |
|---|---|
| Classified | — |
| Unclassified | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — |
| TOTAL NON-T.O. FTE POSITIONS | — |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | — |
| Supplies | 150,000 |
| **TOTAL OPERATING EXPENSES** | **$150,000** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | 199,710 |
| Debt Service | — |
| Interagency Transfers | 208,942 |
| **TOTAL OTHER CHARGES** | **$408,652** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$558,652** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This adjustment requests $558,652 in State General Fund to address infrastructure and staffing needs across BRCOís regional offices and Parish Health Units in all nine regions. The request includes $199,710 for Other Charges regional infrastructure costs, $150,000 for supplies, and $208,942 for interagency expenditures. These investments support reliable technology and communications, accessible clinical equipment, and operational capacity under PHU Transformation. Technology infrastructure is a time-sensitive need. OTS has confirmed that a significant share of regional and Parish Health Unit computers cannot be upgraded to Windows 11 and must be replaced to maintain security-update support and protect patient information. Previously purchased computers are being replaced with leased equipment through the OTS process. Telecommunications improvements are also needed because vendors are phasing out older telephone systems, placing affected locations at risk of service interruptions. Region 1 requests a VoIP telephone system for the Orleans Parish Health Unit once a location is identified. The system must be properly wired and configured to connect to LDH and state OTS systems. Additional improvements include network cabling and telephone system upgrades at the Caddo Parish Health Unit in Region 7 and the Franklin, Madison, and Morehouse Parish Health Units in Region 8. Clinical equipment needs include accessible examination tables and scales to address gaps in equipment available to patients with disabilities. Replacement laboratory equipment is also needed to maintain reliable clinical operations and meet applicable calibration requirements. For example, the centrifuge at the Ouachita Parish Health Unit in Region 8 failed a calibration audit and requires replacement. Furnishings are requested for the planned Terrebonne and St. Tammany Parish Health Units to support service expansion in SFY28. T hese investments address deferred technology, equipment, and facility needs that place increasing pressure on regional operations. Funding will support continuity of public health services, patient access, emergency response, and implementation of PHU Transformation. . |
| **Cite performance indicators for the adjustment.** | There are no specific performance adjustments associated with this request. |
| **What would the impact be if this is not funded?** | Without funding, BRCO would need to defer or reprioritize technology replacements, telecommunications upgrades, clinical equipment, and furnishings. Continued reliance on unsupported computers and aging telephone systems could disrupt operations and affect the security of patient information. Equipment gaps could limit accessibility and clinical services, while unfunded infrastructure costs could delay readiness and service expansion at planned Parish Health Unit locations. These limitations would increase operational pressures across the regional network and could affect continuity of public health services and emergency response. |
| **Is revenue a fixed amount or can it be adjusted?** | The requested State General Fund amount is $558,652, based on projected supplies, other charges, and interagency costs. Changes to the amount would require corresponding adjustments to the approved scope and budget. |
| **Is the expenditure of these revenues restricted?** | The revenue requested would be restricted to the expenditures identified in this request, subject to applicable appropriation and expenditure requirements. |
| **Additional information or comments.** | Not applicable. |

# Form 60586 — 326 - Center for Environmental Health Infrastructure OPH Lab

## 3262 - Public Health Services

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 69,000 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | — |
| **TOTAL MEANS OF FINANCING** | **$69,000** |

### AUTHORIZED POSITIONS

| | FTE |
|---|---|
| Classified | — |
| Unclassified | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — |
| TOTAL NON-T.O. FTE POSITIONS | — |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | — |
| Other Compensation | — |
| Related Benefits | — |
| **TOTAL PERSONAL SERVICES** | **—** |
| Travel | — |
| Operating Services | 69,000 |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **$69,000** |
| **PROFESSIONAL SERVICES** | **—** |
| Other Charges | — |
| Debt Service | — |
| Interagency Transfers | — |
| **TOTAL OTHER CHARGES** | **—** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$69,000** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | This request protects the state's core drinking-water safety infrastructure and the workforce that runs it. The Rapides Parish laboratory has experienced repeated power and HVAC failures that have destroyed more than $10,000 in chemical reagents and caused loss of emergency safe-drinking-water samples through temperature exceedance and hold-time expiration; the facility has no backup generator and becomes inoperative and overcrowded during storm and emergency events, directly threatening OPH's ability to respond to boil-water and contamination emergencies statewide. The Shreveport laboratory relocation is mandatory: OPH Laboratory was formally notified by Facility Planning and Control that it must vacate the Caddo Parish Health Unit for the new NWLA State Office Building by June 2027, leaving no discretion on timing. Funding this request ensures the Center for Environmental Health can keep its labs physically operational to meet its core public health and regulatory mandates. |
| **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 fund this request would result in the Safe Drinking Water Laboratory not being able to keep its labs physically operational to meet its core public health and regulatory mandates. |
| **Is revenue a fixed amount or can it be adjusted?** | The revenue is a fixed amount based on the projected expenditures. |
| **Is the expenditure of these revenues restricted?** | The revenues are restricted to the expenditures identified in this request. |
| **Additional information or comments.** | Not applicable. |

# Form 63141 — 326- Community Healthways

## 3262 - Public Health Services

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 1,963,799 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | 1,255,543 |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | — |
| **TOTAL MEANS OF FINANCING** | **$3,219,342** |

### AUTHORIZED POSITIONS

| | FTE |
|---|---|
| Classified | — |
| Unclassified | — |
| TOTAL AUTHORIZED T.O. POSITIONS | — |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — |
| TOTAL NON-T.O. FTE POSITIONS | — |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | 252,987 |
| Other Compensation | — |
| Related Benefits | 123,963 |
| **TOTAL PERSONAL SERVICES** | **$376,950** |
| Travel | 175,705 |
| Operating Services | 86,400 |
| Supplies | — |
| **TOTAL OPERATING EXPENSES** | **$262,105** |
| **PROFESSIONAL SERVICES** | **$2,570,287** |
| Other Charges | — |
| Debt Service | — |
| Interagency Transfers | 10,000 |
| **TOTAL OTHER CHARGES** | **$10,000** |
| Acquisitions | — |
| Major Repairs | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** |
| **TOTAL EXPENDITURES** | **$3,219,342** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | Requesting $1,963,799 in SGF and $1,255,543 in Medicaid cost-allocation to sustain 40 Community HealthWays positions and ensure continued support for Louisiana residents facing health related social needs. Community HealthWays advances public health by addressing health-related social needs that affect access to care and overall health. Community Health Workers help Louisiana residents overcome barriers such as food insecurity, housing instability, transportation, and access to services, supporting improved connection to care and better health outcomes. |
| **Cite performance indicators for the adjustment.** | If this funding is appropriated 7,673 individuals will be served. Louisianans will receive support from Community Health Workers to connect to resources that address health-related social needs including food, housing, shelter, transportation, and to navigate the systems needed to access those resources, helping reduce barriers that affect their health and well-being. |
| **What would the impact be if this is not funded?** | Without this funding, Community HealthWaysí continued operation is uncertain because IAT funding is temporary and not guaranteed. Loss of funding could result in staff and service reductions, limiting the programís ability to connect Louisiana residents with resources that address health-related social needs and barriers to better health. |
| **Is revenue a fixed amount or can it be adjusted?** | The revenue is a fixed amount based on projected expenditures. |
| **Is the expenditure of these revenues restricted?** | The expenditures are limited to the expenditure request by category. |
| **Additional information or comments.** | Community HealthWays advances public health by addressing health-related social needs that affect access to care and overall health. Community Health Workers help Louisiana residents overcome barriers such as food insecurity, housing instability, transportation, and access to services, supporting improved connection to care and better health outcomes. |




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# Technical and Other Adjustments

# AGENCY SUMMARY STATEMENT

## Total Agency

| Means of Financing | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in this Adjustment Package | FY2027-2028 Requested Realignment |
|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 69,072,830 | 3,394,943 | 196,086 | 72,663,859 |
| STATE GENERAL FUND BY: | — | — | — | — |
| INTERAGENCY TRANSFERS | 85,165,344 | 1,275,606 | — | 86,440,950 |
| FEES & SELF-GENERATED | 60,329,443 | 403,627 | — | 60,733,070 |
| STATUTORY DEDICATIONS | 14,826,686 | 199,586 | — | 15,026,272 |
| FEDERAL FUNDS | 261,909,479 | 5,066,833 | — | 266,976,312 |
| **TOTAL MEANS OF FINANCING** | **$491,303,782** | **$10,340,595** | **$196,086** | **$501,840,463** |
| Salaries | 88,386,928 | 2,273,502 | 730,568 | 91,390,998 |
| Other Compensation | 6,688,565 | (1,800,043) | (604,259) | 4,284,263 |
| Related Benefits | 49,685,778 | (135,861) | 69,777 | 49,619,694 |
| **TOTAL PERSONAL SERVICES** | **$144,761,271** | **$337,598** | **$196,086** | **$145,294,955** |
| Travel | 2,615,103 | 237,943 | — | 2,853,046 |
| Operating Services | 13,550,132 | 477,893 | — | 14,028,025 |
| Supplies | 12,903,896 | 457,114 | — | 13,361,010 |
| **TOTAL OPERATING EXPENSES** | **$29,069,131** | **$1,172,950** | **—** | **$30,242,081** |
| **PROFESSIONAL SERVICES** | **$52,569,514** | **$3,533,928** | **—** | **$56,103,442** |
| Other Charges | 225,653,348 | 4,947,177 | — | 230,600,525 |
| Debt Service | — | — | — | — |
| Interagency Transfers | 39,250,518 | 348,942 | — | 39,599,460 |
| **TOTAL OTHER CHARGES** | **$264,903,866** | **$5,296,119** | **—** | **$270,199,985** |
| Acquisitions | — | — | — | — |
| Major Repairs | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$491,303,782** | **$10,340,595** | **$196,086** | **$501,840,463** |
| **Classified** | **1,162** | **—** | **11** | **1,173** |
| **Unclassified** | **14** | **—** | **—** | **14** |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **1,176** | **—** | **11** | **1,187** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **88** | **—** | **—** | **88** |

# PROGRAM BREAKOUT

| Means of Financing | Requested in this Adjustment Package | 3262 Public Health Services |
|---|---|---|
| STATE GENERAL FUND (Direct) | 196,086 | 196,086 |
| STATE GENERAL FUND BY: | — | — |
| INTERAGENCY TRANSFERS | — | — |
| FEES & SELF-GENERATED | — | — |
| STATUTORY DEDICATIONS | — | — |
| FEDERAL FUNDS | — | — |
| **TOTAL MEANS OF FINANCING** | **$196,086** | **$196,086** |
| Salaries | 730,568 | 730,568 |
| Other Compensation | (604,259) | (604,259) |
| Related Benefits | 69,777 | 69,777 |
| **TOTAL SALARIES** | **$196,086** | **$196,086** |
| 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** | **$196,086** | **$196,086** |
| **Classified** | **11** | **11** |
| **Unclassified** | **—** | **—** |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **11** | **11** |
| **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 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in this Adjustment Package | FY2027-2028 Requested Realignment |
|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 69,072,830 | 3,394,943 | 196,086 | 72,663,859 |
| STATE GENERAL FUND BY: | — | — | — | — |
| INTERAGENCY TRANSFERS | 85,165,344 | 1,275,606 | — | 86,440,950 |
| FEES & SELF-GENERATED | 60,329,443 | 403,627 | — | 60,733,070 |
| STATUTORY DEDICATIONS | 14,826,686 | 199,586 | — | 15,026,272 |
| FEDERAL FUNDS | 261,909,479 | 5,066,833 | — | 266,976,312 |
| **TOTAL MEANS OF FINANCING** | **$491,303,782** | **$10,340,595** | **$196,086** | **$501,840,463** |
| Salaries | 88,386,928 | 2,273,502 | 730,568 | 91,390,998 |
| Other Compensation | 6,688,565 | (1,800,043) | (604,259) | 4,284,263 |
| Related Benefits | 49,685,778 | (135,861) | 69,777 | 49,619,694 |
| **TOTAL PERSONAL SERVICES** | **$144,761,271** | **$337,598** | **$196,086** | **$145,294,955** |
| Travel | 2,615,103 | 237,943 | — | 2,853,046 |
| Operating Services | 13,550,132 | 477,893 | — | 14,028,025 |
| Supplies | 12,903,896 | 457,114 | — | 13,361,010 |
| **TOTAL OPERATING EXPENSES** | **$29,069,131** | **$1,172,950** | **—** | **$30,242,081** |
| **PROFESSIONAL SERVICES** | **$52,569,514** | **$3,533,928** | **—** | **$56,103,442** |
| Other Charges | 225,653,348 | 4,947,177 | — | 230,600,525 |
| Debt Service | — | — | — | — |
| Interagency Transfers | 39,250,518 | 348,942 | — | 39,599,460 |
| **TOTAL OTHER CHARGES** | **$264,903,866** | **$5,296,119** | **—** | **$270,199,985** |
| Acquisitions | — | — | — | — |
| Major Repairs | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$491,303,782** | **$10,340,595** | **$196,086** | **$501,840,463** |
| **Classified** | **1,162** | **—** | **11** | **1,173** |
| **Unclassified** | **14** | **—** | **—** | **14** |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **1,176** | **—** | **11** | **1,187** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **88** | **—** | **—** | **88** |

# TECHNICAL AND OTHER ADJUSTMENTS

## Form 61886 — 326 - T/OAP: T.O. POSITION Transfer to the Bureau of SANS

### 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 | — |

### Statutory Dedications

| | Amount |
|---|---|
| **Total:** | **—** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | As part of the Louisiana State Health Improvement Plan, the Bureau of Sanitarian Services is requesting one entry-level Health Inspector position to address growing service demands associated with major economic development projects in rural parishes. This position is included in a T/OAP that would reduce authorized positions in 09-329 OSHCF by 11 and increase authorized positions in 09-326 OPH by 11, supporting efficient and effective service delivery without increasing the overall size of state government. Large data center developments have brought an influx of businesses and residents to Richland and West Feliciana parishes, where a single sanitarian in each parish is responsible for all sanitation duties. This growth has increased workloads and strained existing staffing capacity. Vermilion Parish is also beginning to experience increased demand associated with the anticipated SpaceX project. The Health Inspector will serve in a floating capacity, providing support across the state as local workloads exceed available staffing capacity. This flexible approach will allow the Bureau to direct resources where they are most needed, maintain timely inspections and essential environmental health services, and protect public health as communities grow. |
| **Cite performance indicators for the adjustment.** | |
| **What would the impact be if this is not funded?** | |
| **Is revenue a fixed amount or can it be adjusted?** | |
| **Is the expenditure of these revenues restricted?** | |
| **Additional information or comments.** | |

# Form 61892 — 326 - T/OAP: T.O. POSITIONS Transfer to BRCO

## 3262 - Public Health Services

### MEANS OF FINANCING

| | Amount |
|---|---|
| STATE GENERAL FUND (Direct) | 196,086 |
| STATE GENERAL FUND BY: | — |
| INTERAGENCY TRANSFERS | — |
| FEES & SELF-GENERATED | — |
| STATUTORY DEDICATIONS | — |
| FEDERAL FUNDS | — |
| **TOTAL MEANS OF FINANCING** | **$196,086** |

### EXPENDITURES

| | Amount |
|---|---|
| Salaries | 126,309 |
| Other Compensation | — |
| Related Benefits | 69,777 |
| **TOTAL PERSONAL SERVICES** | **$196,086** |
| 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** | **$196,086** |

### AUTHORIZED POSITIONS

| | FTE |
|---|---|
| Classified | 3 |
| Unclassified | — |
| TOTAL AUTHORIZED T.O. POSITIONS | 3 |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — |
| TOTAL NON-T.O. FTE POSITIONS | — |

### Statutory Dedications

| | Amount |
|---|---|
| **Total:** | **—** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | As part of the statewide infrastructure investment, the Bureau of Regional and Clinical Operations is requesting three positionsóone Administrative Coordinator 3, one Nutrition Educator, and one Health Educator 2óto restore clinical and WIC services in St. Tammany Parish to five days per week. These positions are included in a T/OAP that would reduce authorized positions in 09-329 OSHCF by 11 and increase authorized positions in 09-326 OPH by 11, supporting efficient and effective service delivery without increasing the overall size of state government. The three positions will support personal health services at parish health units, including reproductive health services (sexually transmitted disease services and family planning), immunizations, tuberculosis services, the Women, Infants, and Children (WIC) Supplemental Nutrition Program, Childrenís Special Health Services (CSHS), genetics services, and vital records. Staff will perform these duties in accordance with applicable rules, regulations, and policies and assist with public health emergency response. The personnel request breakdown for the positions is as follows: |
| **Cite performance indicators for the adjustment.** | |
| **What would the impact be if this is not funded?** | |
| **Is revenue a fixed amount or can it be adjusted?** | |
| **Is the expenditure of these revenues restricted?** | |
| **Additional information or comments.** | |

# Form 62117 — 326 - T/OAP: Transfer T.O. (7) position for JA conversions

## 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 | 604,259 |
| Other Compensation | (604,259) |
| 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 | 7 |
| Unclassified | — |
| TOTAL AUTHORIZED T.O. POSITIONS | 7 |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — |
| TOTAL NON-T.O. FTE POSITIONS | — |

### Statutory Dedications

| | Amount |
|---|---|
| **Total:** | **—** |

| Question | Narrative Response |
|---|---|
| **Explain the need for this request.** | To support efficient and effective service delivery without expanding the overall size of state government, this T/OAP proposes transferring 11 positions from 09-329 OSHCF to 09-326 OPH, with no net increase in authorized positions. Within this transfer, the request seeks to convert seven Job Appointment positions to permanent T.O. FTE positions. Please see attachment for position details. |
| **Cite performance indicators for the adjustment.** | |
| **What would the impact be if this is not funded?** | |
| **Is revenue a fixed amount or can it be adjusted?** | |
| **Is the expenditure of these revenues restricted?** | |
| **Additional information or comments.** | |

FY28 REQUEST FOR JOB APPOINTMENT CONVERSIONS

| | AGENCY NAME | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Job title | Cost Center | SGF | IAT | FSGR | STAT DED | FED | TOTAL | Name of Federal Grant (If funded with FED) | Grant Expiration Date | Description of Position and Job Duties/Responsibilities | Justification for Converting JA to TO | Position Number |
| 1 | Immunization Program Consultant 2 | 3262107643 | $ - | $ - | $ - | $ - | $ 86,688 | $ 86,688 | Strengthening Vaccine-Preventable Disease Prevention and Response in Louisiana - 25-0007 | June 30, 2030 | This position supports the daily operations of the IIS, LINKS. It is responsible for assessing, validating, and improving the quality of data submitted to LINKS. This position analyzes immunization records, identifies errors or inconsistencies, monitors reporting trends, and collaborates with providers, technical teams, and IIS staff to ensure accurate, complete, and timely immunization data. This position supports public health surveillance, reporting requirements, and clinical decision-making by ensuring high-quality data within the IIS.<br>**Duties and Responsibilities:** • Data Quality Monitoring and Reporting<br>o Monitors helpdesk ticketing system and maintains internal tracking system for ticket progress pertaining to IIS maintenance.<br>o Works with system administrators to correct large-scale data issues identified through audits or reports.<br>o Provides data quality summaries for IIS management, immunization program leadership, and federal reporting requirements.<br>• Data Quality Review and Validation<br>o Responsible for reviewing release notes from IIS vendor and conducting validation testing.<br>o Supports decision-making on IIS enhancements, modernization efforts and data quality initiatives to improve system functionality.<br>o Attends workgroups with vendor and other jurisdictions to collaborate on system improvements. | This position performs an ongoing, mission-critical function supporting the accuracy, completeness, and reliability of data in LINKS. Responsibilities include data quality monitoring, validation testing, issue resolution, technical assistance, and support for IIS enhancements and modernization. Because these functions are essential to public health surveillance, clinical decision-making, federal reporting, and ongoing LINKS operations, the need is permanent and warrants conversion from a job appointment to a | 50558313 |
| 2 | Environmental Health Scientist Coordinator | 3262207540 | | $ - | $ - | $ - | $ 77,790 | $ 77,790 | Public Health Infrastructure Grant | 11/30/2027 | Compiles, analyzes, and interprets heat-related data, particularly syndromic surveillance data; Prepares data briefs, articles, and reports; Communicates findings; Researches current methods related to heat and health; Develops Tableau dashboards; Serves as back-up to Heavy Metals & CO/ Pesticide Surveillance Coordinator. | The Environmental Health Scientist Coordinator works to maintain program capacity to address heat-related illness, which is an agency priority. | 50674567 |
| 3 | Program Manager 1-A-LDH | 3262107340 | $ - | $ - | $ - | $ - | $ 123,197 | $ 123,197 | Public Health Infrastructure Grant (PHIG) and / or Preventive Health and Health Services (PHHS) Block Grant | 11/30/2027 | This position manages a $68-million multi-year complex federal grant to OPH. The position ensures completion of all CDC deliverables including annual reports, budgets, and workplans; coordinates with programs across OPH to manage budgets and ensure workplans are on track; tracks and reports on expenditures; monitors large contracts to local health departments; and supervises an evaluation coordinator. | While the grant this position manages ends Nov 2027, CDC has informed OPH that they plan to issue a subsequent multi-year award for public health infrastructure to be announced in early 2027, with this funding stream to continue well into the future as a primary mechanism of providing flexible federal funding to state health departments. This position is critical to ensuring compliance with federal requirements for this series of grants and for coordinating across OPH to ensure this funding is maximized to | 50630019 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4 | Administrative Coordinato | 3262109004 | $ - | $ - | $ - | $ - | $ 62,307 | $ 62,307 | This position is cost allocated currently | N/A | Serves as an intake clerk at front desk of PHU. Provides public health services, recordkeeping, scheduling appointments, check ins, check outs, supports Vital Records operations, collects funds and patient signatures, etc. | Permanent placement of this position would provide a sustainable staffing structure for the health unit and ensure the continued ability to maintain necessary staffing levels, provide continuity of public health services, maintain accurate records, support Vital Records operations, safeguard collected funds, and meet the ongoing needs of the community. | 59887 |
| 5 | Laboratory Technician 3 | 3262107414 | $ 17,847 | $ - | $ - | $ - | $ 53,542 | $ 71,389 | PHIG-50%; NARMS - 2 | 11/30/2027 - PH | The following duties/responsibilities are performed by the Laboratory Technician 3 in the OPH Microbiology Food Laboratory:<br>1. Preparation of media and reagents to be used in laboratory analysis, performance of routine quality control activities related to media and reagent preparation, performance of sample preparation and handling during testing to ensure laboratory compliance with ISO/IEC 17025 accreditation requirements.<br>2. Receipt of specimens and supplies into the laboratory, routing of specimens, supplies, and all relevant forms and documents to the appropriate laboratory section or unit.<br>3. Performance of routine maintenance to ensure a clean, safe work environment in the OPH laboratory. Assisting scientific staff as directed with routine cleaning and preventive maintenance of laboratory equipment including refrigerators, freezers, incubators, centrifuges, water baths, balances, and autoclaves.<br>4. Assisting with routine office tasks such as mailing or faxing laboratory reports, disposing of outdated laboratory forms and records, performance of supply inventory assessment, answering and directing calls pertaining to testing information, making calls for information requests in order to ensure that all aspects of the testing process are completed appropriately. | There are only 2 full-time employees in the OPH Microbiology Food Laboratory, 1 PHLS3 and 1 LT3. In order to maintain laboratory operations, report laboratory results in a timely manner, and maintain compliance with accreditation requirements, it is essential that the LT3 position be converted to a TO. This will ensure continuity of laboratory operations moving forward and allow the OPH Microbiology Food Laboratory to continue to provide high quality testing services to the | 50594328 |
| 6 | ADMIN COORDINATOR 3 | 3262109007 | $ - | $ - | $ - | $ - | $ 49,932 | $ 49,932 | This position is cost allocated currently | | Responsible for registration, insurance verification, and income verification for WIC, Reproductive Health, Immunization, and TB clients at Sabine PHU | This position is one of 2 administrative positions at Sabine Parish Health Unit. The position is need to continue to provide the level of services at Sabine PHU and provides support to other Region 7 Parish | 132055 |
| 7 | REGISTERED NURSE 4 | 3262108007 | $ - | $ - | $ - | $ - | $ 132,956 | $ 132,956 | PHIG | 11/30/2027 | Provides nursing services at Caddo Parish Health Unit (Immunizations, Reproductive Health, Tuberculosis, etc. | This nurse provides nursing service at the Region 7 flagship PHU, Caddo. Caddo PHU provides services to approximately 5200 WIC participants per quarter and is the largest provider of reproductive health services in the state. | 50633371 |
| | | | $ 17,847 | $ - | $ - | $ - | $ 586,412 | $ 604,259 | | | | | |

# New or Expanded Requests

# AGENCY SUMMARY STATEMENT

## Total Agency

| Means of Financing and Expenditures | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in Technical/Other Package | FY2027-2028 Requested New/Expanded | FY2027-2028 Requested Realignment |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 69,072,830 | 3,394,943 | 196,086 | — | 72,663,859 |
| STATE GENERAL FUND BY: | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 85,165,344 | 1,275,606 | — | — | 86,440,950 |
| FEES & SELF-GENERATED | 60,329,443 | 403,627 | — | — | 60,733,070 |
| STATUTORY DEDICATIONS | 14,826,686 | 199,586 | — | — | 15,026,272 |
| FEDERAL FUNDS | 261,909,479 | 5,066,833 | — | — | 266,976,312 |
| **TOTAL MEANS OF FINANCING** | **$491,303,782** | **$10,340,595** | **$196,086** | **—** | **$501,840,463** |
| Salaries | 88,386,928 | 2,273,502 | 730,568 | — | 91,390,998 |
| Other Compensation | 6,688,565 | (1,800,043) | (604,259) | — | 4,284,263 |
| Related Benefits | 49,685,778 | (135,861) | 69,777 | — | 49,619,694 |
| **TOTAL PERSONAL SERVICES** | **$144,761,271** | **$337,598** | **$196,086** | **—** | **$145,294,955** |
| Travel | 2,615,103 | 237,943 | — | — | 2,853,046 |
| Operating Services | 13,550,132 | 477,893 | — | — | 14,028,025 |
| Supplies | 12,903,896 | 457,114 | — | — | 13,361,010 |
| **TOTAL OPERATING EXPENSES** | **$29,069,131** | **$1,172,950** | **—** | **—** | **$30,242,081** |
| **PROFESSIONAL SERVICES** | **$52,569,514** | **$3,533,928** | **—** | **—** | **$56,103,442** |
| Other Charges | 225,653,348 | 4,947,177 | — | — | 230,600,525 |
| Debt Service | — | — | — | — | — |
| Interagency Transfers | 39,250,518 | 348,942 | — | — | 39,599,460 |
| **TOTAL OTHER CHARGES** | **$264,903,866** | **$5,296,119** | **—** | **—** | **$270,199,985** |
| Acquisitions | — | — | — | — | — |
| Major Repairs | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$491,303,782** | **$10,340,595** | **$196,086** | **—** | **$501,840,463** |
| Classified | 1,162 | — | 11 | — | 1,173 |
| Unclassified | 14 | — | — | — | 14 |
| TOTAL AUTHORIZED T.O. POSITIONS | 1,176 | — | 11 | — | 1,187 |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — | — | — | — | — |
| TOTAL NON-T.O. FTE POSITIONS | 88 | — | — | — | 88 |

## Fees and Self-Generated

| Description | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in Technical/Other Package | FY2027-2028 Requested New/Expanded | FY2027-2028 Requested Realignment |
|---|---|---|---|---|---|
| Emergency Medical Technician Fund | 28,000 | 238 | — | — | 28,238 |
| Fees & Self-generated Revenues | 58,451,689 | 398,035 | — | — | 58,849,724 |
| Oyster Sanitation Dedicated Fund Account | 174,350 | 4,150 | — | — | 178,500 |
| Vital Records Conversion Dedicated Fund Account | 1,675,404 | 1,204 | — | — | 1,676,608 |
| **Total:** | **$60,329,443** | **$403,627** | **—** | **—** | **$60,733,070** |

## Statutory Dedications

| Description | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in Technical/Other Package | FY2027-2028 Requested New/Expanded | FY2027-2028 Requested Realignment |
|---|---|---|---|---|---|
| Louisiana Fund | 9,315,747 | 84,763 | — | — | 9,400,510 |
| Telecommunications for the Deaf Fund | 5,510,939 | 114,823 | — | — | 5,625,762 |
| **Total:** | **$14,826,686** | **$199,586** | **—** | **—** | **$15,026,272** |

# PROGRAM SUMMARY STATEMENT

## 3262 - Public Health Services

| Means of Financing and Expenditures | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in Technical/Other Package | FY2027-2028 Requested New/Expanded | FY2027-2028 Requested Realignment |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 69,072,830 | 3,394,943 | 196,086 | — | 72,663,859 |
| STATE GENERAL FUND BY: | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 85,165,344 | 1,275,606 | — | — | 86,440,950 |
| FEES & SELF-GENERATED | 60,329,443 | 403,627 | — | — | 60,733,070 |
| STATUTORY DEDICATIONS | 14,826,686 | 199,586 | — | — | 15,026,272 |
| FEDERAL FUNDS | 261,909,479 | 5,066,833 | — | — | 266,976,312 |
| **TOTAL MEANS OF FINANCING** | **$491,303,782** | **$10,340,595** | **$196,086** | **—** | **$501,840,463** |
| Salaries | 88,386,928 | 2,273,502 | 730,568 | — | 91,390,998 |
| Other Compensation | 6,688,565 | (1,800,043) | (604,259) | — | 4,284,263 |
| Related Benefits | 49,685,778 | (135,861) | 69,777 | — | 49,619,694 |
| **TOTAL PERSONAL SERVICES** | **$144,761,271** | **$337,598** | **$196,086** | **—** | **$145,294,955** |
| Travel | 2,615,103 | 237,943 | — | — | 2,853,046 |
| Operating Services | 13,550,132 | 477,893 | — | — | 14,028,025 |
| Supplies | 12,903,896 | 457,114 | — | — | 13,361,010 |
| **TOTAL OPERATING EXPENSES** | **$29,069,131** | **$1,172,950** | **—** | **—** | **$30,242,081** |
| **PROFESSIONAL SERVICES** | **$52,569,514** | **$3,533,928** | **—** | **—** | **$56,103,442** |
| Other Charges | 225,653,348 | 4,947,177 | — | — | 230,600,525 |
| Debt Service | — | — | — | — | — |
| Interagency Transfers | 39,250,518 | 348,942 | — | — | 39,599,460 |
| **TOTAL OTHER CHARGES** | **$264,903,866** | **$5,296,119** | **—** | **—** | **$270,199,985** |
| Acquisitions | — | — | — | — | — |
| Major Repairs | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$491,303,782** | **$10,340,595** | **$196,086** | **—** | **$501,840,463** |
| Classified | 1,162 | — | 11 | — | 1,173 |
| Unclassified | 14 | — | — | — | 14 |
| TOTAL AUTHORIZED T.O. POSITIONS | 1,176 | — | 11 | — | 1,187 |
| TOTAL AUTHORIZED OTHER CHARGES POSITIONS | — | — | — | — | — |
| TOTAL NON-T.O. FTE POSITIONS | 88 | — | — | — | 88 |

## Fees and Self-Generated

| Description | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in Technical/Other Package | FY2027-2028 Requested New/Expanded | FY2027-2028 Requested Realignment |
|---|---|---|---|---|---|
| Emergency Medical Technician Fund | 28,000 | 238 | — | — | 28,238 |
| Fees & Self-generated Revenues | 58,451,689 | 398,035 | — | — | 58,849,724 |
| Oyster Sanitation Dedicated Fund Account | 174,350 | 4,150 | — | — | 178,500 |
| Vital Records Conversion Dedicated Fund Account | 1,675,404 | 1,204 | — | — | 1,676,608 |
| **Total:** | **$60,329,443** | **$403,627** | **—** | **—** | **$60,733,070** |

## Statutory Dedications

| Description | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustment | FY2027-2028 Requested in Technical/Other Package | FY2027-2028 Requested New/Expanded | FY2027-2028 Requested Realignment |
|---|---|---|---|---|---|
| Louisiana Fund | 9,315,747 | 84,763 | — | — | 9,400,510 |
| Telecommunications for the Deaf Fund | 5,510,939 | 114,823 | — | — | 5,625,762 |
| **Total:** | **$14,826,686** | **$199,586** | **—** | **—** | **$15,026,272** |




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# Total Request Summary

# AGENCY SUMMARY STATEMENT

## Total Agency

### Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustments | FY2027-2028 Requested in Technical/Other Adjustments | FY2027-2028 Requested New or Expanded Adjustments | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 71,511,710 | 69,072,830 | 3,394,943 | 196,086 | — | 72,663,859 | 3,591,029 |
| STATE GENERAL FUND BY: | — | — | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 17,570,758 | 85,165,344 | 1,275,606 | — | — | 86,440,950 | 1,275,606 |
| FEES & SELF-GENERATED | 52,736,706 | 60,329,443 | 403,627 | — | — | 60,733,070 | 403,627 |
| STATUTORY DEDICATIONS | 15,001,047 | 14,826,686 | 199,586 | — | — | 15,026,272 | 199,586 |
| FEDERAL FUNDS | 326,675,976 | 261,909,479 | 5,066,833 | — | — | 266,976,312 | 5,066,833 |
| **TOTAL MEANS OF FINANCING** | **$483,496,198** | **$491,303,782** | **$10,340,595** | **$196,086** | **—** | **$501,840,463** | **$10,536,681** |

## Statutory Dedications

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustments | FY2027-2028 Requested in Technical/Other Adjustments | FY2027-2028 Requested New or Expanded Adjustments | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|---|---|
| Louisiana Fund | 9,668,822 | 9,315,747 | 84,763 | — | — | 9,400,510 | 84,763 |
| Rural Primary Care Physicians Development Fund | 1,307,500 | — | — | — | — | — | — |
| Telecommunications for the Deaf Fund | 4,024,725 | 5,510,939 | 114,823 | — | — | 5,625,762 | 114,823 |
| **Total:** | **$15,001,047** | **$14,826,686** | **$199,586** | **—** | **—** | **$15,026,272** | **$199,586** |

## Expenditures and Positions

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustments | FY2027-2028 Requested in Technical/Other Adjustments | FY2027-2028 Requested New or Expanded Adjustments | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|---|---|
| Salaries | 86,935,412 | 88,386,928 | 2,273,502 | 730,568 | — | 91,390,998 | 3,004,070 |
| Other Compensation | 4,498,938 | 6,688,565 | (1,800,043) | (604,259) | — | 4,284,263 | (2,404,302) |
| Related Benefits | 50,006,926 | 49,685,778 | (135,861) | 69,777 | — | 49,619,694 | (66,084) |
| **TOTAL PERSONAL SERVICES** | **$141,441,276** | **$144,761,271** | **$337,598** | **$196,086** | **—** | **$145,294,955** | **$533,684** |
| Travel | 2,365,253 | 2,615,103 | 237,943 | — | — | 2,853,046 | 237,943 |
| Operating Services | 11,709,235 | 13,550,132 | 477,893 | — | — | 14,028,025 | 477,893 |
| Supplies | 12,859,142 | 12,903,896 | 457,114 | — | — | 13,361,010 | 457,114 |
| **TOTAL OPERATING EXPENSES** | **$26,933,630** | **$29,069,131** | **$1,172,950** | **—** | **—** | **$30,242,081** | **$1,172,950** |
| **PROFESSIONAL SERVICES** | **$46,053,554** | **$52,569,514** | **$3,533,928** | **—** | **—** | **$56,103,442** | **$3,533,928** |
| Other Charges | 239,240,271 | 225,653,348 | 4,947,177 | — | — | 230,600,525 | 4,947,177 |
| Debt Service | — | — | — | — | — | — | — |
| Interagency Transfers | 29,599,026 | 39,250,518 | 348,942 | — | — | 39,599,460 | 348,942 |
| **TOTAL OTHER CHARGES** | **$268,839,296** | **$264,903,866** | **$5,296,119** | **—** | **—** | **$270,199,985** | **$5,296,119** |
| Acquisitions | 228,442 | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **$228,442** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$483,496,198** | **$491,303,782** | **$10,340,595** | **$196,086** | **—** | **$501,840,463** | **$10,536,681** |
| Classified | 1,220 | 1,162 | — | 11 | — | 1,173 | 11 |
| Unclassified | 14 | 14 | — | — | — | 14 | — |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **1,234** | **1,176** | **—** | **11** | **—** | **1,187** | **11** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **103** | **88** | **—** | **—** | **—** | **88** | **—** |

# PROGRAM SUMMARY STATEMENT

## 3262 - Public Health Services

### Means of Financing

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustments | FY2027-2028 Requested in Technical/Other Adjustments | FY2027-2028 Requested New or Expanded Adjustments | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | 71,511,710 | 69,072,830 | 3,394,943 | 196,086 | — | 72,663,859 | 3,591,029 |
| STATE GENERAL FUND BY: | — | — | — | — | — | — | — |
| INTERAGENCY TRANSFERS | 17,570,758 | 85,165,344 | 1,275,606 | — | — | 86,440,950 | 1,275,606 |
| FEES & SELF-GENERATED | 52,736,706 | 60,329,443 | 403,627 | — | — | 60,733,070 | 403,627 |
| STATUTORY DEDICATIONS | 15,001,047 | 14,826,686 | 199,586 | — | — | 15,026,272 | 199,586 |
| FEDERAL FUNDS | 326,675,976 | 261,909,479 | 5,066,833 | — | — | 266,976,312 | 5,066,833 |
| **TOTAL MEANS OF FINANCING** | **$483,496,198** | **$491,303,782** | **$10,340,595** | **$196,086** | **—** | **$501,840,463** | **$10,536,681** |

## Statutory Dedications

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustments | FY2027-2028 Requested in Technical/Other Adjustments | FY2027-2028 Requested New or Expanded Adjustments | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|---|---|
| Louisiana Fund | 9,668,822 | 9,315,747 | 84,763 | — | — | 9,400,510 | 84,763 |
| Rural Primary Care Physicians Development Fund | 1,307,500 | — | — | — | — | — | — |
| Telecommunications for the Deaf Fund | 4,024,725 | 5,510,939 | 114,823 | — | — | 5,625,762 | 114,823 |
| **Total:** | **$15,001,047** | **$14,826,686** | **$199,586** | **—** | **—** | **$15,026,272** | **$199,586** |

## Expenditures and Positions

| Description | FY2025-2026 Actuals | Existing Operating Budget as of 10/01/2026 | FY2027-2028 Requested Continuation Adjustments | FY2027-2028 Requested in Technical/Other Adjustments | FY2027-2028 Requested New or Expanded Adjustments | FY2027-2028 Total Request | Over/Under EOB |
|---|---|---|---|---|---|---|---|
| Salaries | 86,935,412 | 88,386,928 | 2,273,502 | 730,568 | — | 91,390,998 | 3,004,070 |
| Other Compensation | 4,498,938 | 6,688,565 | (1,800,043) | (604,259) | — | 4,284,263 | (2,404,302) |
| Related Benefits | 50,006,926 | 49,685,778 | (135,861) | 69,777 | — | 49,619,694 | (66,084) |
| **TOTAL PERSONAL SERVICES** | **$141,441,276** | **$144,761,271** | **$337,598** | **$196,086** | **—** | **$145,294,955** | **$533,684** |
| Travel | 2,365,253 | 2,615,103 | 237,943 | — | — | 2,853,046 | 237,943 |
| Operating Services | 11,709,235 | 13,550,132 | 477,893 | — | — | 14,028,025 | 477,893 |
| Supplies | 12,859,142 | 12,903,896 | 457,114 | — | — | 13,361,010 | 457,114 |
| **TOTAL OPERATING EXPENSES** | **$26,933,630** | **$29,069,131** | **$1,172,950** | **—** | **—** | **$30,242,081** | **$1,172,950** |
| **PROFESSIONAL SERVICES** | **$46,053,554** | **$52,569,514** | **$3,533,928** | **—** | **—** | **$56,103,442** | **$3,533,928** |
| Other Charges | 239,240,271 | 225,653,348 | 4,947,177 | — | — | 230,600,525 | 4,947,177 |
| Debt Service | — | — | — | — | — | — | — |
| Interagency Transfers | 29,599,026 | 39,250,518 | 348,942 | — | — | 39,599,460 | 348,942 |
| **TOTAL OTHER CHARGES** | **$268,839,296** | **$264,903,866** | **$5,296,119** | **—** | **—** | **$270,199,985** | **$5,296,119** |
| Acquisitions | 228,442 | — | — | — | — | — | — |
| Major Repairs | — | — | — | — | — | — | — |
| **TOTAL ACQ. & MAJOR REPAIRS** | **$228,442** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL EXPENDITURES** | **$483,496,198** | **$491,303,782** | **$10,340,595** | **$196,086** | **—** | **$501,840,463** | **$10,536,681** |
| Classified | 1,220 | 1,162 | — | 11 | — | 1,173 | 11 |
| Unclassified | 14 | 14 | — | — | — | 14 | — |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **1,234** | **1,176** | **—** | **11** | **—** | **1,187** | **11** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **—** | **—** | **—** | **—** | **—** | **—** | **—** |
| **TOTAL NON-T.O. FTE POSITIONS** | **103** | **88** | **—** | **—** | **—** | **88** | **—** |




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# Addenda

Department: 09A - LDH

Agency: 326 OFFICE OF PUBLIC HEALTH

# STATE OF LOUISIANA
## Childrens Budget
## Department Summary

CHILD - DS

Fiscal Year 2027 - 2028

Report Date: 10/31/26

| Service Number | Service Name | Agency Number | Agency Name | General Fund | IAT | Self Generated | Stat Deds | Federal Funds | Total Funds | Positions |
|---|---|---|---|---|---|---|---|---|---|---|
| OPH01 | ACA-MIECHV-Mental Health | 326 | Office of Public Health | $0 | $0 | $0 | $0 | $547,342 | $547,342 | 0 |
| OPH02 | Child Death Review | 326 | Office of Public Health | $0 | $0 | $0 | $0 | $50,000 | $50,000 | 0 |
| OPH03 | Children's Special Health Services | 326 | Office of Public Health | $693,719 | $0 | $101,397 | $0 | $5,726,392 | $6,521,508 | 32 |
| OPH04 | Emergency Medical Services | 326 | Office of Public Health | $0 | $0 | $0 | $0 | $190,650 | $190,650 | 0 |
| OPH05 | Genetics | 326 | Office of Public Health | $1,451,054 | $0 | $4,430,000 | $2,994,487 | $780,000 | $9,655,541 | 24 |
| OPH06 | HIV/Perinatal & AIDS Drug Assistance | 326 | Office of Public Health | $0 | $0 | $0 | $0 | $2,940,137 | $2,940,137 | 2 |
| OPH07 | Immunization | 326 | Office of Public Health | $2,183,561 | $0 | $512,439 | $0 | $5,753,196 | $8,449,196 | 46 |
| OPH08 | Lead Poisoning Prevention | 326 | Office of Public Health | $0 | $0 | $0 | $0 | $468,678 | $468,678 | 2 |
| OPH09 | Maternal and Child Health | 326 | Office of Public Health | $0 | $0 | $0 | $0 | $5,975,154 | $5,975,154 | 21 |
| OPH10 | Nurse Family Partnership | 326 | Office of Public Health | $4,600,000 | $877,075 | $0 | $0 | $10,831,500 | $16,308,575 | 36 |
| OPH12 | School Based Health Services | 326 | Office of Public Health | $237,500 | $0 | $0 | $6,321,260 | $316,000 | $6,874,760 | 3 |
| | | | **Total:** | **$9,165,834** | **$877,075** | **$5,043,836** | **$9,315,747** | **$33,579,049** | **$57,981,541** | **166** |

Department: 09A - LDH
Agency: 326 OFFICE OF PUBLIC HEALTH

# STATE OF LOUISIANA
## Childrens Budget
## by Department

CHILD - DC
Fiscal Year 2027 - 2028
Report Date: 10/31/26

| Means of Financing: | Existing Operating Budget | Requested Continuation | Requested NE | Total Requested | Total Recommended |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | $9,165,834 | $0 | $0 | $9,165,834 | $0 |
| STATE GENERAL FUND BY: | | | | | |
| INTERAGENCY TRANSFERS | $877,075 | $0 | $0 | $877,075 | $0 |
| FEES & SELF-GENERATED | $5,043,836 | $0 | $0 | $5,043,836 | $0 |
| STATUTORY DEDICATIONS | $9,315,747 | $0 | $0 | $9,315,747 | $0 |
| FEDERAL FUNDS | $33,579,049 | $0 | $0 | $33,579,049 | $0 |
| **TOTAL MEANS OF FINANCING** | **$57,981,541** | **$0** | **$0** | **$57,981,541** | **$0** |
| Salaries | $12,446,300 | $0 | $0 | $12,446,300 | $0 |
| Other Compensation | $831,776 | $0 | $0 | $831,776 | $0 |
| Related Benefits | $7,046,479 | $0 | $0 | $7,046,479 | $0 |
| **TOTAL PERSONAL SERVICES** | **$20,324,555** | **$0** | **$0** | **$20,324,555** | **$0** |
| Travel | $193,440 | $0 | $0 | $193,440 | $0 |
| Operating Services | $1,585,565 | $0 | $0 | $1,585,565 | $0 |
| Supplies | $2,723,509 | $0 | $0 | $2,723,509 | $0 |
| **TOTAL OPERATING EXPENSES** | **$4,502,514** | **$0** | **$0** | **$4,502,514** | **$0** |
| **PROFESSIONAL SERVICES** | **$18,082,967** | **$0** | **$0** | **$18,082,967** | **$0** |
| Other Charges | $11,618,355 | $0 | $0 | $11,618,355 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $3,453,150 | $0 | $0 | $3,453,150 | $0 |
| **TOTAL OTHER CHARGES** | **$15,071,505** | **$0** | **$0** | **$15,071,505** | **$0** |
| Acquisitions | $0 | $0 | $0 | $0 | $0 |
| Major Repairs | $0 | $0 | $0 | $0 | $0 |
| **TOTAL ACQ. & MAJOR REPAIRS** | **$0** | **$0** | **$0** | **$0** | **$0** |

Department: 09A - LDH
Agency: 326 OFFICE OF PUBLIC HEALTH

# STATE OF LOUISIANA
## Childrens Budget
## by Department

CHILD - DC
Fiscal Year 2027 - 2028
Report Date: 10/31/26

| | | | | | |
|---|---|---|---|---|---|
| **TOTAL EXPENDITURES** | **$57,981,541** | **$0** | **$0** | **$57,981,541** | **$0** |
| Classified | **166** | **0** | **0** | **166** | **0** |
| Unclassified | **0** | **0** | **0** | **0** | **0** |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **166** | **0** | **0** | **166** | **0** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL NON-T.O. FTE POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL POSITIONS** | **166** | **0** | **0** | **166** | **0** |

## 326 - Office of Public Health

| Service Number | Service Name | Program Number | Program Name | General Fund | IAT | Self Generated | Stat Deds | Federal Funds | Total Funds | Positions |
|---|---|---|---|---|---|---|---|---|---|---|
| OPH01 | ACA-MIECHV-Mental Health | 3262 | Public Health Services | $0 | $0 | $0 | $0 | $547,342 | $547,342 | 0 |
| OPH02 | Child Death Review | 3262 | Public Health Services | $0 | $0 | $0 | $0 | $50,000 | $50,000 | 0 |
| OPH03 | Children's Special Health Services | 3262 | Public Health Services | $693,719 | $0 | $101,397 | $0 | $5,726,392 | $6,521,508 | 32 |
| OPH04 | Emergency Medical Services | 3262 | Public Health Services | $0 | $0 | $0 | $0 | $190,650 | $190,650 | 0 |
| OPH05 | Genetics | 3262 | Public Health Services | $1,451,054 | $0 | $4,430,000 | $2,994,487 | $780,000 | $9,655,541 | 24 |
| OPH06 | HIV/Perinatal & AIDS Drug Assistance | 3262 | Public Health Services | $0 | $0 | $0 | $0 | $2,940,137 | $2,940,137 | 2 |
| OPH07 | Immunization | 3262 | Public Health Services | $2,183,561 | $0 | $512,439 | $0 | $5,753,196 | $8,449,196 | 46 |
| OPH08 | Lead Poisoning Prevention | 3262 | Public Health Services | $0 | $0 | $0 | $0 | $468,678 | $468,678 | 2 |
| OPH09 | Maternal and Child Health | 3262 | Public Health Services | $0 | $0 | $0 | $0 | $5,975,154 | $5,975,154 | 21 |
| OPH10 | Nurse Family Partnership | 3262 | Public Health Services | $4,600,000 | $877,075 | $0 | $0 | $10,831,500 | $16,308,575 | 36 |
| OPH12 | School Based Health Services | 3262 | Public Health Services | $237,500 | $0 | $0 | $6,321,260 | $316,000 | $6,874,760 | 3 |
| | | | **Total:** | **$9,165,834** | **$877,075** | **$5,043,836** | **$9,315,747** | **$33,579,049** | **$57,981,541** | **166** |

## 326 - Office of Public Health

| Means of Financing: | Existing Operating Budget | Requested Continuation | Requested NE | Total Requested | Total Recommended |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | $9,165,834 | $0 | $0 | $9,165,834 | $0 |
| STATE GENERAL FUND BY: | | | | | |
| INTERAGENCY TRANSFERS | $877,075 | $0 | $0 | $877,075 | $0 |
| FEES & SELF-GENERATED | $5,043,836 | $0 | $0 | $5,043,836 | $0 |
| STATUTORY DEDICATIONS | $9,315,747 | $0 | $0 | $9,315,747 | $0 |
| FEDERAL FUNDS | $33,579,049 | $0 | $0 | $33,579,049 | $0 |
| **TOTAL MEANS OF FINANCING** | **$57,981,541** | **$0** | **$0** | **$57,981,541** | **$0** |
| Salaries | $12,446,300 | $0 | $0 | $12,446,300 | $0 |
| Other Compensation | $831,776 | $0 | $0 | $831,776 | $0 |
| Related Benefits | $7,046,479 | $0 | $0 | $7,046,479 | $0 |
| **TOTAL PERSONAL SERVICES** | **$20,324,555** | **$0** | **$0** | **$20,324,555** | **$0** |
| Travel | $193,440 | $0 | $0 | $193,440 | $0 |
| Operating Services | $1,585,565 | $0 | $0 | $1,585,565 | $0 |
| Supplies | $2,723,509 | $0 | $0 | $2,723,509 | $0 |
| **TOTAL OPERATING EXPENSES** | **$4,502,514** | **$0** | **$0** | **$4,502,514** | **$0** |
| **PROFESSIONAL SERVICES** | **$18,082,967** | **$0** | **$0** | **$18,082,967** | **$0** |
| Other Charges | $11,618,355 | $0 | $0 | $11,618,355 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $3,453,150 | $0 | $0 | $3,453,150 | $0 |
| **TOTAL OTHER CHARGES** | **$15,071,505** | **$0** | **$0** | **$15,071,505** | **$0** |
| Acquisitions | $0 | $0 | $0 | $0 | $0 |
| Major Repairs | $0 | $0 | $0 | $0 | $0 |

Department: 09A - LDH
Agency: 326 OFFICE OF PUBLIC HEALTH

# STATE OF LOUISIANA
## Childrens Budget
## by Agency

CHILD - AC
Fiscal Year 2027 - 2028
Report Date: 10/31/26

| | | | | | |
|---|---|---|---|---|---|
| **TOTAL ACQ. & MAJOR REPAIRS** | **$0** | **$0** | **$0** | **$0** | **$0** |
| **TOTAL EXPENDITURES** | **$57,981,541** | **$0** | **$0** | **$57,981,541** | **$0** |
| Classified | **166** | **0** | **0** | **166** | **0** |
| Unclassified | **0** | **0** | **0** | **0** | **0** |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **166** | **0** | **0** | **166** | **0** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITION** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL NON-T.O. FTE POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL POSITIONS** | **166** | **0** | **0** | **166** | **0** |

# 326 - Office of Public Health

## 3262 - Public Health Services

### OPH01 - ACA-MIECHV- Mental 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 | $0 | $0 | $0 | $0 | $0 |
| FEDERAL FUNDS | $547,342 | $0 | $0 | $547,342 | $0 |
| **TOTAL MEANS OF FINANCING** | **$547,342** | **$0** | **$0** | **$547,342** | **$0** |
| Salaries | $10,000 | $0 | $0 | $10,000 | $0 |
| Other Compensation | $0 | $0 | $0 | $0 | $0 |
| Related Benefits | $5,305 | $0 | $0 | $5,305 | $0 |
| **TOTAL PERSONAL SERVICES** | **$15,305** | **$0** | **$0** | **$15,305** | **$0** |
| Travel | $1,000 | $0 | $0 | $1,000 | $0 |
| Operating Services | $5,000 | $0 | $0 | $5,000 | $0 |
| Supplies | $2,000 | $0 | $0 | $2,000 | $0 |
| **TOTAL OPERATING EXPENSES** | **$8,000** | **$0** | **$0** | **$8,000** | **$0** |
| **PROFESSIONAL SERVICES** | **$315,459** | **$0** | **$0** | **$315,459** | **$0** |
| Other Charges | $198,578 | $0 | $0 | $198,578 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $10,000 | $0 | $0 | $10,000 | $0 |
| **TOTAL OTHER CHARGES** | **$208,578** | **$0** | **$0** | **$208,578** | **$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** | **$547,342** | **$0** | **$0** | **$547,342** | **$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 POSITION** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL NON-T.O. FTE POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL POSITIONS** | **0** | **0** | **0** | **0** | **0** |

### 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 | $0 | $0 | $0 | $0 | $0 |
| Other Compensation | $0 | $0 | $0 | $0 | $0 |
| Related Benefits | $0 | $0 | $0 | $0 | $0 |
| **TOTAL PERSONAL SERVICES** | **$0** | **$0** | **$0** | **$0** | **$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** | **$49,000** | **$0** | **$0** | **$49,000** | **$0** |
| Other Charges | $0 | $0 | $0 | $0 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $500 | $0 | $0 | $500 | $0 |
| **TOTAL OTHER CHARGES** | **$500** | **$0** | **$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 POSITION** | **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 Health Services**

| Means of Financing: | Existing Operating Budget | Requested Continuation | Requested NE | Total Requested | Total Recommended |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | $693,719 | $0 | $0 | $693,719 | $0 |
| STATE GENERAL FUND BY: | | | | | |

# STATE OF LOUISIANA
## Childrens Budget
## by Agency/Program and Service



| | | | | | |
|---|---|---|---|---|---|
| INTERAGENCY TRANSFERS | $0 | $0 | $0 | $0 | $0 |
| FEES & SELF-GENERATED | $101,397 | $0 | $0 | $101,397 | $0 |
| STATUTORY DEDICATIONS | $0 | $0 | $0 | $0 | $0 |
| FEDERAL FUNDS | $5,726,392 | $0 | $0 | $5,726,392 | $0 |
| **TOTAL MEANS OF FINANCING** | **$6,521,508** | **$0** | **$0** | **$6,521,508** | **$0** |
| Salaries | $2,378,000 | $0 | $0 | $2,378,000 | $0 |
| Other Compensation | $200,000 | $0 | $0 | $200,000 | $0 |
| Related Benefits | $1,367,830 | $0 | $0 | $1,367,830 | $0 |
| **TOTAL PERSONAL SERVICES** | **$3,945,830** | **$0** | **$0** | **$3,945,830** | **$0** |
| Travel | $31,000 | $0 | $0 | $31,000 | $0 |
| Operating Services | $81,000 | $0 | $0 | $81,000 | $0 |
| Supplies | $176,000 | $0 | $0 | $176,000 | $0 |
| **TOTAL OPERATING EXPENSES** | **$288,000** | **$0** | **$0** | **$288,000** | **$0** |
| **PROFESSIONAL SERVICES** | **$1,715,416** | **$0** | **$0** | **$1,715,416** | **$0** |
| Other Charges | $295,262 | $0 | $0 | $295,262 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $277,000 | $0 | $0 | $277,000 | $0 |
| **TOTAL OTHER CHARGES** | **$572,262** | **$0** | **$0** | **$572,262** | **$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** | **$6,521,508** | **$0** | **$0** | **$6,521,508** | **$0** |
| Classified | **32** | **0** | **0** | **32** | **0** |
| Unclassified | **0** | **0** | **0** | **0** | **0** |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **32** | **0** | **0** | **32** | **0** |

| | | | | | |
|---|---|---|---|---|---|
| **TOTAL AUTHORIZED OTHER CHARGES POSITION** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL NON-T.O. FTE POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL POSITIONS** | **32** | **0** | **0** | **32** | **0** |

**OPH04 - Emergency Medical Services**

| 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 | $190,650 | $0 | $0 | $190,650 | $0 |
| **TOTAL MEANS OF FINANCING** | **$190,650** | **$0** | **$0** | **$190,650** | **$0** |
| Salaries | $2,100 | $0 | $0 | $2,100 | $0 |
| Other Compensation | $0 | $0 | $0 | $0 | $0 |
| Related Benefits | $1,114 | $0 | $0 | $1,114 | $0 |
| **TOTAL PERSONAL SERVICES** | **$3,214** | **$0** | **$0** | **$3,214** | **$0** |
| Travel | $200 | $0 | $0 | $200 | $0 |
| Operating Services | $500 | $0 | $0 | $500 | $0 |
| Supplies | $0 | $0 | $0 | $0 | $0 |
| **TOTAL OPERATING EXPENSES** | **$700** | **$0** | **$0** | **$700** | **$0** |
| **PROFESSIONAL SERVICES** | **$181,736** | **$0** | **$0** | **$181,736** | **$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 |
| **TOTAL ACQ. & MAJOR REPAIRS** | **$0** | **$0** | **$0** | **$0** | **$0** |
| **TOTAL EXPENDITURES** | **$190,650** | **$0** | **$0** | **$190,650** | **$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 POSITION** | **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) | $1,451,054 | $0 | $0 | $1,451,054 | $0 |
| STATE GENERAL FUND BY: | | | | | |
| INTERAGENCY TRANSFERS | $0 | $0 | $0 | $0 | $0 |
| FEES & SELF-GENERATED | $4,430,000 | $0 | $0 | $4,430,000 | $0 |
| STATUTORY DEDICATIONS | $2,994,487 | $0 | $0 | $2,994,487 | $0 |
| FEDERAL FUNDS | $780,000 | $0 | $0 | $780,000 | $0 |
| **TOTAL MEANS OF FINANCING** | **$9,655,541** | **$0** | **$0** | **$9,655,541** | **$0** |
| Salaries | $1,836,000 | $0 | $0 | $1,836,000 | $0 |
| Other Compensation | $120,000 | $0 | $0 | $120,000 | $0 |

| | | | | | |
|---|---|---|---|---|---|
| Related Benefits | $1,039,680 | $0 | $0 | $1,039,680 | $0 |
| **TOTAL PERSONAL SERVICES** | **$2,995,680** | **$0** | **$0** | **$2,995,680** | **$0** |
| Travel | $10,000 | $0 | $0 | $10,000 | $0 |
| Operating Services | $700,000 | $0 | $0 | $700,000 | $0 |
| Supplies | $2,040,374 | $0 | $0 | $2,040,374 | $0 |
| **TOTAL OPERATING EXPENSES** | **$2,750,374** | **$0** | **$0** | **$2,750,374** | **$0** |
| **PROFESSIONAL SERVICES** | **$2,994,487** | **$0** | **$0** | **$2,994,487** | **$0** |
| Other Charges | $500,000 | $0 | $0 | $500,000 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $415,000 | $0 | $0 | $415,000 | $0 |
| **TOTAL OTHER CHARGES** | **$915,000** | **$0** | **$0** | **$915,000** | **$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** | **$9,655,541** | **$0** | **$0** | **$9,655,541** | **$0** |
| Classified | **24** | **0** | **0** | **24** | **0** |
| Unclassified | **0** | **0** | **0** | **0** | **0** |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **24** | **0** | **0** | **24** | **0** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITION** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL NON-T.O. FTE POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL POSITIONS** | **24** | **0** | **0** | **24** | **0** |

**OPH06 - HIV/Perinatal & AIDS Drug Assistance**

| Means of Financing: | Existing Operating Budget | Requested Continuation | Requested NE | Total Requested | Total Recommended |
|---|---|---|---|---|---|

# STATE OF LOUISIANA
## Childrens Budget
## by Agency/Program and Service



| | | | | | |
|---|---|---|---|---|---|
| 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 | $2,940,137 | $0 | $0 | $2,940,137 | $0 |
| **TOTAL MEANS OF FINANCING** | **$2,940,137** | **$0** | **$0** | **$2,940,137** | **$0** |
| Salaries | $160,200 | $0 | $0 | $160,200 | $0 |
| Other Compensation | $22,275 | $0 | $0 | $22,275 | $0 |
| Related Benefits | $96,808 | $0 | $0 | $96,808 | $0 |
| **TOTAL PERSONAL SERVICES** | **$279,283** | **$0** | **$0** | **$279,283** | **$0** |
| Travel | $540 | $0 | $0 | $540 | $0 |
| Operating Services | $16,065 | $0 | $0 | $16,065 | $0 |
| Supplies | $85,635 | $0 | $0 | $85,635 | $0 |
| **TOTAL OPERATING EXPENSES** | **$102,240** | **$0** | **$0** | **$102,240** | **$0** |
| **PROFESSIONAL SERVICES** | **$136,080** | **$0** | **$0** | **$136,080** | **$0** |
| Other Charges | $2,383,834 | $0 | $0 | $2,383,834 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $38,700 | $0 | $0 | $38,700 | $0 |
| **TOTAL OTHER CHARGES** | **$2,422,534** | **$0** | **$0** | **$2,422,534** | **$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** | **$2,940,137** | **$0** | **$0** | **$2,940,137** | **$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 POSITION** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL NON-T.O. FTE POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL POSITIONS** | **2** | **0** | **0** | **2** | **0** |

**OPH07 - Immunization**

| Means of Financing: | Existing Operating Budget | Requested Continuation | Requested NE | Total Requested | Total Recommended |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | $2,183,561 | $0 | $0 | $2,183,561 | $0 |
| STATE GENERAL FUND BY: | | | | | |
| INTERAGENCY TRANSFERS | $0 | $0 | $0 | $0 | $0 |
| FEES & SELF-GENERATED | $512,439 | $0 | $0 | $512,439 | $0 |
| STATUTORY DEDICATIONS | $0 | $0 | $0 | $0 | $0 |
| FEDERAL FUNDS | $5,753,196 | $0 | $0 | $5,753,196 | $0 |
| **TOTAL MEANS OF FINANCING** | **$8,449,196** | **$0** | **$0** | **$8,449,196** | **$0** |
| Salaries | $3,430,000 | $0 | $0 | $3,430,000 | $0 |
| Other Compensation | $94,500 | $0 | $0 | $94,500 | $0 |
| Related Benefits | $1,869,843 | $0 | $0 | $1,869,843 | $0 |
| **TOTAL PERSONAL SERVICES** | **$5,394,343** | **$0** | **$0** | **$5,394,343** | **$0** |
| Travel | $67,700 | $0 | $0 | $67,700 | $0 |
| Operating Services | $238,000 | $0 | $0 | $238,000 | $0 |
| Supplies | $368,000 | $0 | $0 | $368,000 | $0 |
| **TOTAL OPERATING EXPENSES** | **$673,700** | **$0** | **$0** | **$673,700** | **$0** |
| **PROFESSIONAL SERVICES** | **$399,159** | **$0** | **$0** | **$399,159** | **$0** |

| | | | | | |
|---|---|---|---|---|---|
| Other Charges | $1,293,044 | $0 | $0 | $1,293,044 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $688,950 | $0 | $0 | $688,950 | $0 |
| **TOTAL OTHER CHARGES** | **$1,981,994** | **$0** | **$0** | **$1,981,994** | **$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** | **$8,449,196** | **$0** | **$0** | **$8,449,196** | **$0** |
| Classified | **46** | **0** | **0** | **46** | **0** |
| Unclassified | **0** | **0** | **0** | **0** | **0** |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **46** | **0** | **0** | **46** | **0** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITION** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL NON-T.O. FTE POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL POSITIONS** | **46** | **0** | **0** | **46** | **0** |

**OPH08 - Lead Poisoning Prevention**

| 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 | $468,678 | $0 | $0 | $468,678 | $0 |
| **TOTAL MEANS OF FINANCING** | **$468,678** | **$0** | **$0** | **$468,678** | **$0** |

# STATE OF LOUISIANA
## Childrens Budget
## by Agency/Program and Service



| | | | | | |
|---|---|---|---|---|---|
| Salaries | $125,000 | $0 | $0 | $125,000 | $0 |
| Other Compensation | $5,001 | $0 | $0 | $5,001 | $0 |
| Related Benefits | $68,969 | $0 | $0 | $68,969 | $0 |
| **TOTAL PERSONAL SERVICES** | **$198,970** | **$0** | **$0** | **$198,970** | **$0** |
| Travel | $2,000 | $0 | $0 | $2,000 | $0 |
| Operating Services | $3,000 | $0 | $0 | $3,000 | $0 |
| Supplies | $1,000 | $0 | $0 | $1,000 | $0 |
| **TOTAL OPERATING EXPENSES** | **$6,000** | **$0** | **$0** | **$6,000** | **$0** |
| **PROFESSIONAL SERVICES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Other Charges | $258,708 | $0 | $0 | $258,708 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $5,000 | $0 | $0 | $5,000 | $0 |
| **TOTAL OTHER CHARGES** | **$263,708** | **$0** | **$0** | **$263,708** | **$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** | **$468,678** | **$0** | **$0** | **$468,678** | **$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 POSITION** | **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 Health**

Department: 09A - LDH
Agency: 326 OFFICE OF PUBLIC HEALTH

# STATE OF LOUISIANA
## Childrens Budget
## by Agency/Program and Service

CHILD1
Fiscal Year 2027 - 2028
Report Date: 10/31/26

| 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 | $5,975,154 | $0 | $0 | $5,975,154 | $0 |
| **TOTAL MEANS OF FINANCING** | **$5,975,154** | **$0** | **$0** | **$5,975,154** | **$0** |
| Salaries | $1,600,000 | $0 | $0 | $1,600,000 | $0 |
| Other Compensation | $250,000 | $0 | $0 | $250,000 | $0 |
| Related Benefits | $981,475 | $0 | $0 | $981,475 | $0 |
| **TOTAL PERSONAL SERVICES** | **$2,831,475** | **$0** | **$0** | **$2,831,475** | **$0** |
| Travel | $5,000 | $0 | $0 | $5,000 | $0 |
| Operating Services | $150,000 | $0 | $0 | $150,000 | $0 |
| Supplies | $15,000 | $0 | $0 | $15,000 | $0 |
| **TOTAL OPERATING EXPENSES** | **$170,000** | **$0** | **$0** | **$170,000** | **$0** |
| **PROFESSIONAL SERVICES** | **$2,710,200** | **$0** | **$0** | **$2,710,200** | **$0** |
| Other Charges | $55,479 | $0 | $0 | $55,479 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $208,000 | $0 | $0 | $208,000 | $0 |
| **TOTAL OTHER CHARGES** | **$263,479** | **$0** | **$0** | **$263,479** | **$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** | **$5,975,154** | **$0** | **$0** | **$5,975,154** | **$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 POSITION** | **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 Partnership**

| Means of Financing: | Existing Operating Budget | Requested Continuation | Requested NE | Total Requested | Total Recommended |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | $4,600,000 | $0 | $0 | $4,600,000 | $0 |
| STATE GENERAL FUND BY: | | | | | |
| INTERAGENCY TRANSFERS | $877,075 | $0 | $0 | $877,075 | $0 |
| FEES & SELF-GENERATED | $0 | $0 | $0 | $0 | $0 |
| STATUTORY DEDICATIONS | $0 | $0 | $0 | $0 | $0 |
| FEDERAL FUNDS | $10,831,500 | $0 | $0 | $10,831,500 | $0 |
| **TOTAL MEANS OF FINANCING** | **$16,308,575** | **$0** | **$0** | **$16,308,575** | **$0** |
| Salaries | $2,700,000 | $0 | $0 | $2,700,000 | $0 |
| Other Compensation | $135,000 | $0 | $0 | $135,000 | $0 |
| Related Benefits | $1,504,044 | $0 | $0 | $1,504,044 | $0 |
| **TOTAL PERSONAL SERVICES** | **$4,339,044** | **$0** | **$0** | **$4,339,044** | **$0** |
| Travel | $75,000 | $0 | $0 | $75,000 | $0 |
| Operating Services | $380,000 | $0 | $0 | $380,000 | $0 |
| Supplies | $33,000 | $0 | $0 | $33,000 | $0 |

| | | | | | |
|---|---|---|---|---|---|
| **TOTAL OPERATING EXPENSES** | **$488,000** | **$0** | **$0** | **$488,000** | **$0** |
| **PROFESSIONAL SERVICES** | **$9,024,430** | **$0** | **$0** | **$9,024,430** | **$0** |
| Other Charges | $657,101 | $0 | $0 | $657,101 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $1,800,000 | $0 | $0 | $1,800,000 | $0 |
| **TOTAL OTHER CHARGES** | **$2,457,101** | **$0** | **$0** | **$2,457,101** | **$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** | **$16,308,575** | **$0** | **$0** | **$16,308,575** | **$0** |
| Classified | **36** | **0** | **0** | **36** | **0** |
| Unclassified | **0** | **0** | **0** | **0** | **0** |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **36** | **0** | **0** | **36** | **0** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITION** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL NON-T.O. FTE POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL POSITIONS** | **36** | **0** | **0** | **36** | **0** |

**OPH11 - Nutrition Services**

| 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 | $0 | $0 | $0 | $0 | $0 |
| **TOTAL MEANS OF FINANCING** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Salaries | $0 | $0 | $0 | $0 | $0 |
| Other Compensation | $0 | $0 | $0 | $0 | $0 |
| Related Benefits | $0 | $0 | $0 | $0 | $0 |
| **TOTAL PERSONAL SERVICES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Travel | $0 | $0 | $0 | $0 | $0 |
| Operating Services | $0 | $0 | $0 | $0 | $0 |
| Supplies | $0 | $0 | $0 | $0 | $0 |
| **TOTAL OPERATING EXPENSES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| **PROFESSIONAL SERVICES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Other Charges | $0 | $0 | $0 | $0 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $0 | $0 | $0 | $0 | $0 |
| **TOTAL OTHER CHARGES** | **$0** | **$0** | **$0** | **$0** | **$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** | **$0** | **$0** | **$0** | **$0** | **$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 POSITION** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL NON-T.O. FTE POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL POSITIONS** | **0** | **0** | **0** | **0** | **0** |

Department: 09A - LDH
Agency: 326 OFFICE OF PUBLIC HEALTH

# STATE OF LOUISIANA
## Childrens Budget
## by Agency/Program and Service

CHILD1
Fiscal Year 2027 - 2028
Report Date: 10/31/26

**OPH12 - School Based Health Services**

| Means of Financing: | Existing Operating Budget | Requested Continuation | Requested NE | Total Requested | Total Recommended |
|---|---|---|---|---|---|
| STATE GENERAL FUND (Direct) | $237,500 | $0 | $0 | $237,500 | $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 | $316,000 | $0 | $0 | $316,000 | $0 |
| **TOTAL MEANS OF FINANCING** | **$6,874,760** | **$0** | **$0** | **$6,874,760** | **$0** |
| Salaries | $205,000 | $0 | $0 | $205,000 | $0 |
| Other Compensation | $5,000 | $0 | $0 | $5,000 | $0 |
| Related Benefits | $111,411 | $0 | $0 | $111,411 | $0 |
| **TOTAL PERSONAL SERVICES** | **$321,411** | **$0** | **$0** | **$321,411** | **$0** |
| Travel | $1,000 | $0 | $0 | $1,000 | $0 |
| Operating Services | $11,500 | $0 | $0 | $11,500 | $0 |
| Supplies | $2,500 | $0 | $0 | $2,500 | $0 |
| **TOTAL OPERATING EXPENSES** | **$15,000** | **$0** | **$0** | **$15,000** | **$0** |
| **PROFESSIONAL SERVICES** | **$557,000** | **$0** | **$0** | **$557,000** | **$0** |
| Other Charges | $5,976,349 | $0 | $0 | $5,976,349 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $5,000 | $0 | $0 | $5,000 | $0 |
| **TOTAL OTHER CHARGES** | **$5,981,349** | **$0** | **$0** | **$5,981,349** | **$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** | **$6,874,760** | **$0** | **$0** | **$6,874,760** | **$0** |
| Classified | **3** | **0** | **0** | **3** | **0** |
| Unclassified | **0** | **0** | **0** | **0** | **0** |
| **TOTAL AUTHORIZED T.O. POSITIONS** | **3** | **0** | **0** | **3** | **0** |
| **TOTAL AUTHORIZED OTHER CHARGES POSITION** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL NON-T.O. FTE POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL POSITIONS** | **3** | **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 | $0 | $0 | $0 | $0 | $0 |
| FEES & SELF-GENERATED | $0 | $0 | $0 | $0 | $0 |
| STATUTORY DEDICATIONS | $0 | $0 | $0 | $0 | $0 |
| FEDERAL FUNDS | $0 | $0 | $0 | $0 | $0 |
| **TOTAL MEANS OF FINANCING** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Salaries | $0 | $0 | $0 | $0 | $0 |
| Other Compensation | $0 | $0 | $0 | $0 | $0 |
| Related Benefits | $0 | $0 | $0 | $0 | $0 |
| **TOTAL PERSONAL SERVICES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Travel | $0 | $0 | $0 | $0 | $0 |
| Operating Services | $0 | $0 | $0 | $0 | $0 |

| | | | | | |
|---|---|---|---|---|---|
| Supplies | $0 | $0 | $0 | $0 | $0 |
| **TOTAL OPERATING EXPENSES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| **PROFESSIONAL SERVICES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Other Charges | $0 | $0 | $0 | $0 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $0 | $0 | $0 | $0 | $0 |
| **TOTAL OTHER CHARGES** | **$0** | **$0** | **$0** | **$0** | **$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** | **$0** | **$0** | **$0** | **$0** | **$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 POSITION** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL NON-T.O. FTE POSITIONS** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL POSITIONS** | **0** | **0** | **0** | **0** | **0** |

**OPH14 - Epidemiology and Laboratory Capacity Reopening Schools**

| 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 |

| Department: 09A - LDH<br>Agency: 326 OFFICE OF PUBLIC HEALTH | STATE OF LOUISIANA<br>Childrens Budget<br>by Agency/Program and Service | | | | CHILD1<br>Fiscal Year 2027 - 2028<br>Report Date: 10/31/26 |
|---|---|---|---|---|---|
| STATUTORY DEDICATIONS | $0 | $0 | $0 | $0 | $0 |
| FEDERAL FUNDS | $0 | $0 | $0 | $0 | $0 |
| **TOTAL MEANS OF FINANCING** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Salaries | $0 | $0 | $0 | $0 | $0 |
| Other Compensation | $0 | $0 | $0 | $0 | $0 |
| Related Benefits | $0 | $0 | $0 | $0 | $0 |
| **TOTAL PERSONAL SERVICES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Travel | $0 | $0 | $0 | $0 | $0 |
| Operating Services | $0 | $0 | $0 | $0 | $0 |
| Supplies | $0 | $0 | $0 | $0 | $0 |
| **TOTAL OPERATING EXPENSES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| **PROFESSIONAL SERVICES** | **$0** | **$0** | **$0** | **$0** | **$0** |
| Other Charges | $0 | $0 | $0 | $0 | $0 |
| Debt Service | $0 | $0 | $0 | $0 | $0 |
| Interagency Transfers | $0 | $0 | $0 | $0 | $0 |
| **TOTAL OTHER CHARGES** | **$0** | **$0** | **$0** | **$0** | **$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** | **$0** | **$0** | **$0** | **$0** | **$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 POSITION** | **0** | **0** | **0** | **0** | **0** |
| **TOTAL NON-T.O. FTE POSITIONS** | **0** | **0** | **0** | **0** | **0** |

| | | | | | |
|---|---|---|---|---|---|
| TOTAL POSITIONS | 0 | 0 | 0 | 0 | 0 |

# STATE OF LOUISIANA
## Childrens Budget
## Narrative



| | |
|---|---|
| **Form ID:** | 58079 |
| **Form Description:** | 326 ACA-MIECHV - Pediatric Mental H |
| **Service:** | OPH01 - ACA-MIECHV- Mental Health |

**Question and Narrative Response**

**Describe the service:**

THE PROVIDER-TO-PROVIDER CONSULTATION LINE (PPCL) PROVIDES CONSULTATION, TRAINING, AND RESOURCE AND REFERRAL SUPPORT TO HEALTH CARE PROVIDERS SERVING PEDIATRIC PATIENTS AGES 0-21. IN LOUISIANA, THERE IS AN INCREASING NEED FOR MENTAL HEALTH SERVICES FOR CHILDREN, BUT A SHORTAGE OF MENTAL HEALTH PROVIDERS, ESPECIALLY IN RURAL AREAS. IT IS OFTEN LEFT TO PEDIATRIC HEATLHCARE PROVIDERS TO CARE FOR AND TREAT CHILDREN WITH MENTAL AND BEHAVIORAL HEALTH DISORDERS EVEN WHEN THEY ARE LACKING THE TRAINING, CONFIDENCE, AND TIME TO ADDRESS THE BEHAVIORAL HEALTH NEEDS OF THEIR PATEINTS. PPCL ADDRESSES THESE ISSUES BUILDING THE CAPACITY OF PEDIATRIC HEALTHCARE PROVIDERS TO BETTER RECOGNIZE AND RESPONDE TO THE MENTAL AND BEHAVIORAL HEALTH NEEDS OF THEIR PATIENTS AND FAMILIES.

**How does this fulfill the program's mission?**

PPCL SUPPORTS PEDIATRIC HEALTHCARE CLINICIANS STATEWIDE BY: 1. STAFFING AND OPERATING A TELEPHONE CONSULTATION LINE THAT ANY PEDIATRIC PROVIDER IN LOUISIANA CAN CALL AND GAIN ACCESS TO A TEAM OF LICENSED MENTAL HEALTH PROFESSIONALS AND PSYCHIATRISTS WHO CAN ADDRESS ANY CLINICAL QUESTIONS A PROVIDER MIGHT HAVE RELATED TO PEDIATRIC MENTAL HEALTH INCLUDING SCREENING, 2. PROVIDING TRAININGS AND EDUCATIONAL MATERIALS TO HEALTHCARE PROFESSIONALS ON TOPICS RELATED TO PEDIATRIC MENTAL HEALTH; 3. PROVIDING RESOURCE AND REFERRAL INFORMATION TO HEALTHCARE PROFESSIONALS WORKING TO ASSIST THE PROVIDER IN CONNECTING PATIENTS AND FAMILIES TO MENTAL HEALTH SERVICES AND OTHER RESOURCES THAT ADDRESS SOCIAL DETERMINANTS OF HEALTH. GOALS: THE OVERALL GOAL OF PPCL IS TO INCREASE THE CAPACITY OF PEDIATRIC HEALTHCARE PROVIDERS STATEWIDE, ESPECIALLY THOSE LIVING IN RURAL AND UNDERSERVED AREAS, TO SCREEN, DIAGNOSE, TREAT, AND REFER PEDIATRIC PATIENTS (AGES BIRTH-21) AND THEIR FAMILIES WHO ARE PRESENTING WITH MENTAL HEALTH CONCERNS.

**Who are the principal users?**

THE PRINCIPAL USERS ARE MENTAL HEALTH CARE PROVIDERS SERVING PEDIATRIC PATIENTS AGES 0-21 IN LOUISIANA.

**Who primarily benefits from the service?**

FAMILIES WITH CHILDREN AGES 0-21 IN LOUISIANA WITH MENTAL AND BEHAVIORAL HEALTH DISORDERS WILL PRIMARILY BENEFIT FROM THIS SERVICE.

**Related objectives and performance measures:**

OBJECTIVE 1: IN FISCAL YEAR 2027-2028, THE PROVIDER-TO-PROVIDER CONSULTATION LINE WILL PROVIDE TELEPHONE CONSULTATION, TRAINING, AND RESOURCE AND REFERRAL SUPPORT TO PEDIATRIC HEALTH CARE PROVIDERS STATEWIDE.

| PERFORMANCE INDICATORS | EXISTING OPERATING BUDGET BUDGET | REQUESTED CONTINUATION LEVEL | TOTAL REQUEST LEVEL | RECOMMENDED LEVEL |
|---|---|---|---|---|
| NUMBER OF PEDIATRIC HEALTHCARE PROVIDERS WHO ACCESS PPCL'S CONSULTATION, TRAINING, AND/OR | 350 | 50 | 400 | |

| | |
|---|---|
| **Form ID:** | 58080 |
| **Form Description:** | 326 Child Death Review |
| **Service:** | OPH02 - Child Death Review |

| Question and Narrative Response |
|---|
| **Describe the service:** |
| THE LOUISIANA CHILD DEATH REVIEW PANEL (CDRP) IS A MULTI DISCIPLINARY GROUP OF PROFESSIONALS THAT WAS ESTABLISHED IN 1992 BY THE LOUISIANA LEGISLATURE TO REVIEW ALL UNEXPECTED DEATHS OF CHILDREN UNDER THE AGE OF SEVEN (7) YEARS, INCLUDING ALL SUDDEN UNEXPECTED INFANT DEATHS (SUID). IN THE 1999 REGULAR SESSION OF THE LEGISLATURE, THE AGE OF THE CHILDREN INCLUDED IN THE REVIEW WAS CHANGED TO INCLUDE ALL DEATHS OF CHILDREN AGE FOURTEEN (14) YEARS AND BELOW BEGINNING ON AUGUST 15, 1999. |
| **How does this fulfill the program's mission?** |
| THIS SERVICE FULFILLS THE PROGRAM'S MISSION BY PROVIDING SURVEILLANCE, PREVENTIVE AND EDUCATIONAL SERVICES TO PROMOTE REDUCED MORBIDITY AND MORTALITY FROM HIGH-RISK CONDITIONS OF INFANCY AND CHILDHOOD.<br><br>GOAL: REDUCE THE HIGH-RISK CONDITIONS OF INFANCY AND CHILDHOOD THAT RESULT IN UNEXPECTED CHILD DEATH. |
| **Who are the principal users?** |
| THE PRINCIPAL USERS ARE LOUISIANA INFANTS AND CHILDREN. |
| **Who primarily benefits from the service?** |
| LOUISIANA INFANTS AND CHILDREN PRIMARILY BENEFIT FROM THIS SERVICE. |

**Question and Narrative Response**

**Related objectives and performance measures:**

OBJECTIVE: IN FISCAL YEAR 2027-2028, PUBLIC HEALTH SERVICES, THROUGH THE ACTIVITIES OF THE CHILD DEATH REVIEW PANEL, WILL COLLECT, REVIEW AND ANALYZE ALL DEATH INVESTIGATIVE REPORTS AND PREPARE AN ANNUAL REPORT. ADDITIONALLY, THE PANEL WILL DEVELOP RECOMMENDATIONS CONCERNING THE METHODS TO DECREASE UNEXPECTED CHILD DEATHS.

| PERFORMANCE INDICATORS | EXISTING OPERATING BUDGET BUDGET | REQUESTED CONTINUATION LEVEL | TOTAL REQUEST LEVEL | RECOMMENDED LEVEL |
|---|---|---|---|---|
| LOUISIANA CHILD DEATH RATE, AGES 1 THROUGH 14/100,000* | 22.7 | 3.4 | 26.1 | |
| LOUISIANA SUDDEN UNEXPECTED INFANT DEATH RATE/ 1,000* | 1.5 | 0.1 | 1.6 | |

*2017-2019 RATE

| | |
|---|---|
| **Form ID:** | 58081 |
| **Form Description:** | 326 Emergency Medical Services - Chi |
| **Service:** | OPH04 - Emergency Medical Services |

| Question and Narrative Response |
|---|
| **Describe the service:** |
| EMERGENCY MEDICAL SERVICES (EMS) FOR CHILDREN PROVIDES EDUCATION AND EQUIPMENT TO EMERGENCY DEPARTMENTS AND EMS PROVIDERS IN ORDER TO ENHANCE THE QUALITY OF CARE PROVIDED AND REDUCE MORBIDITY AND MORTALITY FOR CHILDREN OF THE STATE OF LOUISIANA REGARDLESS WHERE THEY LIVE, GO TO SCHOOL, OR TRAVEL. |
| **How does this fulfill the program's mission?** |
| EMS FOR CHILDREN CONTINUALLY STRIVES TO FULFILL THE PROGRAM'S MISSION TO REDUCE THE MORBITY AND MORTALITY OF THE PEDIATRIC POPULATION BY PROVIDING EDUCATION AND EQUIPMENT TO PROVIDERS IN ALL EMERGENCY CARE SETTINGS. ADDITIONALY, INJURY PREVENTION IS A CRUCIAL ASPECT OR REDUCING MORTALITY AND MORBITIY OF THE PEDIATRIC POPULATION. EMS FOR CHILDREN PROVIDES EDUCATIONAL MATERIAL TO BOTH THE ADULT AND CHILD TO DECREASE ACCIDENTAL INJURY. GOAL: THROUGH COLLABORATION WITH STATE PARTNERS AND PROFESSIONAL ORGANIZATIONS EDUCATIONAL OFFERINGS TO EQUIP BOTH HOSPITAL AND PRE-HOSPITAL PERSONNEL WITH THE KNOWLEDGE AND SKILLS NECESSARY TO CARE FOR THE PEDIATRIC PATIENT IN AN EMERGENCY CARE SETTING BOTH IN AND OUT OF THE HOSPITAL. ALONG WITH PROVIDER EDUCATION EMS FOR CHILDREN WILL ASSIST COMMUNITY PARTNERS WITH INJURY PREVENTION EFFORTS IN ALL REGIONS OF LOUISIANA. |
| **Who are the principal users?** |
| THE PRINCIPAL USERS ARE ALL CHILDREN IN LOUISIANA. |
| **Who primarily benefits from the service?** |
| |

**Question and Narrative Response**

**Related objectives and performance measures:**

OBJECTIVE: IN FISCAL YEAR 2027-2028, PUBLIC HEALTH SERVICES THROUGH THE ACTIVITIES OF THE EMERGENCY MEDICAL SERVICES -CHILDREN PROGRAM WILL PROVIDE TRAINING AND EQUIPMENT TO EMS AND HOSPITAL PERSONNEL CARE FOR THE PEDIATRIC PATIENT IN AN EMERGENCY CARE SETTING BOTH IN AND OUT OF THE HOSPITAL. ALONG WITH PROVIDER EDUCATION EMS FOR CHILDREN WILL ASSIST COMMUNITY PARTNERS WITH INJURY PREVENTION EFFORTS PRIVATE PARTNERS.

| PERFORMANCE INDICATORS | EXISTING OPERATING BUDGET | REQUESTED CONTINUATION LEVEL | TOTAL REQUEST LEVEL | RECOMMENDED LEVEL |
|---|---|---|---|---|
| CERTIFICATION OF NURSES IN EMERGENCY CARE OF THE PEDIATRIC PATIENT | 200 | 0 | 200 | |
| CERTIFICATION OF PARAMEDICS IN EMERGENCY CARE OF THE PEDIATRIC PATIENT | 200 | 0 | 200 | |
| DEVELOP AND DISSEMINATE PEDIACTRIC BASED EDUCATIONAL TOOL FOR INJURY PREVENTION | 1 | 0 | 1 | |

| | |
|---|---|
| **Form ID:** | 58082 |
| **Form Description:** | 326 HIV Prevention and ADAP |
| **Service:** | OPH06 - HIV/Perinatal & AIDS Drug Assistance |

| Question and Narrative Response |
|---|
| **Describe the service:** |
| THE HIV/PERINATAL PROGRAM SPECIFICALLY FOCUSES ON COUNSELING AND TESTING OF CHILDBEARING WOMEN IN ORDER THAT WOMEN WHO ARE HIV INFECTED BECOME AWARE OF THEIR HIV STATUS AND SEEK MEDICAL CARE AND TREATMENT IF INFECTED. SPECIFICALLY, THE PROGRAM ATTEMPTS TO IDENTIFY PREGNANT WOMEN WHO ARE HIV INFECTED AND TO INCREASE THEIR KNOWLEDGE OF AND ACCESS TO ANTIRETROVIRAL THERAPY (ART) TO REDUCE THE RISK OR PERINATAL TRANSMISSION OF HIV TO THEIR NEWBORNS. |
| **How does this fulfill the program's mission?** |
| THIS SERVICE FULFILLS THE PROGRAM'S MISSION BY PROVIDING AND ASSURING ACCESS TO ESSENTIAL CLINICAL AND EDUCATIONAL SERVICES TO PREVENT HIV INFECTED NEWBORNS.<br><br>GOAL: TO REDUCE PERINATAL TRANSMISSION OF HIV AND ENSURE THE PROVISION OF AND EQUAL ACCESS TO HIV/AIDS THERAPIES FOR PREGNANT WOMEN, CHILDREN AND YOUTH WHO ARE HIV INFECTED OR EXPOSED. |
| **Who are the principal users?** |
| THE PRINCIPAL USERS ARE HIV INFECTED NEWBORNS. |
| **Who primarily benefits from the service?** |
| HIV INFECTED NEWBORNS PRIMARILY BENEFIT FROM THIS SERVICE. |
| **Related objectives and performance measures:** |

**Question and Narrative Response**

OBJECTIVE: IN FISCAL YEAR 2027-2028, PUBLIC HEALTH SERVICES, THROUGH THE ACTIVITIES OF THE HIV PERINATAL PREVENTION AND AIDS DRUG ASSISTANCE PROGRAM, WILL SCREEN 40,000 WOMEN OF CHILDBEARING AGE, CHILDREN, AND YOUTH WHO ARE COUNSELED AND TESTED FOR HIV, AND, INCREASE TO 95% THE NUMBER OF PREGNANT WOMEN WHO HAVE ACCESS TO AND RECEIVE ANTIRETROVIRAL THERAPY, INCLUDING ART PROPHYLAXIS AND PROVIDE A MINIMUM OF 5 INDIVIDUALS UNDER THE AGE OF 18 WITH ANTIRETROVIRAL THERAPY THROUGH THE AIDS DRUG ASSISTANCE PROGRAM (ADAP).

| PERFORMANCE INDICATORS | EXISTING OPERATING BUDGET BUDGET | REQUESTED CONTINUATION LEVEL | TOTAL REQUEST LEVEL | RECOMMENDED LEVEL |
|---|---|---|---|---|
| HIV TESTING AND COUNSELING FOR WOMEN OF CHILDBEARING AGE AND INDIVIDUALS AGE 18 AND UNDER | 40,000 | 0 | 40,000 | |
| PERCENT OF HIV POSITIVE PREGNANT WOMEN RECEIVING APPROPRIATE ANTIRETROVIRAL THERAPY | 95% | 0 | 95% | |
| PERCENT OF NEWBORNS RECEIVING APPROPRIATE ANTIRETROVIRAL THERAPY | 100% | 0 | 100% | |
| HIV POSITIVE INDIVIDUALS 18 AND UNDER RECEIVING MEDICATION THROUGH THE AIDS DRUG ASSISTANCE PROGRAM | 5 | 0 | 5 | |

| | |
|---|---|
| **Form ID:** | 58083 |
| **Form Description:** | 326 - Maternal and Child Health Servic |
| **Service:** | OPH09 - Maternal and Child Health |

| Question and Narrative Response |
|---|
| **Describe the service:** |
| THE OPH BUREAU OF FAMILY HEALTH WORKS 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; PREVENTIVE AND EDUCATIONAL SERVICES THAT ARE GROUNDED IN BEST PRACTICES AND EVIDENCE TO PROMOTE OPTIMAL HEALTH AND WELL-BEING; POLICY AND EDUCATIONAL INITIATIVES TO IMPROVE ACCESS TO MEDICAL, BEHAVIORAL HEALTH AND SUPPORTIVE SERVICES, AND TO IMPROVE COMMUNITY HEALTH; PARTNERSHIPS WITH COMMUNITIES, GOVERNMENT, AND ACADEMIA TO ADVANCE COMMON GOALS. |
| **How does this fulfill the program's mission?** |
| THIS FULFILLS THE PROGRAM'S MISSION BY PROMOTING PHYSICAL AND MENTAL HEALTH, SAFETY, AND WELL BEING TO PREGNANT WOMEN, INFANTS, AND CHILDREN.<br><br>GOAL: IMPROVE BIRTH OUTCOMES FOR INFANTS, IMPROVE DEVELOPMENTAL HEALTH, AND REDUCE CHILD INJURY. |
| **Who are the principal users?** |
| THE PRINCIPAL USERS ARE PREGNANT WOMEN, INFANTS, AND CHILDREN. |
| **Who primarily benefits from the service?** |
| PREGNANT WOMEN, INFANTS, AND CHILDREN PRIMARILY BENEFIT FROM THIS SERVICE. |
| **Related objectives and performance measures:** |
| OBJECTIVE: IN FISCAL YEAR 2027-2028, PUBLIC HEALTH SERVICES, THROUGH ITS MATERNAL AND CHILD HEALTH ACTIVITIES, WILL PROMOTE OPTIMAL HEALTH FOR ALL LOUISIANA INFANTS AND CHILDREN AND WORK TOWARDS IMPROVING POPULATION-LEVEL TITLE V NATIONAL PERFORMANCE MEASURES RELATED TO INFANT AND CHILD HEALTH. |

**Question and Narrative Response**

| PERFORMANCE INDICATORS | EXISTING OPERATING BUDGET BUDGET | REQUESTED CONTINUATION LEVEL | TOTAL REQUEST LEVEL | RECOMMENDED LEVEL |
|---|---|---|---|---|
| PERCENT OF INFANTS WHO ARE EVER BREASTFED | 74.4 | -3.2 | 71.2 | |
| PERCENT OF INFANTS PLACED TO SLEEP ON THEIR BACKS | 69.3 | -20.6 | 48.7 | |
| PERCENT OF CHILDREN (AGES 9 -35 MONTHS) WHO RECEIVED A DEVELOPMENTAL SCREENING USING A PARENT COMPLETED SCREENING TOOL IN THE PAST YEAR | 38.5 | 0.0 | 38.5 | |
| RATE OF HOSPITALIZATION FOR NON-FATAL INJURY PER 100,000 CHILDREN (AGES 0-9) | 149.4 | -3.8 | 145.6 | |
| RATE OF HOSPITALIZATION FOR NON-FATAL INJURY PER 100,000 CHILDREN (AGES 10-19) | 276.8 | -43.1 | 233.7 | |

Note: Performance indicators reflect the Title V National Performance Measures that correlate with infant and child health strategies.

Existing budget performance indicators and total request projections reflect values and targets reported in the most recent MCH Block Grant Submission.

| | |
|---|---|
| **Form ID:** | 58084 |
| **Form Description:** | 326 Childhood Lead Prevention |
| **Service:** | OPH08 - Lead Poisoning Prevention |

| Question and Narrative Response |
|---|
| **Describe the service:** |
| TO IDENTIFY AND PREVENT LEAD POISONING IN ALL COMMUNITIES AND PROVIDE OPPORTUNITIES FOR COMMUNITIES, RESEARCHERS AND DECISION MAKERS TO COLLABORATE ON PROGRAMS THAT WILL PROMOTE A LEAD FREE ENVIRONMENT IN ORDER TO IMPROVE HEALTH, HOUSING, EDUCATION AND QUALITY OF LIFE. |
| **How does this fulfill the program's mission?** |
| THIS SERVICE FULFILLS THE PROGRAM'S MISSION BY PROVIDING AND ASSURING PREVENTIVE AND EDUCATIONAL SERVICES TO LOUISIANA'S CHILDREN TO REDUCE MORBIDITY AND MORTALITY RESULTING FROM HIGH-RISK CONDITIONS OF INFANCY AND CHILDHOOD. GOAL: TO SCREEN ALL CHILDREN UNDER THE AGE OF 72 MONTHS, TO IDENTIFY AND REMOVE THE SOURCES OF LEAD FOR CHILDREN FOUND TO HAVE A ELEVATED BLOOD LEAD LEVELS, AND PROVIDE OPPORTUNITIES FOR RESEARCHERS, DECISION MAKERS TO COLLABORATE ON PROGRAMS THAT WILL PROMOTE A LEAD-FREE ENVIRONMENTS IN ORDER TO IMPROVE HEALTH, HOUSING, EDUCATION AND QUALITY OF LIFE. |
| **Who are the principal users?** |
| THE PRINCIPAL USERS ARE ALL LOUISIANA CHILDREN. |
| **Who primarily benefits from the service?** |
| ALL LOUISIANA CHILDREN BENEFIT FROM THIS SERVICE. |
| **Related objectives and performance measures:** |

**Question and Narrative Response**

OBJECTIVE: IN FY 2027-2028, PUBLIC HEALTH SERVICES, THROUGH THE ACTIVITIES OF THE LEAD POISONING PREVENTION PROGRAM, WILL SCREEN CHILDREN UNDER THE AGE OF 72 MONTHS, IDENTIFY SOURCES OF LEAD POISONING AND TARGET EFFORTS AND RESOURCES TO REDUCE THE NUMBER OF CHILDREN WITH ELEVATED BLOOD LEAD LEVELS IN LOUISIANA AND WHERE POSSIBLE, ABATE THE SOURCE OF LEAD.

| PERFORMANCE INDICATORS | EXISTING OPERATING BUDGET BUDGET | REQUESTED CONTINUATION LEVEL | TOTAL REQUEST LEVEL | RECOMMENDED LEVEL |
|---|---|---|---|---|
| NUMBER OF ENVIRONMENTAL INVESTIGATIONS OF ALL CHILDHOOD LEAD POISONING CASES | 170 | 0 | 170 | |
| NUMBER OF LEAD SCREENINGS THROUGH PRIMARY CARE PROVIDERS STATEWIDE | 74,000 | 0 | 74,000 | |
| NUMBER OF CHILDREN WITH AN ELEVATED BLOOD-LEAD LEVEL PROVIDED FOLLOW-UP SERVICES | 1,200 | 0 | 1,200 | |

| | |
|---|---|
| **Form ID:** | 58085 |
| **Form Description:** | 326 - Maternal Infant and Early Home |
| **Service:** | OPH10 - Nurse Family Partnership |

| Question and Narrative Response |
|---|
| **Describe the service:** |

**Question and Narrative Response**

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?**

**Question and Narrative Response**

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.

GOALS: CONTINUE TO STRENGTHEN AND SUSTAIN EFFECTIVE, EVIDENCE-BASED HOME VISITING IN COMMUNITIES ACROSS THE STATE AT RISK FOR POOR HEALTH, EDUCATIONAL AND SOCIAL OUTCOMES; SUSTAIN EVIDENCE-BASED HOME VISITNG AND IMPROVE THE HEALTH AND WELL-BEING OF WOMEN, CHILDREN AND FAMILIES; PROVIDE INFRASTRUCTURE TO SUPPORT THE EFFECIVE IMPLEMENTATION OF NFP AND PAT; STRENGTHEN THE IMPLEMENTATION OF MIECHV WITH A CONTINUED FOCUS ON THE ENROLLMENT AND RETENTON OF FAMILIES; AND PROMOTE AND INTEGRATE MIECHV WITHIN LOUISIANA'S EARLY CHILDHOOD SYSTEM OF CARE.

**Who are the principal users?**

THE PRINCIPAL USERS ARE PREGNANT AND PARENTING FAMILIES WITH YOUNG CHILDREN.

**Who primarily benefits from the service?**

PREGNANT AND PARENTING FAMILIES WITH YOUNG CHILDREN PRIMARILY BENEFIT FROM THIS SERVICE.

**Related objectives and performance measures:**

OBJECTIVE 1: IN FISCAL YEAR 2027-2028, FAMILY SUPPORT AND COACHING PROFESSIONALS (HOME VISITORS) WILL PROVIDE EVIDENCE-BASED HOME VISITING SERVICES TO FAMILIES IMPLEMETING NFP IN REGIONS 2-9 OF THE STATE AND PAT IN REGIONS 1, 6, 7, 8, AND 9.

| PERFORMANCE INDICATORS | EXISTING OPERATING BUDGET BUDGET | REQUESTED CONTINUATION LEVEL | TOTAL REQUEST LEVEL | RECOMMENDED LEVEL |
|---|---|---|---|---|
| NUMBER OF COMPLETED HOME VISITS BY MIECHV FUNDED HOME VISITORS | 38,000 | -2310.0 | 35,690 | |

| | |
|---|---|
| **Form ID:** | 58086 |
| **Form Description:** | 326 American Rescue Plan Nurse Fam |
| **Service:** | OPH10 - Nurse Family Partnership |

| 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 MILLION TO SUPPORT MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING (MIECHV) PROGRAM RECIPIENTS RESPONSE TO THE COVID-19 PUBLIC HEALTH EMERGENCY. THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (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. |
| **How does this fulfill the program's mission?** |
| THE OPH BUREAU OF FAMILY HEALTH WORKS 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.<br><br>GOALS: SUPPORT CURRENT HOME VISITING SERVICE PARTICIPANTS AND THE IMMEDIATE RESPONSE TO THE COVID-19 PUBLIC HEALTH EMERGENCY. |
| **Who are the principal users?** |
| LOUISIANA WOMEN, INFANTS, CHILDREN, TEENS, AND FAMILIES ARE THE PRINCIPAL USERS. |
| **Who primarily benefits from the service?** |
| LOUISIANA WOMEN, INFANTS, CHILDREN, TEENS, AND FAMILIES PRIMARILY BENEFIT FROM THIS SERVICE. |
| **Related objectives and performance measures:** |

**Question and Narrative Response**

OBJECTIVE: IN FISCAL YEAR 2024-2025, PUBLIC HEALTH SERVICES, THROUGH ITS MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING (MIECHV) ACTIVITIES, WILL PREPAID GROCERY CARDS TO ELIGIBLE FAMILIES PARTICIPATING IN THE MIECHV PROGRAM FOR THE PURPOSE OF MEETING THE EMERGENCY NEEDS OF THE FAMILY. THE GIFT CARDS WILL SUPPORT COVID-19 RELIEF EFFORTS BY GIVING FAMILIES FLEXIBLE FUNDS WITH WHICH TO MEET THEIR NEEDS ACROSS ALLOWABLE CATEGORIES. FAMILIES CAN PURCHASE EMERGENCY SUPPLIES, INCLUDING DIAPERS AND DIAPERING SUPPLIES, MASKS AND OTHER PERSONAL PROTECTIVE EQUIPMENT, HAND SANITIZER AND SOAP, AS WELL AS FOOD AND WATER. FAMILIES CAN ALSO PURCHASE NEEDED TECHNOLOGY AND AUXILIARY ITEMS, INCLUDING CELL PHONES, DATA AND PHONE PLANS, CHARGERS, AND HEADPHONES TO ENABLE THEM TO CONTINUE TO PARTICIPATE IN VIRTUAL VISITS WITH THEIR HOME VISITORS. GIFT CARDS IN THE AMOUNT OF $500 EACH WILL BE DISTRIBUTED TO FAMILIES ACROSS TEAMS IN FOUR WAVES. ADDITIONALLY, LEADERSHIP TRAINING TAILORED TO SPECIFIC NEEDS OF MIECHV STAFF THAT SUPPORT COVID-19 RELIEF EFFORTS BY AIMING TO REDUCE STAFF BURNOUT AND TURN OVER IN BUILDING THE CAPACITY OF SUPERVISORY STAFF TO MORE EFFECTIVELY SUPPORT STAFF WHICH TRANSLATE IN TURN INTO SUPPORTING OVERALL PROGRAMMATIC SERVICES FOR FAMILIES WILL ALSO BE PROVIDED.

| PERFORMANCE INDICATORS | EXISTING OPERATING BUDGET BUDGET | REQUESTED CONTINUATION LEVEL | TOTAL REQUEST LEVEL | RECOMMENDED LEVEL |
|---|---|---|---|---|
| GROCERY CARDS | 0 | 0 | 0 | |
| STAFF TRAININGS | 0 | 0 | 0 | |

| | |
|---|---|
| **Form ID:** | 58087 |
| **Form Description:** | 326 Immunization |
| **Service:** | OPH07 - Immunization |

| Question and Narrative Response |
|---|
| **Describe the service:** |
| PROVIDES LEADERSHIP, VACCINES AND SUPPLIES TO GIVE A FULL RANGE OF IMMUNIZATIONS TO AT LEAST 95% OF THE STATE'S CHILDREN BY THE TIME THEY ENTER KINDERGARTEN AND TO GIVE THE FULL RANGE OF IMMUNIZATIONS TO 90% OF THE STATE'S CHILDREN BY THE AGE OF THREE. |
| **How does this fulfill the program's mission?** |
| THIS SERVICE FULFILLS THE PROGRAM'S MISSION BY PROVIDING AND ASSURING CLINICAL, PREVENTIVE AND EDUCATIONAL SERVICES TO LOUISIANA'S CHILDREN TO PROMOTE REDUCED MORBIDITY AND MORTALITY RESULTING<br><br>FROM HIGH-RISK CONDITIONS OF INFANCY AND CHILDHOOD, INFECTIOUS/COMMUNICABLE DISEASES, AND CHRONIC DISEASES.<br><br>GOAL: PREVENT AND/OR CONTROL INFECTIONS AND COMMUNICABLE DISEASES. |
| **Who are the principal users?** |
| THE PRINCIPAL USERS ARE ELIGIBLE CHILDREN IN THE STATE OF LOUISIANA. |
| **Who primarily benefits from the service?** |
| ELIGIBLE CHILDREN IN THE STATE OF LOUISIANA PRIMARILY BENEFIT FROM THIS SERVICE. |
| **Related objectives and performance measures:** |

**Question and Narrative Response**

OBJECTIVE: IN FY 2027-2028, PUBLIC HEALTH SERVICES, THROUGH ITS IMMUNIZATION ACTIVITIES, WILL ASSURE THAT A FULL SET OF IMMUNIZATIONS IS PROVIDED TO AT LEAST 95 PERCENT OF THE STATE'S CHILDREN BY THE TIME THEY ENTER KINDERGARTEN AND TO GIVE THE FULL RANGE OF IMMUNIZATIONS TO 90 PERCENT OF THE STATE'S CHILDREN BY AGE THREE.

| | | EXISTING OPERATING BUDGET BUDGET | REQUESTED CONTINUATION LEVEL | TOTAL REQUEST LEVEL | RECOMMENDED LEVEL |
|---|---|---|---|---|---|
| PERFORMANCE INDICATORS | | | | | |
| PERCENT OF LOUISIANA CHILDREN FULLY IMMUNIZED BY AGE 2 | | | | | |
| % of children 19 to 35 mos. of age up to date for the combined | | | | | |
| (4:3:1:3*:3:1:4) vaccine series includes: | | | | | |
| ≥4 doses of DTaP, ≥3 doses of poliovirus vaccine, | | | | | |
| ≥1 dose of measles-containing vaccine, | | | | | |
| full series of Hib vaccine (≥3 or ≥4 doses, | | | | | |
| depending on product type), ≥3 doses of HepB, | | | | | |
| ≥1 dose of varicella vaccine, and ≥4 doses of PCV. Performance Standard 75% | | 69% | 0 | 69% | |
| PERCENT OF LOUISIANA CHILDREN FULLY IMMUNIZED AT KINDERGARTEN | | | | | |
| ENTRY, IN BOTH PUBLIC AND NON-PUBLIC SCHOOLS Performance Standard 95% | Public: | 89.0% | 0 | 89.0% | |
| | Non-Public: | 85.0% | 0 | 85.0% | |

Question and Narrative Response

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|---|---|
| **Form ID:** | 58088 |
| **Form Description:** | 326 MCH Nurse Family Partnership |
| **Service:** | OPH10 - Nurse Family Partnership |

| Question and Narrative Response |
|---|
| **Describe the service:** |

**Question and Narrative Response**

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 WOMEN 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 RESOURCES IN THEIR COMMUNITIES. FEDERALLY FUNDED NURSE HOME VISITORS (NHVS) IMPLEMENTING NFP PROVIDES SERVICES AND SUPPORTS TO FIRST-TIME MOTHERS ELIGIBE FOR MEDICAID/WIC/TANF/SSI, 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 ELIGIBLE FOR MEDICAID/WIC/TANF/SSI 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.

**How does this fulfill the program's mission?**

| Question and Narrative Response |
| --- |
| 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.<br><br>GOALS: CONTINUE TO STRENGTHEN AND SUSTAIN EFFECTIVE, EVIDENCE-BASED HOME VISITING IN COMMUNITIES ACROSS THE STATE AT RISK FOR POOR HEALTH, EDUCATIONAL AND SOCIAL OUTCOMES; SUSTAIN EVIDENCE-BASED HOME VISITNG AND IMPROVE THE HEALTH AND WELL-BEING OF WOMEN, CHILDREN AND FAMILIES; PROVIDE INFRASTRUCTURE TO SUPPORT THE EFFECIVE IMPLEMENTATION OF NFP AND PAT; STRENGTHEN THE IMPLEMENTATION OF MIECHV WITH A CONTINUED FOCUS ON THE ENROLLMENT AND RETENTON OF FAMILIES; AND PROMOTE AND INTEGRATE MIECHV WITHIN LOUISIANA'S EARLY CHILDHOOD SYSTEM OF CARE. |
| **Who are the principal users?** |
| THE PRINCIPAL USERS ARE ALL CHILDREN IN LOUISIANA. |
| **Who primarily benefits from the service?** |
| ALL CHILDREN IN LOUISIANA BENEFIT FROM THIS SERVICE. |
| **Related objectives and performance measures:** |

**Question and Narrative Response**

OBJECTIVE 1: IN FISCAL YEAR 2027-2028, FAMILY SUPPORT AND COACHING PROFESSIONALS (HOME VISITORS) WILL PROVIDE EVIDENCE-BASED HOME VISITING SERVICES TO FAMILIES IMPLEMETING NFP IN Regions 2-9 OF THE STATE AND PAT IN REGIONS 1, 6, 7, 8, and 9.

| | EXISTING OPERATING BUDGET | REQUESTED CONTINUATION LEVEL | TOTAL REQUEST LEVEL | RECOMMENDED LEVEL |
|---|---|---|---|---|
| PERFORMANCE INDICATORS | | | | |
| NUMBER OF COMPLETED HOME VISITS | | | | |
| BY MIECHV FUNDED HOME VISITORS | 27,216 | 8474.0 | 35,690 | |

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|---|---|
| **Form ID:** | 58089 |
| **Form Description:** | 326 Children's Special Health Services |
| **Service:** | OPH03 - Children's Special Health Services |

| Question and Narrative Response |
|---|
| **Describe the service:** |
| MCH BLOCK GRANT, 42 U.S.C. 701-9; TITLE V, SOCIAL SECURITY ACT, 42 U.S.C. 1396, AS AMENDED, PL97-35, MANDATES THAT CHILDREN WITH SPECIAL HEALTH CARE NEEDS AGES 0-21 ARE TO BE SERVED. PLANS, COORDINATES, IMPROVES AND ADMINISTERS SPECIALIZED MEDICAL CARE PROGRAMS FOR ELIGIBLE CHILDREN WITH SEVERE/CHRONIC MEDICAL ILLNESSES OR DISABILITIES THAT MAY HINDER NORMAL GROWTH AND DEVELOPMENT. |
| **How does this fulfill the program's mission?** |
| THIS SERVICE FULFILLS THE PROGRAM'S MISSION BY PROVIDING AND ASSURING MEDICAL AND PARENT SUPPORT SERVICES TO LOUISIANA'S CHILDREN WITH SPECIAL HEALTH CARE NEEDS.<br><br>GOAL: REDUCE THE HIGH-RISK AND DEBILITATING CONDITIONS OF INFANCY AND CHILDHOOD; ENHANCE EACH CHILD'S ABILITY TO REACH HIS/ HER MAXIMUM POTENTIAL. |
| **Who are the principal users?** |
| THE PRINCIPAL USERS ARE ELIGIBLE CHILDREN WITH SEVERE/CHRONIC MEDICAL ILLNESSES OR DISABILITIES THAT MAY HINDER NORMAL GROWTH AND DEVELOPMENT. |
| **Who primarily benefits from the service?** |
| ELIGIBLE CHILDREN WITH SEVERE/CHRONIC MEDICAL ILLNESSES OR DISABILITIES PRIMARILY BENEFIT FROM THIS SERVICE. |
| **Related objectives and performance measures:** |

**Question and Narrative Response**

OBJECTIVE: IN FY 2027-2028, PUBLIC HEALTH SERVICES, THROUGH ITS CHILDREN'S SPECIAL HEALTH SERVICES ACTIVITY, WILL PROVIDE A CONTINUUM OF DIAGNOSTIC, THERAPEUTIC, REHABILITATIVE AND SUPPORT SYSTEM SERVICES. C.S.H.S. PLANS, COORDINATES, IMPROVES ACCESS AND ADMINISTERS COMMUNITY BASED, CULTURALLY COMPETENT, FAMILY CENTERED SYSTEM OF CARE FOR CHILDREN WITH SEVERE/CHRONIC CONDITIONS IN ORDER TO MAXIMIZE THEIR POTENTIAL OF ENJOYING AN INDEPENDENT AND SELF SUFFICIENT LIFE.

| RECOMMENDED | EXISTING OPERATING BUDGET | REQUESTED CONTINUATION LEVEL | TOTAL REQUEST LEVEL | LEVEL |
|---|---|---|---|---|
| PERFORMANCE INDICATORS | | | | |
| NUMBER OF CHILDREN WITH CHRONIC ILLNESS OR DISABILITIES RECEIVING CSHS CLINIC AND CARE COORDINATING SERVICES | 20,670 | 0 | 20,670 | |
| % OF INFANTS BORN IN LA WHO ARE SCREENED FOR HEARING | 99.50% | 0 | 99.50% | |
| % OF INFANTS BORN IN LA WHO ARE SCREENED FOR BIRTH DEFECTS | 95% | 0 | 95% | |

*Includes both children served in CSHS clinics and children served through care coordination contracts.

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|---|---|
| **Form ID:** | 58090 |
| **Form Description:** | 326 School Based Health |
| **Service:** | OPH12 - School Based Health Services |

| Question and Narrative Response |
|---|
| **Describe the service:** |
| LDH/OFFICE OF PUBLIC HEATH \|BUREAU OF FAMILY HEALTH \|ADOLESCENT SCHOOL HEALTH PROGRAM MONITORS CONTRACT COMPLIANCE FOR 57 OPH-AFFILIATED SCHOOL-BASED HEALTH CENTERS IN 25 PARISHES. THESE CENTERS PROVIDE PHYSICAL AND MENTAL HEALTH SERVICES AND SCHOOL HEALTH EDUCATION FOR STUDENTS. |
| **How does this fulfill the program's mission?** |
| THIS SERVICE FULFILLS THE PROGRAM'S MISSION BY PROVIDING AND ASSURING CLINICAL, PREVENTIVE AND EDUCATIONAL SERVICES TO LOUISIANA'S CHILDREN AND ADOLESCENTS TO PROMOTE REDUCED MORBIDITY AND MORTALITY RESULTING FROM HIGH-RISK CONDITIONS OF CHILDHOOD, INFECTIOUS/ COMMUNICABLE DISEASES, AND CHRONIC DISEASES.<br><br>GOAL: ALL LOUISIANA YOUTH HAVE THE OPPORTUNITY TO REALIZE THEIR FULLEST, HEALTHIEST POTENTIAL. |
| **Who are the principal users?** |
| THE PRINCIPAL USERS ARE CHILDREN AND ADOLESCENTS IN SCHOOL. |
| **Who primarily benefits from the service?** |
| CHILDREN AND ADOLESCENTS IN SCHOOL PRIMARILY BENEFIT FROM THIS SERVICE. |
| **Related objectives and performance measures:** |

# STATE OF LOUISIANA
## Childrens Budget
## Narrative



**Question and Narrative Response**

OBJECTIVE: IN FISCAL YEAR 2027-2028, PUBLIC HEALTH SERVICES, THROUGH THE ACTIVITIES OF THE ADOLESCENT SCHOOL BASED HEALTH SECTION, WILL ENSURE EFFECTIVE, INTEGRATED SCHOOL-CENTERED HEALTH CENTER PROMOTION IN LOUISIANA. IN PURSUIT OF ITS MISSION, THE ADOLESCENT SCHOOL HEALTH PROGRAM (ASHP) COLLABORATES WITH SCHOOLS, HEALTHCARE PROVIDERS, AND KEY STAKEHOLDERS TO SAFEGUARD ACCESS, REDUCE DISPARITIES AND ENCOURAGE HEALTHY TRANSITIONS FROM ADOLESCENCE TO ADULTHOOD.

| PERFORMANCE INDICATORS | EXISTING BUDGET | REQUESTED OPERATING LEVEL | TOTAL CONTINUATION LEVEL | RECOMMENDED REQUEST LEVEL |
|---|---|---|---|---|
| NUMBER OF ADOLESCENT SCHOOL-BASED HEALTH CENTERS | 57 | 0 | 57 | |
| NUMBER OF PATIENT VISITS IN ADOLESCENT SCHOOL-BASED HEALTH CENTERS | 100,000 | 31,640 | 131,640 | |
| COST PER VISIT TO ADOLESCENT SCHOOL-BASED HEALTH CENTERS | $51 | $9 | $60 | |

| | |
|---|---|
| **Form ID:** | 58091 |
| **Form Description:** | 326 Genetic Diseases |
| **Service:** | OPH05 - Genetics |

| Question and Narrative Response |
|---|
| **Describe the service:** |
| PROVIDES SCREENING, DIAGNOSIS, COUNSELING AND EDUCATIONAL SERVICES TO INDIVIDUALS WITH GENETIC DISORDERS AND THEIR FAMILIES. |
| **How does this fulfill the program's mission?** |
| THIS SERVICE FULFILLS THE PROGRAM'S MISSION BY PROVIDING AND ASSURING ACCESS TO CLINICAL, PREVENTIVE AND EDUCATIONAL SERVICES TO LOUISIANA'S CHILDREN AND TO PROMOTE REDUCED MORBIDITY AND MORTALITY RESULTING FROM METABOLIC AND OTHER INHERITABLE CONDITIONS.<br><br>GOAL: REDUCE THE POTENTIAL NEGATIVE EFFECTS OF GENETIC DISORDERS. |
| **Who are the principal users?** |
| THE PRINCIPAL USERS ARE INDIVIDUALS WITH GENETIC DISORDERS AND THEIR FAMILIES. |
| **Who primarily benefits from the service?** |
| INDIVIDUALS WITH GENETIC DISORDERS AND THEIR FAMILIES PRIMARILY BENEFIT FROM THIS SERVICE. |
| **Related objectives and performance measures:** |

**Question and Narrative Response**

OBJECTIVE: IN FISCAL YEAR 2027-2028, PUBLIC HEALTH SERVICES, THROUGH ITS GENETIC DISEASE ACTIVITIES, WILL PREVENT THE NEGATIVE EFFECTS OF CONDITIONS SUCH AS PKU, CONGENITAL HYPOTHYROIDISM, BIOTINIDASE DEFICIENCY, GALACTOSEMIA AND OTHER HERITABLE DISORDERS TESTED FOR ON THE NEWBORN SCREENING PANEL THROUGH THE PROVISION OF SCREENING, DIAGNOSIS, SPECIALIZED MEDICAL CARE AND EDUCATIONAL SERVICES. ALSO, EARLY DETECTION AND TREATMENT OF NEWBORNS WITH SICKLE CELL DISEASE REDUCES INFANT MORTALITY BY PREVENTING LIFE-THREATENING INFECTIONS AND OTHER COMPLICATIONS

| PERFORMANCE INDICATORS | EXISTING OPERATING BUDGET | REQUESTED CONTINUATION LEVEL | TOTAL REQUEST LEVEL | RECOMMENDED LEVEL |
|---|---|---|---|---|
| PERCENT OF BABIES BORN IN LA RECEIVING A NEWBORN SREENING | 99% | 0 | 99% | |
| IDENTIFIED PATIENTS RECEIVING SPECIALIZED GENETIC SERVICES | 2,400 | 360 | 2,760 | |
| PATIENT VISITS AT GENETICS CLINICS | 620 | 20 | 640 | |
| NUMBER OF INFANTS DETECTED WITH AND TREATED WITH HERITABLE CONDITIONS | 165 | 15 | 180 | |
| PATIENTS DETECTED WITH SICKLE-CELL DISEASE | 80 | 0 | 80 | |

| | |
|---|---|
| **Form ID:** | 58092 |
| **Form Description:** | 326 Nutrition Services |
| **Service:** | OPH11 - Nutrition Services |

| Question and Narrative Response |
|---|
| **Describe the service:** |
| NUTRITION SERVICES ADMINISTERS TWO USDA COMMUNITY NUTRITION OUTREACH AND SUPPLEMENTAL FOOD PROGRAMS. THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) PROVIDES A NUTRITIOUS FOOD PACKAGE AND NUTRITION COUNSELING, BREASTEEDING SUPPORT, AND REFERRALS TO LOW-INCOME INFANTS AND CHILDREN UP TO THE AGE OF FIVE AT NUTRITIONAL RISK. IN ADDITION, THE PROGRAM PROVIDES NUTRITION EDUCATION, NUTRITIOUS FOOD PACKAGES AND BREASTFEEDING SUPPORT TO PREGNANT, PREGNANT, POSTPARTUM, AND BREAST-FEEDING WOMEN AT NUTRITIONAL RISK. |
| **How does this fulfill the program's mission?** |
| THIS SERVICE FULFILLS THE PROGRAM'S MISSION BY PROVIDING AND ASSURING CLINICAL, PREVENTIVE AND EDUCATIONAL SERVICES TO LOUISIANA'S CHILDREN TO PROMOTE REDUCED MORBIDITY AND MORTALITY RESULTING FROM HIGH-RISK CONDITIONS OF INFANCY AND CHILDHOOD, INFECTIOUS/ COMMUNICABLE DISEASES, AND CHRONIC DISEASES.<br><br>GOAL: REDUCE THE HIGH-RISK CONDITIONS OF INFANCY AND CHILDHOOD. |
| **Who are the principal users?** |
| THE PRINCIPAL USERS ARE LOUISIANA WOMEN, INFANTS, AND CHILDREN. |
| **Who primarily benefits from the service?** |

**Question and Narrative Response**

LOUISIANA WOMEN, INFANTS, AND CHILDREN PRIMARILY BENEFIT FROM THIS SERVICE.

**Related objectives and performance measures:**

OBJECTIVE: IN FISCAL YEAR 2026-2027, PUBLIC HEALTH SERVICES, THROUGH THE ACTIVITIES OF NUTRITION SERVICES, WILL ENSURE ACCESS TO WIC SERVICES TO ALL ELIGIBLE APPLICANTS AT OR BELOW 185% OF THE FEDERAL POVERTY LEVEL, BASED ON 100% FEDERAL FUNDING.

| PERFORMANCE INDICATORS | EXISTING OPERATING BUDGET | REQUESTED CONTINUATION LEVEL | TOTAL REQUEST LEVEL | RECOMMENDED LEVEL |
|---|---|---|---|---|
| NUMBER OF MONTHLY WIC PARTICIPANTS | 107,000 | 0 | 107,000 | |
| PERCENT OF CLIENTS SERVED | 100% | 0 | 100% | |

| | |
|---|---|
| **Form ID:** | 58093 |
| **Form Description:** | 326 Tobacco Control |
| **Service:** | OPH13 - Smoking Cessation |

| Question and Narrative Response |
|---|
| **Describe the service:** |
| THE OPH BUREAU OF CHRONIC DISEASE PREVENTION AND HEALTHCARE ACCESS'S TOBACCO CESSATION AND PREVENTION PROGRAM WORKS TO PREVENT INITIATION, PROMOTE CESSATION, PROTECT THE PUBLIC FROM SECONDHAND SMOKE EXPOSURE, AND IDENTIFY AND ELIMINATE TOBACCO-RELATED DISPARITIES IN LOUISIANA. THE PROGRAM IS COMPREHENSIVE AND IMPLEMENTS PROGRAMMATIC AND POLICY INITIATIVES TO INFLUENCE SOCIAL NORMS, SYSTEMS, AND NETWORKS. |
| **How does this fulfill the program's mission?** |
| THIS SERVICE FULFILLS THE PROGRAM'S MISSION BY PROVDING PROMOTE CESSATION AND PROTECTING THE PUBLIC FROM SECONDHAND SMOKE EXPOSURE.<br>GOAL: REDUCE THE RATE OF YOUTH INITIATION WITH TOBACCO USE. |
| **Who are the principal users?** |
| THE PRINCIPAL USERS ARE ALL LOUISIANA YOUTH. |
| **Who primarily benefits from the service?** |
| ALL LOUISIANA YOUTH PRIMARILY BENEFIT FROM THIS SERVICE. |
| **Related objectives and performance measures:** |

**Question and Narrative Response**

OBJECTIVE: IN FISCAL YEAR 2026-2027, OPH'S TOBACCO CESSATION AND PREVENTION PROGRAM WILL CONTINUE TO PROVIDE EDUCATION TO STAKEHOLDERS AND DECISION MAKERS REGARDING EVIDENCED-BASED POLICIES AND PROGRAMS TO PREVENT INITIATION OF TOBACCO USE, INCLUDING E-CIGARETTES.

| PERFORMANCE INDICATORS | EXISTING OPERATING BUDGET | REQUESTED CONTINUATION LEVEL | TOTAL REQUEST LEVEL | RECOMMENDED LEVEL |
|---|---|---|---|---|
| PREVALENCE OF TOBACCO USE AMONG YOUTH | <5% | 0 | <5% | |
| LEGISLATORS OR LOCAL GOVERNMENT LEADERS EDUCATED ON YOUTH PREVENTION EVIDENCED-BASED POLICIES AND PROGRAMS | 144 | 0 | 144 | |

| | |
|---|---|
| **Form ID:** | 58094 |
| **Form Description:** | 326 Epidemiology Lab Capacity - Reop |
| **Service:** | OPH14 - Epidemiology and Laboratory Capacity Reopening Schools |

| Question and Narrative Response |
|---|
| **Describe the service:** |
| THE FEDERAL AWARD PROJECT CK-19-1904 EPIDEMIOLOGY AND LABORATORY CAPACITY FOR PREVENTING AND CONTROL OF EMERGING INFECTIOUS DISEASES PROVIDES FUNDING FOR COVID-19 TESTING DISEASES (ELC). THIS TESTING PROGRAM WILL BE OFFERED TO ALL SCHOOLS IN LOUISIANA. WITH A TARGET TO BEGIN COMPREHENSIVE, WEEEKLY TESTING OF ALL STUDENTS, STAFF AND TEACHERS IN K-12 SCHOOLS. THIS ACTIVITY WILL PROVIDE TWO PLANNING OPTIONS, ONE FOR A MORE INDEPENDENT SCHOOL ADMINISTERD PROGRAM USING POINT OF CARE TESTING AND ANOHTER OPTION FOR STATE ASSISTED PROGRAMS WITH LABORATORY VENDORS WHO WILL FACILIATE ALL ASPECTS OF TESTING FOR PARTICIPATING SCHOOLS. |
| **How does this fulfill the program's mission?** |
| THIS SERVICE FUFILLS THE PROGRAM MISSION BY PROVIDING SERVICES AND SUPPORT TO SCHOOL DISTRICTS AND SCHOOLS THAT WILL MITIGATE THE SPREAD OF COVID-19 AND WILL KEEP SCHOOL COMMUNITIES SAFER SO THAT SCHOOLS STAY OPEN.. |
| **Who are the principal users?** |
| THE PRINCIPAL USERS ARE STUDENTS, TEACHERS, AND STAFF IN K-12 SCHOOLS. |
| **Who primarily benefits from the service?** |
| STUDENTS, TEACHERS, AND STAFF IN K-12 SCHOOLS PRIMARILY BENEFIT FROM THIS SERVICE. |
| **Related objectives and performance measures:** |
| |

# GENERAL ADDENDA

INTERAGENCY AGREEMENT

BR-19B
(09/24)

**AGRICULTURE & FORESTRY**
**MANAGEMENT AND FINANCE (OMF)**

Interagency Agreement Between **LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY (160)** (Recipient Agency and #) and **LOUISIANA DEPARTMENT OF HEALTH (326)** (Sending Agency and #)

For Fiscal Year **2027-2028** **LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY (160)** (Agency Name and #) is budgeted to receive the following revenue

from **LOUISIANA DEPARTMENT OF HEALTH (326)** (Agency Name and #) by Interagency Transfer for the following reason(s):

**The reason for the Interagency Agreement is :**

**Storage for State Antiviral Cache of Medications**

**TOTAL: $189,035**

Recipient Agency Fiscal Officer — Date 9/18/26

Angel W. Williams — 10/21/2026

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 AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between LDH Office of Public Health (#326) and the Department of Agriculture and Forestry (#160)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2027 - 2028, LDH Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from the Department of Agriculture and Forestry (#160) by Interagency Transfer for the following reason(s):
(Agency Name and #)

**The reason for the Interagency Agreement is :** **$25,000**
This funding will provide public health evaluations of health related pesticide incident reports from the Louisiana Department of Agriculture and Forestry.

Angel W. Williams — 10/21/2026
Recipient Agency Fiscal Officer — Date

Wayne Sedotal — 10/21/26
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 AGREEMENT

BR-19B
(08/26)

Interagency Agreement Between LA Department of Health-Office of Public Health #09-326 (Recipient Agency and #) and Department of Children and Family Services #10-360 (Sending Agency and #)

For Fiscal Year 2027 - 2028 LA Department of Health-Office of Public Health #09-326 (Agency Name and #) is budgeted to receive the following revenue $32,000

from Department of Children and Family Services #10-360 (Agency Name and #) by Interagency Transfer for the following reason(s):

**The reason for the Interagency Agreement is :**

Provide Vital Records documents for the purposes of adoptions and foster care.

Rachel W. Williams 10/21/26
Recipient Agency Fiscal Officer Date

10/20/26
Sending Agency Fiscal Officer Date

NOTE:
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INTERAGENCY AGREEMENT

BR-19B
(08/26)

Interagency Agreement Between LA Department of Health-Office of Public Health #09-326 (Recipient Agency and #) and Department of Children and Family Services #10-360 (Sending Agency and #)

For Fiscal Year 2027 - 2028 LA Department of Health-Office of Public Health #09-326 (Agency Name and #) is budgeted to receive the following revenue $49,000

from Department of Children and Family Services #10-360 (Agency Name and #) by Interagency Transfer for the following reason(s):

**The reason for the Interagency Agreement is :**

Provide paternity information for children through LEERS to the Office of Support Enforcement.

Recipient Agency Fiscal Officer — Date 10/21/26

Sending Agency Fiscal Officer — Date 10/20/26

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 Public Safety and Corrections (#400)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2027 - 2028, 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 :** **$5,461**
This funding will provide testing of water systems at various safety facilities and correctional facilities statewide.

Angel W. Williams — 10/27/2026
Recipient Agency Fiscal Officer — Date

Jodi Babin — 10-27-26
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 AGREEMENT

BR-19B
(08/26)

Interagency Agreement Between LA Department of Health-Office of Public Health #09-326 (Recipient Agency and #) and Department of Children and Family Services #10-360 (Sending Agency and #)

For Fiscal Year 2027 - 2028 LA Department of Health-Office of Public Health #09-326 (Agency Name and #) is budgeted to receive the following revenue $377,915

from Department of Children and Family Services #10-360 (Agency Name and #) by Interagency Transfer for the following reason(s):

**The reason for the Interagency Agreement is :**

TANF Initiative - The Nurse Family Partnership (NFP) program consists of regular prenatal and infancy visits by nurses to eligible women in their home, the focus of intervention is on specific parental behavior and modifiable environmental conditions that are associated with adverse outcomes in maternal and child overall health and well being.

Angel W. Williams — Recipient Agency Fiscal Officer — Date 10/30/2026

Sending Agency Fiscal Officer — Date 10/29/26

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
(09/25)

Interagency Agreement Between LDH Office of Public Health (09-326) and Louisiana Works (14-474)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2027 - 2028, LDH Office of Public Health (09-326) is budgeted to receive the following revenue
(Agency Name and #)

from Louisiana Works (14-474) by Interagency Transfer for the following reason(s):
(Agency Name and #)

**The reason for the Interagency Agreement is : To transfer $1,133,743.50 in TANF grant funding from Louisiana Works to the Louisiana Department of Health, Office of Public Health, to support the Nurse-Family Partnership Program, which provides home visitation, education, and support services to eligible first-time mothers and their children to promote healthy pregnancies, positive parenting, child development, and family self-sufficiency. All expenditures must comply with applicable federal TANF regulations and grant requirements. This agreement goes from October 1, 2027- June 30, 2028.**

Signed by:
Angel W Williams
CE98FEF6DCCF4E1...

Recipient Agency Fiscal Officer — Date: 10/30/2026

Sending Agency Fiscal Officer — Date: 10/28/26

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 Education (#678)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2027 - 2028, 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 :** **$130,200**
This funding is to conduct summer feeding site inspections as part of the USDA requirement.

Angel W. Williams 10/27/2026

Recipient Agency Fiscal Officer Date

Natashia M. Carter
Digitally signed by Natashia M. Carter
DN: cn=Natashia M. Carter, o=Louisiana Department of Education, ou=School System Financial Services, email=natashia.carter@la.gov, c=US
Date: 2026.10.27 13:42:42 -05'00'

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 AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between LDH Office of Public Health (#326) and the Office of the Secretary (#307)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2027 - 2028, LDH Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from the Office of the Secretary (#307) by Interagency Transfer for the following reason(s):
(Agency Name and #)

| **The reason for the Interagency Agreement is :** | **$20,000** |
|---|---|
| To facfilitate 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. | |

Angel W. Williams — 10/27/2026

Recipient Agency Fiscal Officer — Date

[signature] — 10-27-26

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).




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