

Agency Budget Request

FISCAL YEAR 2026–2027



Louisiana Department of Health

326 — Office of Public Health



This page has been intentionally left blank

Signature Page	1
Operational Plan	3
Budget Request Overview	33
Agency Summary Statement	34
Total Agency	34
Program Summary Statement	47
3262 - Public Health Services	47
Source of Funding Summary	60
Agency Overview	60
Source of Funding Detail	68
Interagency Transfers	68
Statutory Dedications	140
Federal Funds	160
Fees & Self-generated	452
Expenditures by Means of Financing	570
Existing Operating Budget	570
Total Request	595
Revenue Collections/Income	621
Interagency Transfers	621
Fees & Self-generated	623
Statutory Dedications	627
Federal Funds	629
Justification of Differences	634
Schedule of Requested Expenditures	696
3262 - Public Health Services	696
Continuation Budget Adjustments	713
Agency Summary Statement	714
Total Agency	714
Continuation Budget Adjustments - Summarized	717
Program Summary Statement	734
3262 - Public Health Services	734

Continuation Budget Adjustments - by Program	737
Form 48198 — FY26-27 Non-recurring Carryforwards	737
Form 48210 — FY26-27 Non-Recurring Acquisitions and Major Repairs	739
Form 48211 — FY26-27 Standard Inflation Adjustment	741
Form 47976 — 326 - Non-Recurring Phenomune Pilot Taste Testing Kits	743
Form 48484 — 326 Medical Inflation	745
Form 48397 — 326 Salary and Related Benefits Base Adjustments	747
Form 48049 — 326 - Bureau of Nutrition Services - Pantrysoft Software	749
Form 48050 — 326 - Bureau of Reg. and Clinical Ops - Comm. Coordinator	751
Form 48051 — 326 - Bureau of Reg. and Clinical Ops - HealthWays Program	753
Form 48054 — 326 - Sanitation Services - Entergov	755
Form 48055 — 326 - Vital Records - Digitization of Archival Evid. Docu.	757
Form 48056 — 326 - Vital Records - Stakeholder Conference	759
Form 48301 — 326 Conversion of 11 Job Appointments to T.O.	761
Form 48417 — IT-Equipment	764
Form 48529 — 326 Emergency Medical Technicians Fund STATUTORY DEDICATION	766
Form 48927 — 326 Modernization of LEERS Rationale VITAL RECORDS	768
Form 51189 — 326 Environmental Health Emergency Response Unit	770
Technical and Other Adjustments	773
Agency Summary Statement	774
Total Agency	774
Program Breakout	775
Program Summary Statement	776
3262 - Public Health Services	776
New or Expanded Requests	777
Agency Summary Statement	778
Total Agency	778
Program Summary Statement	780
3262 - Public Health Services	780
Form 48521 — 326 - HIV/STI/HCV Testing and Treatments in Local Jails	782
Total Request Summary	785
Agency Summary Statement	786

Total Agency 786

Program Summary Statement 789

 3262 - Public Health Services 789

Addenda 793

General Addenda 857

Signature Page

BUDGET REQUEST

Fiscal Year Ending June 30, 2027

NAME OF DEPARTMENT / AGENCY: LDH/OPH PHYSICAL ADDRESS: 628 N. 4th Street
BUDGET UNIT: 09 Baton Rouge, LA
SCHEDULE NUMBER: 326 ZIP CODE: 70802
TELEPHONE NUMBER: 225-342-9500 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: <u><i>Bruce Greenstein</i></u> PRINTED NAME/TITLE: <u>Bruce Greenstein, Secretary</u> DATE: <u>10/29/25</u> EMAIL ADDRESS: <u>Bruce.Greenstein@la.gov</u>	HEAD OF BUDGET UNIT: <u><i>Tonya Joiner</i></u> PRINTED NAME/TITLE: <u>Tonya Joiner, Assistant Secretary</u> DATE: <u>10/14/2025</u> EMAIL ADDRESS: <u>tonya.joiner@la.gov</u>
PROGRAM CONTACT PERSON: <u>Jen Katzman</u> TITLE: <u>Deputy Assistant Secretary</u> TELEPHONE NUMBER: <u>225 342-2655</u> EMAIL ADDRESS: <u>jen.katzman@la.gov</u>	FINANCIAL CONTACT PERSON: <u>Felicia Ventress</u> TITLE: <u>Budget Director, Program Manager 3</u> TELEPHONE NUMBER: <u>225-219-3488</u> EMAIL ADDRESS: <u>felicia.ventress2@la.gov</u>

Operational Plan

STATE OF LOUISIANA
Operational Plan Form
Department Goals

DEPARTMENT NUMBER AND NAME: OPH - OPH

DEPARTMENT 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.

DEPARTMENT 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.

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.

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, USDA 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 is one of the Foundational Areas in the national Public Health System (PHS) 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 Title X Family Planning program; the State Perinatal Quality award; the Maternal, Infant, Early Childhood Home Visiting (MIECHV) awards; pediatric and perinatal mental health access grants; newborn genetic and hearing screening systems; children's special health services; support to advance access to adolescent school based health services; violence prevention, trauma and resiliency programming, the Louisiana Commission for the Deaf and multiple other 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 needs. Programming also includes epidemiology, complex health analytics, and support to over 11 boards, commissions and councils.

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.

STATE OF LOUISIANA

Operational Plan Form

Program Goals

PROGRAM NUMBER AND NAME: 3262 - Public Health Services

Nutrition Services

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

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 quality medical and social services for people living with or affected by HIV, and tracks the impact of the epidemic in Louisiana. The goal of the program is to educate citizens regarding STD/HIV/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

Reproductive health services and family planning are an important preventive health service to help families space births and plan intended pregnancies to ensure positive birth outcomes and a

STATE OF LOUISIANA

Operational Plan Form

Program Goals

PROGRAM NUMBER AND NAME: 3262 - Public Health Services

Healthy Start for infants. Family planning services offered through the Office of Public Health statewide clinical network and includes physical exams, pregnancy testing, health screenings, laboratory testing, prescriptions, referrals, nutrition counseling and contraception as well as community outreach and coordination, and referral with community agencies and education and information on reproductive health.

Pharmacy Services is part of the treatment arm of direct services available through Public 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.

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 such as COVID-19, and preventative medical needs.

Bureau of Chronic Disease Promotion and Healthcare Access

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

WISEWOMAN was created to help women understand and reduce their risk for heart disease and stroke by providing services to promote lasting heart-healthy lifestyles. Working with low-income, uninsured and underinsured women aged 35-64 years, the program provides heart disease and stroke risk factor screenings and services that promote healthy behaviors. Accounting for 1 in every 4 deaths, heart disease is the leading cause of death for women in the United States.

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

Tobacco Control and Health Policy program develops and implements comprehensive tobacco control strategies to reduce tobacco-related health inequities, morbidity, and mortality. The

STATE OF LOUISIANA

Operational Plan Form

Program Goals

PROGRAM NUMBER AND NAME: 3262 - Public Health Services

initiatives for youth and adults.

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

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

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

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

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

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

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 cooperative agreement through which the National Center for Health Statistics purchases Louisiana vital statistics data without identifiers.

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.

STATE OF LOUISIANA

Operational Plan Form

Program Goals

PROGRAM NUMBER AND NAME: 3262 - Public Health Services

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 USDA 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.

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.

STATE OF LOUISIANA

Operational Plan Form

Program Goals

PROGRAM NUMBER AND NAME: 3262 - Public Health Services

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 through PubH+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 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
2547	S	Percentage of walk-in customers served within 30 minutes	P	85	87	85	85	85	0	0
2548	S	Percent of mail requests filled within two weeks	P	90	86	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 FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025		
11227	G	Birth record intake	N	57,611	56,268	57,909	55,361	52,823		
11229	G	Death record intake	N	56,806	57,068	50,583	50,217	49,285		
11231	G	Marriage record intake	N	32,421	31,257	3,845	33,888	27,059		
11232	G	Divorce record intake	N	11,248	11,785	6,147	6,769	5,852		
11234	G	Abortion record intake	N	7,458	7,868	725	1	5		
11235	G	Fetal death record intake	N	517	449	444	479	433		
11236	G	Total number of birth, death, fetal death, marriage, divorce, abortion and still birth certificates accepted	N	166,061	164,695	119,653	146,715	138,872		
20430	G	Total number of birth, death, fetal death, marriage, divorce, abortion and still birth certificates sold	N	536,499	552,461	178,838	590,021	600,397		

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 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
26613	K	Percentage of EMS education programs that have undergone quality control measures	P	10	39	Not Applicable	10	10	0	0
26614	K	Percentage of EMS provider licenses renewed within 30 days of expiration	P	100	100	Not Applicable	100	100	0	0
26615	K	Percentage of telecommunicators registering completion of required training in the Information Management System	P	90	100	Not Applicable	90	90	0	0
26616	K	Percentage of affirmative criminal background investigations initiated within 2 days of application submission	P	100	100	Not Applicable	100	100	0	0
3262001	K	Percentage of EMS practitioner applications processed within 2 business days of submission	P	90	100	Not Applicable	90	90	0	0
3262002	K	Percentage of National Registry Psychomotor Exam applications processed within 2 days of submission	P	100	100	Not Applicable	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 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
24158	S	Obtain a minimum of 75% of Established rating on the CDC Public Health Emergency Preparedness (PHEP) Operational Readiness Review (ORR)	P	75	Not Applicable	Not Applicable	75	75	0	0

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025
3262003	G	Number of Emergency Operation Center activations	N	28	3	6	5	7
3262004	G	Number of resource request fulfilled	N	0	816	680	39	27
3262005	G	Number of exercises/drills conducted	N		0	0	0	0
3262006	G	Number of trainings completed	N	28	9	27	65	32
3262007	G	Number of community partners	N	560	173	186	186	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 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
20139	K	Number of Maternal, Infant & Early Childhood home visits, including Nurse-Family Partnership (NFP) and Parents as Teachers	N	38,000	27,837	38,000	38,000	35,690	0	0
24162	K	Number of students with access to School Based Health Center services	N	32,068	38,106	32,068	32,068	32,068	0	0
26132	S	Percentage of patients receiving a preventive health visit at least once in the last measurement year	P	30	30.36	30	30	30	0	0
26345	K	Percentage of students who receive an annual risk assessment	P	55	60	55	55	55	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 FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025
13744	G	Number of patient visits to Adolescent School-Based Health Centers	N	196,894	126,915	151,343	131,650	131,640
13749	G	Percentage of infants born to mothers beginning prenatal care in the first trimester	P	72	71	71.81	72.1	69.6
2368	G	Number of adolescent School-Based Health Centers	N	58	58	57	57	57
24164	G	Percentage of children with special health care needs receiving care in a Medical Home	P	51.1	36.6	43.6	39.9	40.9
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
26618	G	Percentage of students age 12 years with a screening for clinical depression	P	Not Available	62.2	70	77.7	79
26619	G	Percentage of students with a BMI greater than 85% receiving nutritional and physical activity counseling	P	Not Available	Not Available	91	85.8	87

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 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
24165	K	Percentage of children 19 to 35 months of age up to date for 4 DTaP, 3 Polio, 3 Hib, 3 HBV, 1 MMR and 1 VAR	P	75	71	75	75	75	0	0
24166	K	Percentage of kindergartners up to date with 4 DTaP, 3 Polio, 3 HBV, 2 MMR and 2 VAR	P	95	87.9	95	95	95	0	0
24167	S	Percentage of sixth graders, 11-12 years of age, up to date with 1 Tdap, 2 MMR, 2 VAR, 3 HBV, 1 MCV4	P	80	68.7	80	80	80	0	0
26620	K	Percentage of adolescents above 13 years of age, up to date for Human papillomavirus completed vaccine series	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 FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025		
26770	G	Percentage of 11th Graders or those 16 years of age with 2 MenACWY	P	Not Applicable	Not Applicable	63.31	67.11	60.5		
26771	G	Percentage of persons 6 months of age and older with Flu vaccination last flu season	P	Not Applicable	Not Applicable	43.1	43.7	40.2		

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: 3262-06 - Public Health Services, through its Nutrition Services activity, will provide nutrition education and supplemental foods to eligible senior citizens, women, infants and children while serving as an adjunct to health care during critical times of growth and development. The Nutrition Services activity aims to improve health status and prevent health problems in all population groups served through its programs each year through June 30, 2028.

Children's Budget Link:

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 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
2384	K	Number of monthly WIC Participants	N	98,500	102,227	101,000	101,000	102,000	0	0
24168	S	Number of monthly Commodity Supplemental Food Program participants served	N	39,500	33,134	39,015	39,015	39,500	0	0
25608	S	Percentage of postpartum women enrolled in WIC who breastfeed	P	36	43.1	40	40	42	0	0
Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information						
				Performance Indicator Values						
				Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025		
10857	G	Percentage of WIC eligible clients served	P	49.5	48.9	38	37	44		
10858	G	Number of WIC vendor fraud investigations	N	0	20	38	29	32		

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 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
24170	K	Percentage of TB infected contacts who complete treatment	P	72	88	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	76	76.5	78	78	78	0	0
25609	S	Percentage of culture confirmed cases completing treatment within 12 months	P	90	92	90	90	90	0	0
25610	S	Percentage of pulmonary culture confirmed cases converting sputum culture within two months	P	60	81	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	68	70	70	70	0	0
25612	S	Percentage of primary and secondary syphilis cases treated within 14 days of specimen collection	P	85	85	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 FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025
2325	G	Number of HIV tests conducted at publicly-funded sites	N	80,498	100,018	94,250	95,880	93,023
25613	G	Number of primary and secondary syphilis cases	N	841	876	1,188	1,031	766
25614	G	Number of people living with HIV in Louisiana	N	21,651	22,679	22,955	23,375	23,345
25615	G	Number of new HIV diagnosis in Louisiana	N	907	936	908	879	983
26621	G	Number of new confirmed Hepatitis C diagnosis in Louisiana	N	Not Available	2,914	2,829	2,546	1,914

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 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
24201	K	Yearly mortality count attributed to unsafe water, food and sewage	N	0	4	0	0	0	0	0
26622	S	Initiate investigation within 10 working days of report to IDEpi	P	90	94	90	90	90	0	0
26623	S	Completed case investigation within 10 working days of starting investigation	P	90	90	90	90	90	0	0
26624	S	Percent of outbreaks with determined etiology	P	90	91	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 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
26380	S	At least 95% of specimens submitted to the OPH Laboratory meet acceptance criteria for testing	P	95	98	95	95	95	0	0
Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information						
				Performance Indicator Values						
				Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025		
17387	G	Number of lab tests/specimens tested	N	308,477	233,799	212,569	228,473	226,568		

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 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
24198	S	Number of health consults and technical assists	N	500	22,995	500	500	500	0	0
24199	S	Number of emergency reports screened from the Louisiana State Police and National Response Center	N	9,000	5,724	9,000	9,000	9,000	0	0
Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information						
				Performance Indicator Values						
				Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025		
24196	G	Number of Indoor Air Quality phone consults	N	209	427	330	103	316		

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: 3262-11 - Public Health Services, through its Bureau of Chronic Disease Prevention and Healthcare Access (BCDPHA) activity, will provide support to communities, federally qualified health centers, physician practices, rural health clinics, small rural hospitals including critical access hospitals in order to expand and sustain access to primary and preventive health services in rural and underserved communities of Louisiana each year through June 30, 2028.

Children's Budget Link:

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 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
12219	K	Number of National Health Services Corp providers practicing in Louisiana	N	180	150	180	180	180	0	0
25619	S	Number of providers that have received education through conferences or BCDPHA provided trainings	N	325	453	325	325	325	0	0
25620	S	Percentage of State Loan Repayment Program funds awarded to new and existing health care providers recruited and retained to work in Louisiana Health professional shortage areas	P	100	100	100	100	100	0	0
25621	S	Percentage of health professional shortage areas analyzed and submitted to the Health Resources and Services Administration by the federal deadline	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

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025
12218	G	Number of parishes and/or areas designated as Health Professional Shortage Areas by the Federal government	N	39	96	61	57	63
25860	G	Number of critical access hospitals (CAHs) reporting HCAHPS data	N	21	42	19	25	23
26672	G	Percent of Federally Qualified Health Centers (FQHCs) receiving technical assistance (TA)	P	Not Available	Not Available	17	15	0
26773	G	Percent of Rural Health Clinics (RHCs) receiving technical assistance (TA)	P	Not Available	Not Available	27	12	11

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: 3262-12 - Public Health Services, through its Bureau of Chronic Disease Prevention and Healthcare Access activity, will improve the health of Louisiana by preventing chronic diseases and their risk factors through promoting healthy behaviors, utilizing evidence based interventions and leveraging resources through collaborative private, public partnerships to maximize health outcomes among our citizens each year through June 30, 2028.

Children's Budget Link:

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 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
25624	S	Number of registered callers to the Louisiana Tobacco Quitline	N	2,500	1,458	2,500	2,500	2,500	0	0
Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information						
				Performance Indicator Values						
				Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025		
26774	G	Percentage of organizations designated as "WellSpots" reporting implementation of comprehensive tobacco or smoke-free workplace policies	P	Not Available	92	88	99.4	0		
26775	G	Percentage of organizations designated as "WellSpots" reporting implementation of a worksite wellness program	P	Not Available	40	35	74.4	0		
26776	G	Percentage of School Districts receiving professional development and technical assistance on comprehensive school wellness best practices	P	Not Available	19	34	34	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: 3262-13 - 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 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
24202	K	Percentage of permitted facilities in compliance quarterly due to inspections	P	90	89	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	98	95	95	95	0	0
Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information						
				Performance Indicator Values						
				Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025		
11215	G	Food related complaints received from the public	N	459	772	1,017	1,039	1,078		
11886	G	Percentage of establishments/facilities in compliance	P	91	94	89	89	89		
24205	G	Number of plans reviewed	N	798	5,447	6,205	6,820	6,672		
24206	G	Number of samples taken	N	18,776	8,296	7,352	7,852	7,865		
24208	G	Number of new sewage systems properly installed	N	8,285	9,751	9,067	8,238	8,765		
24209	G	Number of existing sewage systems inspections	N	7,154	8,247	9,823	9,271	8,453		
24210	G	Number of sewage system applications taken	N	12,652	12,182	10,124	10,381	10,490		
24211	G	Number of food, water, sewage-borne illnesses reported	N		1,564	1,807	0	4,100		
2485	G	Number of inspections of permitted establishments/facilities	N	37,303	104,602	95,758	94,412	99,933		

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 2024 - 2025	Actual Year End Performance 2024 - 2025	Performance Standard as Initially Appropriated 2025 - 2026	Existing Performance Standard 2025 - 2026	Performance at Continuation Budget Level 2026 - 2027	Performance at Executive Budget Level 2026 - 2027	Performance Standard as Initially Appropriated 2026 - 2027
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	0	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	81.4	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 FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024	Prior Year Actual FY2024 - 2025
11225	G	Number of public water systems in Louisiana	N	1,293	1,277	1,271	1,263	1,241
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	26,703	59,615	41,089	42,273	61,224
24524	G	Number of low-interest loans made	N	13	7	12	5	15
24525	G	Number of public water systems provided technical assistance	N	380	306	406	0	852
24526	G	Number of water systems provided capacity development technical assistance	N	253	306	270	270	296

Budget Request Overview

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	61,710,078	72,096,342	77,729,564	5,633,222	7.81%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	37,870,876	85,005,926	85,100,278	94,352	0.11%
FEES & SELF-GENERATED	50,678,458	58,257,065	59,664,102	1,407,037	2.42%
STATUTORY DEDICATIONS	13,912,855	18,000,320	18,224,698	224,378	1.25%
FEDERAL FUNDS	346,490,665	365,822,056	369,370,169	3,548,113	0.97%
TOTAL MEANS OF FINANCING	\$510,662,932	\$599,181,709	\$610,088,811	\$10,907,102	1.82%

Fees and Self-Generated

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated Revenues	50,089,985	57,557,572	59,047,204	1,489,632	2.59%
Vital Records Conversion Dedicated Fund Account	425,404	425,404	426,568	1,164	0.27%
Oyster Sanitation Dedicated Fund Account	163,069	274,089	190,330	(83,759)	(30.56)%
Total:	\$50,678,458	\$58,257,065	\$59,664,102	\$1,407,037	2.42%

Statutory Dedications

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Telecommunications for the Deaf Fund	3,270,916	5,510,939	5,621,902	110,963	2.01%
Rural Primary Care Physicians Development Fund	832,584	2,673,634	2,673,634	—	—
Emergency Medical Technician Fund	—	—	31,500	31,500	—
Louisiana Fund	9,809,355	9,815,747	9,897,662	81,915	0.83%
Total:	\$13,912,855	\$18,000,320	\$18,224,698	\$224,378	1.25%

Agency Expenditures

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Salaries	84,915,848	88,648,213	93,613,636	4,965,423	5.60%
Other Compensation	5,741,767	7,461,868	5,333,319	(2,128,549)	(28.53)%
Related Benefits	50,425,811	50,989,012	54,540,546	3,551,534	6.97%
TOTAL PERSONAL SERVICES	\$141,083,427	\$147,099,093	\$153,487,501	\$6,388,408	4.34%
Travel	2,299,017	2,756,728	2,861,633	104,905	3.81%
Operating Services	13,592,763	14,016,790	14,479,695	462,905	3.30%
Supplies	16,536,802	16,073,577	19,664,144	3,590,567	22.34%
TOTAL OPERATING EXPENSES	\$32,428,581	\$32,847,095	\$37,005,472	\$4,158,377	12.66%
PROFESSIONAL SERVICES	\$46,123,825	\$61,279,572	\$62,936,110	\$1,656,538	2.70%
Other Charges	260,654,118	324,524,197	323,885,583	(638,614)	(0.20)%
Debt Service	—	—	—	—	—
Interagency Transfers	30,286,974	32,564,020	32,774,145	210,125	0.65%
TOTAL OTHER CHARGES	\$290,941,092	\$357,088,217	\$356,659,728	\$(428,489)	(0.12)%
Acquisitions	86,007	867,732	—	(867,732)	(100.00)%
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$86,007	\$867,732	—	\$(867,732)	(100.00)%
TOTAL EXPENDITURES	\$510,662,932	\$599,181,709	\$610,088,811	\$10,907,102	1.82%

Agency Positions

Classified	1,215	1,220	1,234	14	1.15%
Unclassified	14	14	14	—	—
TOTAL AUTHORIZED T.O. POSITIONS	1,229	1,234	1,248	14	1.13%
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	103	103	94	(9)	(8.74)%
TOTAL POSITIONS	1,332	1,337	1,342	5	0.37%

Cost Detail

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
State General Fund	61,710,078	72,096,342	77,729,564	5,633,222
Interagency Transfers	37,870,876	85,005,926	85,100,278	94,352
Fees & Self-generated Revenues	50,089,985	57,557,572	59,047,204	1,489,632
Vital Records Conversion Dedicated Fund Account	425,404	425,404	426,568	1,164
Oyster Sanitation Dedicated Fund Account	163,069	274,089	190,330	(83,759)
Telecommunications for the Deaf Fund	3,270,916	5,510,939	5,621,902	110,963
Rural Primary Care Physicians Development Fund	832,584	2,673,634	2,673,634	—
Emergency Medical Technician Fund	—	—	31,500	31,500
Louisiana Fund	9,809,355	9,815,747	9,897,662	81,915
Federal Funds	346,490,665	365,822,056	369,370,169	3,548,113
Total:	\$510,662,932	\$599,181,709	\$610,088,811	\$10,907,102

Salaries

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5110000	TOTAL SALARIES	—	—	4,965,423	4,965,423
5110010	SAL-CLASS-TO-REG	81,998,365	86,344,932	86,344,932	—
5110015	SAL-CLASS-TO-OT	209,232	—	—	—
5110020	SAL-CLASS-TO-TERM	544,348	—	—	—
5110025	SAL-UNCLASS-TO-REG	2,121,992	2,303,281	2,303,281	—
5110030	SAL-UNCLASS-TO-OT	25,950	—	—	—
5110035	SAL-UNCLASS-TO-TERM	15,962	—	—	—
Total Salaries:		\$84,915,848	\$88,648,213	\$93,613,636	\$4,965,423

Other Compensation

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5120000	TOTAL OTHER COMP	—	—	(2,128,549)	(2,128,549)
5120010	COMPENSATION/WAGES	5,619,996	7,447,308	7,447,308	—
5120035	STUDENT LABOR	58,610	14,560	14,560	—
5120105	COMP-CL-NON TO-OT	7,042	—	—	—
5120110	COMP-CL-NON TO-TERM	56,120	—	—	—
Total Other Compensation:		\$5,741,767	\$7,461,868	\$5,333,319	\$(2,128,549)

Related Benefits

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5130000	TOTAL RELATED BENF	—	—	3,551,534	3,551,534
5130010	RET CONTR-STATE EMP	29,231,585	29,930,809	29,930,809	—
5130020	RET CONTR-TEACHERS	291,407	—	—	—
5130050	POSTRET BENEFITS	9,313,132	9,200,000	9,200,000	—
5130055	FICA TAX (OASDI)	88,899	108,152	108,152	—
5130060	MEDICARE TAX	1,217,623	1,383,167	1,383,167	—
5130065	UNEMPLOYMENT BENEFIT	—	30,000	30,000	—
5130070	GRP INS CONTRIBUTION	10,277,614	10,336,884	10,336,884	—
5130085	OTH RELATED BENEFIT	(390)	—	—	—
5130090	TAXABLE FRINGE BEN	5,941	—	—	—
Total Related Benefits:		\$50,425,811	\$50,989,012	\$54,540,546	\$3,551,534

Travel

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5200000	TOTAL TRAVEL	—	2,756,728	2,861,633	104,905
5210010	IN-STATE TRAVEL-ADM	(1,184)	—	—	—
5210015	IN-STATE TRAVEL-CONF	83,856	—	—	—
5210020	IN-STATE TRAV-FIELD	1,741,875	—	—	—

Travel (continued)

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5210025	IN-STATE TRV-BD MEM	4,355	—	—	—
5210030	IN-STATE TRV-IT/TRN	5,173	—	—	—
5210050	OUT-OF-STATE TRV-ADM	1,599	—	—	—
5210055	OUT-OF-STTRV-CONF	403,466	—	—	—
5210060	OUT-OF-STTRV-FIELD	23,933	—	—	—
5210090	TRAVEL EXP REIMBURSE	399	—	—	—
5210095	TRAVEL-OPER ALLOW	9,381	—	—	—
5210105	STAFF TRAINING	1,925	—	—	—
5210110	CONFERENCE REG FEES	24,239	—	—	—
Total Travel:		\$2,299,017	\$2,756,728	\$2,861,633	\$104,905

Operating Services

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5300000	TOTAL OPERATING SERV	—	14,016,790	14,479,695	462,905
5310001	SERV-ADVERTISING	132,221	—	—	—
5310004	SERV-BANK FEES	3	—	—	—
5310005	SERV-PRINTING	110,230	—	—	—
5310009	SERV-MOVING SERVICES	2,094	—	—	—
5310010	SERV-DUES & OTHER	136,683	—	—	—
5310011	SERV-SUBSCRIPTIONS	56,909	—	—	—
5310013	SERV-LAB FEES	1,566,678	—	—	—
5310015	SERV-SECURITY	17,266	—	—	—
5310017	SERV-DOC DESTRUCTION	1,374	—	—	—
5310019	SERV-FREIGHT	30,595	—	—	—
5310020	SERV-FREIGHT-OVERSEA	1,483	—	—	—
5310025	SERV-LOCKSMITH	106	—	—	—
5310031	SER-CRDT CRD TRN FEE	4,109	—	—	—

Operating Services *(continued)*

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5310033	SERV-OTH LAB-VET	31,395	—	—	—
5310037	SERV - TRAINING	23,000	—	—	—
5310040	SERV-BANK (NON-DEBT)	32,491	—	—	—
5310049	SERV-DUES & OTHER	27,789	—	—	—
5310050	SERV-DUES & OTHER	1,445	—	—	—
5310052	SERV-REGISTRATIONS	1,993	—	—	—
5310400	SERV-MISC	1,138,930	—	—	—
5330001	MAINT-BUILDINGS	19,119	—	—	—
5330003	MAINT-PESTCONTROL	11,077	—	—	—
5330004	MAINT-GARBAGE DISP	50,523	—	—	—
5330005	MAINT-WSTDISP-SHRED	8,523	—	—	—
5330006	MAINT-HAZ WASTE DISP	53,097	—	—	—
5330007	MAINT-PROPERTY	14,591	—	—	—
5330008	MAINT-EQUIPMENT	1,276,664	—	—	—
5330011	MAINT-COMMUNICTN EQP	91,579	—	—	—
5330012	MAINT-JANITORIAL	580,327	—	—	—
5330013	MAINT-CLEANING SERV	32,910	—	—	—
5330014	MAINT-GROUNDS	3,582	—	—	—
5330018	MAINT-AUTO REPAIRS	119,291	—	—	—
5330025	MAINT-HOSTING SVCS	250	—	—	—
5340010	RENT-REAL ESTATE	6,301,373	—	—	—
5340015	RENT-OPER COST-BLDG	54,739	—	—	—
5340020	RENT-EQUIPMENT	270,659	—	—	—
5340045	RENT-STORAGE SPACE	1,692	—	—	—
5340070	RENT-OTHER	106,875	—	—	—
5340075	RENT-UNIFORM/CLOTHNG	8,451	—	—	—
5340076	MIPA-PRINCIPAL	5,618	—	—	—

Operating Services *(continued)*

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5350001	UTIL-INTERNET PROVID	45,697	—	—	—
5350002	UTIL-DATA LINE/CIRCT	28,392	—	—	—
5350004	UTIL-TELEPHONE SERV	498,993	—	—	—
5350005	UTIL-OTHER COMM SERV	107,429	—	—	—
5350006	UTIL-MAIL/DEL/POST	42,322	—	—	—
5350007	UTIL-POSTAGE DUE	896	—	—	—
5350008	UTIL-DEL UPS/FED EXP	35,544	—	—	—
5350009	UTIL-GAS	33,282	—	—	—
5350010	UTIL-ELECTRICITY	323,389	—	—	—
5350011	UTIL-WATER	28,202	—	—	—
5350012	UTIL-CABLE	6,119	—	—	—
5350016	UTIL-SERVICES	227	—	—	—
5350017	UTIL-OPR SER-LAUNDRY	3,606	—	—	—
5350018	UTIL-MAIL/DEL/POST	108,896	—	—	—
5350020	UTIL-MAIL/DEL/POST	724	—	—	—
5350021	UTIL-SEWER	754	—	—	—
5350400	UTIL-OTHER	557	—	—	—
Total Operating Services:		\$13,592,763	\$14,016,790	\$14,479,695	\$462,905

Supplies

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5400000	TOTAL SUPPLIES	—	15,354,327	19,378,106	4,023,779
5410001	SUP-OFFICE SUPPLIES	564,008	—	—	—
5410002	SUP-TELEPH & ACCESS	803	—	—	—
5410004	SUP-SECURITY/LAW ENF	130	—	—	—
5410005	SUP-PHARMACEUTICAL	2,914,136	—	—	—

Supplies (continued)

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5410006	SUP-COMPUTER	194,065	—	—	—
5410007	SUP-CLOTHING/UNIFORM	23,193	—	—	—
5410008	SUP-MEDICAL	604,134	—	—	—
5410009	SUP-EDUCATION & REC	244,725	—	—	—
5410010	SUP-TEXTBOOKS	937	—	—	—
5410011	SUP-WORKBOOKS	120	—	—	—
5410013	SUP-FOOD & BEVERAGE	1,194,072	719,250	—	(719,250)
5410015	SUP-AUTO	14,348	—	—	—
5410016	SUP-BLD	10,272	—	—	—
5410017	SUP-JANITORIAL	30,489	—	—	—
5410019	SUP-CHEMICAL/GAS MAT	208,516	—	—	—
5410020	SUP-COMMUNICATIONS	2,605	—	—	—
5410021	SUP-ELECTRONICS/ELEC	363	—	—	—
5410023	SUP-PERSONAL	88	—	—	—
5410024	SUP-INDUSTMAN/PROC	556	—	—	—
5410025	SUP-LAB SUPPLIES	5,117,870	—	—	—
5410027	SUP-OTHER MEDICAL	4,887,887	—	—	—
5410028	SUP-STORAGE/PACKAGNG	2,597	—	—	—
5410029	SUP-TEXTILES	607	—	—	—
5410031	SUP-REP/MNT SUP-AUTO	676	—	—	—
5410032	SUP-REP/MNT SUP-OTHR	2,937	—	—	—
5410035	SUP-SOFTWARE	12,426	—	286,038	286,038
5410036	SUP-FUELTRAC	173,725	—	—	—
5410040	SUP - WEAPONS	11,541	—	—	—
5410042	SUP-SCIENT.SAMPLING	61,690	—	—	—
5410052	SUP-OFF ROAD DIESEL	4,375	—	—	—
5410053	SUP-PROT APP & EQUIP	2,536	—	—	—

Supplies (continued)

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5410054	SUP-STORES INCREASE	107,154	—	—	—
5410055	SUP-STORES DECREASE	(78,089)	—	—	—
5410059	SUP-KITCHENWARE	9	—	—	—
5410062	SUP-FUEL-DEF FLUID	25	—	—	—
5410400	SUP-OTHER	221,276	—	—	—
Total Supplies:		\$16,536,802	\$16,073,577	\$19,664,144	\$3,590,567

Professional Services

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5500000	TOTAL PROF SERVICES	—	61,279,572	62,936,110	1,656,538
5510001	PROF SERV-ACCT/AUDIT	102	—	—	—
5510002	PROF SERV-BANK/FIN	17,950	—	—	—
5510003	PROF SERV-MGT CONSUL	9,688,246	—	—	—
5510004	PROF SERV-ENG/ARCHIT	413,449	—	—	—
5510005	PROF SERV-LEGAL	13,538	—	—	—
5510007	PROF SERV-MED/DEN	4,873,205	—	—	—
5510012	PROF SERV-EDUCATION	33,362	—	—	—
5510020	PROF SERV-BLD/CONSTR	(189)	—	—	—
5510021	PROF SERV-ENVIRONMTL	230,925	—	—	—
5510023	PROF SERV-INDUSTCLN	120	—	—	—
5510025	PROF SRV-PUB SAFETY	520	—	—	—
5510027	PROF SERV-TRANS/STOR	1,275,694	—	—	—
5510400	PROF SERV-OTHER	29,576,904	—	—	—
Total Professional Services:		\$46,123,825	\$61,279,572	\$62,936,110	\$1,656,538

Other Charges

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	324,436,159	323,885,583	(550,576)
5610001	LOC AID-LOCL SCHL BD	3,685	—	—	—
5610013	LOC AID-PUB ASST-EDU	486,182	—	—	—
5610015	LOC AID-MEDICAID PMT	80,929,454	—	—	—
5610016	LOC AID-NON MEDI PMT	362,567	—	—	—
5610020	PUBLIC ASST-HEALTH	34,449	—	—	—
5620013	MISC-PRIZES/AWARDS	223	—	—	—
5620024	MISC-TUITION	1,069,787	—	—	—
5620038	MISC-RECOVERIES	151,218	—	—	—
5620056	MISC-CONTRACTUAL SRV	15,069,380	—	—	—
5620062	MISC-INTERESTEXP	2,000,001	—	—	—
5620063	MISC-OPERATNG SVCS	1,732,462	—	—	—
5620064	MISC-PROF SVCS	40,128,123	—	—	—
5620065	MISC-SUPPLIES OTHER	10,894,610	—	—	—
5620066	MISC-TRVL IN STATE	15,015	—	—	—
5620067	MISC-TR OUT OF STATE	26,211	—	—	—
5620068	MISC-ACQ/MAJ REP OTH	9,321,344	88,038	—	(88,038)
5620069	MISC-INTERAGENCY OTH	2,103,831	—	—	—
5620076	MISC-OC-WAGES	100,192	—	—	—
5620081	MISC-OC-F.I.C.A. TAX	2,205	—	—	—
5620082	MISC-OC-MEDICARE TAX	1,440	—	—	—
5620083	MISC-OC-GRP INS CONT	194	—	—	—
5620127	MISC-BOOTH FEE	3,020	—	—	—
5620135	MISC-TRANSCRIPTS	214,320	—	—	—
5620137	MISC-OC-PS-MEDICAL	96,004,206	—	—	—
Total Other Charges:		\$260,654,118	\$324,524,197	\$323,885,583	\$(638,614)

Interagency Transfers

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	16,331,009	16,541,134	210,125
5950001	IAT-COMMODITY/SERV	3,772,610	—	—	—
5950007	IAT-PRINTING	383,270	—	—	—
5950008	IAT-POSTAGE	113,789	—	—	—
5950013	IAT-TEL-LANET DATA	1,510,755	—	—	—
5950017	IAT-INSURANCE	1,117,974	—	—	—
5950025	IAT-TRAINING	98	—	—	—
5950026	IAT-RENTALS	2,735,596	—	—	—
5950030	IAT-MEDICAL SERVICES	524,481	—	—	—
5950032	IAT-ADMIN IND COST	49,098	—	—	—
5950033	IAT-INTER AGY TRANS	1,808,702	—	—	—
5950038	IAT-OTHER OPER SERV	11,845,752	—	—	—
5950055	IAT-ADMIN LAW JUDGE	—	—	—	—
5950058	IAT-TECH SVCS	303,299	16,233,011	16,233,011	—
5950059	IAT-ST PROCUREMENT	6,121,550	—	—	—
Total Interagency Transfers:		\$30,286,974	\$32,564,020	\$32,774,145	\$210,125

Acquisitions

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5700000	TOTAL ACQUISITIONS	—	867,732	—	(867,732)
5710221	ACQ-COMP HARDWARE	—	—	—	—
5710224	ACQ-OFFICE FURN&EQP	—	—	—	—
5710227	ACQ-MEDICAL EQUIP	—	—	—	—
5710236	ACQ-OTHER	20,950	—	—	—

Acquisitions *(continued)*

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5710950	TRANS-VEHICLES-MA	65,057	—	—	—
Total Acquisitions:		\$86,007	\$867,732	—	\$(867,732)
Total Agency Expenditures:		\$510,662,932	\$599,181,709	\$610,088,811	\$10,907,102

PROGRAM SUMMARY STATEMENT

3262 - Public Health Services

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	61,710,078	72,096,342	77,729,564	5,633,222	7.81%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	37,870,876	85,005,926	85,100,278	94,352	0.11%
FEES & SELF-GENERATED	50,678,458	58,257,065	59,664,102	1,407,037	2.42%
STATUTORY DEDICATIONS	13,912,855	18,000,320	18,224,698	224,378	1.25%
FEDERAL FUNDS	346,490,665	365,822,056	369,370,169	3,548,113	0.97%
TOTAL MEANS OF FINANCING	\$510,662,932	\$599,181,709	\$610,088,811	\$10,907,102	1.82%

Fees and Self-Generated

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated Revenues	50,089,985	57,557,572	59,047,204	1,489,632	2.59%
Vital Records Conversion Dedicated Fund Account	425,404	425,404	426,568	1,164	0.27%
Oyster Sanitation Dedicated Fund Account	163,069	274,089	190,330	(83,759)	(30.56)%
Total:	\$50,678,458	\$58,257,065	\$59,664,102	\$1,407,037	2.42%

Statutory Dedications

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Telecommunications for the Deaf Fund	3,270,916	5,510,939	5,621,902	110,963	2.01%
Rural Primary Care Physicians Development Fund	832,584	2,673,634	2,673,634	—	—
Emergency Medical Technician Fund	—	—	31,500	31,500	—
Louisiana Fund	9,809,355	9,815,747	9,897,662	81,915	0.83%
Total:	\$13,912,855	\$18,000,320	\$18,224,698	\$224,378	1.25%

Program Expenditures

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Percent Change
Salaries	84,915,848	88,648,213	93,613,636	4,965,423	5.60%
Other Compensation	5,741,767	7,461,868	5,333,319	(2,128,549)	(28.53)%
Related Benefits	50,425,811	50,989,012	54,540,546	3,551,534	6.97%
TOTAL PERSONAL SERVICES	\$141,083,427	\$147,099,093	\$153,487,501	\$6,388,408	4.34%
Travel	2,299,017	2,756,728	2,861,633	104,905	3.81%
Operating Services	13,592,763	14,016,790	14,479,695	462,905	3.30%
Supplies	16,536,802	16,073,577	19,664,144	3,590,567	22.34%
TOTAL OPERATING EXPENSES	\$32,428,581	\$32,847,095	\$37,005,472	\$4,158,377	12.66%
PROFESSIONAL SERVICES	\$46,123,825	\$61,279,572	\$62,936,110	\$1,656,538	2.70%
Other Charges	260,654,118	324,524,197	323,885,583	(638,614)	(0.20)%
Debt Service	—	—	—	—	—
Interagency Transfers	30,286,974	32,564,020	32,774,145	210,125	0.65%
TOTAL OTHER CHARGES	\$290,941,092	\$357,088,217	\$356,659,728	\$(428,489)	(0.12)%
Acquisitions	86,007	867,732	—	(867,732)	(100.00)%
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$86,007	\$867,732	—	\$(867,732)	(100.00)%
TOTAL EXPENDITURES	\$510,662,932	\$599,181,709	\$610,088,811	\$10,907,102	1.82%

Program Positions

Classified	1,215	1,220	1,234	14	1.15%
Unclassified	14	14	14	—	—
TOTAL AUTHORIZED T.O. POSITIONS	1,229	1,234	1,248	14	1.13%
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	103	103	94	(9)	(8.74)%
TOTAL POSITIONS	1,332	1,337	1,342	5	0.37%

Cost Detail

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
State General Fund	61,710,078	72,096,342	77,729,564	5,633,222
Interagency Transfers	37,870,876	85,005,926	85,100,278	94,352
Fees & Self-generated Revenues	50,089,985	57,557,572	59,047,204	1,489,632
Vital Records Conversion Dedicated Fund Account	425,404	425,404	426,568	1,164
Oyster Sanitation Dedicated Fund Account	163,069	274,089	190,330	(83,759)
Telecommunications for the Deaf Fund	3,270,916	5,510,939	5,621,902	110,963
Rural Primary Care Physicians Development Fund	832,584	2,673,634	2,673,634	—
Emergency Medical Technician Fund	—	—	31,500	31,500
Louisiana Fund	9,809,355	9,815,747	9,897,662	81,915
Federal Funds	346,490,665	365,822,056	369,370,169	3,548,113
Total:	\$510,662,932	\$599,181,709	\$610,088,811	\$10,907,102

Salaries

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5110000	TOTAL SALARIES	—	—	4,965,423	4,965,423
5110010	SAL-CLASS-TO-REG	81,998,365	86,344,932	86,344,932	—
5110015	SAL-CLASS-TO-OT	209,232	—	—	—
5110020	SAL-CLASS-TO-TERM	544,348	—	—	—
5110025	SAL-UNCLASS-TO-REG	2,121,992	2,303,281	2,303,281	—
5110030	SAL-UNCLASS-TO-OT	25,950	—	—	—
5110035	SAL-UNCLASS-TO-TERM	15,962	—	—	—
Total Salaries:		\$84,915,848	\$88,648,213	\$93,613,636	\$4,965,423

Other Compensation

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5120000	TOTAL OTHER COMP	—	—	(2,128,549)	(2,128,549)
5120010	COMPENSATION/WAGES	5,619,996	7,447,308	7,447,308	—
5120035	STUDENT LABOR	58,610	14,560	14,560	—
5120105	COMP-CL-NON TO-OT	7,042	—	—	—
5120110	COMP-CL-NON TO-TERM	56,120	—	—	—
Total Other Compensation:		\$5,741,767	\$7,461,868	\$5,333,319	\$(2,128,549)

Related Benefits

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5130000	TOTAL RELATED BENF	—	—	3,551,534	3,551,534
5130010	RET CONTR-STATE EMP	29,231,585	29,930,809	29,930,809	—
5130020	RET CONTR-TEACHERS	291,407	—	—	—
5130050	POSTRET BENEFITS	9,313,132	9,200,000	9,200,000	—
5130055	FICA TAX (OASDI)	88,899	108,152	108,152	—
5130060	MEDICARE TAX	1,217,623	1,383,167	1,383,167	—
5130065	UNEMPLOYMENT BENEFIT	—	30,000	30,000	—
5130070	GRP INS CONTRIBUTION	10,277,614	10,336,884	10,336,884	—
5130085	OTH RELATED BENEFIT	(390)	—	—	—
5130090	TAXABLE FRINGE BEN	5,941	—	—	—
Total Related Benefits:		\$50,425,811	\$50,989,012	\$54,540,546	\$3,551,534

Travel

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5200000	TOTAL TRAVEL	—	2,756,728	2,861,633	104,905
5210010	IN-STATE TRAVEL-ADM	(1,184)	—	—	—
5210015	IN-STATE TRAVEL-CONF	83,856	—	—	—
5210020	IN-STATE TRAV-FIELD	1,741,875	—	—	—

Travel *(continued)*

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5210025	IN-STATE TRV-BD MEM	4,355	—	—	—
5210030	IN-STATE TRV-IT/TRN	5,173	—	—	—
5210050	OUT-OF-STATE TRV-ADM	1,599	—	—	—
5210055	OUT-OF-STTRV-CONF	403,466	—	—	—
5210060	OUT-OF-STTRV-FIELD	23,933	—	—	—
5210090	TRAVEL EXP REIMBURSE	399	—	—	—
5210095	TRAVEL-OPER ALLOW	9,381	—	—	—
5210105	STAFF TRAINING	1,925	—	—	—
5210110	CONFERENCE REG FEES	24,239	—	—	—
Total Travel:		\$2,299,017	\$2,756,728	\$2,861,633	\$104,905

Operating Services

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5300000	TOTAL OPERATING SERV	—	14,016,790	14,479,695	462,905
5310001	SERV-ADVERTISING	132,221	—	—	—
5310004	SERV-BANK FEES	3	—	—	—
5310005	SERV-PRINTING	110,230	—	—	—
5310009	SERV-MOVING SERVICES	2,094	—	—	—
5310010	SERV-DUES & OTHER	136,683	—	—	—
5310011	SERV-SUBSCRIPTIONS	56,909	—	—	—
5310013	SERV-LAB FEES	1,566,678	—	—	—
5310015	SERV-SECURITY	17,266	—	—	—
5310017	SERV-DOC DESTRUCTION	1,374	—	—	—
5310019	SERV-FREIGHT	30,595	—	—	—
5310020	SERV-FREIGHT-OVERSEA	1,483	—	—	—
5310025	SERV-LOCKSMITH	106	—	—	—
5310031	SER-CRDT CRD TRN FEE	4,109	—	—	—

Operating Services *(continued)*

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5310033	SERV-OTH LAB-VET	31,395	—	—	—
5310037	SERV - TRAINING	23,000	—	—	—
5310040	SERV-BANK (NON-DEBT)	32,491	—	—	—
5310049	SERV-DUES & OTHER	27,789	—	—	—
5310050	SERV-DUES & OTHER	1,445	—	—	—
5310052	SERV-REGISTRATIONS	1,993	—	—	—
5310400	SERV-MISC	1,138,930	—	—	—
5330001	MAINT-BUILDINGS	19,119	—	—	—
5330003	MAINT-PESTCONTROL	11,077	—	—	—
5330004	MAINT-GARBAGE DISP	50,523	—	—	—
5330005	MAINT-WSTDISP-SHRED	8,523	—	—	—
5330006	MAINT-HAZ WASTE DISP	53,097	—	—	—
5330007	MAINT-PROPERTY	14,591	—	—	—
5330008	MAINT-EQUIPMENT	1,276,664	—	—	—
5330011	MAINT-COMMUNICTN EQP	91,579	—	—	—
5330012	MAINT-JANITORIAL	580,327	—	—	—
5330013	MAINT-CLEANING SERV	32,910	—	—	—
5330014	MAINT-GROUNDS	3,582	—	—	—
5330018	MAINT-AUTO REPAIRS	119,291	—	—	—
5330025	MAINT-HOSTING SVCS	250	—	—	—
5340010	RENT-REAL ESTATE	6,301,373	—	—	—
5340015	RENT-OPER COST-BLDG	54,739	—	—	—
5340020	RENT-EQUIPMENT	270,659	—	—	—
5340045	RENT-STORAGE SPACE	1,692	—	—	—
5340070	RENT-OTHER	106,875	—	—	—
5340075	RENT-UNIFORM/CLOTHNG	8,451	—	—	—
5340076	MIPA-PRINCIPAL	5,618	—	—	—

Operating Services *(continued)*

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5350001	UTIL-INTERNET PROVID	45,697	—	—	—
5350002	UTIL-DATA LINE/CIRCT	28,392	—	—	—
5350004	UTIL-TELEPHONE SERV	498,993	—	—	—
5350005	UTIL-OTHER COMM SERV	107,429	—	—	—
5350006	UTIL-MAIL/DEL/POST	42,322	—	—	—
5350007	UTIL-POSTAGE DUE	896	—	—	—
5350008	UTIL-DEL UPS/FED EXP	35,544	—	—	—
5350009	UTIL-GAS	33,282	—	—	—
5350010	UTIL-ELECTRICITY	323,389	—	—	—
5350011	UTIL-WATER	28,202	—	—	—
5350012	UTIL-CABLE	6,119	—	—	—
5350016	UTIL-SERVICES	227	—	—	—
5350017	UTIL-OPR SER-LAUNDRY	3,606	—	—	—
5350018	UTIL-MAIL/DEL/POST	108,896	—	—	—
5350020	UTIL-MAIL/DEL/POST	724	—	—	—
5350021	UTIL-SEWER	754	—	—	—
5350400	UTIL-OTHER	557	—	—	—
Total Operating Services:		\$13,592,763	\$14,016,790	\$14,479,695	\$462,905

Supplies

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5400000	TOTAL SUPPLIES	—	15,354,327	19,378,106	4,023,779
5410001	SUP-OFFICE SUPPLIES	564,008	—	—	—
5410002	SUP-TELEPH & ACCESS	803	—	—	—
5410004	SUP-SECURITY/LAW ENF	130	—	—	—
5410005	SUP-PHARMACEUTICAL	2,914,136	—	—	—

Supplies (continued)

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5410006	SUP-COMPUTER	194,065	—	—	—
5410007	SUP-CLOTHING/UNIFORM	23,193	—	—	—
5410008	SUP-MEDICAL	604,134	—	—	—
5410009	SUP-EDUCATION & REC	244,725	—	—	—
5410010	SUP-TEXTBOOKS	937	—	—	—
5410011	SUP-WORKBOOKS	120	—	—	—
5410013	SUP-FOOD & BEVERAGE	1,194,072	719,250	—	(719,250)
5410015	SUP-AUTO	14,348	—	—	—
5410016	SUP-BLD	10,272	—	—	—
5410017	SUP-JANITORIAL	30,489	—	—	—
5410019	SUP-CHEMICAL/GAS MAT	208,516	—	—	—
5410020	SUP-COMMUNICATIONS	2,605	—	—	—
5410021	SUP-ELECTRONICS/ELEC	363	—	—	—
5410023	SUP-PERSONAL	88	—	—	—
5410024	SUP-INDUSTMAN/PROC	556	—	—	—
5410025	SUP-LAB SUPPLIES	5,117,870	—	—	—
5410027	SUP-OTHER MEDICAL	4,887,887	—	—	—
5410028	SUP-STORAGE/PACKAGNG	2,597	—	—	—
5410029	SUP-TEXTILES	607	—	—	—
5410031	SUP-REP/MNT SUP-AUTO	676	—	—	—
5410032	SUP-REP/MNT SUP-OTHR	2,937	—	—	—
5410035	SUP-SOFTWARE	12,426	—	286,038	286,038
5410036	SUP-FUELTRAC	173,725	—	—	—
5410040	SUP - WEAPONS	11,541	—	—	—
5410042	SUP-SCIENT.SAMPLING	61,690	—	—	—
5410052	SUP-OFF ROAD DIESEL	4,375	—	—	—
5410053	SUP-PROT APP & EQUIP	2,536	—	—	—

Supplies *(continued)*

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5410054	SUP-STORES INCREASE	107,154	—	—	—
5410055	SUP-STORES DECREASE	(78,089)	—	—	—
5410059	SUP-KITCHENWARE	9	—	—	—
5410062	SUP-FUEL-DEF FLUID	25	—	—	—
5410400	SUP-OTHER	221,276	—	—	—
Total Supplies:		\$16,536,802	\$16,073,577	\$19,664,144	\$3,590,567

Professional Services

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5500000	TOTAL PROF SERVICES	—	61,279,572	62,936,110	1,656,538
5510001	PROF SERV-ACCT/AUDIT	102	—	—	—
5510002	PROF SERV-BANK/FIN	17,950	—	—	—
5510003	PROF SERV-MGT CONSUL	9,688,246	—	—	—
5510004	PROF SERV-ENG/ARCHIT	413,449	—	—	—
5510005	PROF SERV-LEGAL	13,538	—	—	—
5510007	PROF SERV-MED/DEN	4,873,205	—	—	—
5510012	PROF SERV-EDUCATION	33,362	—	—	—
5510020	PROF SERV-BLD/CONSTR	(189)	—	—	—
5510021	PROF SERV-ENVIRONMTL	230,925	—	—	—
5510023	PROF SERV-INDUSTCLN	120	—	—	—
5510025	PROF SRV-PUB SAFETY	520	—	—	—
5510027	PROF SERV-TRANS/STOR	1,275,694	—	—	—
5510400	PROF SERV-OTHER	29,576,904	—	—	—
Total Professional Services:		\$46,123,825	\$61,279,572	\$62,936,110	\$1,656,538

Other Charges

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	324,436,159	323,885,583	(550,576)
5610001	LOC AID-LOCL SCHL BD	3,685	—	—	—
5610013	LOC AID-PUB ASST-EDU	486,182	—	—	—
5610015	LOC AID-MEDICAID PMT	80,929,454	—	—	—
5610016	LOC AID-NON MEDI PMT	362,567	—	—	—
5610020	PUBLIC ASST-HEALTH	34,449	—	—	—
5620013	MISC-PRIZES/AWARDS	223	—	—	—
5620024	MISC-TUITION	1,069,787	—	—	—
5620038	MISC-RECOVERIES	151,218	—	—	—
5620056	MISC-CONTRACTUAL SRV	15,069,380	—	—	—
5620062	MISC-INTERESTEXP	2,000,001	—	—	—
5620063	MISC-OPERATNG SVCS	1,732,462	—	—	—
5620064	MISC-PROF SVCS	40,128,123	—	—	—
5620065	MISC-SUPPLIES OTHER	10,894,610	—	—	—
5620066	MISC-TRVL IN STATE	15,015	—	—	—
5620067	MISC-TR OUT OF STATE	26,211	—	—	—
5620068	MISC-ACQ/MAJ REP OTH	9,321,344	88,038	—	(88,038)
5620069	MISC-INTERAGENCY OTH	2,103,831	—	—	—
5620076	MISC-OC-WAGES	100,192	—	—	—
5620081	MISC-OC-F.I.C.A. TAX	2,205	—	—	—
5620082	MISC-OC-MEDICARE TAX	1,440	—	—	—
5620083	MISC-OC-GRP INS CONT	194	—	—	—
5620127	MISC-BOOTH FEE	3,020	—	—	—
5620135	MISC-TRANSCRIPTS	214,320	—	—	—
5620137	MISC-OC-PS-MEDICAL	96,004,206	—	—	—
Total Other Charges:		\$260,654,118	\$324,524,197	\$323,885,583	\$(638,614)

Interagency Transfers

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	16,331,009	16,541,134	210,125
5950001	IAT-COMMODITY/SERV	3,772,610	—	—	—
5950007	IAT-PRINTING	383,270	—	—	—
5950008	IAT-POSTAGE	113,789	—	—	—
5950013	IAT-TEL-LANET DATA	1,510,755	—	—	—
5950017	IAT-INSURANCE	1,117,974	—	—	—
5950025	IAT-TRAINING	98	—	—	—
5950026	IAT-RENTALS	2,735,596	—	—	—
5950030	IAT-MEDICAL SERVICES	524,481	—	—	—
5950032	IAT-ADMIN IND COST	49,098	—	—	—
5950033	IAT-INTER AGY TRANS	1,808,702	—	—	—
5950038	IAT-OTHER OPER SERV	11,845,752	—	—	—
5950055	IAT-ADMIN LAW JUDGE	—	—	—	—
5950058	IAT-TECH SVCS	303,299	16,233,011	16,233,011	—
5950059	IAT-ST PROCUREMENT	6,121,550	—	—	—
Total Interagency Transfers:		\$30,286,974	\$32,564,020	\$32,774,145	\$210,125

Acquisitions

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5700000	TOTAL ACQUISITIONS	—	867,732	—	(867,732)
5710221	ACQ-COMP HARDWARE	—	—	—	—
5710227	ACQ-MEDICAL EQUIP	—	—	—	—
5710236	ACQ-OTHER	20,950	—	—	—

Acquisitions *(continued)*

Commitment Item	Name	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB
5710950	TRANS-VEHICLES-MA	65,057	—	—	—
Total Acquisitions:		\$86,007	\$867,732	—	\$(867,732)
Total Expenditures for Program 3262		\$510,662,932	\$599,181,709	\$610,088,811	\$10,907,102
Total Agency Expenditures:		\$510,662,932	\$599,181,709	\$610,088,811	\$10,907,102

SOURCE OF FUNDING SUMMARY

Agency Overview

Interagency Transfers

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
MCH BLOCK GRANT	—	—	—	—	45312
INTERAGENCY TRANSFERS	2,345,248	1,991,869	1,910,711	(81,158)	45366
INTERAGENCY TRANSFERS	827,831	632,762	632,762	—	45367
INTERAGENCY TRANSFERS	—	—	—	—	45368
INTERAGENCY TRANSFERS	100,000	100,000	100,000	—	45369
INTERAGENCY TRANSFERS	77,946,696	—	—	—	45370
INTERAGENCY TRANSFERS	—	—	—	—	45371
CSHCS	—	2,930	2,930	—	45372
MEDICAID	11,252	240	240	—	45373
MEDICAID	—	19,459	19,459	—	45374
MEDICAID	—	—	—	—	45375
INTERAGENCY TRANSFERS	—	—	—	—	45376
DCFS-TANF	1,311,024	877,075	1,511,658	634,583	45377
MEDICAID	135,688	227,000	227,000	—	45378
INTERAGENCY TRANSFERS	260,767	134,695	134,695	—	45379
DEPT OF EDUCATION(ED)	323,019	354,055	354,055	—	45380
MEDICAID	—	—	—	—	45381
INTERAGENCY TRANSFERS	1,100	1,739	1,739	—	45382
GOHSEP	—	—	—	—	45383
INTERAGENCY TRANSFERS	—	103,911	51,304	(52,607)	45384
DEPT OF EDUCATION(ED)	94,866	95,000	95,000	—	45385
DCFS	—	81,000	81,000	—	45386
INTER FUND TRANSFER IN	—	—	—	—	45510
INTER FUND TRANSFER IN	—	78,527,941	79,565,320	1,037,379	45511
LDH-MVA	—	1,856,250	—	(1,856,250)	45697
MINERAL REVENUES	—	—	94,352	94,352	45703
LDH-OBH	—	—	—	—	45733
LDH-OBH	—	—	—	—	45734
MISC COLLECTIONS	—	—	—	—	45735
MISC COLLECTIONS	(47,220,833)	—	—	—	45745
INTERAGENCY TRANSFERS	—	—	—	—	45811
MISC COLLECTIONS	—	—	318,053	318,053	45880

Interagency Transfers *(continued)*

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
DCFS-TANF	—	—	—	—	45898
MEDICAID	—	—	—	—	47784
LDH-OBH	1,340,629	—	—	—	47939
LDH-OBH	393,589	—	—	—	47940
Total Interagency Transfers	\$37,870,876	\$85,005,926	\$85,100,278	\$94,352	

Fees & Self-generated

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
Q08-OYSTER SANITATON	163,069	274,089	186,051	(88,038)	45362
H18-VITAL REC CONV FUND	425,404	425,404	425,404	—	45363
HIV/AIDS PROGRAMS	—	6,421	—	(6,421)	45391
CSHCS	160,033	101,397	101,397	—	45392
EMERGENCY MEDICAL SVCS	402,722	490,000	490,000	—	45393
FEES & SELF GENERATED	—	45,420	45,420	—	45394
INFECTIOUS DISEASE EPI	—	54,930	54,930	—	45395
FAMILY PLANNING	2,463,538	4,785,970	4,785,970	—	45396
FAMILY PLANNING	—	1,063,726	1,063,726	—	45397
FEES & SELF GENERATED	675,731	4,430,000	4,430,000	—	45398
FEES & SELF GENERATED	569,407	868,541	868,541	—	45399
SPECIAL LAB	49,080	45,900	45,900	—	45400
CERTIFICATION	29,210	33,000	33,000	—	45401
PRAMS	—	—	—	—	45402
FEES & SELF GENERATED	—	29,500	29,500	—	45403
TOBACCO CONTROL	—	—	—	—	45404
FEES & SELF GENERATED	31,439	32,500	32,500	—	45405
FEES & SELF GENERATED	—	—	—	—	45406
FEES & SELF GENERATED	—	—	—	—	45407
FEES & SELF GENERATED	—	8,602,613	9,060,652	458,039	45408
FEES & SELF GENERATED	46,598	—	—	—	45409
STD	658,183	650,000	682,500	32,500	45410
STD	2,804	64,177	64,177	—	45411
TB CONTROL PREVENTION	24,288	905,677	905,677	—	45412
FEES & SELF GENERATED	87,239	200,000	200,000	—	45414
SAFE DRINKING WATER	20,609,914	19,500,000	19,500,000	—	45415
FOOD AND DRUG	596,533	1,550,000	1,550,000	—	45416

Fees & Self-generated (continued)

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
FEES & SELF GENERATED	30,150	23,000	23,000	—	45417
FEES & SELF GENERATED	6,960	45,900	45,900	—	45418
FEES & SELF GENERATED	100	—	—	—	45419
FEES & SELF GENERATED	120,026	250,000	250,000	—	45420
FEES & SELF GENERATED	77,750	50,000	50,000	—	45421
FEES & SELF GENERATED	153,576	136,000	136,000	—	45422
FEES & SELF GENERATED	6,292,261	6,300,000	6,300,000	—	45423
FEES & SELF GENERATED	43,349	70,000	70,000	—	45424
FEES & SELF GENERATED	994,496	1,200,000	1,200,000	—	45425
TANNING FACILITIES	7,810	35,000	35,000	—	45426
VITAL RECORDS	6,301,365	5,500,000	5,500,000	—	45427
FEES & SELF GENERATED	—	—	—	—	45461
FEES & SELF GENERATED	—	—	—	—	45462
FEES & SELF GENERATED	—	—	—	—	45463
FEES & SELF GENERATED	—	—	—	—	45464
FEES & SELF GENERATED	—	—	—	—	45466
FEES & SELF GENERATED	—	—	—	—	45469
FEDERAL	—	—	—	—	45482
FEES & SELF GENERATED	—	—	—	—	45513
HIV/AIDS PROGRAMS	—	—	—	—	45668
MISC COLLECTIONS	77,705	—	—	—	45701
MISC COLLECTIONS	47,082	487,900	510,000	22,100	45702
MINERAL REVENUES	—	—	267,351	267,351	45703
MISC COLLECTIONS	—	—	1,499,634	1,499,634	45718
HIV/AIDS PROGRAMS	—	—	—	—	45736
MISC SELF-GEN REVENUE	—	—	—	—	45738
SAFE DRINKING WATER	—	—	—	—	45739
DISASTER RECOVERY	—	—	—	—	45740
MISC SELF-GEN REVENUE	9,528,607	—	—	—	45741
MISC SELF-GEN REVENUE	—	—	—	—	45878
MISC SELF-GEN REVENUE	—	—	(778,128)	(778,128)	45879
MISC SELF-GEN REVENUE	2,029	—	—	—	47951
Total Fees & Self-generated	\$50,678,458	\$58,257,065	\$59,664,102	\$1,407,037	

Statutory Dedications

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
E02-TELECOM DEAF FUND	3,270,916	5,510,939	5,510,939	—	45360
H45-RURAL PC PHY DEV FD	832,584	2,673,634	2,673,634	—	45361
Z13-LOUISIANA FUND	313,412	500,000	500,000	—	45364
Z13-LOUISIANA FUND	6,814,632	6,321,260	6,321,260	—	45365
MISC COLLECTIONS	—	—	—	—	45443
MISC COLLECTIONS	—	—	—	—	45444
MISC COLLECTIONS	—	—	—	—	45445
MISC COLLECTIONS	2,681,311	2,994,487	2,994,487	—	45695
MINERAL REVENUES	—	—	192,878	192,878	45703
EMERGENCY MEDICAL SVCS	—	—	31,500	31,500	49112
Total Statutory Dedications	\$13,912,855	\$18,000,320	\$18,224,698	\$224,378	

Federal Funds

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
HIV/AIDS PROGRAMS	860,001	1,006,256	502,658	(503,598)	45195
HIV/AIDS PROGRAMS	7,415,407	6,242,377	5,942,575	(299,802)	45264
HIV/AIDS PROGRAMS	1,151,905	1,112,703	1,112,740	37	45265
HIV/AIDS PROGRAMS	31,671,547	14,170,281	16,420,281	2,250,000	45266
HIV/AIDS PROGRAMS	—	60,143,802	59,393,802	(750,000)	45267
HIV/AIDS PROGRAMS	3,062,556	4,607,583	3,061,743	(1,545,840)	45268
HIV/AIDS PROGRAMS	237,297	30,540	30,540	—	45269
HIV/AIDS PROGRAMS	714,604	728,986	740,078	11,092	45270
HIV/AIDS PROGRAMS	357,455	339,926	224,926	(115,000)	45272
HIV/AIDS PROGRAMS	4,283,834	3,687,489	3,687,489	—	45273
LDH - COVID-19 CCP RSP	2,116,889	—	—	—	45274
BIOTERRORISM GRANT	5,293,253	—	—	—	45276
BIOTERRORISM GRANT	8,546,816	12,903,963	8,915,183	(3,988,780)	45279
NCIPC OPIOID CRISIS	3,229,355	5,702,086	3,497,917	(2,204,169)	45281
LDH - COVID-19 CCP RSP	2,717,385	652,135	—	(652,135)	45282
FEDERAL	291,853	176,250	235,000	58,750	45283
CSHCS	238,900	159,998	310,000	150,002	45284
CSHCS	4,348,045	5,544,314	5,181,392	(362,922)	45285
EMERGENCY MEDICAL SVCS	54,428	361,981	361,981	—	45286
EMERGENCY MEDICAL SVCS	154,508	190,650	190,650	—	45287
EMERGENCY MEDICAL SVCS	15,747	—	—	—	45288

Federal Funds (continued)

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
RAPE CRISIS PROGRAM	95,203	101,342	101,342	—	45289
VIOLENCE AGAINST WOMEN	545,276	561,455	621,849	60,394	45290
EPID LAB CAPACITY (ELC)	—	3,212,731	3,212,731	—	45291
EPID LAB CAPACITY (ELC)	24,669,597	—	—	—	45292
EPID LAB CAPACITY (ELC)	1,434,230	14,567,599	14,567,599	—	45293
EPID LAB CAPACITY (ELC)	—	—	—	—	45294
ANTIBIOTIC RES RET FOOD	148,188	135,000	135,000	—	45295
FAMILY PLANNING	—	4,770,000	4,770,000	—	45296
FAMILY PLANNING	256,374	500,000	500,000	—	45297
FAMILY PLANNING	232,362	1,124,000	1,124,000	—	45298
HUD LEAD	643,089	468,678	468,678	—	45299
MCH BLOCK GRANT	231,006	780,000	780,000	—	45300
LDH - COVID-19 CCP RSP	14,582,990	—	—	—	45301
IMMUNIZATION GRANT	6,315,949	5,753,196	5,753,196	—	45302
CHILD DEATH REVIEW	20,642	50,000	50,000	—	45303
FEDERAL	302,114	330,000	330,086	86	45304
FEDERAL	256,279	255,600	299,600	44,000	45305
FEDERAL	733,473	750,000	750,000	—	45306
FEDERAL	191,278	—	—	—	45307
PRAMS	169,064	175,000	175,000	—	45308
FEDERAL	216,426	301,300	275,000	(26,300)	45309
SYSTEMS DEVELOPMENT	100,928	100,000	100,000	—	45310
FEDERAL	356,899	—	—	—	45311
MCH BLOCK GRANT	4,641,802	4,457,507	5,975,154	1,517,647	45312
FEDERAL	621,348	95,600	570,000	474,400	45313
MCH BLOCK GRANT	—	4,339,889	350,000	(3,989,889)	45314
FEDERAL	506,243	—	—	—	45315
MCH BLOCK GRANT	10,420,627	10,481,500	11,929,766	1,448,266	45316
LDH - COVID-19 CCP RSP	369,305	547,342	547,342	—	45317
RURAL HEALTH	16,995	206,996	206,996	—	45318
STUDENT LOAN REPAYMENT	684,259	772,000	359,550	(412,450)	45319
PRIMARY CARE GRANT	140,451	352,468	230,173	(122,295)	45320
SHIP	198,331	971,561	663,936	(307,625)	45321
WELL-AHEAD HEALTH GRANT	305,804	551,376	450,000	(101,376)	45322
CRITICAL ACCESS FLEX	315,615	817,911	649,128	(168,783)	45323

Federal Funds (continued)

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
ORAL HEALTH GRANT	7,845	625,735	370,000	(255,735)	45324
ORAL HEALTH GRANT	233,245	494,532	399,999	(94,533)	45325
BRFSS	334,773	500,000	500,000	—	45326
PREVENTIVE HEALTH GRNT	654,617	700,904	700,904	—	45327
OPIOID OVERDOSE SURV	1,207,374	1,190,888	1,190,888	—	45328
PREVENTIVE HEALTH GRNT	362,981	505,000	505,000	—	45329
WELL-AHEAD HEALTH GRANT	947,694	696,144	696,144	—	45330
PREVENTIVE HEALTH GRNT	—	1,126,607	693,719	(432,888)	45331
TOBACCO CONTROL	958,841	2,276,032	1,635,696	(640,336)	45332
FEDERAL	400,691	605,288	500,000	(105,288)	45333
FEDERAL	734,191	—	—	—	45334
FEDERAL	972,138	1,289,016	1,173,237	(115,779)	45335
FEDERAL	—	1,467,918	1,100,000	(367,918)	45336
FEDERAL	—	13,080,633	29,819,208	16,738,575	45337
CSFP	5,493,633	4,276,169	3,700,000	(576,169)	45338
WIC ADMINISTRATION	116,919,038	121,735,912	121,000,000	(735,912)	45339
PEER COUNSELING GRANT	1,649,928	1,216,638	1,000,000	(216,638)	45340
MCH BLOCK GRANT	167,237	316,437	316,000	(437)	45341
STD	687,930	—	—	—	45342
STD	2,020,776	1,885,735	1,885,735	—	45343
STD	—	—	—	—	45344
TB CONTROL PREVENTION	349,700	1,027,500	1,027,500	—	45345
TB CONTROL PREVENTION	691,510	747,434	747,434	—	45346
BEACH MONITORING	383,963	359,000	359,000	—	45347
SAFE DRINKING WATER	1,744,788	2,070,000	2,070,000	—	45348
SAFE DRINKING WATER	1,839,520	1,489,000	1,489,000	—	45349
FEDERAL	618,060	607,594	607,594	—	45350
OCCUPATIONAL INJURY	417,885	512,905	512,905	—	45351
APPLETREE PROGRAM	319,378	312,998	312,998	—	45352
PRIVATE WELL INITIATIVE	155,167	143,614	143,614	—	45353
ENV PUBLIC HEALTH TRK	605,554	615,000	615,000	—	45354
FOOD AND DRUG	164,390	207,928	—	(207,928)	45355
MFD FOOD STANDARDS	75,994	220,975	220,975	—	45356
COMMERCIAL SEAFOOD	—	55,463	55,463	—	45357
VITAL RECORDS	709,090	361,036	361,035	(1)	45358

Federal Funds (continued)

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
VITAL RECORDS	—	241,076	241,076	—	45359
FEDERAL	—	—	—	—	45482
PREVENTIVE HEALTH GRNT	—	—	—	—	45484
OPIOID OVERDOSE SURV	—	—	—	—	45485
FEDERAL	—	—	—	—	45486
BREATH	—	—	—	—	45487
SUICIDE PREVENTION	—	—	—	—	45488
HIV/AIDS PROGRAMS	—	—	—	—	45489
QUITLINE	133,154	—	—	—	45490
SHIP	—	—	—	—	45491
CHILD DEATH REVIEW	—	—	—	—	45492
CORE SVIPP	—	—	—	—	45493
FEDERAL	—	—	—	—	45509
HIV/AIDS PROGRAMS	—	—	—	—	45668
BIOTERRORISM GRANT	316,385	—	—	—	45677
INFECTIOUS DISEASE EPI	—	—	—	—	45681
INFECTIOUS DISEASE EPI	—	—	—	—	45682
INFECTIOUS DISEASE EPI	—	—	—	—	45683
INFECTIOUS DISEASE EPI	—	—	—	—	45684
MISC COLLECTIONS	—	280,067	280,067	—	45686
SUICIDE PREVENTION	747,278	784,000	561,000	(223,000)	45687
WELL-AHEAD HEALTH GRANT	989,145	1,187,652	888,000	(299,652)	45688
MISC COLLECTIONS	10,279,784	20,400,000	17,500,000	(2,900,000)	45689
WIC ADMINISTRATION	—	1,100,000	1,100,000	—	45690
WIC ADMINISTRATION	34,952	120,000	—	(120,000)	45691
MISC COLLECTIONS	—	25,000	—	(25,000)	45694
MINERAL REVENUES	—	—	4,305,072	4,305,072	45703
MISC COLLECTIONS	—	—	—	—	45704
MISC COLLECTIONS	—	—	—	—	45705
MISC COLLECTIONS	—	—	2,264,140	2,264,140	45718
MISC COLLECTIONS	44,391,785	—	—	—	45735
OCCUPATIONAL INJURY	—	—	—	—	45744
MISC COLLECTIONS	—	—	—	—	45745
INFECTIOUS DISEASE EPI	204,686	—	—	—	45746
EPID LAB CAPACITY (ELC)	50,755	—	—	—	45747

Federal Funds (continued)

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Total Request	Over/Under EOB	Form ID
IMMUNIZATION GRANT	—	—	—	—	45748
IMMUNIZATION GRANT	—	—	—	—	45749
IMMUNIZATION GRANT	—	—	—	—	45750
MISC COLLECTIONS	155,542	—	—	—	45751
BRFSS	—	—	—	—	45752
OPIOID SURV - ENHANCED	—	—	—	—	45753
MISC COLLECTIONS	—	—	—	—	45754
MISC COLLECTIONS	—	—	—	—	45755
COMMERCIAL SEAFOOD	—	16,147	—	(16,147)	45810
MISC SELF-GEN REVENUE	—	—	—	—	45878
FEDERAL	—	—	—	—	45882
FEDERAL	—	—	460,075	460,075	45888
BIOTERRORISM GRANT	—	1,339,555	—	(1,339,555)	47779
STD	83,267	129,975	112,500	(17,475)	47781
FEDERAL	128,594	807,270	520,229	(287,041)	47782
FEDERAL	216,329	1,379,908	1,379,908	—	47783
PREVENTIVE HEALTH GRNT	447,146	—	—	—	47960
COMMUNITY HEALTH WORKERS	—	—	(1,755,602)	(1,755,602)	49063
MISC COLLECTIONS	—	—	—	—	49064
MISC COLLECTIONS	—	—	49,575	49,575	49065
Total Federal Funds	\$346,490,665	\$365,822,056	\$369,370,169	\$3,548,113	
Total Sources of Funding:	\$448,952,854	\$527,085,367	\$532,359,247	\$5,273,880	

SOURCE OF FUNDING DETAIL

Interagency Transfers

Form 45312 — 326-Maternal Child Health Services-MCH Block Grant

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45312 — 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 45366 — 326-HIV Louisiana State Opiod Response 4.0

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	1,991,869	—	—	1,910,711	—	—	1,910,711	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$1,991,869	—	—	\$1,910,711	—	—	\$1,910,711	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,991,869	—	—	\$1,910,711	—	—	\$1,910,711	—	—

Form 45366 — 326-HIV Louisiana State Opioid Response 4.0

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds will be to partner with the Office of Behavioral Health in the 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 45367 — 326 HIV Syringe Service Program

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45367 — 326 HIV Syringe Service Program

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

Form 45368 — 326-HIV Screening, Brief Intervention, Referral to Treatment

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45368 — 326-HIV Screening, Brief Intervention, Referral to Treatment

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

Form 45369 — 326-BT Alternate Care Site

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	43,500	—	—	43,500	—	—	43,500	—	—
Other Compensation	22,000	—	—	22,000	—	—	22,000	—	—
Related Benefits	34,500	—	—	34,500	—	—	34,500	—	—
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 45369 — 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 45370 — 326-FEMA Reimbursements

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45370 — 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 45371 — 326-FEMA COVID-19

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45371 — 326-FEMA COVID-19

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

Form 45372 — 326-Childrens Special Health Services

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	2,000	—	—	2,000	—	—	2,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	930	—	—	930	—	—	930	—	—
TOTAL PERSONAL SERVICES	\$2,930	—	—	\$2,930	—	—	\$2,930	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,930	—	—	\$2,930	—	—	\$2,930	—	—

Form 45372 — 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 45373 — 326- Family Planning

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	240	—	—	240	—	—	240	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$240	—	—	\$240	—	—	\$240	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$240	—	—	\$240	—	—	\$240	—	—

Form 45373 — 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 45374 — 326-Genetic Disease

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	14,000	—	—	14,000	—	—	14,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	5,459	—	—	5,459	—	—	5,459	—	—
TOTAL PERSONAL SERVICES	\$19,459	—	—	\$19,459	—	—	\$19,459	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$19,459	—	—	\$19,459	—	—	\$19,459	—	—

Form 45374 — 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 45375 — 326-Immunization

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45375 — 326-Immunization

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

Form 45376 — 326-Perinatal Quality Collaborative

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45376 — 326-Perinatal Quality Collaborative

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

Form 45377 — 326-MCH Nurse Family Partnership

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	—	35,000	—	—	35,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	17,607	—	—	17,607	—	—
TOTAL PERSONAL SERVICES	—	—	—	\$52,607	—	—	\$52,607	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	\$877,075	—	—	\$824,468	—	—	\$824,468	—	—
Other Charges	—	—	—	634,583	—	—	634,583	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	\$634,583	—	—	\$634,583	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$877,075	—	—	\$1,511,658	—	—	\$1,511,658	—	—

Form 45377 — 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 45378 — 326-Tobacco Control

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	\$227,000	—	—	\$227,000	—	—	\$227,000	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$227,000	—	—	\$227,000	—	—	\$227,000	—	—

Form 45378 — 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 45379 — 326-Quitline

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	\$134,695	—	—	\$134,695	—	—	\$134,695	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$134,695	—	—	\$134,695	—	—	\$134,695	—	—

Form 45379 — 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 45380 — 326-School Based Health

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	2,000	—	—	2,000	—	—	2,000	—	—
Supplies	100	—	—	100	—	—	100	—	—
TOTAL OPERATING EXPENSES	\$2,100	—	—	\$2,100	—	—	\$2,100	—	—
PROFESSIONAL SERVICES	\$220,000	—	—	\$220,000	—	—	\$220,000	—	—
Other Charges	130,955	—	—	130,955	—	—	130,955	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OTHER CHARGES	\$131,955	—	—	\$131,955	—	—	\$131,955	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$354,055	—	—	\$354,055	—	—	\$354,055	—	—

Form 45380 — 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 45381 — 326-Tuberculosis

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45381 — 326-Tuberculosis

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

Form 45382 — 326-Safe Drinking Water

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	1,011	—	—	1,011	—	—	1,011	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	728	—	—	728	—	—	728	—	—
TOTAL PERSONAL SERVICES	\$1,739	—	—	\$1,739	—	—	\$1,739	—	—
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	\$1,739	—	—	\$1,739	—	—	\$1,739	—	—

Form 45382 — 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 45383 — 326- American Rescue Plan

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45383 — 326- American Rescue Plan

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

Form 45384 — 326-Environmental Epidemiology

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	70,000	—	—	35,000	—	—	35,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	33,911	—	—	16,304	—	—	16,304	—	—
TOTAL PERSONAL SERVICES	\$103,911	—	—	\$51,304	—	—	\$51,304	—	—
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	\$103,911	—	—	\$51,304	—	—	\$51,304	—	—

Form 45384 — 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 45385 — 326-Retail Food

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	62,000	—	—	62,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	33,000	—	—	33,000	—	—	33,000	—	—
TOTAL PERSONAL SERVICES	\$95,000	—	—	\$95,000	—	—	\$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	—	—	\$95,000	—	—	\$95,000	—	—

Form 45385 — 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 45386 — 326-Vital Records

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	56,000	—	—	56,000	—	—	56,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	25,000	—	—	25,000	—	—	25,000	—	—
TOTAL PERSONAL SERVICES	\$81,000	—	—	\$81,000	—	—	\$81,000	—	—
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	\$81,000	—	—	\$81,000	—	—	\$81,000	—	—

Form 45386 — 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 45510 — 326-Inflation

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45510 — 326-Inflation

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

Form 45511 — 326-Unallotted

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	8,000	—	—	8,000	—	—	8,000	—	—
Operating Services	163,677	—	—	163,677	—	—	163,677	—	—
Supplies	24,100	—	—	24,100	—	—	24,100	—	—
TOTAL OPERATING EXPENSES	\$195,777	—	—	\$195,777	—	—	\$195,777	—	—
PROFESSIONAL SERVICES	\$589,319	—	—	\$2,498,176	—	—	\$2,498,176	—	—
Other Charges	77,109,381	—	—	76,555,956	—	—	76,555,956	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	633,464	—	—	315,411	—	—	315,411	—	—
TOTAL OTHER CHARGES	\$77,742,845	—	—	\$76,871,367	—	—	\$76,871,367	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$78,527,941	—	—	\$79,565,320	—	—	\$79,565,320	—	—

Form 45511 — 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 45697 — ELECTRONIC HEALTH RECORDS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	\$1,856,250	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,856,250	—	—	—	—	—	—	—	—

Form 45697 — 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 45703 — INFLATION

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	—	184	—	—	184	—	—
Operating Services	—	—	—	3,811	—	—	3,811	—	—
Supplies	—	—	—	557	—	—	557	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$4,552	—	—	\$4,552	—	—
PROFESSIONAL SERVICES	—	—	—	\$89,800	—	—	\$89,800	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$94,352	—	—	\$94,352	—	—

Form 45703 — INFLATION

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

Form 45733 — 326-STATE OPIOD RESPONSE-MCH

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45733 — 326-STATE OPIOD RESPONSE-MCH

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 45734 — 326-VITAL RECORDS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45734 — 326-VITAL RECORDS

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 45735 — 326-MISC COLLEC, CASH CARRYOVER, INTRAFUND TRANFERS ETC. FED

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45735 — 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 45745 — 326-MISC PRIOR YR PAYBACK,CARRYOVER, PRIOR REVENUE ETC. IAT

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45745 — 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 45811 — 326- Commercial Seafood DWLF

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45811 — 326- Commercial Seafood DWLF

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are for testing of imported seafood to Louisiana. The source of funding is from the Department of Wildlife and Fisheries. 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 45880 — 326-IAT Requested Year Realignment

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	—	318,053	—	—	318,053	—	—
TOTAL OTHER CHARGES	—	—	—	\$318,053	—	—	\$318,053	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$318,053	—	—	\$318,053	—	—

Form 45880 — 326-IAT Requested Year Realignment

Question	Narrative Response
State the purpose, source and legal citation.	This is a FY26 Requested Year IAT realignment within expenditure categories. There is no legal citation associated with this request.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	This adjustment is only for the requested year.
Additional information or comments.	Not applicable.
Provide 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 45898 — 326-Means of Finance Swap DCFS TANF

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45898 — 326-Means of Finance Swap DCFS TANF

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 47784 — ELECTRONIC HEALTH RECORDS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 47784 — ELECTRONIC HEALTH RECORDS

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 47939 — 326-LDH OBH LA SOR 3.0 HIV AIDS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 47939 — 326-LDH OBH LA SOR 3.0 HIV AIDS

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 47940 — 326 LDH-OBH LAPAQ LASOR 3.0 Maternal Child Health

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 47940 — 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.	

Statutory Dedications

Form 45360 — 326-Louisiana Commission for the Deaf

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	20,000	—	—	20,000	—	—
Operating Services	6,000	—	—	6,000	—	—	6,000	—	—
Supplies	20,000	—	—	20,000	—	—	20,000	—	—
TOTAL OPERATING EXPENSES	\$46,000	—	—	\$46,000	—	—	\$46,000	—	—
PROFESSIONAL SERVICES	\$4,778,469	—	—	\$4,778,469	—	—	\$4,778,469	—	—
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	—	—	\$5,510,939	—	—	\$5,510,939	—	—

Form 45360 — 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 45361 — 326-Rural Primary Care Physician Development Fund

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	2,673,634	—	—	2,673,634	—	—	2,673,634	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$2,673,634	—	—	\$2,673,634	—	—	\$2,673,634	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,673,634	—	—	\$2,673,634	—	—	\$2,673,634	—	—

Form 45361 — 326-Rural Primary Care Physician 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 45364 — 326-Louisiana Fund Tobacco Control

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	500,000	—	—	500,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$500,000	—	—	\$500,000	—	—	\$500,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$500,000	—	—	\$500,000	—	—	\$500,000	—	—

Form 45364 — 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, §1, eff. July 1, 2000; Acts 2008, No. 867, §1.
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 45365 — 326-Louisiana Fund School Based Health

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	9,500	—	—	9,500	—	—
Supplies	500	—	—	500	—	—	500	—	—
TOTAL OPERATING EXPENSES	\$10,000	—	—	\$10,000	—	—	\$10,000	—	—
PROFESSIONAL SERVICES	\$557,000	—	—	\$557,000	—	—	\$557,000	—	—
Other Charges	5,754,260	—	—	5,754,260	—	—	5,754,260	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$5,754,260	—	—	\$5,754,260	—	—	\$5,754,260	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$6,321,260	—	—	\$6,321,260	—	—	\$6,321,260	—	—

Form 45365 — 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, §1, eff. July 1, 2000; Acts 2008, No. 867, §1.
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 45443 — 326 Louisiana Fund - Maternal Child Health

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45443 — 326 Louisiana Fund - Maternal Child Health

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

Form 45444 — 326 Louisiana Fund Children's Special Health Services

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45444 — 326 Louisiana Fund Children's Special Health Services

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

Form 45445 — 326 Louisiana Fund Genetic Disease

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45445 — 326 Louisiana Fund Genetic Disease

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

Form 45695 — 326- LOUISIANA FUND GENETICS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45695 — 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.

Form 45703 — INFLATION

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	—	460	—	—	460	—	—
Operating Services	—	—	—	357	—	—	357	—	—
Supplies	—	—	—	472	—	—	472	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$1,289	—	—	\$1,289	—	—
PROFESSIONAL SERVICES	—	—	—	\$191,589	—	—	\$191,589	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$192,878	—	—	\$192,878	—	—

Form 45703 — INFLATION

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

Form 49112 — 326 Emergency Medical Technician Fund Statutory Dedication

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	—	1,500	—	—	1,500	—	—
Operating Services	—	—	—	2,000	—	—	2,000	—	—
Supplies	—	—	—	10,000	—	—	10,000	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$13,500	—	—	\$13,500	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	18,000	—	—	18,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	\$18,000	—	—	\$18,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$31,500	—	—	\$31,500	—	—

Form 49112 — 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.	

Federal Funds

Form 45195 — 326 - HIV Behavioral Surveillance

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	20,000	—	—	20,000	—	—	20,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	10,611	—	—	10,611	—	—	10,611	—	—
TOTAL PERSONAL SERVICES	\$30,611	—	—	\$30,611	—	—	\$30,611	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	3,000	—	—	3,000	—	—	3,000	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$4,000	—	—	\$4,000	—	—	\$4,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	966,645	—	—	463,047	—	—	463,047	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OTHER CHARGES	\$971,645	—	—	\$468,047	—	—	\$468,047	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,006,256	—	—	\$502,658	—	—	\$502,658	—	—

Form 45195 — 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 45264 — 326-HIV AIDS Prevention

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	800,000	—	—	800,000	—	—	800,000	—	—
Other Compensation	100,000	—	—	100,000	—	—	100,000	—	—
Related Benefits	477,474	—	—	477,474	—	—	477,474	—	—
TOTAL PERSONAL SERVICES	\$1,377,474	—	—	\$1,377,474	—	—	\$1,377,474	—	—
Travel	5,000	—	—	5,000	—	—	5,000	—	—
Operating Services	220,000	—	—	220,000	—	—	220,000	—	—
Supplies	1,300,000	—	—	1,300,000	—	—	1,300,000	—	—
TOTAL OPERATING EXPENSES	\$1,525,000	—	—	\$1,525,000	—	—	\$1,525,000	—	—
PROFESSIONAL SERVICES	\$1,400,000	—	—	\$1,400,000	—	—	\$1,400,000	—	—
Other Charges	1,698,903	—	—	1,550,101	—	—	1,550,101	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	90,000	—	—	90,000	—	—	90,000	—	—
TOTAL OTHER CHARGES	\$1,788,903	—	—	\$1,640,101	—	—	\$1,640,101	—	—
Acquisitions	151,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$151,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$6,242,377	—	—	\$5,942,575	—	—	\$5,942,575	—	—

Form 45264 — 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 Public 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 45265 — 326-AIDS Surveillance

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	80,000	—	—	80,000	—	—	80,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	42,442	—	—	42,442	—	—	42,442	—	—
TOTAL PERSONAL SERVICES	\$122,442	—	—	\$122,442	—	—	\$122,442	—	—
Travel	500	—	—	500	—	—	500	—	—
Operating Services	83,000	—	—	83,000	—	—	83,000	—	—
Supplies	6,500	—	—	6,500	—	—	6,500	—	—
TOTAL OPERATING EXPENSES	\$90,000	—	—	\$90,000	—	—	\$90,000	—	—
PROFESSIONAL SERVICES	\$832,000	—	—	\$832,000	—	—	\$832,000	—	—
Other Charges	58,261	—	—	58,298	—	—	58,298	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	10,000	—	—	10,000	—	—	10,000	—	—
TOTAL OTHER CHARGES	\$68,261	—	—	\$68,298	—	—	\$68,298	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,112,703	—	—	\$1,112,740	—	—	\$1,112,740	—	—

Form 45265 — 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 45266 — 326-HIV Care

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	250,000	—	—	350,000	—	—	350,000	—	—
Other Compensation	10,000	—	—	10,000	—	—	10,000	—	—
Related Benefits	137,937	—	—	190,990	—	—	190,990	—	—
TOTAL PERSONAL SERVICES	\$397,937	—	—	\$550,990	—	—	\$550,990	—	—
Travel	1,000	—	—	1,000	—	—	1,000	—	—
Operating Services	160,000	—	—	160,000	—	—	160,000	—	—
Supplies	8,000	—	—	8,000	—	—	8,000	—	—
TOTAL OPERATING EXPENSES	\$169,000	—	—	\$169,000	—	—	\$169,000	—	—
PROFESSIONAL SERVICES	\$1,000,000	—	—	\$1,000,000	—	—	\$1,000,000	—	—
Other Charges	12,403,344	—	—	14,450,291	—	—	14,450,291	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	200,000	—	—	250,000	—	—	250,000	—	—
TOTAL OTHER CHARGES	\$12,603,344	—	—	\$14,700,291	—	—	\$14,700,291	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$14,170,281	—	—	\$16,420,281	—	—	\$16,420,281	—	—

Form 45266 — 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 45267 — 326-HIV ADAP (HIV CARE B AIDS Drug ASSISTANCE) REBATE

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	2,760,000	—	—	2,760,000	—	—	2,760,000	—	—
Other Compensation	395,000	—	—	395,000	—	—	395,000	—	—
Related Benefits	1,673,813	—	—	1,673,813	—	—	1,673,813	—	—
TOTAL PERSONAL SERVICES	\$4,828,813	—	—	\$4,828,813	—	—	\$4,828,813	—	—
Travel	7,000	—	—	7,000	—	—	7,000	—	—
Operating Services	137,000	—	—	137,000	—	—	137,000	—	—
Supplies	603,000	—	—	603,000	—	—	603,000	—	—
TOTAL OPERATING EXPENSES	\$747,000	—	—	\$747,000	—	—	\$747,000	—	—
PROFESSIONAL SERVICES	\$1,624,000	—	—	\$1,624,000	—	—	\$1,624,000	—	—
Other Charges	52,173,989	—	—	51,423,989	—	—	51,423,989	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	770,000	—	—	770,000	—	—	770,000	—	—
TOTAL OTHER CHARGES	\$52,943,989	—	—	\$52,193,989	—	—	\$52,193,989	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$60,143,802	—	—	\$59,393,802	—	—	\$59,393,802	—	—

Form 45267 — 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 45268 — 326-HIV Housing Opportunities for Persons With AIDS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	4,607,583	—	—	3,061,743	—	—	3,061,743	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$4,607,583	—	—	\$3,061,743	—	—	\$3,061,743	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,607,583	—	—	\$3,061,743	—	—	\$3,061,743	—	—

Form 45268 — 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 45269 — 326-Louisiana Assessments of Persons Presenting With HIV

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	30,540	—	—	30,540	—	—	30,540	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$30,540	—	—	\$30,540	—	—	\$30,540	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$30,540	—	—	\$30,540	—	—	\$30,540	—	—

Form 45269 — 326-Louisiana Assessments 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 45270 — 326-HIV-AIDS Personal Responsibility and Education Program

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	15,000	—	—	15,000	—	—	15,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	7,958	—	—	7,958	—	—	7,958	—	—
TOTAL PERSONAL SERVICES	\$22,958	—	—	\$22,958	—	—	\$22,958	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	\$120,000	—	—	\$120,000	—	—	\$120,000	—	—
Other Charges	571,028	—	—	582,120	—	—	582,120	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	15,000	—	—	15,000	—	—	15,000	—	—
TOTAL OTHER CHARGES	\$586,028	—	—	\$597,120	—	—	\$597,120	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$728,986	—	—	\$740,078	—	—	\$740,078	—	—

Form 45270 — 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 45272 — 326-HIV AIDS Hepatitis B and C Detection, Care and Treatment

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	34,000	—	—	34,000	—	—	34,000	—	—
Other Compensation	2,001	—	—	2,001	—	—	2,001	—	—
Related Benefits	19,100	—	—	19,099	—	—	19,099	—	—
TOTAL PERSONAL SERVICES	\$55,101	—	—	\$55,100	—	—	\$55,100	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	120,000	—	—	60,000	—	—	60,000	—	—
TOTAL OPERATING EXPENSES	\$120,000	—	—	\$60,000	—	—	\$60,000	—	—
PROFESSIONAL SERVICES	\$144,825	—	—	\$100,000	—	—	\$100,000	—	—
Other Charges	10,000	—	—	5,001	—	—	5,001	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	10,000	—	—	4,825	—	—	4,825	—	—
TOTAL OTHER CHARGES	\$20,000	—	—	\$9,826	—	—	\$9,826	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$339,926	—	—	\$224,926	—	—	\$224,926	—	—

Form 45272 — 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 45273 — 326-HIV AIDS Ending the HIV Epidemic

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	40,000	—	—	40,000	—	—	40,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	21,752	—	—	21,752	—	—	21,752	—	—
TOTAL PERSONAL SERVICES	\$62,752	—	—	\$62,752	—	—	\$62,752	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OPERATING EXPENSES	\$5,000	—	—	\$5,000	—	—	\$5,000	—	—
PROFESSIONAL SERVICES	\$350,000	—	—	\$350,000	—	—	\$350,000	—	—
Other Charges	3,209,737	—	—	3,209,737	—	—	3,209,737	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	60,000	—	—	60,000	—	—	60,000	—	—
TOTAL OTHER CHARGES	\$3,269,737	—	—	\$3,269,737	—	—	\$3,269,737	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$3,687,489	—	—	\$3,687,489	—	—	\$3,687,489	—	—

Form 45273 — 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 Public 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 45274 — 326-COVID-19 Health Disparities

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45274 — 326-COVID-19 Health Disparities

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds will be exclusively used only for approved activities related to the national initiative to address COVID-19 Health Disparities among populations at high-risk and underserved, including racial and ethnic minority populations and rural communities. Funds cannot be used for research, clinical care, or publicity and propaganda (lobbying). Source of funding - Centers for Disease Control and Prevention.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	The 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 45276 — 326-COVID-19 Public Health Workforce

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45276 — 326-COVID-19 Public Health Workforce

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds will be to establish, expand, and sustain a public health workforce. Funds cannot be used for research, clinical care, or publicity and propaganda (lobbying). Source of funding - Centers for Disease Control and Prevention.
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 45279 — 326-Public Health Emergency Preparedness and Response

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	3,956,027	—	—	3,396,000	—	—	3,396,000	—	—
Other Compensation	172,000	—	—	172,000	—	—	172,000	—	—
Related Benefits	2,190,017	—	—	1,871,700	—	—	1,871,700	—	—
TOTAL PERSONAL SERVICES	\$6,318,044	—	—	\$5,439,700	—	—	\$5,439,700	—	—
Travel	25,800	—	—	25,800	—	—	25,800	—	—
Operating Services	903,000	—	—	753,000	—	—	753,000	—	—
Supplies	258,000	—	—	158,000	—	—	158,000	—	—
TOTAL OPERATING EXPENSES	\$1,186,800	—	—	\$936,800	—	—	\$936,800	—	—
PROFESSIONAL SERVICES	\$516,000	—	—	—	—	—	—	—	—
Other Charges	4,109,119	—	—	1,638,683	—	—	1,638,683	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	774,000	—	—	900,000	—	—	900,000	—	—
TOTAL OTHER CHARGES	\$4,883,119	—	—	\$2,538,683	—	—	\$2,538,683	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$12,903,963	—	—	\$8,915,183	—	—	\$8,915,183	—	—

Form 45279 — 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 45281 — 326-OPIOID Prevention (NCIPC)

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	200,000	—	—	200,000	—	—	200,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	106,105	—	—	106,105	—	—	106,105	—	—
TOTAL PERSONAL SERVICES	\$306,105	—	—	\$306,105	—	—	\$306,105	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	10,000	—	—	10,000	—	—	10,000	—	—
Supplies	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OPERATING EXPENSES	\$17,000	—	—	\$17,000	—	—	\$17,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	4,978,981	—	—	2,774,812	—	—	2,774,812	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	400,000	—	—	400,000	—	—	400,000	—	—
TOTAL OTHER CHARGES	\$5,378,981	—	—	\$3,174,812	—	—	\$3,174,812	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,702,086	—	—	\$3,497,917	—	—	\$3,497,917	—	—

Form 45281 — 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 45282 — 326- Community Health Workers For Public Health Response

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	652,135	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$652,135	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$652,135	—	—	—	—	—	—	—	—

Form 45282 — 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 45283 — 326-Universal Newborn Screening

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	30,000	—	—	65,000	—	—	65,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	15,916	—	—	34,484	—	—	34,484	—	—
TOTAL PERSONAL SERVICES	\$45,916	—	—	\$99,484	—	—	\$99,484	—	—
Travel	500	—	—	500	—	—	500	—	—
Operating Services	3,000	—	—	3,000	—	—	3,000	—	—
Supplies	—	—	—	500	—	—	500	—	—
TOTAL OPERATING EXPENSES	\$3,500	—	—	\$4,000	—	—	\$4,000	—	—
PROFESSIONAL SERVICES	\$114,834	—	—	\$114,334	—	—	\$114,334	—	—
Other Charges	—	—	—	182	—	—	182	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	12,000	—	—	17,000	—	—	17,000	—	—
TOTAL OTHER CHARGES	\$12,000	—	—	\$17,182	—	—	\$17,182	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$176,250	—	—	\$235,000	—	—	\$235,000	—	—

Form 45283 — 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 45284 — 326-Early Hearing Detection Intervention Tracking, Research,

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	30,000	—	—	65,000	—	—	65,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	15,916	—	—	34,484	—	—	34,484	—	—
TOTAL PERSONAL SERVICES	\$45,916	—	—	\$99,484	—	—	\$99,484	—	—
Travel	—	—	—	500	—	—	500	—	—
Operating Services	3,000	—	—	3,000	—	—	3,000	—	—
Supplies	—	—	—	500	—	—	500	—	—
TOTAL OPERATING EXPENSES	\$3,000	—	—	\$4,000	—	—	\$4,000	—	—
PROFESSIONAL SERVICES	\$101,082	—	—	\$101,082	—	—	\$101,082	—	—
Other Charges	—	—	—	95,434	—	—	95,434	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	10,000	—	—	10,000	—	—	10,000	—	—
TOTAL OTHER CHARGES	\$10,000	—	—	\$105,434	—	—	\$105,434	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$159,998	—	—	\$310,000	—	—	\$310,000	—	—

Form 45284 — 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 45285 — 326-Children's Special Health Services-MCH Block Grant

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	1,731,000	—	450,000	2,181,000	—	—	2,181,000	—	—
Other Compensation	200,000	—	—	200,000	—	—	200,000	—	—
Related Benefits	1,020,746	—	243,719	1,264,465	—	—	1,264,465	—	—
TOTAL PERSONAL SERVICES	\$2,951,746	—	\$693,719	\$3,645,465	—	—	\$3,645,465	—	—
Travel	30,000	—	—	30,000	—	—	30,000	—	—
Operating Services	75,000	—	—	75,000	—	—	75,000	—	—
Supplies	175,000	—	—	175,000	—	—	175,000	—	—
TOTAL OPERATING EXPENSES	\$280,000	—	—	\$280,000	—	—	\$280,000	—	—
PROFESSIONAL SERVICES	\$1,800,000	—	—	\$806,281	—	\$693,719	\$806,281	—	\$693,719
Other Charges	262,568	—	—	199,646	—	—	199,646	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	250,000	—	—	250,000	—	—	250,000	—	—
TOTAL OTHER CHARGES	\$512,568	—	—	\$449,646	—	—	\$449,646	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,544,314	—	\$693,719	\$5,181,392	—	\$693,719	\$5,181,392	—	\$693,719

Form 45285 — 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 45286 — 326-Emergency Medical Services-Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	236,500	—	—	236,500	—	—	236,500	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	125,345	—	—	125,345	—	—	125,345	—	—
TOTAL PERSONAL SERVICES	\$361,845	—	—	\$361,845	—	—	\$361,845	—	—
Travel	136	—	—	136	—	—	136	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$136	—	—	\$136	—	—	\$136	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$361,981	—	—	\$361,981	—	—	\$361,981	—	—

Form 45286 — 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 45287 — 326-Emergency Medical Services for Children

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	2,100	—	—	2,100	—	—	2,100	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	1,114	—	—	1,114	—	—	1,114	—	—
TOTAL PERSONAL SERVICES	\$3,214	—	—	\$3,214	—	—	\$3,214	—	—
Travel	200	—	—	200	—	—	200	—	—
Operating Services	500	—	—	500	—	—	500	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$700	—	—	\$700	—	—	\$700	—	—
PROFESSIONAL SERVICES	\$181,736	—	—	\$181,736	—	—	\$181,736	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OTHER CHARGES	\$5,000	—	—	\$5,000	—	—	\$5,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$190,650	—	—	\$190,650	—	—	\$190,650	—	—

Form 45287 — 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 45288 — 326-Emergency Medical Services for Children Targeted Issue

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45288 — 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 45289 — 326-Rape Crisis-Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	1,000	—	—	1,000	—	—	1,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$1,000	—	—	\$1,000	—	—	\$1,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	97,342	—	—	97,342	—	—	97,342	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	3,000	—	—	3,000	—	—	3,000	—	—
TOTAL OTHER CHARGES	\$100,342	—	—	\$100,342	—	—	\$100,342	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$101,342	—	—	\$101,342	—	—	\$101,342	—	—

Form 45289 — 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 45290 — 326-Violence Against Women

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	100,000	—	—	100,000	—	—	100,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	53,583	—	—	53,583	—	—	53,583	—	—
TOTAL PERSONAL SERVICES	\$154,583	—	—	\$154,583	—	—	\$154,583	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	8,000	—	—	8,000	—	—	8,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$10,000	—	—	\$10,000	—	—	\$10,000	—	—
PROFESSIONAL SERVICES	\$391,872	—	—	\$452,266	—	—	\$452,266	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OTHER CHARGES	\$5,000	—	—	\$5,000	—	—	\$5,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$561,455	—	—	\$621,849	—	—	\$621,849	—	—

Form 45290 — 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 45291 — 326-Epidemiology Laboratory Surveillance

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	1,067,228	—	—	1,067,228	—	—	1,068,228	—	—
Other Compensation	95,000	—	—	95,000	—	—	95,000	—	—
Related Benefits	616,594	—	—	616,594	—	—	616,594	—	—
TOTAL PERSONAL SERVICES	\$1,778,822	—	—	\$1,778,822	—	—	\$1,779,822	—	—
Travel	10,000	—	—	10,000	—	—	10,000	—	—
Operating Services	7,000	—	—	7,000	—	—	7,000	—	—
Supplies	280,000	—	—	280,000	—	—	280,000	—	—
TOTAL OPERATING EXPENSES	\$297,000	—	—	\$297,000	—	—	\$297,000	—	—
PROFESSIONAL SERVICES	\$200,000	—	—	\$200,000	—	—	\$200,000	—	—
Other Charges	436,909	—	—	436,909	—	—	436,909	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	500,000	—	—	500,000	—	—	500,000	—	—
TOTAL OTHER CHARGES	\$936,909	—	—	\$936,909	—	—	\$936,909	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$3,212,731	—	—	\$3,212,731	—	—	\$3,213,731	—	—

Form 45291 — 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 45292 — 326-Epidemiology Laboratory Surveillance -COVID-19

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45292 — 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 45293 — 326-Epidemiology Laboratory Surveillance CV-19 Expanded Supp

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	1,400,000	—	—	1,500,000	—	—	1,500,000	—	—
Other Compensation	1,100,000	—	—	1,100,000	—	—	1,100,000	—	—
Related Benefits	1,326,318	—	—	1,379,371	—	—	1,379,371	—	—
TOTAL PERSONAL SERVICES	\$3,826,318	—	—	\$3,979,371	—	—	\$3,979,371	—	—
Travel	50,000	—	—	50,000	—	—	50,000	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$50,000	—	—	\$50,000	—	—	\$50,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	6,591,281	—	—	6,591,281	—	—	6,591,281	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	4,100,000	—	—	3,946,947	—	—	3,946,947	—	—
TOTAL OTHER CHARGES	\$10,691,281	—	—	\$10,538,228	—	—	\$10,538,228	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$14,567,599	—	—	\$14,567,599	—	—	\$14,567,599	—	—

Form 45293 — 326-Epidemiology Laboratory Surveillance CV-19 Expanded Supp

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to provide additional critical support to jurisdictions as they continue to address COVID-19 in their communities. These funds support testing, case investigation and contact tracing, surveillance, containment, and mitigation efforts. Source of funding - Centers for Disease Control and Prevention.
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 45294 — 326-Epidemiology Lab Surveillance CV-19 Reopening Schools

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45294 — 326-Epidemiology Lab Surveillance CV-19 Reopening Schools

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to enable schools from Kindergarten through grade 12 to establish COVID-19 screening testing programs to support and maintain safe in-person learning. Source of funding - Centers for Disease Control and Prevention.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	The grant has expired.
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.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 45295 — 326-Antibiotic Resistance Surveillance in Retail Food

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	50,000	—	—	50,000	—	—	50,000	—	—
Other Compensation	6,000	—	—	6,000	—	—	6,000	—	—
Related Benefits	29,710	—	—	29,710	—	—	29,710	—	—
TOTAL PERSONAL SERVICES	\$85,710	—	—	\$85,710	—	—	\$85,710	—	—
Travel	1,500	—	—	1,500	—	—	1,500	—	—
Operating Services	15,000	—	—	15,000	—	—	15,000	—	—
Supplies	15,000	—	—	15,000	—	—	15,000	—	—
TOTAL OPERATING EXPENSES	\$31,500	—	—	\$31,500	—	—	\$31,500	—	—
PROFESSIONAL SERVICES	\$5,000	—	—	\$5,000	—	—	\$5,000	—	—
Other Charges	4,790	—	—	4,790	—	—	4,790	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	8,000	—	—	8,000	—	—	8,000	—	—
TOTAL OTHER CHARGES	\$12,790	—	—	\$12,790	—	—	\$12,790	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$135,000	—	—	\$135,000	—	—	\$135,000	—	—

Form 45295 — 326-Antibiotic Resistance Surveillance in Retail 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 45296 — 326-Family Planning Title X

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	2,100,000	—	—	2,100,000	—	—	2,100,000	—	—
Other Compensation	140,000	—	—	140,000	—	—	140,000	—	—
Related Benefits	1,187,200	—	—	1,347,015	—	—	1,347,015	—	—
TOTAL PERSONAL SERVICES	\$3,427,200	—	—	\$3,587,015	—	—	\$3,587,015	—	—
Travel	31,500	—	—	31,500	—	—	31,500	—	—
Operating Services	325,171	—	—	325,171	—	—	325,171	—	—
Supplies	507,500	—	—	563,619	—	—	563,619	—	—
TOTAL OPERATING EXPENSES	\$864,171	—	—	\$920,290	—	—	\$920,290	—	—
PROFESSIONAL SERVICES	\$246,619	—	—	—	—	—	—	—	—
Other Charges	9,760	—	—	9,760	—	—	9,760	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	222,250	—	—	252,935	—	—	252,935	—	—
TOTAL OTHER CHARGES	\$232,010	—	—	\$262,695	—	—	\$262,695	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,770,000	—	—	\$4,770,000	—	—	\$4,770,000	—	—

Form 45296 — 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 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 45297 — 326-Family Planning MCH Block Grant

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	296,400	—	223,600	296,400	—	223,600	296,400	—	223,600
Other Compensation	11,400	—	8,600	11,400	—	8,600	11,400	—	8,600
Related Benefits	163,500	—	122,985	163,500	—	122,985	163,500	—	122,985
TOTAL PERSONAL SERVICES	\$471,300	—	\$355,185	\$471,300	—	\$355,185	\$471,300	—	\$355,185
Travel	1,000	—	1,000	1,000	—	1,000	1,000	—	1,000
Operating Services	10,000	—	8,000	10,000	—	8,000	10,000	—	8,000
Supplies	1,000	—	800	1,000	—	800	1,000	—	800
TOTAL OPERATING EXPENSES	\$12,000	—	\$9,800	\$12,000	—	\$9,800	\$12,000	—	\$9,800
PROFESSIONAL SERVICES	\$9,000	—	\$6,000	\$9,000	—	\$6,000	\$9,000	—	\$6,000
Other Charges	1,000	—	715	1,000	—	715	1,000	—	715
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	6,700	—	3,300	6,700	—	3,300	6,700	—	3,300
TOTAL OTHER CHARGES	\$7,700	—	\$4,015	\$7,700	—	\$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 45297 — 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 45298 — 326-Family Planning -Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	513,000	—	—	513,000	—	—	513,000	—	—
Other Compensation	20,000	—	—	20,000	—	—	20,000	—	—
Related Benefits	283,000	—	—	283,000	—	—	283,000	—	—
TOTAL PERSONAL SERVICES	\$816,000	—	—	\$816,000	—	—	\$816,000	—	—
Travel	4,000	—	—	4,000	—	—	4,000	—	—
Operating Services	42,000	—	—	42,000	—	—	42,000	—	—
Supplies	70,000	—	—	70,000	—	—	70,000	—	—
TOTAL OPERATING EXPENSES	\$116,000	—	—	\$116,000	—	—	\$116,000	—	—
PROFESSIONAL SERVICES	\$77,000	—	—	—	—	—	—	—	—
Other Charges	58,000	—	—	106,726	—	—	106,726	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	27,000	—	—	85,274	—	—	85,274	—	—
TOTAL OTHER CHARGES	\$85,000	—	—	\$192,000	—	—	\$192,000	—	—
Acquisitions	30,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$30,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,124,000	—	—	\$1,124,000	—	—	\$1,124,000	—	—

Form 45298 — 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 45299 — 326-Childhood Lead Prevention

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	125,000	—	—	125,000	—	—	125,000	—	—
Other Compensation	5,001	—	—	5,001	—	—	5,001	—	—
Related Benefits	68,969	—	—	68,969	—	—	68,969	—	—
TOTAL PERSONAL SERVICES	\$198,970	—	—	\$198,970	—	—	\$198,970	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	3,000	—	—	3,000	—	—	3,000	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$6,000	—	—	\$6,000	—	—	\$6,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	258,708	—	—	258,708	—	—	258,708	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OTHER CHARGES	\$263,708	—	—	\$263,708	—	—	\$263,708	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$468,678	—	—	\$468,678	—	—	\$468,678	—	—

Form 45299 — 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 45300 — 326-Genetic Disease-MCH Block Grant

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	500,000	—	300,000	500,000	—	300,000	780,000	—	300,000
Other Compensation	10,000	—	30,000	10,000	—	30,000	—	—	30,000
Related Benefits	270,000	—	160,000	270,000	—	160,000	—	—	160,000
TOTAL PERSONAL SERVICES	\$780,000	—	\$490,000	\$780,000	—	\$490,000	\$780,000	—	\$490,000
Travel	—	—	2,000	—	—	2,000	—	—	2,000
Operating Services	—	—	50,000	—	—	50,000	—	—	50,000
Supplies	—	—	43,000	—	—	43,000	—	—	43,000
TOTAL OPERATING EXPENSES	—	—	\$95,000	—	—	\$95,000	—	—	\$95,000
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$780,000	—	\$585,000	\$780,000	—	\$585,000	\$780,000	—	\$585,000

Form 45300 — 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 45301 — 326-Immunization COVID-19 Outbreak Response

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45301 — 326-Immunization COVID-19 Outbreak Response

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds will be to support activities such as (but are not limited to): 1) Provide and improve COVID-19, Influenza, and other vaccine preventable disease coverage rates during the pandemic; 2) Limit and respond to COVID-19, Influenza, and other VPD outbreaks; 3) Provide target response and information and marketing efforts involving COVID-19, Influenza, and other VPD threats; 4) Provide LINKS Data Analysis and generate reports, determine outcomes, impacts, and opportunities for improvement. Source of funding - Centers for Disease Control and Prevention.
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 45302 — 326-Immunization

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	2,250,000	—	—	2,250,000	—	—	2,250,000	—	—
Other Compensation	65,000	—	—	65,000	—	—	65,000	—	—
Related Benefits	1,228,170	—	—	1,228,170	—	—	1,228,170	—	—
TOTAL PERSONAL SERVICES	\$3,543,170	—	—	\$3,543,170	—	—	\$3,543,170	—	—
Travel	50,000	—	—	50,000	—	—	50,000	—	—
Operating Services	120,000	—	—	120,000	—	—	120,000	—	—
Supplies	250,000	—	—	250,000	—	—	250,000	—	—
TOTAL OPERATING EXPENSES	\$420,000	—	—	\$420,000	—	—	\$420,000	—	—
PROFESSIONAL SERVICES	\$185,837	—	—	\$185,837	—	—	\$185,837	—	—
Other Charges	1,114,189	—	—	1,154,189	—	—	1,154,189	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	440,000	—	—	450,000	—	—	450,000	—	—
TOTAL OTHER CHARGES	\$1,554,189	—	—	\$1,604,189	—	—	\$1,604,189	—	—
Acquisitions	50,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$50,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,753,196	—	—	\$5,753,196	—	—	\$5,753,196	—	—

Form 45302 — 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. 3) Percentage of 6th graders, 11-12 years of age, up to date with 1 Tdap, 2 MMR, 2 VAR, 3 HBV, 1 MCV4. 4) Percentage of adolescents above 13 years of age, up to date for Human papillomavirus completed vaccine series.
Additional information or comments.	Not applicable.

Form 45303 — 326-Child Death Review-MCH Block Grant

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	500	—	—	500	—	—	500	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$500	—	—	\$500	—	—	\$500	—	—
PROFESSIONAL SERVICES	\$49,000	—	—	\$49,000	—	—	\$49,000	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	500	—	—	500	—	—	500	—	—
TOTAL OTHER CHARGES	\$500	—	—	\$500	—	—	\$500	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$50,000	—	—	\$50,000	—	—	\$50,000	—	—

Form 45303 — 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 45304 — 326-National Violent Death Reporting System

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	45,000	—	—	45,000	—	—	45,000	—	—
Other Compensation	2,000	—	—	2,000	—	—	2,000	—	—
Related Benefits	24,935	—	—	24,935	—	—	24,935	—	—
TOTAL PERSONAL SERVICES	\$71,935	—	—	\$71,935	—	—	\$71,935	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	3,500	—	—	3,500	—	—	3,500	—	—
Supplies	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OPERATING EXPENSES	\$5,500	—	—	\$5,500	—	—	\$5,500	—	—
PROFESSIONAL SERVICES	\$245,565	—	—	\$245,651	—	—	\$245,651	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	7,000	—	—	7,000	—	—	7,000	—	—
TOTAL OTHER CHARGES	\$7,000	—	—	\$7,000	—	—	\$7,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$330,000	—	—	\$330,086	—	—	\$330,086	—	—

Form 45304 — 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 45305 — 326-Early Childhood Comprehensive System

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	31,000	—	—	31,000	—	—	31,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	16,446	—	—	16,446	—	—	16,446	—	—
TOTAL PERSONAL SERVICES	\$47,446	—	—	\$47,446	—	—	\$47,446	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	4,000	—	—	4,000	—	—	4,000	—	—
Supplies	500	—	—	500	—	—	500	—	—
TOTAL OPERATING EXPENSES	\$4,500	—	—	\$4,500	—	—	\$4,500	—	—
PROFESSIONAL SERVICES	\$200,654	—	—	\$200,654	—	—	\$200,654	—	—
Other Charges	—	—	—	42,000	—	—	42,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	3,000	—	—	5,000	—	—	5,000	—	—
TOTAL OTHER CHARGES	\$3,000	—	—	\$47,000	—	—	\$47,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$255,600	—	—	\$299,600	—	—	\$299,600	—	—

Form 45305 — 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 45306 — 326-Maternal Depression

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	60,000	—	—	60,000	—	—	60,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	32,362	—	—	32,362	—	—	32,362	—	—
TOTAL PERSONAL SERVICES	\$93,362	—	—	\$93,362	—	—	\$93,362	—	—
Travel	500	—	—	500	—	—	500	—	—
Operating Services	7,000	—	—	7,000	—	—	7,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$7,500	—	—	\$7,500	—	—	\$7,500	—	—
PROFESSIONAL SERVICES	\$639,138	—	—	\$639,138	—	—	\$639,138	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	10,000	—	—	10,000	—	—	10,000	—	—
TOTAL OTHER CHARGES	\$10,000	—	—	\$10,000	—	—	\$10,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$750,000	—	—	\$750,000	—	—	\$750,000	—	—

Form 45306 — 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 45307 — 326-Maternal Child Health Mortality Surveillance

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45307 — 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 45308 — 326-Pregnancy Risk Assessment Monitoring System

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	3,500	—	—	3,500	—	—	3,500	—	—
Supplies	16,000	—	—	16,000	—	—	16,000	—	—
TOTAL OPERATING EXPENSES	\$19,500	—	—	\$19,500	—	—	\$19,500	—	—
PROFESSIONAL SERVICES	\$147,500	—	—	\$147,500	—	—	\$147,500	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	8,000	—	—	8,000	—	—	8,000	—	—
TOTAL OTHER CHARGES	\$8,000	—	—	\$8,000	—	—	\$8,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$175,000	—	—	\$175,000	—	—	\$175,000	—	—

Form 45308 — 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 45309 — 326-Perinatal Quality Collaborative

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	5,000	—	—	5,000	—	—	5,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	2,653	—	—	2,653	—	—	2,653	—	—
TOTAL PERSONAL SERVICES	\$7,653	—	—	\$7,653	—	—	\$7,653	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	3,000	—	—	3,000	—	—	3,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$3,000	—	—	\$3,000	—	—	\$3,000	—	—
PROFESSIONAL SERVICES	\$287,647	—	—	\$261,347	—	—	\$261,347	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	3,000	—	—	3,000	—	—	3,000	—	—
TOTAL OTHER CHARGES	\$3,000	—	—	\$3,000	—	—	\$3,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$301,300	—	—	\$275,000	—	—	\$275,000	—	—

Form 45309 — 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 45310 — 326-System Development

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	1,000	—	—	1,000	—	—	1,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	531	—	—	531	—	—	531	—	—
TOTAL PERSONAL SERVICES	\$1,531	—	—	\$1,531	—	—	\$1,531	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	1,000	—	—	1,000	—	—	1,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$1,000	—	—	\$1,000	—	—	\$1,000	—	—
PROFESSIONAL SERVICES	\$96,469	—	—	\$96,469	—	—	\$96,469	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OTHER CHARGES	\$1,000	—	—	\$1,000	—	—	\$1,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$100,000	—	—	\$100,000	—	—	\$100,000	—	—

Form 45310 — 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 45311 — 326-Maternal Death Due to Violence

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45311 — 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 45312 — 326-Maternal Child Health Services-MCH Block Grant

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	1,375,000	—	—	1,600,000	—	—	1,600,000	—	—
Other Compensation	250,000	—	—	250,000	—	—	250,000	—	—
Related Benefits	862,107	—	—	981,475	—	—	981,475	—	—
TOTAL PERSONAL SERVICES	\$2,487,107	—	—	\$2,831,475	—	—	\$2,831,475	—	—
Travel	5,000	—	—	5,000	—	—	5,000	—	—
Operating Services	150,000	—	—	150,000	—	—	150,000	—	—
Supplies	15,000	—	—	15,000	—	—	15,000	—	—
TOTAL OPERATING EXPENSES	\$170,000	—	—	\$170,000	—	—	\$170,000	—	—
PROFESSIONAL SERVICES	\$1,645,605	—	—	\$2,710,200	—	—	\$2,710,200	—	—
Other Charges	54,795	—	—	55,479	—	—	55,479	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	100,000	—	—	208,000	—	—	208,000	—	—
TOTAL OTHER CHARGES	\$154,795	—	—	\$263,479	—	—	\$263,479	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,457,507	—	—	\$5,975,154	—	—	\$5,975,154	—	—

Form 45312 — 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 45313 — 326-Maternal Child Health Mortality Review

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	6,000	—	—	15,000	—	—	15,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	3,183	—	—	7,958	—	—	7,958	—	—
TOTAL PERSONAL SERVICES	\$9,183	—	—	\$22,958	—	—	\$22,958	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	5,000	—	—	5,000	—	—	5,000	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$6,000	—	—	\$6,000	—	—	\$6,000	—	—
PROFESSIONAL SERVICES	\$75,417	—	—	\$533,417	—	—	\$533,417	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	5,000	—	—	7,625	—	—	7,625	—	—
TOTAL OTHER CHARGES	\$5,000	—	—	\$7,625	—	—	\$7,625	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$95,600	—	—	\$570,000	—	—	\$570,000	—	—

Form 45313 — 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 45314 — 326-Nurse Family Partnership -MCH Block Grant

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	1,050,000	—	850,000	65,000	—	1,050,000	65,000	—	1,050,000
Other Compensation	7,000	—	—	7,000	—	8,000	7,000	—	8,000
Related Benefits	550,000	—	600,000	37,393	—	572,065	37,393	—	572,065
TOTAL PERSONAL SERVICES	\$1,607,000	—	\$1,450,000	\$109,393	—	\$1,630,065	\$109,393	—	\$1,630,065
Travel	20,000	—	18,027	20,000	—	30,000	20,000	—	30,000
Operating Services	125,000	—	90,000	125,000	—	150,000	125,000	—	150,000
Supplies	10,000	—	3,700	10,000	—	15,000	10,000	—	15,000
TOTAL OPERATING EXPENSES	\$155,000	—	\$111,727	\$155,000	—	\$195,000	\$155,000	—	\$195,000
PROFESSIONAL SERVICES	\$1,700,000	—	\$509,835	\$52,607	—	\$2,258,234	\$52,607	—	\$2,258,234
Other Charges	54,590	—	—	33,000	—	40,000	33,000	—	40,000
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	823,299	—	528,438	—	—	476,701	—	—	476,701
TOTAL OTHER CHARGES	\$877,889	—	\$528,438	\$33,000	—	\$516,701	\$33,000	—	\$516,701
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,339,889	—	\$2,600,000	\$350,000	—	\$4,600,000	\$350,000	—	\$4,600,000

Form 45314 — 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 45315 — 326-COVID-19 American Resue Plan Act Funding for Home Visiti

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45315 — 326-COVID-19 American Resue Plan Act Funding for Home Visiti

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to promote and maintain the health of children, prevent health problems including speech, hearing and vision problems associated with indigent children; prevent health problems associated with indigent women in the childbearing years; to reduce infant and maternal mortality; expand Medicaid and WIC coverage and lower health care costs in Louisiana in response to the COVID-19 pandemic. Source of funding - U.S. Department of Health and Human Services.
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 45316 — 326-Maternal Infant and Childhood Home Visiting Direct & Inf

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	1,000,000	—	—	1,300,000	—	—	1,300,000	—	—
Other Compensation	120,000	—	—	120,000	—	—	120,000	—	—
Related Benefits	594,190	—	—	753,349	—	—	753,349	—	—
TOTAL PERSONAL SERVICES	\$1,714,190	—	—	\$2,173,349	—	—	\$2,173,349	—	—
Travel	25,000	—	—	50,000	—	—	50,000	—	—
Operating Services	105,000	—	—	125,000	—	—	125,000	—	—
Supplies	8,000	—	—	15,000	—	—	15,000	—	—
TOTAL OPERATING EXPENSES	\$138,000	—	—	\$190,000	—	—	\$190,000	—	—
PROFESSIONAL SERVICES	\$7,566,799	—	—	\$8,403,906	—	—	\$8,403,906	—	—
Other Charges	562,511	—	—	562,511	—	—	562,511	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	500,000	—	—	600,000	—	—	600,000	—	—
TOTAL OTHER CHARGES	\$1,062,511	—	—	\$1,162,511	—	—	\$1,162,511	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$10,481,500	—	—	\$11,929,766	—	—	\$11,929,766	—	—

Form 45316 — 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 45317 — 326-CV-19 American Rescue Plan Act For Pediatric Mental Health

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	10,000	—	—	10,000	—	—	10,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	5,305	—	—	5,305	—	—	5,305	—	—
TOTAL PERSONAL SERVICES	\$15,305	—	—	\$15,305	—	—	\$15,305	—	—
Travel	1,000	—	—	1,000	—	—	1,000	—	—
Operating Services	5,000	—	—	5,000	—	—	5,000	—	—
Supplies	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OPERATING EXPENSES	\$8,000	—	—	\$8,000	—	—	\$8,000	—	—
PROFESSIONAL SERVICES	\$315,459	—	\$149,000	\$315,459	—	—	\$315,459	—	—
Other Charges	198,578	—	—	198,578	—	—	198,578	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	10,000	—	—	10,000	—	—	10,000	—	—
TOTAL OTHER CHARGES	\$208,578	—	—	\$208,578	—	—	\$208,578	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$547,342	—	\$149,000	\$547,342	—	—	\$547,342	—	—

Form 45317 — 326-CV-19 American Rescue Plan Act For Pediatric Mental Health

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 45318 — 326-Rural Health

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	105,000	—	—	105,000	—	—	105,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	50,000	—	—	50,000	—	—	50,000	—	—
TOTAL PERSONAL SERVICES	\$155,000	—	—	\$155,000	—	—	\$155,000	—	—
Travel	1,500	—	—	1,500	—	—	1,500	—	—
Operating Services	5,000	—	—	5,000	—	—	5,000	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$7,500	—	—	\$7,500	—	—	\$7,500	—	—
PROFESSIONAL SERVICES	\$30,000	—	—	\$30,000	—	—	\$30,000	—	—
Other Charges	14,000	—	—	14,000	—	—	14,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	496	—	—	496	—	—	496	—	—
TOTAL OTHER CHARGES	\$14,496	—	—	\$14,496	—	—	\$14,496	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$206,996	—	—	\$206,996	—	—	\$206,996	—	—

Form 45318 — 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 45319 — 326-Student Loan Repayment Plan

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	772,000	—	202,265	359,550	—	634,253	359,550	—	634,253
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$772,000	—	\$202,265	\$359,550	—	\$634,253	\$359,550	—	\$634,253
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$772,000	—	\$202,265	\$359,550	—	\$772,000	\$359,550	—	\$772,000

Form 45319 — 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 45320 — 326-Primary Care

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	153,000	—	—	100,000	—	—	100,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	81,701	—	—	53,583	—	—	53,583	—	—
TOTAL PERSONAL SERVICES	\$235,701	—	—	\$154,583	—	—	\$154,583	—	—
Travel	1,600	—	—	1,600	—	—	1,600	—	—
Operating Services	3,000	—	—	3,000	—	—	3,000	—	—
Supplies	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OPERATING EXPENSES	\$6,600	—	—	\$6,600	—	—	\$6,600	—	—
PROFESSIONAL SERVICES	\$20,000	—	—	\$20,000	—	—	\$20,000	—	—
Other Charges	20,064	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	70,103	—	—	48,990	—	—	48,990	—	—
TOTAL OTHER CHARGES	\$90,167	—	—	\$48,990	—	—	\$48,990	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$352,468	—	—	\$230,173	—	—	\$230,173	—	—

Form 45320 — 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 45321 — 326-Small Hospital Improvements

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	118,500	—	—	100,000	—	—	100,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	62,867	—	—	53,053	—	—	53,053	—	—
TOTAL PERSONAL SERVICES	\$181,367	—	—	\$153,053	—	—	\$153,053	—	—
Travel	500	—	—	500	—	—	500	—	—
Operating Services	500	—	—	500	—	—	500	—	—
Supplies	100	—	—	100	—	—	100	—	—
TOTAL OPERATING EXPENSES	\$1,100	—	—	\$1,100	—	—	\$1,100	—	—
PROFESSIONAL SERVICES	\$504,644	—	—	\$500,000	—	—	\$500,000	—	—
Other Charges	269,450	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	15,000	—	—	9,783	—	—	9,783	—	—
TOTAL OTHER CHARGES	\$284,450	—	—	\$9,783	—	—	\$9,783	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$971,561	—	—	\$663,936	—	—	\$663,936	—	—

Form 45321 — 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 45322 — 326-Bold Well Ahead

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	45,000	—	—	45,000	—	—	45,000	—	—
Other Compensation	10,000	—	—	10,000	—	—	10,000	—	—
Related Benefits	29,179	—	—	29,179	—	—	29,179	—	—
TOTAL PERSONAL SERVICES	\$84,179	—	—	\$84,179	—	—	\$84,179	—	—
Travel	1,000	—	—	1,000	—	—	1,000	—	—
Operating Services	5,000	—	—	5,000	—	—	5,000	—	—
Supplies	2,438	—	—	2,438	—	—	2,438	—	—
TOTAL OPERATING EXPENSES	\$8,438	—	—	\$8,438	—	—	\$8,438	—	—
PROFESSIONAL SERVICES	\$221,556	—	—	\$265,000	—	\$135,000	\$265,000	—	\$135,000
Other Charges	147,203	—	—	2,383	—	—	2,383	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	90,000	—	—	90,000	—	—	90,000	—	—
TOTAL OTHER CHARGES	\$237,203	—	—	\$92,383	—	—	\$92,383	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$551,376	—	—	\$450,000	—	\$135,000	\$450,000	—	\$135,000

Form 45322 — 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 45323 — 326-Critical Care Access(FLEX)

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	130,000	—	—	150,000	—	—	150,000	—	—
Other Compensation	1,500	—	—	1,500	—	—	1,500	—	—
Related Benefits	69,764	—	—	80,375	—	—	80,375	—	—
TOTAL PERSONAL SERVICES	\$201,264	—	—	\$231,875	—	—	\$231,875	—	—
Travel	5,000	—	—	5,000	—	—	5,000	—	—
Operating Services	4,000	—	—	4,000	—	—	4,000	—	—
Supplies	4,000	—	—	4,000	—	—	4,000	—	—
TOTAL OPERATING EXPENSES	\$13,000	—	—	\$13,000	—	—	\$13,000	—	—
PROFESSIONAL SERVICES	\$434,695	—	—	\$335,000	—	—	\$335,000	—	—
Other Charges	159,052	—	—	58,753	—	—	58,753	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	9,900	—	—	10,500	—	—	10,500	—	—
TOTAL OTHER CHARGES	\$168,952	—	—	\$69,253	—	—	\$69,253	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$817,911	—	—	\$649,128	—	—	\$649,128	—	—

Form 45323 — 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 45324 — 326-Oral Health CDC

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	32,000	—	—	32,000	—	—	32,000	—	—
Related Benefits	16,977	—	—	16,977	—	—	16,977	—	—
TOTAL PERSONAL SERVICES	\$48,977	—	—	\$48,977	—	—	\$48,977	—	—
Travel	10,000	—	—	10,000	—	—	10,000	—	—
Operating Services	5,000	—	—	5,000	—	—	5,000	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$16,000	—	—	\$16,000	—	—	\$16,000	—	—
PROFESSIONAL SERVICES	\$275,000	—	\$160,000	\$275,000	—	—	\$275,000	—	—
Other Charges	275,000	—	—	19,265	—	—	19,265	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	10,758	—	—	10,758	—	—	10,758	—	—
TOTAL OTHER CHARGES	\$285,758	—	—	\$30,023	—	—	\$30,023	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$625,735	—	\$160,000	\$370,000	—	—	\$370,000	—	—

Form 45324 — 326-Oral Health CDC

Question	Narrative Response
State the purpose, source and legal citation.	Provide for infrastructure and program capacity for the Oral Health Program to improve program management, surveillance, program partnerships and collaborations, development of a statewide oral health coalition and state plan, and evaluation. Source of funding - Centers for Disease Control and Prevention. 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 45325 — 326-Oral Health Workforce

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	120,000	—	—	120,000	—	—	120,000	—	—
Other Compensation	20,000	—	—	20,000	—	—	20,000	—	—
Related Benefits	74,274	—	—	74,274	—	—	74,274	—	—
TOTAL PERSONAL SERVICES	\$214,274	—	—	\$214,274	—	—	\$214,274	—	—
Travel	1,000	—	—	1,000	—	—	1,000	—	—
Operating Services	10,000	—	—	10,000	—	—	10,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$11,000	—	—	\$11,000	—	—	\$11,000	—	—
PROFESSIONAL SERVICES	\$261,745	—	—	\$167,212	—	—	\$167,212	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	7,513	—	—	7,513	—	—	7,513	—	—
TOTAL OTHER CHARGES	\$7,513	—	—	\$7,513	—	—	\$7,513	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$494,532	—	—	\$399,999	—	—	\$399,999	—	—

Form 45325 — 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 45326 — 326-Behavioral Risk Factor Surveillance System(BRFSS)

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	115,000	—	—	115,000	—	—	115,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	61,011	—	—	61,011	—	—	61,011	—	—
TOTAL PERSONAL SERVICES	\$176,011	—	—	\$176,011	—	—	\$176,011	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	500	—	—	500	—	—	500	—	—
Supplies	500	—	—	500	—	—	500	—	—
TOTAL OPERATING EXPENSES	\$1,000	—	—	\$1,000	—	—	\$1,000	—	—
PROFESSIONAL SERVICES	\$160,000	—	—	\$160,000	—	—	\$160,000	—	—
Other Charges	142,989	—	—	142,989	—	—	142,989	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	20,000	—	—	20,000	—	—	20,000	—	—
TOTAL OTHER CHARGES	\$162,989	—	—	\$162,989	—	—	\$162,989	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$500,000	—	—	\$500,000	—	—	\$500,000	—	—

Form 45326 — 326-Behavioral 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 45327 — 326-Performance Improvement-Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	300,000	—	—	300,000	—	—	300,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	159,689	—	—	159,689	—	—	159,689	—	—
TOTAL PERSONAL SERVICES	\$460,689	—	—	\$460,689	—	—	\$460,689	—	—
Travel	5,000	—	—	5,000	—	—	5,000	—	—
Operating Services	45,000	—	—	45,000	—	—	45,000	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$51,000	—	—	\$51,000	—	—	\$51,000	—	—
PROFESSIONAL SERVICES	\$103,007	—	—	\$103,007	—	—	\$103,007	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	86,208	—	—	86,208	—	—	86,208	—	—
TOTAL OTHER CHARGES	\$86,208	—	—	\$86,208	—	—	\$86,208	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$700,904	—	—	\$700,904	—	—	\$700,904	—	—

Form 45327 — 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 45328 — 326-Overdose Surveillance

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	150,000	—	—	150,000	—	—	150,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	79,579	—	—	79,579	—	—	79,579	—	—
TOTAL PERSONAL SERVICES	\$229,579	—	—	\$229,579	—	—	\$229,579	—	—
Travel	3,000	—	—	3,000	—	—	3,000	—	—
Operating Services	80,000	—	—	80,000	—	—	80,000	—	—
Supplies	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OPERATING EXPENSES	\$85,000	—	—	\$85,000	—	—	\$85,000	—	—
PROFESSIONAL SERVICES	\$456,309	—	—	\$456,309	—	—	\$456,309	—	—
Other Charges	20,000	—	—	20,000	—	—	20,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	400,000	—	—	400,000	—	—	400,000	—	—
TOTAL OTHER CHARGES	\$420,000	—	—	\$420,000	—	—	\$420,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,190,888	—	—	\$1,190,888	—	—	\$1,190,888	—	—

Form 45328 — 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 45329 — 326-Public Health Informatics Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	70,000	—	—	70,000	—	—	70,000	—	—
Other Compensation	7,500	—	—	7,500	—	—	7,500	—	—
Related Benefits	41,116	—	—	41,116	—	—	41,116	—	—
TOTAL PERSONAL SERVICES	\$118,616	—	—	\$118,616	—	—	\$118,616	—	—
Travel	1,000	—	—	1,000	—	—	1,000	—	—
Operating Services	31,338	—	—	31,338	—	—	31,338	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$33,338	—	—	\$33,338	—	—	\$33,338	—	—
PROFESSIONAL SERVICES	\$270,000	—	—	\$270,000	—	—	\$270,000	—	—
Other Charges	29,797	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	53,249	—	—	83,046	—	—	83,046	—	—
TOTAL OTHER CHARGES	\$83,046	—	—	\$83,046	—	—	\$83,046	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$505,000	—	—	\$505,000	—	—	\$505,000	—	—

Form 45329 — 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 45330 — 326-Well Ahead -Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	23,500	—	—	23,500	—	—	23,500	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	12,467	—	—	12,467	—	—	12,467	—	—
TOTAL PERSONAL SERVICES	\$35,967	—	—	\$35,967	—	—	\$35,967	—	—
Travel	3,000	—	—	3,000	—	—	3,000	—	—
Operating Services	5,000	—	—	5,000	—	—	5,000	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$9,000	—	—	\$9,000	—	—	\$9,000	—	—
PROFESSIONAL SERVICES	\$374,338	—	\$135,000	\$374,338	—	\$135,000	\$374,338	—	\$135,000
Other Charges	246,839	—	—	246,839	—	—	246,839	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	30,000	—	—	30,000	—	—	30,000	—	—
TOTAL OTHER CHARGES	\$276,839	—	—	\$276,839	—	—	\$276,839	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$696,144	—	\$135,000	\$696,144	—	\$135,000	\$696,144	—	\$135,000

Form 45330 — 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 45331 — 326-Primary Care and Rural Health -Prevntive Health Block

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	150,000	—	—	150,000	—	—	150,000	—	—
Other Compensation	5,000	—	—	5,000	—	—	5,000	—	—
Related Benefits	82,232	—	—	82,232	—	—	82,232	—	—
TOTAL PERSONAL SERVICES	\$237,232	—	—	\$237,232	—	—	\$237,232	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	2,000	—	—	2,000	—	—	2,000	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$5,000	—	—	\$5,000	—	—	\$5,000	—	—
PROFESSIONAL SERVICES	\$603,168	—	—	\$400,000	—	—	\$400,000	—	—
Other Charges	270,000	—	—	39,987	—	—	39,987	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	11,207	—	—	11,500	—	—	11,500	—	—
TOTAL OTHER CHARGES	\$281,207	—	—	\$51,487	—	—	\$51,487	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,126,607	—	—	\$693,719	—	—	\$693,719	—	—

Form 45331 — 326-Primary Care and Rural Health -Preventive 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 45332 — 326-Tobacco Control

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	275,000	—	—	275,000	—	—	275,000	—	—
Other Compensation	75,000	—	—	75,000	—	—	75,000	—	—
Related Benefits	185,685	—	—	185,684	—	—	185,684	—	—
TOTAL PERSONAL SERVICES	\$535,685	—	—	\$535,684	—	—	\$535,684	—	—
Travel	4,000	—	—	4,000	—	—	4,000	—	—
Operating Services	25,000	—	—	25,000	—	—	25,000	—	—
Supplies	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OPERATING EXPENSES	\$31,000	—	—	\$31,000	—	—	\$31,000	—	—
PROFESSIONAL SERVICES	\$720,000	—	\$500,000	\$720,000	—	—	\$720,000	—	—
Other Charges	929,347	—	—	289,012	—	—	289,012	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	60,000	—	—	60,000	—	—	60,000	—	—
TOTAL OTHER CHARGES	\$989,347	—	—	\$349,012	—	—	\$349,012	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,276,032	—	\$500,000	\$1,635,696	—	—	\$1,635,696	—	—

Form 45332 — 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 45333 — 326-Wisewoman

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	1,000	—	—	1,000	—	—	1,000	—	—
Operating Services	3,000	—	—	3,000	—	—	3,000	—	—
Supplies	3,000	—	—	3,000	—	—	3,000	—	—
TOTAL OPERATING EXPENSES	\$7,000	—	—	\$7,000	—	—	\$7,000	—	—
PROFESSIONAL SERVICES	\$298,237	—	\$166,667	\$333,333	—	\$166,667	\$333,333	—	\$166,667
Other Charges	250,051	—	—	109,667	—	—	109,667	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	50,000	—	—	50,000	—	—	50,000	—	—
TOTAL OTHER CHARGES	\$300,051	—	—	\$159,667	—	—	\$159,667	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$605,288	—	\$166,667	\$500,000	—	\$166,667	\$500,000	—	\$166,667

Form 45333 — 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 45334 — 326-Heart and Stroke

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45334 — 326-Heart and Stroke

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds will be: 1) Increase implementation of quality improvement processes in health systems; 2) Promote reporting of blood pressure and A1c measures, initiate activities that promote clinical innovations, team-based care, and self monitoring of blood pressure; 3) Increase lifestyle intervention programs in community settings for primary prevention of type 2 diabetes and 4) continue partnership with Louisiana Community Health Outreach Network (LACHON). Source of funding - Centers for Disease Control and Prevention.
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 45335 — 326-Heart Disease and Stroke

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	200,000	—	—	200,000	—	—	200,000	—	—
Other Compensation	10,000	—	—	10,000	—	—	10,000	—	—
Related Benefits	111,411	—	—	111,411	—	—	111,411	—	—
TOTAL PERSONAL SERVICES	\$321,411	—	—	\$321,411	—	—	\$321,411	—	—
Travel	5,000	—	—	5,000	—	—	5,000	—	—
Operating Services	2,000	—	—	2,000	—	—	2,000	—	—
Supplies	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OPERATING EXPENSES	\$9,000	—	—	\$9,000	—	—	\$9,000	—	—
PROFESSIONAL SERVICES	\$800,000	—	—	\$784,826	—	—	\$784,826	—	—
Other Charges	113,605	—	—	13,000	—	—	13,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	45,000	—	—	45,000	—	—	45,000	—	—
TOTAL OTHER CHARGES	\$158,605	—	—	\$58,000	—	—	\$58,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,289,016	—	—	\$1,173,237	—	—	\$1,173,237	—	—

Form 45335 — 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 45336 — 326-Diabetes Prevention

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	150,000	—	—	150,000	—	—	150,000	—	—
Other Compensation	50,000	—	—	50,000	—	—	50,000	—	—
Related Benefits	106,105	—	—	106,105	—	—	106,105	—	—
TOTAL PERSONAL SERVICES	\$306,105	—	—	\$306,105	—	—	\$306,105	—	—
Travel	1,000	—	—	1,000	—	—	1,000	—	—
Operating Services	8,000	—	—	8,000	—	—	8,000	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$10,000	—	—	\$10,000	—	—	\$10,000	—	—
PROFESSIONAL SERVICES	\$708,169	—	—	\$708,169	—	—	\$708,169	—	—
Other Charges	373,644	—	—	5,726	—	—	5,726	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	70,000	—	—	70,000	—	—	70,000	—	—
TOTAL OTHER CHARGES	\$443,644	—	—	\$75,726	—	—	\$75,726	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,467,918	—	—	\$1,100,000	—	—	\$1,100,000	—	—

Form 45336 — 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 45337 — 326-Unallotted

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	135,112	—	—	112,412	—	—	112,412	—	—
Operating Services	23,944	—	—	188,744	—	—	188,744	—	—
Supplies	1,413,701	—	—	1,515,382	—	—	1,515,382	—	—
TOTAL OPERATING EXPENSES	\$1,572,757	—	—	\$1,816,538	—	—	\$1,816,538	—	—
PROFESSIONAL SERVICES	\$3,150,907	—	—	\$4,975,218	—	—	\$4,975,218	—	—
Other Charges	8,356,969	—	—	23,027,452	—	—	23,027,452	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$8,356,969	—	—	\$23,027,452	—	—	\$23,027,452	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$13,080,633	—	—	\$29,819,208	—	—	\$29,819,208	—	—

Form 45337 — 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 45338 — 326-Commodity Supplemental Food Program

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	719,250	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$719,250	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	3,556,919	—	—	3,700,000	—	—	3,700,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$3,556,919	—	—	\$3,700,000	—	—	\$3,700,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,276,169	—	—	\$3,700,000	—	—	\$3,700,000	—	—

Form 45338 — 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 45339 — 326-Women Infants and Children

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	12,000,000	—	—	12,179,525	—	—	12,179,525	—	—
Other Compensation	1,246,764	—	—	1,246,764	—	—	1,246,764	—	—
Related Benefits	6,994,952	—	—	7,090,195	—	—	7,090,195	—	—
TOTAL PERSONAL SERVICES	\$20,241,716	—	—	\$20,516,484	—	—	\$20,516,484	—	—
Travel	550,000	—	—	550,000	—	—	550,000	—	—
Operating Services	1,700,000	—	—	1,700,000	—	—	1,700,000	—	—
Supplies	1,500,000	—	—	1,500,000	—	—	1,500,000	—	—
TOTAL OPERATING EXPENSES	\$3,750,000	—	—	\$3,750,000	—	—	\$3,750,000	—	—
PROFESSIONAL SERVICES	\$4,000,000	—	—	\$4,000,000	—	—	\$4,000,000	—	—
Other Charges	91,254,374	—	—	90,303,173	—	—	90,303,173	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,350,000	—	—	2,430,343	—	—	2,430,343	—	—
TOTAL OTHER CHARGES	\$93,604,374	—	—	\$92,733,516	—	—	\$92,733,516	—	—
Acquisitions	139,822	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$139,822	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$121,735,912	—	—	\$121,000,000	—	—	\$121,000,000	—	—

Form 45339 — 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 45340 — 326-Peer Counseling

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	140,000	—	—	140,000	—	—	140,000	—	—
Other Compensation	10,000	—	—	10,000	—	—	10,000	—	—
Related Benefits	79,579	—	—	79,579	—	—	79,579	—	—
TOTAL PERSONAL SERVICES	\$229,579	—	—	\$229,579	—	—	\$229,579	—	—
Travel	500	—	—	500	—	—	500	—	—
Operating Services	60,000	—	—	60,000	—	—	60,000	—	—
Supplies	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OPERATING EXPENSES	\$65,500	—	—	\$65,500	—	—	\$65,500	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	821,559	—	—	604,921	—	—	604,921	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	100,000	—	—	100,000	—	—	100,000	—	—
TOTAL OTHER CHARGES	\$921,559	—	—	\$704,921	—	—	\$704,921	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,216,638	—	—	\$1,000,000	—	—	\$1,000,000	—	—

Form 45340 — 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 45341 — 326-School Based Health MCH Block Grant

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	105,000	—	86,000	105,000	—	100,000	105,000	—	100,000
Other Compensation	—	—	2,200	—	—	5,000	—	—	5,000
Related Benefits	51,411	—	48,596	51,411	—	60,000	51,411	—	60,000
TOTAL PERSONAL SERVICES	\$156,411	—	\$136,796	\$156,411	—	\$165,000	\$156,411	—	\$165,000
Travel	500	—	430	500	—	500	500	—	500
Operating Services	1,000	—	860	1,000	—	1,000	1,000	—	1,000
Supplies	1,000	—	860	1,000	—	1,000	1,000	—	1,000
TOTAL OPERATING EXPENSES	\$2,500	—	\$2,150	\$2,500	—	\$2,500	\$2,500	—	\$2,500
PROFESSIONAL SERVICES	—	—	\$98,382	—	—	—	—	—	—
Other Charges	157,526	—	—	152,089	—	70,000	152,089	—	70,000
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	5,000	—	—	5,000	—	—
TOTAL OTHER CHARGES	\$157,526	—	—	\$157,089	—	\$70,000	\$157,089	—	\$70,000
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$316,437	—	\$237,328	\$316,000	—	\$237,500	\$316,000	—	\$237,500

Form 45341 — 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 45342 — 326-Sexually Transmitted Diseases (STD) DIS Workforce

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45342 — 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 45343 — 326-Sexual Transmitted Diseases Case Finding

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	1,000,000	—	—	1,000,000	—	—	1,000,000	—	—
Other Compensation	45,000	—	—	45,000	—	—	45,000	—	—
Related Benefits	580,000	—	—	580,000	—	—	580,000	—	—
TOTAL PERSONAL SERVICES	\$1,625,000	—	—	\$1,625,000	—	—	\$1,625,000	—	—
Travel	10,000	—	—	10,000	—	—	10,000	—	—
Operating Services	35,000	—	—	35,000	—	—	35,000	—	—
Supplies	90,000	—	—	90,000	—	—	90,000	—	—
TOTAL OPERATING EXPENSES	\$135,000	—	—	\$135,000	—	—	\$135,000	—	—
PROFESSIONAL SERVICES	\$19,000	—	—	\$19,000	—	—	\$19,000	—	—
Other Charges	40,000	—	—	80,000	—	—	80,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	16,735	—	—	26,735	—	—	26,735	—	—
TOTAL OTHER CHARGES	\$56,735	—	—	\$106,735	—	—	\$106,735	—	—
Acquisitions	50,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$50,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,885,735	—	—	\$1,885,735	—	—	\$1,885,735	—	—

Form 45343 — 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 45344 — 326-LA Strengthening STD Prevention and Control for Health D

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45344 — 326-LA Strengthening STD Prevention and Control for Health D

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to reduce the incidence of sexually transmitted disease and to prevent potential infections from occurring. Source of funding - Centers for Disease Control and Prevention. 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.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 45345 — 326-Tuberculosis - Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	405,193	—	—	553,000	—	—	553,000	—	—
Other Compensation	34,836	—	—	34,836	—	—	34,836	—	—
Related Benefits	205,164	—	—	205,164	—	—	205,164	—	—
TOTAL PERSONAL SERVICES	\$645,193	—	—	\$793,000	—	—	\$793,000	—	—
Travel	10,000	—	—	10,000	—	—	10,000	—	—
Operating Services	63,107	—	—	63,107	—	—	63,107	—	—
Supplies	110,000	—	—	110,000	—	—	110,000	—	—
TOTAL OPERATING EXPENSES	\$183,107	—	—	\$183,107	—	—	\$183,107	—	—
PROFESSIONAL SERVICES	\$72,807	—	—	—	—	—	—	—	—
Other Charges	15,000	—	—	8,640	—	—	8,640	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	36,393	—	—	42,753	—	—	42,753	—	—
TOTAL OTHER CHARGES	\$51,393	—	—	\$51,393	—	—	\$51,393	—	—
Acquisitions	75,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$75,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,027,500	—	—	\$1,027,500	—	—	\$1,027,500	—	—

Form 45345 — 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 45346 — 326-Tuberculosis Prevention

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	362,000	—	—	362,000	—	—	362,000	—	—
Other Compensation	10,000	—	—	10,000	—	—	10,000	—	—
Related Benefits	196,151	—	—	196,151	—	—	196,151	—	—
TOTAL PERSONAL SERVICES	\$568,151	—	—	\$568,151	—	—	\$568,151	—	—
Travel	12,575	—	—	12,575	—	—	12,575	—	—
Operating Services	16,000	—	—	16,000	—	—	16,000	—	—
Supplies	42,500	—	—	42,500	—	—	42,500	—	—
TOTAL OPERATING EXPENSES	\$71,075	—	—	\$71,075	—	—	\$71,075	—	—
PROFESSIONAL SERVICES	\$35,000	—	—	\$35,000	—	—	\$35,000	—	—
Other Charges	24,158	—	—	24,158	—	—	24,158	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	49,050	—	—	49,050	—	—	49,050	—	—
TOTAL OTHER CHARGES	\$73,208	—	—	\$73,208	—	—	\$73,208	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$747,434	—	—	\$747,434	—	—	\$747,434	—	—

Form 45346 — 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 45347 — 326-Beach Monitoring

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	160,000	—	—	160,000	—	—	160,000	—	—
Other Compensation	5,000	—	—	5,000	—	—	5,000	—	—
Related Benefits	88,758	—	—	88,758	—	—	88,758	—	—
TOTAL PERSONAL SERVICES	\$253,758	—	—	\$253,758	—	—	\$253,758	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	25,000	—	—	25,000	—	—	25,000	—	—
Supplies	40,000	—	—	40,000	—	—	40,000	—	—
TOTAL OPERATING EXPENSES	\$67,000	—	—	\$67,000	—	—	\$67,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	38,242	—	—	38,242	—	—	38,242	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$38,242	—	—	\$38,242	—	—	\$38,242	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$359,000	—	—	\$359,000	—	—	\$359,000	—	—

Form 45347 — 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 Louisiana's 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 45348 — 326-Drinking Water Revolving Loan Fund

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	790,000	—	—	790,000	—	—	790,000	—	—
Other Compensation	85,000	—	—	85,000	—	—	85,000	—	—
Related Benefits	464,211	—	—	464,211	—	—	464,211	—	—
TOTAL PERSONAL SERVICES	\$1,339,211	—	—	\$1,339,211	—	—	\$1,339,211	—	—
Travel	30,000	—	—	30,000	—	—	30,000	—	—
Operating Services	18,000	—	—	18,000	—	—	18,000	—	—
Supplies	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OPERATING EXPENSES	\$50,000	—	—	\$50,000	—	—	\$50,000	—	—
PROFESSIONAL SERVICES	\$100,000	—	—	\$100,000	—	—	\$100,000	—	—
Other Charges	380,789	—	—	380,789	—	—	380,789	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	200,000	—	—	200,000	—	—	200,000	—	—
TOTAL OTHER CHARGES	\$580,789	—	—	\$580,789	—	—	\$580,789	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,070,000	—	—	\$2,070,000	—	—	\$2,070,000	—	—

Form 45348 — 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 45349 — 326-Safe Drinking Water

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	500,000	—	—	632,195	—	—	632,195	—	—
Other Compensation	12,900	—	—	17,900	—	—	17,900	—	—
Related Benefits	270,000	—	—	270,000	—	—	270,000	—	—
TOTAL PERSONAL SERVICES	\$782,900	—	—	\$920,095	—	—	\$920,095	—	—
Travel	58,000	—	—	58,000	—	—	58,000	—	—
Operating Services	215,156	—	—	210,156	—	—	210,156	—	—
Supplies	225,000	—	—	225,000	—	—	225,000	—	—
TOTAL OPERATING EXPENSES	\$498,156	—	—	\$493,156	—	—	\$493,156	—	—
PROFESSIONAL SERVICES	\$53,000	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	154,944	—	—	75,749	—	—	75,749	—	—
TOTAL OTHER CHARGES	\$154,944	—	—	\$75,749	—	—	\$75,749	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,489,000	—	—	\$1,489,000	—	—	\$1,489,000	—	—

Form 45349 — 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 45350 — 326-Water Infrastructure Improvement for the Nation

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	607,594	—	60,276	607,594	—	—	607,594	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$607,594	—	\$60,276	\$607,594	—	—	\$607,594	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$607,594	—	\$60,276	\$607,594	—	—	\$607,594	—	—

Form 45350 — 326-Water Infrastructure Improvement for 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 45351 — 326-Occupational Health and Injury Surveillance

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	225,000	—	—	225,000	—	—	225,000	—	—
Other Compensation	2,000	—	—	2,000	—	—	2,000	—	—
Related Benefits	120,430	—	—	120,430	—	—	120,430	—	—
TOTAL PERSONAL SERVICES	\$347,430	—	—	\$347,430	—	—	\$347,430	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	11,000	—	—	11,000	—	—	11,000	—	—
Supplies	3,000	—	—	3,000	—	—	3,000	—	—
TOTAL OPERATING EXPENSES	\$16,000	—	—	\$16,000	—	—	\$16,000	—	—
PROFESSIONAL SERVICES	\$50,000	—	—	\$50,000	—	—	\$50,000	—	—
Other Charges	84,475	—	—	84,475	—	—	84,475	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	15,000	—	—	15,000	—	—	15,000	—	—
TOTAL OTHER CHARGES	\$99,475	—	—	\$99,475	—	—	\$99,475	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$512,905	—	—	\$512,905	—	—	\$512,905	—	—

Form 45351 — 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 45352 — 326-Partnership to Promote Local Efforts to Reduce Env Expo

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	112,000	—	—	112,000	—	—	112,000	—	—
Other Compensation	40,000	—	—	40,000	—	—	40,000	—	—
Related Benefits	80,640	—	—	80,640	—	—	80,640	—	—
TOTAL PERSONAL SERVICES	\$232,640	—	—	\$232,640	—	—	\$232,640	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	15,000	—	—	15,000	—	—	15,000	—	—
Supplies	500	—	—	500	—	—	500	—	—
TOTAL OPERATING EXPENSES	\$17,500	—	—	\$17,500	—	—	\$17,500	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	42,858	—	—	42,858	—	—	42,858	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	20,000	—	—	20,000	—	—	20,000	—	—
TOTAL OTHER CHARGES	\$62,858	—	—	\$62,858	—	—	\$62,858	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$312,998	—	—	\$312,998	—	—	\$312,998	—	—

Form 45352 — 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 45353 — 326-Private Well

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	65,500	—	—	65,500	—	—	65,500	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	34,750	—	—	34,750	—	—	34,750	—	—
TOTAL PERSONAL SERVICES	\$100,250	—	—	\$100,250	—	—	\$100,250	—	—
Travel	23,000	—	—	23,000	—	—	23,000	—	—
Operating Services	4,000	—	—	4,000	—	—	4,000	—	—
Supplies	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OPERATING EXPENSES	\$29,000	—	—	\$29,000	—	—	\$29,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	6,364	—	—	6,364	—	—	6,364	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	8,000	—	—	8,000	—	—	8,000	—	—
TOTAL OTHER CHARGES	\$14,364	—	—	\$14,364	—	—	\$14,364	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$143,614	—	—	\$143,614	—	—	\$143,614	—	—

Form 45353 — 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 45354 — 326-Environmental Public Health Tracking

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	190,000	—	—	190,000	—	—	190,000	—	—
Other Compensation	65,000	—	—	65,000	—	—	65,000	—	—
Related Benefits	129,864	—	—	129,864	—	—	129,864	—	—
TOTAL PERSONAL SERVICES	\$384,864	—	—	\$384,864	—	—	\$384,864	—	—
Travel	20,000	—	—	20,000	—	—	20,000	—	—
Operating Services	29,000	—	—	29,000	—	—	29,000	—	—
Supplies	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OPERATING EXPENSES	\$54,000	—	—	\$54,000	—	—	\$54,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	66,136	—	—	66,136	—	—	66,136	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	110,000	—	—	110,000	—	—	110,000	—	—
TOTAL OTHER CHARGES	\$176,136	—	—	\$176,136	—	—	\$176,136	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$615,000	—	—	\$615,000	—	—	\$615,000	—	—

Form 45354 — 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 45355 — 326-Food and Drug

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	107,000	—	—	—	—	—	—	—	—
Other Compensation	5,000	—	—	—	—	—	—	—	—
Related Benefits	60,928	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$172,928	—	—	—	—	—	—	—	—
Travel	2,800	—	—	—	—	—	—	—	—
Operating Services	4,800	—	—	—	—	—	—	—	—
Supplies	800	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$8,400	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	18,600	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	8,000	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$26,600	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$207,928	—	—	—	—	—	—	—	—

Form 45355 — 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 45356 — 326-Manufactured Food Standards

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	74,150	—	—	74,150	—	—	74,150	—	—
Other Compensation	2,001	—	—	2,001	—	—	2,001	—	—
Related Benefits	40,400	—	—	40,400	—	—	40,400	—	—
TOTAL PERSONAL SERVICES	\$116,551	—	—	\$116,551	—	—	\$116,551	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	1,000	—	—	1,000	—	—	1,000	—	—
Supplies	50,000	—	—	50,000	—	—	50,000	—	—
TOTAL OPERATING EXPENSES	\$53,000	—	—	\$53,000	—	—	\$53,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	48,424	—	—	48,424	—	—	48,424	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	3,000	—	—	3,000	—	—	3,000	—	—
TOTAL OTHER CHARGES	\$51,424	—	—	\$51,424	—	—	\$51,424	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$220,975	—	—	\$220,975	—	—	\$220,975	—	—

Form 45356 — 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 45357 — 326-Commercial Seafood

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	38,000	—	—	38,000	—	—	38,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	17,463	—	—	17,463	—	—	17,463	—	—
TOTAL PERSONAL SERVICES	\$55,463	—	—	\$55,463	—	—	\$55,463	—	—
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	\$55,463	—	—	\$55,463	—	—	\$55,463	—	—

Form 45357 — 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 45358 — 326-Vital Records Co-Op

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	60,000	—	—	60,000	—	—	60,000	—	—
Other Compensation	5,000	—	—	5,000	—	—	5,000	—	—
Related Benefits	34,482	—	—	34,483	—	—	34,483	—	—
TOTAL PERSONAL SERVICES	\$99,482	—	—	\$99,483	—	—	\$99,483	—	—
Travel	10,000	—	—	10,000	—	—	10,000	—	—
Operating Services	40,000	—	—	40,000	—	—	40,000	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$51,000	—	—	\$51,000	—	—	\$51,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	190,554	—	—	190,552	—	—	190,552	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	20,000	—	—	20,000	—	—	20,000	—	—
TOTAL OTHER CHARGES	\$210,554	—	—	\$210,552	—	—	\$210,552	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$361,036	—	—	\$361,035	—	—	\$361,035	—	—

Form 45358 — 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 45359 — 326-SUDDEN INFANT DEATH (SUID)

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	\$241,076	—	—	\$241,076	—	—	\$241,076	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$241,076	—	—	\$241,076	—	—	\$241,076	—	—

Form 45359 — 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 45482 — 326 Administrative Clearing

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45482 — 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 45484 — 326 Policy and Planning Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45484 — 326 Policy and Planning Preventive Health Block Grant

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support the LDH Office of Public Health Policy and Planning Program. Omnibus budget Reconciliation Act of 1981 (Public Law 97-35); 45 CFR 16, 74.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	This grant activity has expired.
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 45485 — 326 Opioid Surveillance Department of Justice

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45485 — 326 Opioid Surveillance Department of Justice

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to develop and maintain an opioid overdose surveillance system. Source of funding is the U.S. Department of Justice.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	This grant has expired.
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 45486 — 326 Strengthening Environmental Hlth Capacity

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45486 — 326 Strengthening Environmental Hlth Capacity

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to detect, prevent, and control environmental health (EH) hazards through data-driven, evidence-based approaches; to bolster the capacity of environmental health (EH) programs in public health departments to leverage data-driven and evidence-based approaches to detect, prevent, and control EH hazards. Source of funding - Centers for Disease Control Grant ID #6NUE1EH001409-01.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	This grant has expired.
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 45487 — 326 BREATH Environmental Epidemiology

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45487 — 326 BREATH Environmental Epidemiology

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to promote healthy homes in vulnerable Louisiana communities to mitigate the impact of COVID-19 and Asthma. Source of funding - U.S. Environmental Protection Agency.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	This grant has expired.
Is the Total Request amount for multiple years?	Not applicable.
Additional information or comments.	None.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 45488 — 326 Non Fatal Suicide Prevention Inf Dis Epi

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45488 — 326 Non Fatal Suicide Prevention Inf Dis Epi

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to increase the timeliness of aggregate reporting of nonfatal suicide-related outcomes by tracking suicide-related indicators; creating, validating, and monitoring the quality of indicator syndrome definitions; and producing state and parish aggregate quarterly reports and; sharing methodology for calculating indicators and aggregate reports with the Centers for Disease Control and Prevention. Source of funding - Centers for Disease Control and Prevention.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	This grant has expired.
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 45489 — 326 HOPWA COVID-19 HIV AIDS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45489 — 326 HOPWA COVID-19 HIV AIDS

Question	Narrative Response
State the purpose, source and legal citation.	These funds are available through the Department of Housing and Urban Development to provide for housing opportunities for persons with AIDS in the form of rental assistance payment and housing through seven residential facilities throughout the state as a response to the Coronavirus Pandemic. Source of funding - Department of Housing and Urban Development.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	This grant has expired.
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 45490 — 326 QUITLINE

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45490 — 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 45491 — 326 Small Hospital Improvement Program COVID 19

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45491 — 326 Small Hospital Improvement Program COVID 19

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to provide monetary support for COVID-19 for healthcare facilities and preparation of surge in-patient care related to the spreading of coronavirus. Source of funding - U.S. Department of Health and Human Services.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	This grant has expired.
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 45492 — 326 Child Death Review

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45492 — 326 Child Death Review

Question	Narrative Response
State the purpose, source and legal citation.	This is a duplicate of form #45303.
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 45493 — 326 Core Injury VIPP

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45493 — 326 Core Injury VIPP

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to provide core Violence and Injury Prevention services. Source of funding - Centers for Disease Control.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	This grant has expired.
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 45509 — 326-Inflation

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45509 — 326-Inflation

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

Form 45668 — 326-HIV TELEPREP

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45668 — 326-HIV TELEPREP

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to evaluate telehealth navigation and coordination models to provide best practices for the body of knowledge for HIV care.
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 45677 — MONKEY POX RESPONSE

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45677 — MONKEY POX RESPONSE

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support the governmental public health response to mpox (monkeypox), the Centers for Disease Control and Prevention (CDC) is supplementing CDC-RFA-TP22-2201 Public Health Crisis Response Cooperative Agreement. Funds are to expand vaccination and quickly implement other response activities for mpox. These funds will provide urgently needed resources to jurisdictions to immediately initiate or continue response activities such as vaccination, community engagement, case, and cluster investigation, increasing timeliness and completeness of data reporting on cases and vaccination, and other mpox response-related activities.
Agency discretion or Federal requirement?	Line items reflect approved budget by the grantor.
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 45681 — 326-EPID LAB CAPACITY COVID-19 IPC TRAINING

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45681 — 326-EPID LAB CAPACITY COVID-19 IPC TRAINING

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to establish local and/or regional IPC training and education expertise; Conduct high-level learning needs assessments of and provide a summary report on the jurisdiction's healthcare workforce to identify training gaps by setting, describe primary spoken and reading languages, and characterize literacy levels and age; Promote awareness and facilitate uptake (e.g., leveraging licensing and certification) of IPC training and education content provided or approved by CDC as part of the broader Project Firstline initiative. Public Health Service Act Sections 301(a)[42 U.S.C 241 (a)] and 317(k)(2), as amended and the Patient Protection and Affordable Care Act (PL111-148), title IV, Sections 4002 and 4304 (Prevention and Public Health Fund).
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	This grant has expired.
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.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 45682 — 326-EPID LAB CAPACITY COVID-19 TRAVELERS HEALTH

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45682 — 326-EPID LAB CAPACITY COVID-19 TRAVELERS HEALTH

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to monitor and mitigate COVID-19 (and other emerging infectious disease) introductions from intercontinental and international jurisdictions (neighboring cities, states; including air travel). Louisiana Administrative Code (LAC) Title 51 Part II. The Control Diseases 117.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	This grant has expired.
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.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 45683 — 326-EPID CONFINEMENT FACILITIES FOR COVID-19 RESPONSE

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45683 — 326-EPID CONFINEMENT FACILITIES FOR COVID-19 RESPONSE

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to provide COVID-19 prevention consultation, outbreak mitigation and control guidance to confinement facilities. Public Health Service Act Sections 301(a)[42 U.S.C 241 (a)] and 317(k)(2), as amended and the Patient Protection and Affordable Care Act (PL111-148), title IV, Sections 4002 and 4304 (Prevention and Public Health Fund).
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	This grant has expired.
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.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 45684 — 326-EPID LAB CAPACITY HOMELESS SITES

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45684 — 326-EPID LAB CAPACITY HOMELESS SITES

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to coordinate resources, develop strategies, and support relationships to mitigate COVID-19 in populations experiencing homelessness. Public Health Service Act Sections 301(a)[42 U.S.C 241 (a)] and 317(k)(2), as amended and the Patient Protection and Affordable Care Act (PL111-148), title IV, Sections 4002 and 4304 (Prevention and Public Health Fund).
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	This grant has expired.
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.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 45686 — SLTT REDUCE MATERNAL DEATHS DUE TO VIOLENCE

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	10,000	—	—	10,000	—	—	10,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	5,305	—	—	5,305	—	—	5,305	—	—
TOTAL PERSONAL SERVICES	\$15,305	—	—	\$15,305	—	—	\$15,305	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	1,000	—	—	1,000	—	—	1,000	—	—
Supplies	4,000	—	—	4,000	—	—	4,000	—	—
TOTAL OPERATING EXPENSES	\$5,000	—	—	\$5,000	—	—	\$5,000	—	—
PROFESSIONAL SERVICES	\$256,762	—	—	\$256,762	—	—	\$256,762	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	3,000	—	—	3,000	—	—	3,000	—	—
TOTAL OTHER CHARGES	\$3,000	—	—	\$3,000	—	—	\$3,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$280,067	—	—	\$280,067	—	—	\$280,067	—	—

Form 45686 — SLTT REDUCE MATERNAL DEATHS DUE TO VIOLENCE

Question	Narrative Response
State the purpose, source and legal citation.	This federal award supports efforts to reduce and prevent maternal deaths due to violence by improving the identification, tracking, and review of violent deaths in pregnant and postpartum women by establishing a Domestic Abuse Fatality Review (DAFR) Panel; implementing evidence-based interventions to increase timely access to domestic violence and healthcare services for pregnant and postpartum women; and enhancing Louisiana's capacity to sustain implementation and evaluation of interventions to improve health outcomes and reduce deaths of pregnant and postpartum women resulting from violence. Louisiana Domestic Abuse Fatality Review Panel (L.S.A.R.S. 40:2024.1-2024.6)
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 45687 — 326-COMPREHENSIVE SUICIDE PREVENTION PLAN

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	10,000	—	—	10,000	—	—	10,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	5,836	—	—	5,836	—	—	5,836	—	—
TOTAL PERSONAL SERVICES	\$16,836	—	—	\$16,836	—	—	\$16,836	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	767,164	—	—	534,164	—	—	534,164	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	10,000	—	—	10,000	—	—
TOTAL OTHER CHARGES	\$767,164	—	—	\$544,164	—	—	\$544,164	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$784,000	—	—	\$561,000	—	—	\$561,000	—	—

Form 45687 — 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 45688 — 326-WELL AHEAD STATE PHYSICAL ACTIVITY AND NUTRITION PROGRAM

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	110,000	—	—	110,000	—	—	110,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	58,358	—	—	58,358	—	—	58,358	—	—
TOTAL PERSONAL SERVICES	\$168,358	—	—	\$168,358	—	—	\$168,358	—	—
Travel	4,000	—	—	4,000	—	—	4,000	3,823	—
Operating Services	5,000	—	—	5,000	—	—	5,000	328	—
Supplies	4,000	—	—	4,000	—	—	4,000	1,460	—
TOTAL OPERATING EXPENSES	\$13,000	—	—	\$13,000	—	—	\$13,000	\$5,611	—
PROFESSIONAL SERVICES	\$708,399	—	—	\$508,000	—	—	\$508,000	\$879,339	—
Other Charges	287,895	—	—	188,642	—	—	188,642	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	10,000	—	—	10,000	—	—	10,000	3,050	—
TOTAL OTHER CHARGES	\$297,895	—	—	\$198,642	—	—	\$198,642	\$3,050	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,187,652	—	—	\$888,000	—	—	\$888,000	\$888,000	—

Form 45688 — 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 45689 — 326-PUBLIC HEALTH INFRASTRUCTURE

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	2,500,000	—	—	2,500,000	—	—	2,500,000	—	—
Other Compensation	1,100,000	—	—	1,100,000	—	—	1,100,000	—	—
Related Benefits	1,909,898	—	—	1,909,898	—	—	1,909,898	—	—
TOTAL PERSONAL SERVICES	\$5,509,898	—	—	\$5,509,898	—	—	\$5,509,898	—	—
Travel	105,000	—	—	105,000	—	—	105,000	—	—
Operating Services	80,000	—	—	80,000	—	—	80,000	—	—
Supplies	211,000	—	—	211,000	—	—	211,000	—	—
TOTAL OPERATING EXPENSES	\$396,000	—	—	\$396,000	—	—	\$396,000	—	—
PROFESSIONAL SERVICES	\$4,317,504	—	—	\$4,317,504	—	—	\$4,317,504	—	—
Other Charges	5,576,598	—	—	2,776,598	—	—	2,776,598	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	4,500,000	—	—	4,500,000	—	—	4,500,000	—	—
TOTAL OTHER CHARGES	\$10,076,598	—	—	\$7,276,598	—	—	\$7,276,598	—	—
Acquisitions	100,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$100,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$20,400,000	—	—	\$17,500,000	—	—	\$17,500,000	—	—

Form 45689 — 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 45690 — 326-WIC MODERNIZATION

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	1,100,000	—	—	1,100,000	—	—	1,100,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$1,100,000	—	—	\$1,100,000	—	—	\$1,100,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,100,000	—	—	\$1,100,000	—	—	\$1,100,000	—	—

Form 45690 — 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 45691 — 326-WIC SHOPPING EXPERIENCE

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	5,000	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$5,000	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	115,000	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$115,000	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$120,000	—	—	—	—	—	—	—	—

Form 45691 — 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 45694 — 326-MILK & DAIRY

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	25,000	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$25,000	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$25,000	—	—	—	—	—	—	—	—

Form 45694 — 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 45703 — INFLATION

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	—	29,974	—	—	29,974	—	—
Operating Services	—	—	—	131,239	—	—	131,239	—	—
Supplies	—	—	—	468,057	—	—	468,057	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$629,270	—	—	\$629,270	—	—
PROFESSIONAL SERVICES	—	—	—	\$1,118,220	—	—	\$1,118,220	—	—
Other Charges	—	—	—	2,557,582	—	—	2,557,582	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	\$2,557,582	—	—	\$2,557,582	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$4,305,072	—	—	\$4,305,072	—	—

Form 45703 — INFLATION

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

Form 45704 — 326-MEDICAL INFLATION

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45704 — 326-MEDICAL INFLATION

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

Form 45705 — 326-COMMUNITY OUTREACH

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45705 — 326-COMMUNITY OUTREACH

Question	Narrative Response
State the purpose, source and legal citation.	This request is a Means of Financing substitution that will reduce federal budget authority for requested state general funds. There is no legal citation.
Agency discretion or Federal requirement?	There are no line item adjustments as this request is a Means of Financing substitution.
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.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 45718 — 326 -SALARY AND RELATED BENEFITS BASE ADJUSTMENTS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	—	2,194,742	—	—	2,194,742	—	—
Other Compensation	—	—	—	(1,709,891)	—	—	(1,709,891)	—	—
Related Benefits	—	—	—	1,779,289	—	—	1,779,289	—	—
TOTAL PERSONAL SERVICES	—	—	—	\$2,264,140	—	—	\$2,264,140	—	—
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	—	—	—	\$2,264,140	—	—	\$2,264,140	—	—

Form 45718 — 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 SFY25. 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 45735 — 326-MISC COLLEC, CASH CARRYOVER, INTRAFUND TRANFERS ETC. FED

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45735 — 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 45744 — 326-OCCUPATIONAL INJURY COVID-19

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45744 — 326-OCCUPATIONAL INJURY COVID-19

Question	Narrative Response
State the purpose, source and legal citation.	This activity has expired and is no longer valid.
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 45745 — 326-MISC PRIOR YR PAYBACK,CARRYOVER, PRIOR REVENUE ETC. IAT

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45745 — 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 45746 — 326-EPIDEMIOLOGY ACA ELECTRONIC CASE DETECTION

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45746 — 326-EPIDEMIOLOGY ACA ELECTRONIC CASE DETECTION

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 45747 — 326-EPIDEMIOLOGY LAB CAPACITY COVID-19 DETECTION AND MITIGATION

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45747 — 326-EPIDEMIOLOGY LAB CAPACITY COVID-19 DETECTION AND MITIGATION

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 45748 — 326 IMMUNIZATION PANDEMIC INFLUENZA

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45748 — 326 IMMUNIZATION PANDEMIC INFLUENZA

Question	Narrative Response
State the purpose, source and legal citation.	This funding has expired and was part of the Immunization Program Vaccines for Children grant.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	The grant 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 45749 — 326- IMMUNIZATION PREVENT HEALTH FUND

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45749 — 326- IMMUNIZATION PREVENT HEALTH FUND

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 grant 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 45750 — 326-IMMUNIZATION UKRAINIAN VACCINE

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45750 — 326-IMMUNIZATION UKRAINIAN VACCINE

Question	Narrative Response
State the purpose, source and legal citation.	These funds were used for vaccinations of immigrants from Ukraine. This activity is no longer valid.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	This grant 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 45751 — 326-MATERNAL CHILD HEALTH ARPHA EXPANSION

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45751 — 326-MATERNAL CHILD HEALTH ARPHA EXPANSION

Question	Narrative Response
State the purpose, source and legal citation.	This activity is no longer valid. The funds were used for Maternal and Child Health COVID-19 ARPHA expansion.
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 the prior SFY 2025.
Additional information or comments.	Not applicable.
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 45752 — 326-BEHAVIORAL RISK FACTOR SURVEILANCE SYSTEM COVID-19

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45752 — 326-BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM COVID-19

Question	Narrative Response
State the purpose, source and legal citation.	These funds were a COVID-19 grant supplement to the Behavioral Risk Factor Surveillance system grant.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	This grant 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 45753 — 326-OPIOID ENHANCED SURVEILLANCE

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45753 — 326-OPIOID ENHANCED SURVEILLANCE

Question	Narrative Response
State the purpose, source and legal citation.	This activity is no longer valid as the grant funding has expired.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	This grant 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 45754 — 326-DIABETES DOMAIN 4

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45754 — 326-DIABETES DOMAIN 4

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 grant 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 45755 — 326-CONTROL DIABTES PLUS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45755 — 326-CONTROL DIABTES PLUS

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 grant 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 45810 — 326-Molluscan Shellfish AFDO Education Supply & Travel

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	10,000	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	6,147	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$16,147	—	—	—	—	—	—	—	—
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	\$16,147	—	—	—	—	—	—	—	—

Form 45810 — 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 45878 — 326 Acquisitions

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	—	—	—	—	595,822	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	\$595,822	—	—
TOTAL EXPENDITURES	—	—	—	—	—	—	\$595,822	—	—

Form 45878 — 326 Acquisitions

Question	Narrative Response
State the purpose, source and legal citation.	This adjustment is associated with a CB-8 document for Acquisitions. There is no legal citation.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	This 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.

Form 45882 — NON-Recurring Adjustment-COVID - 19 Federal Grant

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45882 — NON-Recurring Adjustment-COVID - 19 Federal Grant

Question	Narrative Response
State the purpose, source and legal citation.	This adjustment is associated with a CB-4 document. There is no legal citation.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	Not applicable.
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.

Form 45888 — 326-Federal Requested Year Realignment

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	—	—	—	—	927,063	—	—
Other Compensation	—	—	—	—	—	—	179,000	—	—
Related Benefits	—	—	—	—	—	—	232,696	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	\$1,338,759	—	—
Travel	—	—	—	—	—	—	(54,976)	—	—
Operating Services	—	—	—	—	—	—	500	—	—
Supplies	—	—	—	—	—	—	(394,615)	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	\$(449,091)	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	\$(64,529)	—	—
Other Charges	—	—	—	—	—	—	(773,387)	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	460,075	—	—	(51,752)	—	—
TOTAL OTHER CHARGES	—	—	—	\$460,075	—	—	\$(825,139)	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$460,075	—	—	—	—	—

Form 45888 — 326-Federal Requested Year Realignment

Question	Narrative Response
State the purpose, source and legal citation.	This is a FY26 Requested Year realignment within expenditure categories for FEDERAL. There is no legal citation associated with this request.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	This adjustment 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.

Form 47779 — 326-H5N1

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	1,339,555	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$1,339,555	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,339,555	—	—	—	—	—	—	—	—

Form 47779 — 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 47781 — 226-LOUISIANA YOUTH RISK BEHAVIOR SURVEY PROJECT

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	2,000	—	—	2,000	—	—	—	2,000	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$2,000	—	—	\$2,000	—	—	—	\$2,000	—
PROFESSIONAL SERVICES	\$110,975	—	—	\$93,500	—	—	—	\$93,500	—
Other Charges	2,000	—	—	2,000	—	—	—	2,000	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	15,000	—	—	15,000	—	—	—	15,000	—
TOTAL OTHER CHARGES	\$17,000	—	—	\$17,000	—	—	—	\$17,000	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$129,975	—	—	\$112,500	—	—	—	\$112,500	—

Form 47781 — 226-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 47782 — 326-ASTHMA CONTROL INITIATIVE

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	110,000	—	—	110,000	—	110,000	—	—	—
Other Compensation	5,000	—	—	5,000	—	5,000	—	—	—
Related Benefits	61,011	—	—	61,011	—	61,011	—	—	—
TOTAL PERSONAL SERVICES	\$176,011	—	—	\$176,011	—	\$176,011	—	—	—
Travel	1,000	—	—	1,000	—	1,000	—	—	—
Operating Services	2,000	—	—	2,000	—	2,000	—	—	—
Supplies	1,000	—	—	1,000	—	1,000	—	—	—
TOTAL OPERATING EXPENSES	\$4,000	—	—	\$4,000	—	\$4,000	—	—	—
PROFESSIONAL SERVICES	\$320,000	—	—	\$310,218	—	\$310,218	—	—	—
Other Charges	277,259	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	30,000	—	—	30,000	—	30,000	—	—	—
TOTAL OTHER CHARGES	\$307,259	—	—	\$30,000	—	\$30,000	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$807,270	—	—	\$520,229	—	\$520,229	—	—	—

Form 47782 — 326-ASTHMA CONTROL INITIATIVE

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 state's 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 47783 — 326-MATERNAL INNOVATION

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	1,509	—	—	1,509	—	—	1,509	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$1,509	—	—	\$1,509	—	—	\$1,509	—	—
PROFESSIONAL SERVICES	\$642,492	—	—	\$642,492	—	—	\$642,492	—	—
Other Charges	735,907	—	—	735,907	—	—	735,907	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$735,907	—	—	\$735,907	—	—	\$735,907	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,379,908	—	—	\$1,379,908	—	—	\$1,379,908	—	—

Form 47783 — 326-MATERNAL 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. § 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 47960 — 326 ACES TRAUMA-INFORMED PREVENTIVE HLTH BLOCK

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 47960 — 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 49063 — 326-Community Healthways Means of Financing Swap

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	—	(1,000,000)	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$(1,000,000)	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	\$(755,602)	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$(1,755,602)	—	—	—	—	—

Form 49063 — 326-Community Healthways Means of Financing Swap

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 49064 — 326-Job Appointment to T.O. Conversion

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	—	558,617	—	—	—	—	—
Other Compensation	—	—	—	(558,617)	—	—	—	—	—
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 49064 — 326-Job Appointment to T.O. Conversion

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 49065 — 326-IT Equipment Lease

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	—	49,575	—	—	49,575	—	—
TOTAL OTHER CHARGES	—	—	—	\$49,575	—	—	\$49,575	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$49,575	—	—	\$49,575	—	—

Form 49065 — 326-IT Equipment Lease

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.	

Fees & Self-generated

Form 45362 — 326-Oyster Sanitation Fund

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	86,051	—	—	86,051	—	—
Supplies	100,000	—	—	100,000	—	—	100,000	—	—
TOTAL OPERATING EXPENSES	\$186,051	—	—	\$186,051	—	—	\$186,051	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	88,038	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$88,038	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$274,089	—	—	\$186,051	—	—	\$186,051	—	—

Form 45362 — 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 45363 — 326-Vital Records Conversion Fund

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	500	—	—	500	—	—
Operating Services	50,000	—	—	50,000	—	—	50,000	—	—
Supplies	100	—	—	100	—	—	100	—	—
TOTAL OPERATING EXPENSES	\$50,600	—	—	\$50,600	—	—	\$50,600	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	192,218	—	—	192,218	—	—	192,218	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	14,220	—	—	14,220	—	—	14,220	—	—
TOTAL OTHER CHARGES	\$206,438	—	—	\$206,438	—	—	\$206,438	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$425,404	—	—	\$425,404	—	—	\$425,404	—	—

Form 45363 — 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 45391 — 326-HIV AIDS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	6,421	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$6,421	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$6,421	—	—	—	—	—	—	—	—

Form 45391 — 326-HIV AIDS

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

Form 45392 — 326-Childrens Special Health Services-Healthy Louisiana Pla

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	67,000	—	—	67,000	—	—	67,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	34,397	—	—	34,397	—	—	34,397	—	—
TOTAL PERSONAL SERVICES	\$101,397	—	—	\$101,397	—	—	\$101,397	—	—
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	\$101,397	—	—	\$101,397	—	—	\$101,397	—	—

Form 45392 — 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 45393 — 326-Emergency Medical Services

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	284,000	—	—	284,000	—	—	284,000	—	—
Other Compensation	36,000	—	—	36,000	—	—	36,000	—	—
Related Benefits	169,600	—	—	169,600	—	—	169,600	—	—
TOTAL PERSONAL SERVICES	\$489,600	—	—	\$489,600	—	—	\$489,600	—	—
Travel	400	—	—	400	—	—	400	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$400	—	—	\$400	—	—	\$400	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$490,000	—	—	\$490,000	—	—	\$490,000	—	—

Form 45393 — 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 45394 — 326-Rabies-Local Funds

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	30,000	—	—	30,000	—	—	30,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	15,420	—	—	15,420	—	—	15,420	—	—
TOTAL PERSONAL SERVICES	\$45,420	—	—	\$45,420	—	—	\$45,420	—	—
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	\$45,420	—	—	\$45,420	—	—	\$45,420	—	—

Form 45394 — 326-Rabies-Local Funds

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

Form 45395 — 326-Epidemiology-Local Funds

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	36,000	—	—	36,000	—	—	36,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	18,930	—	—	18,930	—	—	18,930	—	—
TOTAL PERSONAL SERVICES	\$54,930	—	—	\$54,930	—	—	\$54,930	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$54,930	—	—	\$54,930	—	—	\$54,930	—	—

Form 45395 — 326-Epidemiology-Local Funds

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

Form 45396 — 326-Family Planning-Healthy Louisiana Plan

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	2,100,000	—	—	2,100,000	—	—	2,100,000	—	—
Other Compensation	140,000	—	—	140,000	—	—	140,000	—	—
Related Benefits	1,187,200	—	—	1,027,385	—	—	1,027,385	—	—
TOTAL PERSONAL SERVICES	\$3,427,200	—	—	\$3,267,385	—	—	\$3,267,385	—	—
Travel	31,500	—	—	31,500	—	—	31,500	—	—
Operating Services	335,901	—	—	335,901	—	—	335,901	—	—
Supplies	507,500	—	—	507,500	—	—	507,500	—	—
TOTAL OPERATING EXPENSES	\$874,901	—	—	\$874,901	—	—	\$874,901	—	—
PROFESSIONAL SERVICES	\$246,619	—	—	\$256,619	—	—	\$256,619	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	222,250	—	—	387,065	—	—	387,065	—	—
TOTAL OTHER CHARGES	\$222,250	—	—	\$387,065	—	—	\$387,065	—	—
Acquisitions	15,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$15,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,785,970	—	—	\$4,785,970	—	—	\$4,785,970	—	—

Form 45396 — 326-Family Planning-Healthy Louisiana Plan

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 45397 — 326-Family Planning (Local Funds)

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	475,000	—	—	475,000	—	—	475,000	—	—
Other Compensation	19,000	—	—	19,000	—	—	19,000	—	—
Related Benefits	262,000	—	—	262,000	—	—	262,000	—	—
TOTAL PERSONAL SERVICES	\$756,000	—	—	\$756,000	—	—	\$756,000	—	—
Travel	4,000	—	—	4,000	—	—	4,000	—	—
Operating Services	38,000	—	—	38,000	—	—	38,000	—	—
Supplies	94,000	—	—	94,000	—	—	94,000	—	—
TOTAL OPERATING EXPENSES	\$136,000	—	—	\$136,000	—	—	\$136,000	—	—
PROFESSIONAL SERVICES	\$72,000	—	—	\$72,000	—	—	\$72,000	—	—
Other Charges	75,000	—	—	75,000	—	—	75,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	24,726	—	—	24,726	—	—	24,726	—	—
TOTAL OTHER CHARGES	\$99,726	—	—	\$99,726	—	—	\$99,726	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,063,726	—	—	\$1,063,726	—	—	\$1,063,726	—	—

Form 45397 — 326-Family Planning (Local Funds)

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

Form 45398 — 326-Genetic Diseases-Healthy Louisiana Plan, Formula and For

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	1,036,000	—	—	1,036,000	—	—	1,036,000	—	—
Other Compensation	80,000	—	—	80,000	—	—	80,000	—	—
Related Benefits	609,680	—	—	609,680	—	—	609,680	—	—
TOTAL PERSONAL SERVICES	\$1,725,680	—	—	\$1,725,680	—	—	\$1,725,680	—	—
Travel	8,000	—	—	8,000	—	—	8,000	—	—
Operating Services	500,000	—	—	500,000	—	—	500,000	—	—
Supplies	1,600,000	—	—	1,600,000	—	—	1,600,000	—	—
TOTAL OPERATING EXPENSES	\$2,108,000	—	—	\$2,108,000	—	—	\$2,108,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	300,000	—	—	300,000	—	—	300,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	296,320	—	—	296,320	—	—	296,320	—	—
TOTAL OTHER CHARGES	\$596,320	—	—	\$596,320	—	—	\$596,320	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,430,000	—	—	\$4,430,000	—	—	\$4,430,000	—	—

Form 45398 — 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 45399 — 326-Immunization-Healthy Louisiana Plan and Local Funds

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	550,000	—	—	550,000	—	—	550,000	—	—
Other Compensation	10,000	—	—	10,000	—	—	10,000	—	—
Related Benefits	296,631	—	—	296,631	—	—	296,631	—	—
TOTAL PERSONAL SERVICES	\$856,631	—	—	\$856,631	—	—	\$856,631	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	7,170	—	—	7,170	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	4,740	—	—	4,740	—	—
TOTAL OTHER CHARGES	—	—	—	\$11,910	—	—	\$11,910	—	—
Acquisitions	11,910	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$11,910	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$868,541	—	—	\$868,541	—	—	\$868,541	—	—

Form 45399 — 326-Immunization-Healthy Louisiana Plan and Local Funds

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 45400 — 326-Special Lab Testing

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	20,000	—	—	20,000	—	—	20,000	—	—
Other Compensation	100	—	—	100	—	—	100	—	—
Related Benefits	10,664	—	—	10,664	—	—	10,664	—	—
TOTAL PERSONAL SERVICES	\$30,764	—	—	\$30,764	—	—	\$30,764	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	3,000	—	—	3,000	—	—	3,000	—	—
Supplies	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OPERATING EXPENSES	\$8,000	—	—	\$8,000	—	—	\$8,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	5,136	—	—	5,136	—	—	5,136	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OTHER CHARGES	\$7,136	—	—	\$7,136	—	—	\$7,136	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$45,900	—	—	\$45,900	—	—	\$45,900	—	—

Form 45400 — 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 45401 — 326-Lab Certification

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	20,000	—	—	20,000	—	—	20,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	10,611	—	—	10,611	—	—	10,611	—	—
TOTAL PERSONAL SERVICES	\$30,611	—	—	\$30,611	—	—	\$30,611	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	\$1,389	—	—	\$1,389	—	—	\$1,389	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OTHER CHARGES	\$1,000	—	—	\$1,000	—	—	\$1,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$33,000	—	—	\$33,000	—	—	\$33,000	—	—

Form 45401 — 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, § 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 45402 — 326-Pregnancy Risk Asessement Monitoring System

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45402 — 326-Pregnancy Risk Assessment Monitoring System

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

Form 45403 — 326-Public Health Informatics

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	\$29,500	—	—	\$29,500	—	—	\$29,500	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$29,500	—	—	\$29,500	—	—	\$29,500	—	—

Form 45403 — 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 and 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 45404 — 326-Tobacco Control

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45404 — 326-Tobacco Control

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

Form 45405 — 326-Texas Tech University Telehealth (TEXLA)

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	\$32,500	—	—	\$32,500	—	—	\$32,500	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$32,500	—	—	\$32,500	—	—	\$32,500	—	—

Form 45405 — 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 45406 — 326-Healthy Kids

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45406 — 326-Healthy Kids

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

Form 45407 — 326-Building Resilient Inclusive Communities (BRIC)

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45407 — 326-Building Resilient Inclusive Communities (BRIC)

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

Form 45408 — 326-Unallotted

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	107,865	—	—	105,065	—	—	105,065	—	—
Operating Services	766,109	—	—	748,152	—	—	748,152	—	—
Supplies	—	—	—	55,319	—	—	55,319	—	—
TOTAL OPERATING EXPENSES	\$873,974	—	—	\$908,536	—	—	\$908,536	—	—
PROFESSIONAL SERVICES	—	—	—	\$324,887	—	—	\$324,887	—	—
Other Charges	7,728,639	—	—	7,827,229	—	—	7,827,229	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$7,728,639	—	—	\$7,827,229	—	—	\$7,827,229	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$8,602,613	—	—	\$9,060,652	—	—	\$9,060,652	—	—

Form 45408 — 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 45409 — 326-Nutrition Services

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45409 — 326-Nutrition Services

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

Form 45410 — 326-Sexually Transmitted Diseases (STD)-TelePrep

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	180,000	—	—	180,000	—	—	180,000	—	—
Other Compensation	20,000	—	—	20,000	—	—	20,000	—	—
Related Benefits	106,105	—	—	106,105	—	—	106,105	—	—
TOTAL PERSONAL SERVICES	\$306,105	—	—	\$306,105	—	—	\$306,105	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	100,000	—	—	100,000	—	—	100,000	—	—
Supplies	100,000	—	—	100,000	—	—	100,000	—	—
TOTAL OPERATING EXPENSES	\$202,000	—	—	\$202,000	—	—	\$202,000	—	—
PROFESSIONAL SERVICES	\$81,895	—	—	\$81,895	—	—	\$81,895	—	—
Other Charges	10,000	—	—	42,500	—	—	42,500	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	50,000	—	—	50,000	—	—	50,000	—	—
TOTAL OTHER CHARGES	\$60,000	—	—	\$92,500	—	—	\$92,500	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$650,000	—	—	\$682,500	—	—	\$682,500	—	—

Form 45410 — 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 45411 — 326-Sexual Transmitted Diseases (STD) Local Funds

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	42,000	—	—	42,000	—	—	42,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	22,177	—	—	22,177	—	—	22,177	—	—
TOTAL PERSONAL SERVICES	\$64,177	—	—	\$64,177	—	—	\$64,177	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$64,177	—	—	\$64,177	—	—	\$64,177	—	—

Form 45411 — 326-Sexual Transmitted Diseases (STD) Local Funds

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support activities in the Office of Public Health 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 45412 — 326-Tuberculosis- Local Funds and Healthy Louisiana Plans

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	294,807	—	—	294,807	—	—	294,807	—	—
Other Compensation	5,677	—	—	5,677	—	—	5,677	—	—
Related Benefits	150,000	—	—	150,000	—	—	150,000	—	—
TOTAL PERSONAL SERVICES	\$450,484	—	—	\$450,484	—	—	\$450,484	—	—
Travel	10,000	—	—	10,000	—	—	10,000	—	—
Operating Services	100,000	—	—	100,000	—	—	100,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$110,000	—	—	\$110,000	—	—	\$110,000	—	—
PROFESSIONAL SERVICES	\$205,193	—	—	\$205,193	—	—	\$205,193	—	—
Other Charges	100,000	—	—	100,000	—	—	100,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	40,000	—	—	40,000	—	—	40,000	—	—
TOTAL OTHER CHARGES	\$140,000	—	—	\$140,000	—	—	\$140,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$905,677	—	—	\$905,677	—	—	\$905,677	—	—

Form 45412 — 326-Tuberculosis- Local Funds and Healthy Louisiana Plans

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 45414 — 326-Commercial Body Art

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	118,000	—	—	118,000	—	—	118,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	64,152	—	—	64,152	—	—	64,152	—	—
TOTAL PERSONAL SERVICES	\$183,152	—	—	\$183,152	—	—	\$183,152	—	—
Travel	3,000	—	—	3,000	—	—	3,000	—	—
Operating Services	1,000	—	—	1,000	—	—	1,000	—	—
Supplies	1,101	—	—	1,101	—	—	1,101	—	—
TOTAL OPERATING EXPENSES	\$5,101	—	—	\$5,101	—	—	\$5,101	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	2,000	—	—	2,000	—	—	2,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	9,747	—	—	9,747	—	—	9,747	—	—
TOTAL OTHER CHARGES	\$11,747	—	—	\$11,747	—	—	\$11,747	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$200,000	—	—	\$200,000	—	—	\$200,000	—	—

Form 45414 — 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 45415 — 326-Safe Drinking Water

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	7,898,989	—	—	8,027,644	—	—	8,027,644	—	—
Other Compensation	224,213	—	—	219,213	—	—	219,213	—	—
Related Benefits	4,313,596	—	—	4,416,649	—	—	4,416,649	—	—
TOTAL PERSONAL SERVICES	\$12,436,798	—	—	\$12,663,506	—	—	\$12,663,506	—	—
Travel	434,000	—	—	434,000	—	—	434,000	—	—
Operating Services	3,069,688	—	—	3,289,844	—	—	3,289,844	—	—
Supplies	1,050,000	—	—	958,881	—	—	958,881	—	—
TOTAL OPERATING EXPENSES	\$4,553,688	—	—	\$4,682,725	—	—	\$4,682,725	—	—
PROFESSIONAL SERVICES	\$791,850	—	—	\$456,963	—	—	\$456,963	—	—
Other Charges	207,565	—	—	199,512	—	—	199,512	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	1,265,099	—	—	1,497,294	—	—	1,497,294	—	—
TOTAL OTHER CHARGES	\$1,472,664	—	—	\$1,696,806	—	—	\$1,696,806	—	—
Acquisitions	245,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$245,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$19,500,000	—	—	\$19,500,000	—	—	\$19,500,000	—	—

Form 45415 — 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 45416 — 326-Food and Drug

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	853,000	—	—	860,000	—	—	860,000	—	—
Other Compensation	28,000	—	—	33,000	—	—	33,000	—	—
Related Benefits	515,808	—	—	523,683	—	—	523,683	—	—
TOTAL PERSONAL SERVICES	\$1,396,808	—	—	\$1,416,683	—	—	\$1,416,683	—	—
Travel	15,000	—	—	17,800	—	—	17,800	—	—
Operating Services	40,200	—	—	45,000	—	—	45,000	—	—
Supplies	4,000	—	—	4,800	—	—	4,800	—	—
TOTAL OPERATING EXPENSES	\$59,200	—	—	\$67,600	—	—	\$67,600	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	37,664	—	—	1,389	—	—	1,389	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	56,328	—	—	64,328	—	—	64,328	—	—
TOTAL OTHER CHARGES	\$93,992	—	—	\$65,717	—	—	\$65,717	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,550,000	—	—	\$1,550,000	—	—	\$1,550,000	—	—

Form 45416 — 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 45417 — 326-Infectious Waste

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	12,700	—	—	12,700	—	—	12,700	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	6,727	—	—	6,727	—	—	6,727	—	—
TOTAL PERSONAL SERVICES	\$19,427	—	—	\$19,427	—	—	\$19,427	—	—
Travel	500	—	—	500	—	—	500	—	—
Operating Services	500	—	—	500	—	—	500	—	—
Supplies	224	—	—	224	—	—	224	—	—
TOTAL OPERATING EXPENSES	\$1,224	—	—	\$1,224	—	—	\$1,224	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	349	—	—	349	—	—	349	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OTHER CHARGES	\$2,349	—	—	\$2,349	—	—	\$2,349	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$23,000	—	—	\$23,000	—	—	\$23,000	—	—

Form 45417 — 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 45418 — 326-Milk and Dairy

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	45,900	—	—	45,900	—	—	45,900	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$45,900	—	—	\$45,900	—	—	\$45,900	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$45,900	—	—	\$45,900	—	—	\$45,900	—	—

Form 45418 — 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 § 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 45419 — 326-Molluscan Shellfish

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45419 — 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 45420 — 326-Operator Certification

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	117,000	—	—	117,000	—	—	117,000	—	—
Other Compensation	18,000	—	—	18,000	—	—	18,000	—	—
Related Benefits	71,621	—	—	71,621	—	—	71,621	—	—
TOTAL PERSONAL SERVICES	\$206,621	—	—	\$206,621	—	—	\$206,621	—	—
Travel	1,500	—	—	1,500	—	—	1,500	—	—
Operating Services	30,602	—	—	30,602	—	—	30,602	—	—
Supplies	1,500	—	—	1,500	—	—	1,500	—	—
TOTAL OPERATING EXPENSES	\$33,602	—	—	\$33,602	—	—	\$33,602	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	156	—	—	156	—	—	156	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	9,621	—	—	9,621	—	—	9,621	—	—
TOTAL OTHER CHARGES	\$9,777	—	—	\$9,777	—	—	\$9,777	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$250,000	—	—	\$250,000	—	—	\$250,000	—	—

Form 45420 — 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 45421 — 326-Private Water Supply

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	24,000	—	—	24,000	—	—	24,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	14,000	—	—	14,000	—	—	14,000	—	—
TOTAL PERSONAL SERVICES	\$39,000	—	—	\$39,000	—	—	\$39,000	—	—
Travel	2,500	—	—	2,500	—	—	2,500	—	—
Operating Services	3,000	—	—	3,000	—	—	3,000	—	—
Supplies	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OPERATING EXPENSES	\$7,500	—	—	\$7,500	—	—	\$7,500	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	3,500	—	—	3,500	—	—	3,500	—	—
TOTAL OTHER CHARGES	\$3,500	—	—	\$3,500	—	—	\$3,500	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$50,000	—	—	\$50,000	—	—	\$50,000	—	—

Form 45421 — 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 45422 — 326-Retail Food Certification

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	79,000	—	—	79,000	—	—	79,000	—	—
Other Compensation	2,500	—	—	2,500	—	—	2,500	—	—
Related Benefits	42,000	—	—	42,000	—	—	42,000	—	—
TOTAL PERSONAL SERVICES	\$123,500	—	—	\$123,500	—	—	\$123,500	—	—
Travel	1,000	—	—	1,000	—	—	1,000	—	—
Operating Services	1,000	—	—	1,000	—	—	1,000	—	—
Supplies	4,562	—	—	4,562	—	—	4,562	—	—
TOTAL OPERATING EXPENSES	\$6,562	—	—	\$6,562	—	—	\$6,562	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	344	—	—	344	—	—	344	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	5,594	—	—	5,594	—	—	5,594	—	—
TOTAL OTHER CHARGES	\$5,938	—	—	\$5,938	—	—	\$5,938	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$136,000	—	—	\$136,000	—	—	\$136,000	—	—

Form 45422 — 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 45423 — 326-Retail Food

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	3,647,000	—	—	3,497,345	—	—	3,497,345	—	—
Other Compensation	70,000	—	—	70,000	—	—	70,000	—	—
Related Benefits	1,980,000	—	—	2,021,459	—	—	2,021,459	—	—
TOTAL PERSONAL SERVICES	\$5,697,000	—	—	\$5,588,804	—	—	\$5,588,804	—	—
Travel	150,000	—	—	150,000	—	—	150,000	—	—
Operating Services	155,000	—	—	155,000	—	—	155,000	—	—
Supplies	50,000	—	—	50,000	—	—	50,000	—	—
TOTAL OPERATING EXPENSES	\$355,000	—	—	\$355,000	—	—	\$355,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	248,000	—	—	356,196	—	—	356,196	—	—
TOTAL OTHER CHARGES	\$248,000	—	—	\$356,196	—	—	\$356,196	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$6,300,000	—	—	\$6,300,000	—	—	\$6,300,000	—	—

Form 45423 — 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 45424 — 326-Commercial Seafood

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	45,000	—	—	45,000	—	—	45,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	25,000	—	—	25,000	—	—	25,000	—	—
TOTAL PERSONAL SERVICES	\$70,000	—	—	\$70,000	—	—	\$70,000	—	—
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	\$70,000	—	—	\$70,000	—	—	\$70,000	—	—

Form 45424 — 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 45425 — 326-Sewerage Private

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	800,000	—	—	800,000	—	—	800,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	400,000	—	—	400,000	—	—	400,000	—	—
TOTAL PERSONAL SERVICES	\$1,200,000	—	—	\$1,200,000	—	—	\$1,200,000	—	—
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	\$1,200,000	—	—	\$1,200,000	—	—	\$1,200,000	—	—

Form 45425 — 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 45426 — 326-Tanning

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	23,000	—	—	23,000	—	—	23,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	12,000	—	—	12,000	—	—	12,000	—	—
TOTAL PERSONAL SERVICES	\$35,000	—	—	\$35,000	—	—	\$35,000	—	—
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	\$35,000	—	—	\$35,000	—	—	\$35,000	—	—

Form 45426 — 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 45427 — 326-Vital Records

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	2,844,000	—	—	2,844,000	—	—	2,844,000	—	—
Other Compensation	265,000	—	—	265,000	—	—	265,000	—	—
Related Benefits	1,654,119	—	—	1,654,119	—	—	1,654,119	—	—
TOTAL PERSONAL SERVICES	\$4,763,119	—	—	\$4,763,119	—	—	\$4,763,119	—	—
Travel	5,000	—	—	5,000	—	—	5,000	—	—
Operating Services	500,000	—	—	293,001	—	—	293,001	—	—
Supplies	35,000	—	—	70,000	—	—	70,000	—	—
TOTAL OPERATING EXPENSES	\$540,000	—	—	\$368,001	—	—	\$368,001	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	105,881	—	—	17,698	—	—	17,698	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	91,000	—	—	351,182	—	—	351,182	—	—
TOTAL OTHER CHARGES	\$196,881	—	—	\$368,880	—	—	\$368,880	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,500,000	—	—	\$5,500,000	—	—	\$5,500,000	—	—

Form 45427 — 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 45461 — 326 Environmental Epidemiology

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45461 — 326 Environmental Epidemiology

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

Form 45462 — 326 Building and Premises

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45462 — 326 Building and Premises

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

Form 45463 — 326 Insect Vector

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45463 — 326 Insect Vector

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

Form 45464 — 326 Performance Improvement Manager

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45464 — 326 Performance Improvement Manager

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

Form 45466 — 326 Covid-19 ACS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45466 — 326 Covid-19 ACS

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

Form 45469 — 326 Covid 19 Lab Testing - Other

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45469 — 326 Covid 19 Lab Testing - Other

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

Form 45482 — 326 Administrative Clearing

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45482 — 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 45513 — 326-Inflation

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45513 — 326-Inflation

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

Form 45668 — 326-HIV TELEPREP

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45668 — 326-HIV TELEPREP

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to evaluate telehealth navigation and coordination models to provide best practices for the body of knowledge for HIV care.
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 45701 — 326-NATIONAL ASSOCIATION OF COUNTRY AND CITY HEALTH OFFICIAL

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45701 — 326-NATIONAL ASSOCIATION OF COUNTRY AND CITY HEALTH OFFICIAL

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to support the Sustaining Peers in Emergency Departments (SPED) project. Local health departments will partner with local health systems and community partners to sustain or expand a program to screen patients presented in the emergency department (ED) for substance use and pair eligible patients with a Peer Recovery Specialist (PRS) to assess the appropriateness of medications for opioid use disorder (MOUD), other treatment, harm reduction services, and other community-based and social services. There is no legal citation for the use of these funds. Source of Funding: National Association for City and County Health Officials (NACCH).
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 45702 — CANNABIS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	143,000	—	—	157,000	—	—	157,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	80,002	—	—	87,430	—	—	87,430	—	—
TOTAL PERSONAL SERVICES	\$223,002	—	—	\$244,430	—	—	\$244,430	—	—
Travel	3,500	—	—	3,500	—	—	3,500	—	—
Operating Services	1,100	—	—	1,100	—	—	1,100	—	—
Supplies	700	—	—	700	—	—	700	—	—
TOTAL OPERATING EXPENSES	\$5,300	—	—	\$5,300	—	—	\$5,300	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	249,598	—	—	250,270	—	—	250,270	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	10,000	—	—	10,000	—	—	10,000	—	—
TOTAL OTHER CHARGES	\$259,598	—	—	\$260,270	—	—	\$260,270	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$487,900	—	—	\$510,000	—	—	\$510,000	—	—

Form 45702 — 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 45703 — INFLATION

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	—	17,946	—	—	17,946	—	—
Operating Services	—	—	—	134,022	—	—	134,022	—	—
Supplies	—	—	—	81,781	—	—	81,781	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$233,749	—	—	\$233,749	—	—
PROFESSIONAL SERVICES	—	—	—	\$33,602	—	—	\$33,602	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$267,351	—	—	\$267,351	—	—

Form 45703 — INFLATION

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

Form 45718 — 326 -SALARY AND RELATED BENEFITS BASE ADJUSTMENTS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	—	828,205	—	—	828,205	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	671,429	—	—	671,429	—	—
TOTAL PERSONAL SERVICES	—	—	—	\$1,499,634	—	—	\$1,499,634	—	—
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	—	—	—	\$1,499,634	—	—	\$1,499,634	—	—

Form 45718 — 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 SFY25. 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 45736 — 326-HIV AIDS TELEPREP

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45736 — 326-HIV AIDS TELEPREP

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 45738 — 326-NEMOURS

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45738 — 326-NEMOURS

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 45739 — 326-SEWERAGE COMMUNITY/NON- COMMUNITY

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45739 — 326-SEWERAGE COMMUNITY/NON- COMMUNITY

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 45740 — 326-DISASTER ASSISTANCE

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45740 — 326-DISASTER ASSISTANCE

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 45741 — MISC-INS RECOVERY, FEES, PRIVATE SOURCE, INTEREST, PROP SELF

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 45741 — 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 45878 — 326 Acquisitions

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	—	—	—	—	271,910	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	\$271,910	—	—
TOTAL EXPENDITURES	—	—	—	—	—	—	\$271,910	—	—

Form 45878 — 326 Acquisitions

Question	Narrative Response
State the purpose, source and legal citation.	This adjustment is associated with a CB-8 document for Acquisitions. There is no legal citation.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	This 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.

Form 45879 — 326-Self Generated Requested Year Realignment

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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	—	—	—	(778,128)	—	—	(778,128)	—	—
TOTAL OTHER CHARGES	—	—	—	\$(778,128)	—	—	\$(778,128)	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$(778,128)	—	—	\$(778,128)	—	—

Form 45879 — 326-Self Generated Requested Year Realignment

Question	Narrative Response
State the purpose, source and legal citation.	This is a FY26 Requested Year Self-Generated realignment within expenditure categories. There is no legal citation associated with this request.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	This adjustment 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.

Form 47951 — 326 COMMODITY SUPPLEMENTAL FOOD PROGRAM SELF GEN

Expenditures	Existing Operating Budget as of 10/02/2025			FY2026-2027 Total Request			FY2027-2028 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 47951 — 326 COMMODITY SUPPLEMENTAL FOOD PROGRAM SELF GEN

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 45366 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 45367 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 45369 INTERAGENCY TRANSFERS
Salaries	1,909,600	88,648,213	22,967,108	—	—	43,500
Other Compensation	40,800	7,461,868	846,475	—	—	22,000
Related Benefits	1,175,300	50,989,012	12,629,506	—	—	34,500
TOTAL PERSONAL SERVICES	\$3,125,700	\$147,099,093	\$36,443,089	—	—	\$100,000
Travel	21,457	2,756,728	645,231	—	—	—
Operating Services	148,860	14,016,790	2,856,046	—	—	—
Supplies	48,360	16,073,577	4,351,901	—	—	—
TOTAL OPERATING EXPENSES	\$218,677	\$32,847,095	\$7,853,178	—	—	—
PROFESSIONAL SERVICES	\$1,724,884	\$61,279,572	\$4,996,483	—	—	—
Other Charges	263,256	324,524,197	11,342,746	1,991,869	632,762	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	531,738	32,564,020	11,460,846	—	—	—
TOTAL OTHER CHARGES	\$794,994	\$357,088,217	\$22,803,592	\$1,991,869	\$632,762	—
Acquisitions	—	867,732	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	\$867,732	—	—	—	—
TOTAL EXPENDITURES	\$5,864,255	\$599,181,709	\$72,096,342	\$1,991,869	\$632,762	\$100,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Statutory Dedications Form ID 45364 Z13-LOUISIANA FUND	Statutory Dedications Form ID 45365 Z13-LOUISIANA FUND	Statutory Dedications Form ID 45695 MISC COLLECTIONS	Federal Funds Form ID 45195 HIV/AIDS PROGRAMS	Federal Funds Form ID 45264 HIV/AIDS PROGRAMS	Federal Funds Form ID 45265 HIV/AIDS PROGRAMS
Salaries	—	—	—	20,000	800,000	80,000
Other Compensation	—	—	—	—	100,000	—
Related Benefits	—	—	—	10,611	477,474	42,442
TOTAL PERSONAL SERVICES	—	—	—	\$30,611	\$1,377,474	\$122,442
Travel	—	—	—	—	5,000	500
Operating Services	—	9,500	—	3,000	220,000	83,000
Supplies	—	500	—	1,000	1,300,000	6,500
TOTAL OPERATING EXPENSES	—	\$10,000	—	\$4,000	\$1,525,000	\$90,000
PROFESSIONAL SERVICES	—	\$557,000	\$2,994,487	—	\$1,400,000	\$832,000
Other Charges	500,000	5,754,260	—	966,645	1,698,903	58,261
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	5,000	90,000	10,000
TOTAL OTHER CHARGES	\$500,000	\$5,754,260	—	\$971,645	\$1,788,903	\$68,261
Acquisitions	—	—	—	—	151,000	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	\$151,000	—
TOTAL EXPENDITURES	\$500,000	\$6,321,260	\$2,994,487	\$1,006,256	\$6,242,377	\$1,112,703

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 45266 HIV/AIDS PROGRAMS	Federal Funds Form ID 45267 HIV/AIDS PROGRAMS	Federal Funds Form ID 45268 HIV/AIDS PROGRAMS	Federal Funds Form ID 45269 HIV/AIDS PROGRAMS	Federal Funds Form ID 45270 HIV/AIDS PROGRAMS	Federal Funds Form ID 45272 HIV/AIDS PROGRAMS
Salaries	250,000	2,760,000	—	—	15,000	34,000
Other Compensation	10,000	395,000	—	—	—	2,001
Related Benefits	137,937	1,673,813	—	—	7,958	19,100
TOTAL PERSONAL SERVICES	\$397,937	\$4,828,813	—	—	\$22,958	\$55,101
Travel	1,000	7,000	—	—	—	—
Operating Services	160,000	137,000	—	—	—	—
Supplies	8,000	603,000	—	—	—	120,000
TOTAL OPERATING EXPENSES	\$169,000	\$747,000	—	—	—	\$120,000
PROFESSIONAL SERVICES	\$1,000,000	\$1,624,000	—	—	\$120,000	\$144,825
Other Charges	12,403,344	52,173,989	4,607,583	30,540	571,028	10,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	200,000	770,000	—	—	15,000	10,000
TOTAL OTHER CHARGES	\$12,603,344	\$52,943,989	\$4,607,583	\$30,540	\$586,028	\$20,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$14,170,281	\$60,143,802	\$4,607,583	\$30,540	\$728,986	\$339,926

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 45273 HIV/AIDS PROGRAMS	Federal Funds Form ID 45279 BIOTERRORISM GRANT	Federal Funds Form ID 45281 NCIPC OPIOID CRISIS	Federal Funds Form ID 45282 LDH - COVID-19 CCP RSP	Federal Funds Form ID 45283 FEDERAL	Federal Funds Form ID 45284 CSHCS
Salaries	40,000	3,956,027	200,000	—	30,000	30,000
Other Compensation	1,000	172,000	—	—	—	—
Related Benefits	21,752	2,190,017	106,105	—	15,916	15,916
TOTAL PERSONAL SERVICES	\$62,752	\$6,318,044	\$306,105	—	\$45,916	\$45,916
Travel	—	25,800	2,000	—	500	—
Operating Services	—	903,000	10,000	—	3,000	3,000
Supplies	5,000	258,000	5,000	—	—	—
TOTAL OPERATING EXPENSES	\$5,000	\$1,186,800	\$17,000	—	\$3,500	\$3,000
PROFESSIONAL SERVICES	\$350,000	\$516,000	—	—	\$114,834	\$101,082
Other Charges	3,209,737	4,109,119	4,978,981	652,135	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	60,000	774,000	400,000	—	12,000	10,000
TOTAL OTHER CHARGES	\$3,269,737	\$4,883,119	\$5,378,981	\$652,135	\$12,000	\$10,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$3,687,489	\$12,903,963	\$5,702,086	\$652,135	\$176,250	\$159,998

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 45285 CSHCS	Federal Funds Form ID 45286 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 45287 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 45289 RAPE CRISIS PROGRAM	Federal Funds Form ID 45290 VIOLENCE AGAINST WOMEN	Federal Funds Form ID 45291 EPID LAB CAPACITY (ELC)
Salaries	1,731,000	236,500	2,100	—	100,000	1,067,228
Other Compensation	200,000	—	—	—	1,000	95,000
Related Benefits	1,020,746	125,345	1,114	—	53,583	616,594
TOTAL PERSONAL SERVICES	\$2,951,746	\$361,845	\$3,214	—	\$154,583	\$1,778,822
Travel	30,000	136	200	—	2,000	10,000
Operating Services	75,000	—	500	1,000	8,000	7,000
Supplies	175,000	—	—	—	—	280,000
TOTAL OPERATING EXPENSES	\$280,000	\$136	\$700	\$1,000	\$10,000	\$297,000
PROFESSIONAL SERVICES	\$1,800,000	—	\$181,736	—	\$391,872	\$200,000
Other Charges	262,568	—	—	97,342	—	436,909
Debt Service	—	—	—	—	—	—
Interagency Transfers	250,000	—	5,000	3,000	5,000	500,000
TOTAL OTHER CHARGES	\$512,568	—	\$5,000	\$100,342	\$5,000	\$936,909
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,544,314	\$361,981	\$190,650	\$101,342	\$561,455	\$3,212,731

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 45293 EPID LAB CAPACITY (ELC)	Federal Funds Form ID 45295 ANTIBIOTIC RES RET FOOD	Federal Funds Form ID 45296 FAMILY PLANNING	Federal Funds Form ID 45297 FAMILY PLANNING	Federal Funds Form ID 45298 FAMILY PLANNING	Federal Funds Form ID 45299 HUD LEAD
Salaries	1,400,000	50,000	2,100,000	296,400	513,000	125,000
Other Compensation	1,100,000	6,000	140,000	11,400	20,000	5,001
Related Benefits	1,326,318	29,710	1,187,200	163,500	283,000	68,969
TOTAL PERSONAL SERVICES	\$3,826,318	\$85,710	\$3,427,200	\$471,300	\$816,000	\$198,970
Travel	50,000	1,500	31,500	1,000	4,000	2,000
Operating Services	—	15,000	325,171	10,000	42,000	3,000
Supplies	—	15,000	507,500	1,000	70,000	1,000
TOTAL OPERATING EXPENSES	\$50,000	\$31,500	\$864,171	\$12,000	\$116,000	\$6,000
PROFESSIONAL SERVICES	—	\$5,000	\$246,619	\$9,000	\$77,000	—
Other Charges	6,591,281	4,790	9,760	1,000	58,000	258,708
Debt Service	—	—	—	—	—	—
Interagency Transfers	4,100,000	8,000	222,250	6,700	27,000	5,000
TOTAL OTHER CHARGES	\$10,691,281	\$12,790	\$232,010	\$7,700	\$85,000	\$263,708
Acquisitions	—	—	—	—	30,000	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	\$30,000	—
TOTAL EXPENDITURES	\$14,567,599	\$135,000	\$4,770,000	\$500,000	\$1,124,000	\$468,678

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 45300 MCH BLOCK GRANT	Federal Funds Form ID 45302 IMMUNIZATION GRANT	Federal Funds Form ID 45303 CHILD DEATH REVIEW	Federal Funds Form ID 45304 FEDERAL	Federal Funds Form ID 45305 FEDERAL	Federal Funds Form ID 45306 FEDERAL
Salaries	500,000	2,250,000	—	45,000	31,000	60,000
Other Compensation	10,000	65,000	—	2,000	—	1,000
Related Benefits	270,000	1,228,170	—	24,935	16,446	32,362
TOTAL PERSONAL SERVICES	\$780,000	\$3,543,170	—	\$71,935	\$47,446	\$93,362
Travel	—	50,000	—	—	—	500
Operating Services	—	120,000	500	3,500	4,000	7,000
Supplies	—	250,000	—	2,000	500	—
TOTAL OPERATING EXPENSES	—	\$420,000	\$500	\$5,500	\$4,500	\$7,500
PROFESSIONAL SERVICES	—	\$185,837	\$49,000	\$245,565	\$200,654	\$639,138
Other Charges	—	1,114,189	—	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	440,000	500	7,000	3,000	10,000
TOTAL OTHER CHARGES	—	\$1,554,189	\$500	\$7,000	\$3,000	\$10,000
Acquisitions	—	50,000	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	\$50,000	—	—	—	—
TOTAL EXPENDITURES	\$780,000	\$5,753,196	\$50,000	\$330,000	\$255,600	\$750,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 45308 PRAMS	Federal Funds Form ID 45309 FEDERAL	Federal Funds Form ID 45310 SYSTEMS DEVELOPMENT	Federal Funds Form ID 45312 MCH BLOCK GRANT	Federal Funds Form ID 45313 FEDERAL	Federal Funds Form ID 45314 MCH BLOCK GRANT
Salaries	—	5,000	1,000	1,375,000	6,000	1,050,000
Other Compensation	—	—	—	250,000	—	7,000
Related Benefits	—	2,653	531	862,107	3,183	550,000
TOTAL PERSONAL SERVICES	—	\$7,653	\$1,531	\$2,487,107	\$9,183	\$1,607,000
Travel	—	—	—	5,000	—	20,000
Operating Services	3,500	3,000	1,000	150,000	5,000	125,000
Supplies	16,000	—	—	15,000	1,000	10,000
TOTAL OPERATING EXPENSES	\$19,500	\$3,000	\$1,000	\$170,000	\$6,000	\$155,000
PROFESSIONAL SERVICES	\$147,500	\$287,647	\$96,469	\$1,645,605	\$75,417	\$1,700,000
Other Charges	—	—	—	54,795	—	54,590
Debt Service	—	—	—	—	—	—
Interagency Transfers	8,000	3,000	1,000	100,000	5,000	823,299
TOTAL OTHER CHARGES	\$8,000	\$3,000	\$1,000	\$154,795	\$5,000	\$877,889
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$175,000	\$301,300	\$100,000	\$4,457,507	\$95,600	\$4,339,889

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 45316 MCH BLOCK GRANT	Federal Funds Form ID 45317 LDH - COVID-19 CCP RSP	Federal Funds Form ID 45318 RURAL HEALTH	Federal Funds Form ID 45319 STUDENT LOAN REPAYMENT	Federal Funds Form ID 45320 PRIMARY CARE GRANT	Federal Funds Form ID 45321 SHIP
Salaries	1,000,000	10,000	105,000	—	153,000	118,500
Other Compensation	120,000	—	—	—	1,000	—
Related Benefits	594,190	5,305	50,000	—	81,701	62,867
TOTAL PERSONAL SERVICES	\$1,714,190	\$15,305	\$155,000	—	\$235,701	\$181,367
Travel	25,000	1,000	1,500	—	1,600	500
Operating Services	105,000	5,000	5,000	—	3,000	500
Supplies	8,000	2,000	1,000	—	2,000	100
TOTAL OPERATING EXPENSES	\$138,000	\$8,000	\$7,500	—	\$6,600	\$1,100
PROFESSIONAL SERVICES	\$7,566,799	\$315,459	\$30,000	—	\$20,000	\$504,644
Other Charges	562,511	198,578	14,000	772,000	20,064	269,450
Debt Service	—	—	—	—	—	—
Interagency Transfers	500,000	10,000	496	—	70,103	15,000
TOTAL OTHER CHARGES	\$1,062,511	\$208,578	\$14,496	\$772,000	\$90,167	\$284,450
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$10,481,500	\$547,342	\$206,996	\$772,000	\$352,468	\$971,561

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 45322 WELL-AHEAD HEALTH GRANT	Federal Funds Form ID 45323 CRITICAL ACCESS FLEX	Federal Funds Form ID 45324 ORAL HEALTH GRANT	Federal Funds Form ID 45325 ORAL HEALTH GRANT	Federal Funds Form ID 45326 BRFSS	Federal Funds Form ID 45327 PREVENTIVE HEALTH GRNT
Salaries	45,000	130,000	—	120,000	115,000	300,000
Other Compensation	10,000	1,500	32,000	20,000	—	1,000
Related Benefits	29,179	69,764	16,977	74,274	61,011	159,689
TOTAL PERSONAL SERVICES	\$84,179	\$201,264	\$48,977	\$214,274	\$176,011	\$460,689
Travel	1,000	5,000	10,000	1,000	—	5,000
Operating Services	5,000	4,000	5,000	10,000	500	45,000
Supplies	2,438	4,000	1,000	—	500	1,000
TOTAL OPERATING EXPENSES	\$8,438	\$13,000	\$16,000	\$11,000	\$1,000	\$51,000
PROFESSIONAL SERVICES	\$221,556	\$434,695	\$275,000	\$261,745	\$160,000	\$103,007
Other Charges	147,203	159,052	275,000	—	142,989	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	90,000	9,900	10,758	7,513	20,000	86,208
TOTAL OTHER CHARGES	\$237,203	\$168,952	\$285,758	\$7,513	\$162,989	\$86,208
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$551,376	\$817,911	\$625,735	\$494,532	\$500,000	\$700,904

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 45328 OPIOID OVERDOSE SURV	Federal Funds Form ID 45329 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 45330 WELL-AHEAD HEALTH GRANT	Federal Funds Form ID 45331 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 45332 TOBACCO CONTROL	Federal Funds Form ID 45333 FEDERAL
Salaries	150,000	70,000	23,500	150,000	275,000	—
Other Compensation	—	7,500	—	5,000	75,000	—
Related Benefits	79,579	41,116	12,467	82,232	185,685	—
TOTAL PERSONAL SERVICES	\$229,579	\$118,616	\$35,967	\$237,232	\$535,685	—
Travel	3,000	1,000	3,000	2,000	4,000	1,000
Operating Services	80,000	31,338	5,000	2,000	25,000	3,000
Supplies	2,000	1,000	1,000	1,000	2,000	3,000
TOTAL OPERATING EXPENSES	\$85,000	\$33,338	\$9,000	\$5,000	\$31,000	\$7,000
PROFESSIONAL SERVICES	\$456,309	\$270,000	\$374,338	\$603,168	\$720,000	\$298,237
Other Charges	20,000	29,797	246,839	270,000	929,347	250,051
Debt Service	—	—	—	—	—	—
Interagency Transfers	400,000	53,249	30,000	11,207	60,000	50,000
TOTAL OTHER CHARGES	\$420,000	\$83,046	\$276,839	\$281,207	\$989,347	\$300,051
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,190,888	\$505,000	\$696,144	\$1,126,607	\$2,276,032	\$605,288

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Interagency Transfers Form ID 45372 CSHCS	Interagency Transfers Form ID 45373 MEDICAID	Interagency Transfers Form ID 45374 MEDICAID	Interagency Transfers Form ID 45377 DCFS-TANF	Interagency Transfers Form ID 45378 MEDICAID	Interagency Transfers Form ID 45379 INTERAGENCY TRANSFERS
Salaries	2,000	—	14,000	—	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	930	—	5,459	—	—	—
TOTAL PERSONAL SERVICES	\$2,930	—	\$19,459	—	—	—
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	\$877,075	\$227,000	\$134,695
Other Charges	—	240	—	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	\$240	—	—	—	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,930	\$240	\$19,459	\$877,075	\$227,000	\$134,695

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 45335 FEDERAL	Federal Funds Form ID 45336 FEDERAL	Federal Funds Form ID 45337 FEDERAL	Federal Funds Form ID 45338 CSFP	Federal Funds Form ID 45339 WIC ADMINISTRATION	Federal Funds Form ID 45340 PEER COUNSELING GRANT
Salaries	200,000	150,000	—	—	12,000,000	140,000
Other Compensation	10,000	50,000	—	—	1,246,764	10,000
Related Benefits	111,411	106,105	—	—	6,994,952	79,579
TOTAL PERSONAL SERVICES	\$321,411	\$306,105	—	—	\$20,241,716	\$229,579
Travel	5,000	1,000	135,112	—	550,000	500
Operating Services	2,000	8,000	23,944	—	1,700,000	60,000
Supplies	2,000	1,000	1,413,701	719,250	1,500,000	5,000
TOTAL OPERATING EXPENSES	\$9,000	\$10,000	\$1,572,757	\$719,250	\$3,750,000	\$65,500
PROFESSIONAL SERVICES	\$800,000	\$708,169	\$3,150,907	—	\$4,000,000	—
Other Charges	113,605	373,644	8,356,969	3,556,919	91,254,374	821,559
Debt Service	—	—	—	—	—	—
Interagency Transfers	45,000	70,000	—	—	2,350,000	100,000
TOTAL OTHER CHARGES	\$158,605	\$443,644	\$8,356,969	\$3,556,919	\$93,604,374	\$921,559
Acquisitions	—	—	—	—	139,822	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	\$139,822	—
TOTAL EXPENDITURES	\$1,289,016	\$1,467,918	\$13,080,633	\$4,276,169	\$121,735,912	\$1,216,638

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 45341 MCH BLOCK GRANT	Federal Funds Form ID 45343 STD	Federal Funds Form ID 45345 TB CONTROL PREVENTION	Federal Funds Form ID 45346 TB CONTROL PREVENTION	Federal Funds Form ID 45347 BEACH MONITORING	Federal Funds Form ID 45348 SAFE DRINKING WATER
Salaries	105,000	1,000,000	405,193	362,000	160,000	790,000
Other Compensation	—	45,000	34,836	10,000	5,000	85,000
Related Benefits	51,411	580,000	205,164	196,151	88,758	464,211
TOTAL PERSONAL SERVICES	\$156,411	\$1,625,000	\$645,193	\$568,151	\$253,758	\$1,339,211
Travel	500	10,000	10,000	12,575	2,000	30,000
Operating Services	1,000	35,000	63,107	16,000	25,000	18,000
Supplies	1,000	90,000	110,000	42,500	40,000	2,000
TOTAL OPERATING EXPENSES	\$2,500	\$135,000	\$183,107	\$71,075	\$67,000	\$50,000
PROFESSIONAL SERVICES	—	\$19,000	\$72,807	\$35,000	—	\$100,000
Other Charges	157,526	40,000	15,000	24,158	38,242	380,789
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	16,735	36,393	49,050	—	200,000
TOTAL OTHER CHARGES	\$157,526	\$56,735	\$51,393	\$73,208	\$38,242	\$580,789
Acquisitions	—	50,000	75,000	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	\$50,000	\$75,000	—	—	—
TOTAL EXPENDITURES	\$316,437	\$1,885,735	\$1,027,500	\$747,434	\$359,000	\$2,070,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 45349 SAFE DRINKING WATER	Federal Funds Form ID 45350 FEDERAL	Federal Funds Form ID 45351 OCCUPATIONAL INJURY	Federal Funds Form ID 45352 APPLETREE PROGRAM	Federal Funds Form ID 45353 PRIVATE WELL INITIATIVE	Federal Funds Form ID 45354 ENV PUBLIC HEALTH TRK
Salaries	500,000	—	225,000	112,000	65,500	190,000
Other Compensation	12,900	—	2,000	40,000	—	65,000
Related Benefits	270,000	—	120,430	80,640	34,750	129,864
TOTAL PERSONAL SERVICES	\$782,900	—	\$347,430	\$232,640	\$100,250	\$384,864
Travel	58,000	—	2,000	2,000	23,000	20,000
Operating Services	215,156	—	11,000	15,000	4,000	29,000
Supplies	225,000	—	3,000	500	2,000	5,000
TOTAL OPERATING EXPENSES	\$498,156	—	\$16,000	\$17,500	\$29,000	\$54,000
PROFESSIONAL SERVICES	\$53,000	—	\$50,000	—	—	—
Other Charges	—	607,594	84,475	42,858	6,364	66,136
Debt Service	—	—	—	—	—	—
Interagency Transfers	154,944	—	15,000	20,000	8,000	110,000
TOTAL OTHER CHARGES	\$154,944	\$607,594	\$99,475	\$62,858	\$14,364	\$176,136
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,489,000	\$607,594	\$512,905	\$312,998	\$143,614	\$615,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 45355 FOOD AND DRUG	Federal Funds Form ID 45356 MFD FOOD STANDARDS	Federal Funds Form ID 45357 COMMERCIAL SEAFOOD	Federal Funds Form ID 45358 VITAL RECORDS	Federal Funds Form ID 45359 VITAL RECORDS	Federal Funds Form ID 45686 MISC COLLECTIONS
Salaries	107,000	74,150	38,000	60,000	—	10,000
Other Compensation	5,000	2,001	—	5,000	—	—
Related Benefits	60,928	40,400	17,463	34,482	—	5,305
TOTAL PERSONAL SERVICES	\$172,928	\$116,551	\$55,463	\$99,482	—	\$15,305
Travel	2,800	2,000	—	10,000	—	—
Operating Services	4,800	1,000	—	40,000	—	1,000
Supplies	800	50,000	—	1,000	—	4,000
TOTAL OPERATING EXPENSES	\$8,400	\$53,000	—	\$51,000	—	\$5,000
PROFESSIONAL SERVICES	—	—	—	—	\$241,076	\$256,762
Other Charges	18,600	48,424	—	190,554	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	8,000	3,000	—	20,000	—	3,000
TOTAL OTHER CHARGES	\$26,600	\$51,424	—	\$210,554	—	\$3,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$207,928	\$220,975	\$55,463	\$361,036	\$241,076	\$280,067

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 45687 SUICIDE PREVENTION	Federal Funds Form ID 45688 WELL-AHEAD HEALTH GRANT	Federal Funds Form ID 45689 MISC COLLECTIONS	Federal Funds Form ID 45690 WIC ADMINISTRATION	Federal Funds Form ID 45691 WIC ADMINISTRATION	Federal Funds Form ID 45694 MISC COLLECTIONS
Salaries	10,000	110,000	2,500,000	—	—	—
Other Compensation	1,000	—	1,100,000	—	—	—
Related Benefits	5,836	58,358	1,909,898	—	—	—
TOTAL PERSONAL SERVICES	\$16,836	\$168,358	\$5,509,898	—	—	—
Travel	—	4,000	105,000	—	—	—
Operating Services	—	5,000	80,000	—	—	25,000
Supplies	—	4,000	211,000	—	5,000	—
TOTAL OPERATING EXPENSES	—	\$13,000	\$396,000	—	\$5,000	\$25,000
PROFESSIONAL SERVICES	—	\$708,399	\$4,317,504	—	—	—
Other Charges	767,164	287,895	5,576,598	1,100,000	115,000	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	10,000	4,500,000	—	—	—
TOTAL OTHER CHARGES	\$767,164	\$297,895	\$10,076,598	\$1,100,000	\$115,000	—
Acquisitions	—	—	100,000	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	\$100,000	—	—	—
TOTAL EXPENDITURES	\$784,000	\$1,187,652	\$20,400,000	\$1,100,000	\$120,000	\$25,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 45810 COMMERCIAL SEAFOOD	Federal Funds Form ID 47779 BIOTERRORISM GRANT	Federal Funds Form ID 47781 STD	Federal Funds Form ID 47782 FEDERAL	Federal Funds Form ID 47783 FEDERAL
Salaries	10,000	—	—	110,000	—
Other Compensation	—	—	—	5,000	—
Related Benefits	6,147	—	—	61,011	—
TOTAL PERSONAL SERVICES	\$16,147	—	—	\$176,011	—
Travel	—	—	—	1,000	1,509
Operating Services	—	—	2,000	2,000	—
Supplies	—	—	—	1,000	—
TOTAL OPERATING EXPENSES	—	—	\$2,000	\$4,000	\$1,509
PROFESSIONAL SERVICES	—	—	\$110,975	\$320,000	\$642,492
Other Charges	—	1,339,555	2,000	277,259	735,907
Debt Service	—	—	—	—	—
Interagency Transfers	—	—	15,000	30,000	—
TOTAL OTHER CHARGES	—	\$1,339,555	\$17,000	\$307,259	\$735,907
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	\$16,147	\$1,339,555	\$129,975	\$807,270	\$1,379,908

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Interagency Transfers Form ID 45380 DEPT OF EDUCATION(ED)	Interagency Transfers Form ID 45382 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 45384 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 45385 DEPT OF EDUCATION(ED)	Interagency Transfers Form ID 45386 DCFS	Interagency Transfers Form ID 45511 INTER FUND TRANSFER IN
Salaries	—	1,011	70,000	62,000	56,000	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	728	33,911	33,000	25,000	—
TOTAL PERSONAL SERVICES	—	\$1,739	\$103,911	\$95,000	\$81,000	—
Travel	—	—	—	—	—	8,000
Operating Services	2,000	—	—	—	—	163,677
Supplies	100	—	—	—	—	24,100
TOTAL OPERATING EXPENSES	\$2,100	—	—	—	—	\$195,777
PROFESSIONAL SERVICES	\$220,000	—	—	—	—	\$589,319
Other Charges	130,955	—	—	—	—	77,109,381
Debt Service	—	—	—	—	—	—
Interagency Transfers	1,000	—	—	—	—	633,464
TOTAL OTHER CHARGES	\$131,955	—	—	—	—	\$77,742,845
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$354,055	\$1,739	\$103,911	\$95,000	\$81,000	\$78,527,941

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Interagency Transfers Form ID 45697 LDH-MVA	Fees & Self-generated Form ID 45362 Q08-OYSTER SANITATON	Fees & Self-generated Form ID 45363 H18-VITAL REC CONV FUND	Fees & Self-generated Form ID 45391 HIV/AIDS PROGRAMS	Fees & Self-generated Form ID 45392 CSHCS	Fees & Self-generated Form ID 45393 EMERGENCY MEDICAL SVCS
Salaries	—	—	82,500	—	67,000	284,000
Other Compensation	—	—	22,000	—	—	36,000
Related Benefits	—	—	63,866	—	34,397	169,600
TOTAL PERSONAL SERVICES	—	—	\$168,366	—	\$101,397	\$489,600
Travel	—	—	500	—	—	400
Operating Services	—	86,051	50,000	—	—	—
Supplies	—	100,000	100	—	—	—
TOTAL OPERATING EXPENSES	—	\$186,051	\$50,600	—	—	\$400
PROFESSIONAL SERVICES	\$1,856,250	—	—	—	—	—
Other Charges	—	88,038	192,218	6,421	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	14,220	—	—	—
TOTAL OTHER CHARGES	—	\$88,038	\$206,438	\$6,421	—	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,856,250	\$274,089	\$425,404	\$6,421	\$101,397	\$490,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-generated Form ID 45394 FEES & SELF GENERATED	Fees & Self-generated Form ID 45395 INFECTIOUS DISEASE EPI	Fees & Self-generated Form ID 45396 FAMILY PLANNING	Fees & Self-generated Form ID 45397 FAMILY PLANNING	Fees & Self-generated Form ID 45398 FEES & SELF GENERATED	Fees & Self-generated Form ID 45399 FEES & SELF GENERATED
Salaries	30,000	36,000	2,100,000	475,000	1,036,000	550,000
Other Compensation	—	—	140,000	19,000	80,000	10,000
Related Benefits	15,420	18,930	1,187,200	262,000	609,680	296,631
TOTAL PERSONAL SERVICES	\$45,420	\$54,930	\$3,427,200	\$756,000	\$1,725,680	\$856,631
Travel	—	—	31,500	4,000	8,000	—
Operating Services	—	—	335,901	38,000	500,000	—
Supplies	—	—	507,500	94,000	1,600,000	—
TOTAL OPERATING EXPENSES	—	—	\$874,901	\$136,000	\$2,108,000	—
PROFESSIONAL SERVICES	—	—	\$246,619	\$72,000	—	—
Other Charges	—	—	—	75,000	300,000	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	222,250	24,726	296,320	—
TOTAL OTHER CHARGES	—	—	\$222,250	\$99,726	\$596,320	—
Acquisitions	—	—	15,000	—	—	11,910
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	\$15,000	—	—	\$11,910
TOTAL EXPENDITURES	\$45,420	\$54,930	\$4,785,970	\$1,063,726	\$4,430,000	\$868,541

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-generated Form ID 45400 SPECIAL LAB	Fees & Self-generated Form ID 45401 CERTIFICATION	Fees & Self-generated Form ID 45403 FEES & SELF GENERATED	Fees & Self-generated Form ID 45405 FEES & SELF GENERATED	Fees & Self-generated Form ID 45408 FEES & SELF GENERATED	Fees & Self-generated Form ID 45410 STD
Salaries	20,000	20,000	—	—	—	180,000
Other Compensation	100	—	—	—	—	20,000
Related Benefits	10,664	10,611	—	—	—	106,105
TOTAL PERSONAL SERVICES	\$30,764	\$30,611	—	—	—	\$306,105
Travel	—	—	—	—	107,865	2,000
Operating Services	3,000	—	—	—	766,109	100,000
Supplies	5,000	—	—	—	—	100,000
TOTAL OPERATING EXPENSES	\$8,000	—	—	—	\$873,974	\$202,000
PROFESSIONAL SERVICES	—	\$1,389	\$29,500	\$32,500	—	\$81,895
Other Charges	5,136	—	—	—	7,728,639	10,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	2,000	1,000	—	—	—	50,000
TOTAL OTHER CHARGES	\$7,136	\$1,000	—	—	\$7,728,639	\$60,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$45,900	\$33,000	\$29,500	\$32,500	\$8,602,613	\$650,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-generated Form ID 45411 STD	Fees & Self-generated Form ID 45412 TB CONTROL PREVENTION	Fees & Self-generated Form ID 45414 FEES & SELF GENERATED	Fees & Self-generated Form ID 45415 SAFE DRINKING WATER	Fees & Self-generated Form ID 45416 FOOD AND DRUG	Fees & Self-generated Form ID 45417 FEES & SELF GENERATED
Salaries	42,000	294,807	118,000	7,898,989	853,000	12,700
Other Compensation	—	5,677	1,000	224,213	28,000	—
Related Benefits	22,177	150,000	64,152	4,313,596	515,808	6,727
TOTAL PERSONAL SERVICES	\$64,177	\$450,484	\$183,152	\$12,436,798	\$1,396,808	\$19,427
Travel	—	10,000	3,000	434,000	15,000	500
Operating Services	—	100,000	1,000	3,069,688	40,200	500
Supplies	—	—	1,101	1,050,000	4,000	224
TOTAL OPERATING EXPENSES	—	\$110,000	\$5,101	\$4,553,688	\$59,200	\$1,224
PROFESSIONAL SERVICES	—	\$205,193	—	\$791,850	—	—
Other Charges	—	100,000	2,000	207,565	37,664	349
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	40,000	9,747	1,265,099	56,328	2,000
TOTAL OTHER CHARGES	—	\$140,000	\$11,747	\$1,472,664	\$93,992	\$2,349
Acquisitions	—	—	—	245,000	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	\$245,000	—	—
TOTAL EXPENDITURES	\$64,177	\$905,677	\$200,000	\$19,500,000	\$1,550,000	\$23,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-generated Form ID 45418 FEES & SELF GENERATED	Fees & Self-generated Form ID 45420 FEES & SELF GENERATED	Fees & Self-generated Form ID 45421 FEES & SELF GENERATED	Fees & Self-generated Form ID 45422 FEES & SELF GENERATED	Fees & Self-generated Form ID 45423 FEES & SELF GENERATED	Fees & Self-generated Form ID 45424 FEES & SELF GENERATED
Salaries	—	117,000	24,000	79,000	3,647,000	45,000
Other Compensation	—	18,000	1,000	2,500	70,000	—
Related Benefits	—	71,621	14,000	42,000	1,980,000	25,000
TOTAL PERSONAL SERVICES	—	\$206,621	\$39,000	\$123,500	\$5,697,000	\$70,000
Travel	—	1,500	2,500	1,000	150,000	—
Operating Services	45,900	30,602	3,000	1,000	155,000	—
Supplies	—	1,500	2,000	4,562	50,000	—
TOTAL OPERATING EXPENSES	\$45,900	\$33,602	\$7,500	\$6,562	\$355,000	—
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	—	156	—	344	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	9,621	3,500	5,594	248,000	—
TOTAL OTHER CHARGES	—	\$9,777	\$3,500	\$5,938	\$248,000	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$45,900	\$250,000	\$50,000	\$136,000	\$6,300,000	\$70,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-generated Form ID 45425 FEES & SELF GENERATED	Fees & Self-generated Form ID 45426 TANNING FACILITIES	Fees & Self-generated Form ID 45427 VITAL RECORDS	Fees & Self-generated Form ID 45702 MISC COLLECTIONS	Statutory Dedications Form ID 45360 E02-TELECOM DEAF FUND	Statutory Dedications Form ID 45361 H45-RURAL PC PHY DEV FD
Salaries	800,000	23,000	2,844,000	143,000	252,500	—
Other Compensation	—	—	265,000	—	50,000	—
Related Benefits	400,000	12,000	1,654,119	80,002	184,875	—
TOTAL PERSONAL SERVICES	\$1,200,000	\$35,000	\$4,763,119	\$223,002	\$487,375	—
Travel	—	—	5,000	3,500	20,000	—
Operating Services	—	—	500,000	1,100	6,000	—
Supplies	—	—	35,000	700	20,000	—
TOTAL OPERATING EXPENSES	—	—	\$540,000	\$5,300	\$46,000	—
PROFESSIONAL SERVICES	—	—	—	—	\$4,778,469	—
Other Charges	—	—	105,881	249,598	159,095	2,673,634
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	91,000	10,000	40,000	—
TOTAL OTHER CHARGES	—	—	\$196,881	\$259,598	\$199,095	\$2,673,634
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,200,000	\$35,000	\$5,500,000	\$487,900	\$5,510,939	\$2,673,634

Total Request

Expenditures	Used as a Cash Match	Total Means of Financing By Expenditure	Total State General Fund	Interagency Transfers Form ID 45366 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 45367 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 45369 INTERAGENCY TRANSFERS
Salaries	1,873,600	93,613,636	24,350,967	—	—	43,500
Other Compensation	56,600	5,333,319	986,434	—	—	22,000
Related Benefits	1,023,808	54,540,546	13,730,322	—	—	34,500
TOTAL PERSONAL SERVICES	\$2,954,008	\$153,487,501	\$39,067,723	—	—	\$100,000
Travel	34,500	2,861,633	700,072	—	—	—
Operating Services	211,000	14,479,695	4,047,522	—	—	—
Supplies	60,800	19,664,144	8,100,851	—	—	—
TOTAL OPERATING EXPENSES	\$306,300	\$37,005,472	\$12,848,445	—	—	—
PROFESSIONAL SERVICES	\$3,704,838	\$62,936,110	\$5,975,412	—	—	—
Other Charges	744,968	323,885,583	8,216,588	1,910,711	632,762	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	510,001	32,774,145	11,621,396	—	—	—
TOTAL OTHER CHARGES	\$1,254,969	\$356,659,728	\$19,837,984	\$1,910,711	\$632,762	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$8,220,115	\$610,088,811	\$77,729,564	\$1,910,711	\$632,762	\$100,000

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 45302 IMMUNIZATION GRANT	Federal Funds Form ID 45303 CHILD DEATH REVIEW	Federal Funds Form ID 45304 FEDERAL	Federal Funds Form ID 45305 FEDERAL	Federal Funds Form ID 45306 FEDERAL	Federal Funds Form ID 45308 PRAMS
Salaries	2,250,000	—	45,000	31,000	60,000	—
Other Compensation	65,000	—	2,000	—	1,000	—
Related Benefits	1,228,170	—	24,935	16,446	32,362	—
TOTAL PERSONAL SERVICES	\$3,543,170	—	\$71,935	\$47,446	\$93,362	—
Travel	50,000	—	—	—	500	—
Operating Services	120,000	500	3,500	4,000	7,000	3,500
Supplies	250,000	—	2,000	500	—	16,000
TOTAL OPERATING EXPENSES	\$420,000	\$500	\$5,500	\$4,500	\$7,500	\$19,500
PROFESSIONAL SERVICES	\$185,837	\$49,000	\$245,651	\$200,654	\$639,138	\$147,500
Other Charges	1,154,189	—	—	42,000	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	450,000	500	7,000	5,000	10,000	8,000
TOTAL OTHER CHARGES	\$1,604,189	\$500	\$7,000	\$47,000	\$10,000	\$8,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,753,196	\$50,000	\$330,086	\$299,600	\$750,000	\$175,000

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 45309 FEDERAL	Federal Funds Form ID 45310 SYSTEMS DEVELOPMENT	Federal Funds Form ID 45312 MCH BLOCK GRANT	Federal Funds Form ID 45313 FEDERAL	Federal Funds Form ID 45314 MCH BLOCK GRANT	Federal Funds Form ID 45316 MCH BLOCK GRANT
Salaries	5,000	1,000	1,600,000	15,000	65,000	1,300,000
Other Compensation	—	—	250,000	—	7,000	120,000
Related Benefits	2,653	531	981,475	7,958	37,393	753,349
TOTAL PERSONAL SERVICES	\$7,653	\$1,531	\$2,831,475	\$22,958	\$109,393	\$2,173,349
Travel	—	—	5,000	—	20,000	50,000
Operating Services	3,000	1,000	150,000	5,000	125,000	125,000
Supplies	—	—	15,000	1,000	10,000	15,000
TOTAL OPERATING EXPENSES	\$3,000	\$1,000	\$170,000	\$6,000	\$155,000	\$190,000
PROFESSIONAL SERVICES	\$261,347	\$96,469	\$2,710,200	\$533,417	\$52,607	\$8,403,906
Other Charges	—	—	55,479	—	33,000	562,511
Debt Service	—	—	—	—	—	—
Interagency Transfers	3,000	1,000	208,000	7,625	—	600,000
TOTAL OTHER CHARGES	\$3,000	\$1,000	\$263,479	\$7,625	\$33,000	\$1,162,511
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$275,000	\$100,000	\$5,975,154	\$570,000	\$350,000	\$11,929,766

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 45317 LDH - COVID-19 CCP RSP	Federal Funds Form ID 45318 RURAL HEALTH	Federal Funds Form ID 45319 STUDENT LOAN REPAYMENT	Federal Funds Form ID 45320 PRIMARY CARE GRANT	Federal Funds Form ID 45321 SHIP	Federal Funds Form ID 45322 WELL-AHEAD HEALTH GRANT
Salaries	10,000	105,000	—	100,000	100,000	45,000
Other Compensation	—	—	—	1,000	—	10,000
Related Benefits	5,305	50,000	—	53,583	53,053	29,179
TOTAL PERSONAL SERVICES	\$15,305	\$155,000	—	\$154,583	\$153,053	\$84,179
Travel	1,000	1,500	—	1,600	500	1,000
Operating Services	5,000	5,000	—	3,000	500	5,000
Supplies	2,000	1,000	—	2,000	100	2,438
TOTAL OPERATING EXPENSES	\$8,000	\$7,500	—	\$6,600	\$1,100	\$8,438
PROFESSIONAL SERVICES	\$315,459	\$30,000	—	\$20,000	\$500,000	\$265,000
Other Charges	198,578	14,000	359,550	—	—	2,383
Debt Service	—	—	—	—	—	—
Interagency Transfers	10,000	496	—	48,990	9,783	90,000
TOTAL OTHER CHARGES	\$208,578	\$14,496	\$359,550	\$48,990	\$9,783	\$92,383
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$547,342	\$206,996	\$359,550	\$230,173	\$663,936	\$450,000

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 45323 CRITICAL ACCESS FLEX	Federal Funds Form ID 45324 ORAL HEALTH GRANT	Federal Funds Form ID 45325 ORAL HEALTH GRANT	Federal Funds Form ID 45326 BRFSS	Federal Funds Form ID 45327 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 45328 OPIOID OVERDOSE SURV
Salaries	150,000	—	120,000	115,000	300,000	150,000
Other Compensation	1,500	32,000	20,000	—	1,000	—
Related Benefits	80,375	16,977	74,274	61,011	159,689	79,579
TOTAL PERSONAL SERVICES	\$231,875	\$48,977	\$214,274	\$176,011	\$460,689	\$229,579
Travel	5,000	10,000	1,000	—	5,000	3,000
Operating Services	4,000	5,000	10,000	500	45,000	80,000
Supplies	4,000	1,000	—	500	1,000	2,000
TOTAL OPERATING EXPENSES	\$13,000	\$16,000	\$11,000	\$1,000	\$51,000	\$85,000
PROFESSIONAL SERVICES	\$335,000	\$275,000	\$167,212	\$160,000	\$103,007	\$456,309
Other Charges	58,753	19,265	—	142,989	—	20,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	10,500	10,758	7,513	20,000	86,208	400,000
TOTAL OTHER CHARGES	\$69,253	\$30,023	\$7,513	\$162,989	\$86,208	\$420,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$649,128	\$370,000	\$399,999	\$500,000	\$700,904	\$1,190,888

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 45329 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 45330 WELL-AHEAD HEALTH GRANT	Federal Funds Form ID 45331 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 45332 TOBACCO CONTROL	Federal Funds Form ID 45333 FEDERAL	Federal Funds Form ID 45335 FEDERAL
Salaries	70,000	23,500	150,000	275,000	—	200,000
Other Compensation	7,500	—	5,000	75,000	—	10,000
Related Benefits	41,116	12,467	82,232	185,684	—	111,411
TOTAL PERSONAL SERVICES	\$118,616	\$35,967	\$237,232	\$535,684	—	\$321,411
Travel	1,000	3,000	2,000	4,000	1,000	5,000
Operating Services	31,338	5,000	2,000	25,000	3,000	2,000
Supplies	1,000	1,000	1,000	2,000	3,000	2,000
TOTAL OPERATING EXPENSES	\$33,338	\$9,000	\$5,000	\$31,000	\$7,000	\$9,000
PROFESSIONAL SERVICES	\$270,000	\$374,338	\$400,000	\$720,000	\$333,333	\$784,826
Other Charges	—	246,839	39,987	289,012	109,667	13,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	83,046	30,000	11,500	60,000	50,000	45,000
TOTAL OTHER CHARGES	\$83,046	\$276,839	\$51,487	\$349,012	\$159,667	\$58,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$505,000	\$696,144	\$693,719	\$1,635,696	\$500,000	\$1,173,237

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 45336 FEDERAL	Federal Funds Form ID 45337 FEDERAL	Federal Funds Form ID 45338 CSFP	Federal Funds Form ID 45339 WIC ADMINISTRATION	Federal Funds Form ID 45340 PEER COUNSELING GRANT	Federal Funds Form ID 45341 MCH BLOCK GRANT
Salaries	150,000	—	—	12,179,525	140,000	105,000
Other Compensation	50,000	—	—	1,246,764	10,000	—
Related Benefits	106,105	—	—	7,090,195	79,579	51,411
TOTAL PERSONAL SERVICES	\$306,105	—	—	\$20,516,484	\$229,579	\$156,411
Travel	1,000	112,412	—	550,000	500	500
Operating Services	8,000	188,744	—	1,700,000	60,000	1,000
Supplies	1,000	1,515,382	—	1,500,000	5,000	1,000
TOTAL OPERATING EXPENSES	\$10,000	\$1,816,538	—	\$3,750,000	\$65,500	\$2,500
PROFESSIONAL SERVICES	\$708,169	\$4,975,218	—	\$4,000,000	—	—
Other Charges	5,726	23,027,452	3,700,000	90,303,173	604,921	152,089
Debt Service	—	—	—	—	—	—
Interagency Transfers	70,000	—	—	2,430,343	100,000	5,000
TOTAL OTHER CHARGES	\$75,726	\$23,027,452	\$3,700,000	\$92,733,516	\$704,921	\$157,089
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,100,000	\$29,819,208	\$3,700,000	\$121,000,000	\$1,000,000	\$316,000

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 45343 STD	Federal Funds Form ID 45345 TB CONTROL PREVENTION	Federal Funds Form ID 45346 TB CONTROL PREVENTION	Federal Funds Form ID 45347 BEACH MONITORING	Federal Funds Form ID 45348 SAFE DRINKING WATER	Federal Funds Form ID 45349 SAFE DRINKING WATER
Salaries	1,000,000	553,000	362,000	160,000	790,000	632,195
Other Compensation	45,000	34,836	10,000	5,000	85,000	17,900
Related Benefits	580,000	205,164	196,151	88,758	464,211	270,000
TOTAL PERSONAL SERVICES	\$1,625,000	\$793,000	\$568,151	\$253,758	\$1,339,211	\$920,095
Travel	10,000	10,000	12,575	2,000	30,000	58,000
Operating Services	35,000	63,107	16,000	25,000	18,000	210,156
Supplies	90,000	110,000	42,500	40,000	2,000	225,000
TOTAL OPERATING EXPENSES	\$135,000	\$183,107	\$71,075	\$67,000	\$50,000	\$493,156
PROFESSIONAL SERVICES	\$19,000	—	\$35,000	—	\$100,000	—
Other Charges	80,000	8,640	24,158	38,242	380,789	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	26,735	42,753	49,050	—	200,000	75,749
TOTAL OTHER CHARGES	\$106,735	\$51,393	\$73,208	\$38,242	\$580,789	\$75,749
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,885,735	\$1,027,500	\$747,434	\$359,000	\$2,070,000	\$1,489,000

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 45350 FEDERAL	Federal Funds Form ID 45351 OCCUPATIONAL INJURY	Federal Funds Form ID 45352 APPLETREE PROGRAM	Federal Funds Form ID 45353 PRIVATE WELL INITIATIVE	Federal Funds Form ID 45354 ENV PUBLIC HEALTH TRK	Federal Funds Form ID 45356 MFD FOOD STANDARDS
Salaries	—	225,000	112,000	65,500	190,000	74,150
Other Compensation	—	2,000	40,000	—	65,000	2,001
Related Benefits	—	120,430	80,640	34,750	129,864	40,400
TOTAL PERSONAL SERVICES	—	\$347,430	\$232,640	\$100,250	\$384,864	\$116,551
Travel	—	2,000	2,000	23,000	20,000	2,000
Operating Services	—	11,000	15,000	4,000	29,000	1,000
Supplies	—	3,000	500	2,000	5,000	50,000
TOTAL OPERATING EXPENSES	—	\$16,000	\$17,500	\$29,000	\$54,000	\$53,000
PROFESSIONAL SERVICES	—	\$50,000	—	—	—	—
Other Charges	607,594	84,475	42,858	6,364	66,136	48,424
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	15,000	20,000	8,000	110,000	3,000
TOTAL OTHER CHARGES	\$607,594	\$99,475	\$62,858	\$14,364	\$176,136	\$51,424
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$607,594	\$512,905	\$312,998	\$143,614	\$615,000	\$220,975

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 45357 COMMERCIAL SEAFOOD	Federal Funds Form ID 45358 VITAL RECORDS	Federal Funds Form ID 45359 VITAL RECORDS	Federal Funds Form ID 45686 MISC COLLECTIONS	Federal Funds Form ID 45687 SUICIDE PREVENTION	Federal Funds Form ID 45688 WELL-AHEAD HEALTH GRANT
Salaries	38,000	60,000	—	10,000	10,000	110,000
Other Compensation	—	5,000	—	—	1,000	—
Related Benefits	17,463	34,483	—	5,305	5,836	58,358
TOTAL PERSONAL SERVICES	\$55,463	\$99,483	—	\$15,305	\$16,836	\$168,358
Travel	—	10,000	—	—	—	4,000
Operating Services	—	40,000	—	1,000	—	5,000
Supplies	—	1,000	—	4,000	—	4,000
TOTAL OPERATING EXPENSES	—	\$51,000	—	\$5,000	—	\$13,000
PROFESSIONAL SERVICES	—	—	\$241,076	\$256,762	—	\$508,000
Other Charges	—	190,552	—	—	534,164	188,642
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	20,000	—	3,000	10,000	10,000
TOTAL OTHER CHARGES	—	\$210,552	—	\$3,000	\$544,164	\$198,642
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$55,463	\$361,035	\$241,076	\$280,067	\$561,000	\$888,000

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 45689 MISC COLLECTIONS	Federal Funds Form ID 45690 WIC ADMINISTRATION	Federal Funds Form ID 45703 MINERAL REVENUES	Federal Funds Form ID 45718 MISC COLLECTIONS	Federal Funds Form ID 45888 FEDERAL	Federal Funds Form ID 47781 STD
Salaries	2,500,000	—	—	2,194,742	—	—
Other Compensation	1,100,000	—	—	(1,709,891)	—	—
Related Benefits	1,909,898	—	—	1,779,289	—	—
TOTAL PERSONAL SERVICES	\$5,509,898	—	—	\$2,264,140	—	—
Travel	105,000	—	29,974	—	—	—
Operating Services	80,000	—	131,239	—	—	2,000
Supplies	211,000	—	468,057	—	—	—
TOTAL OPERATING EXPENSES	\$396,000	—	\$629,270	—	—	\$2,000
PROFESSIONAL SERVICES	\$4,317,504	—	\$1,118,220	—	—	\$93,500
Other Charges	2,776,598	1,100,000	2,557,582	—	—	2,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	4,500,000	—	—	—	460,075	15,000
TOTAL OTHER CHARGES	\$7,276,598	\$1,100,000	\$2,557,582	—	\$460,075	\$17,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$17,500,000	\$1,100,000	\$4,305,072	\$2,264,140	\$460,075	\$112,500

Expenditures by Means of Financing

Total Request

Expenditures	Interagency Transfers Form ID 45372 CSHCS	Interagency Transfers Form ID 45373 MEDICAID	Interagency Transfers Form ID 45374 MEDICAID	Interagency Transfers Form ID 45377 DCFS-TANF	Interagency Transfers Form ID 45378 MEDICAID	Interagency Transfers Form ID 45379 INTERAGENCY TRANSFERS
Salaries	2,000	—	14,000	35,000	—	—
Other Compensation	—	—	—	—	—	—
Related Benefits	930	—	5,459	17,607	—	—
TOTAL PERSONAL SERVICES	\$2,930	—	\$19,459	\$52,607	—	—
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	\$824,468	\$227,000	\$134,695
Other Charges	—	240	—	634,583	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	\$240	—	\$634,583	—	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,930	\$240	\$19,459	\$1,511,658	\$227,000	\$134,695

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 47782 FEDERAL	Federal Funds Form ID 47783 FEDERAL	Federal Funds Form ID 49063 COMMUNITY HEALTH WORKERS	Federal Funds Form ID 49064 MISC COLLECTIONS	Federal Funds Form ID 49065 MISC COLLECTIONS	Fees & Self-generated Form ID 45362 Q08-OYSTER SANITATON
Salaries	110,000	—	—	558,617	—	—
Other Compensation	5,000	—	—	(558,617)	—	—
Related Benefits	61,011	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$176,011	—	—	—	—	—
Travel	1,000	1,509	—	—	—	—
Operating Services	2,000	—	(1,000,000)	—	—	86,051
Supplies	1,000	—	—	—	—	100,000
TOTAL OPERATING EXPENSES	\$4,000	\$1,509	\$(1,000,000)	—	—	\$186,051
PROFESSIONAL SERVICES	\$310,218	\$642,492	\$(755,602)	—	—	—
Other Charges	—	735,907	—	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	30,000	—	—	—	49,575	—
TOTAL OTHER CHARGES	\$30,000	\$735,907	—	—	\$49,575	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$520,229	\$1,379,908	\$(1,755,602)	—	\$49,575	\$186,051

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 45363 H18-VITAL REC CONV FUND	Fees & Self-generated Form ID 45392 CSHCS	Fees & Self-generated Form ID 45393 EMERGENCY MEDICAL SVCS	Fees & Self-generated Form ID 45394 FEES & SELF GENERATED	Fees & Self-generated Form ID 45395 INFECTIOUS DISEASE EPI	Fees & Self-generated Form ID 45396 FAMILY PLANNING
Salaries	82,500	67,000	284,000	30,000	36,000	2,100,000
Other Compensation	22,000	—	36,000	—	—	140,000
Related Benefits	63,866	34,397	169,600	15,420	18,930	1,027,385
TOTAL PERSONAL SERVICES	\$168,366	\$101,397	\$489,600	\$45,420	\$54,930	\$3,267,385
Travel	500	—	400	—	—	31,500
Operating Services	50,000	—	—	—	—	335,901
Supplies	100	—	—	—	—	507,500
TOTAL OPERATING EXPENSES	\$50,600	—	\$400	—	—	\$874,901
PROFESSIONAL SERVICES	—	—	—	—	—	\$256,619
Other Charges	192,218	—	—	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	14,220	—	—	—	—	387,065
TOTAL OTHER CHARGES	\$206,438	—	—	—	—	\$387,065
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$425,404	\$101,397	\$490,000	\$45,420	\$54,930	\$4,785,970

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 45397 FAMILY PLANNING	Fees & Self-generated Form ID 45398 FEES & SELF GENERATED	Fees & Self-generated Form ID 45399 FEES & SELF GENERATED	Fees & Self-generated Form ID 45400 SPECIAL LAB	Fees & Self-generated Form ID 45401 CERTIFICATION	Fees & Self-generated Form ID 45403 FEES & SELF GENERATED
Salaries	475,000	1,036,000	550,000	20,000	20,000	—
Other Compensation	19,000	80,000	10,000	100	—	—
Related Benefits	262,000	609,680	296,631	10,664	10,611	—
TOTAL PERSONAL SERVICES	\$756,000	\$1,725,680	\$856,631	\$30,764	\$30,611	—
Travel	4,000	8,000	—	—	—	—
Operating Services	38,000	500,000	—	3,000	—	—
Supplies	94,000	1,600,000	—	5,000	—	—
TOTAL OPERATING EXPENSES	\$136,000	\$2,108,000	—	\$8,000	—	—
PROFESSIONAL SERVICES	\$72,000	—	—	—	\$1,389	\$29,500
Other Charges	75,000	300,000	7,170	5,136	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	24,726	296,320	4,740	2,000	1,000	—
TOTAL OTHER CHARGES	\$99,726	\$596,320	\$11,910	\$7,136	\$1,000	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,063,726	\$4,430,000	\$868,541	\$45,900	\$33,000	\$29,500

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 45405 FEES & SELF GENERATED	Fees & Self-generated Form ID 45408 FEES & SELF GENERATED	Fees & Self-generated Form ID 45410 STD	Fees & Self-generated Form ID 45411 STD	Fees & Self-generated Form ID 45412 TB CONTROL PREVENTION	Fees & Self-generated Form ID 45414 FEES & SELF GENERATED
Salaries	—	—	180,000	42,000	294,807	118,000
Other Compensation	—	—	20,000	—	5,677	1,000
Related Benefits	—	—	106,105	22,177	150,000	64,152
TOTAL PERSONAL SERVICES	—	—	\$306,105	\$64,177	\$450,484	\$183,152
Travel	—	105,065	2,000	—	10,000	3,000
Operating Services	—	748,152	100,000	—	100,000	1,000
Supplies	—	55,319	100,000	—	—	1,101
TOTAL OPERATING EXPENSES	—	\$908,536	\$202,000	—	\$110,000	\$5,101
PROFESSIONAL SERVICES	\$32,500	\$324,887	\$81,895	—	\$205,193	—
Other Charges	—	7,827,229	42,500	—	100,000	2,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	50,000	—	40,000	9,747
TOTAL OTHER CHARGES	—	\$7,827,229	\$92,500	—	\$140,000	\$11,747
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$32,500	\$9,060,652	\$682,500	\$64,177	\$905,677	\$200,000

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 45415 SAFE DRINKING WATER	Fees & Self-generated Form ID 45416 FOOD AND DRUG	Fees & Self-generated Form ID 45417 FEES & SELF GENERATED	Fees & Self-generated Form ID 45418 FEES & SELF GENERATED	Fees & Self-generated Form ID 45420 FEES & SELF GENERATED	Fees & Self-generated Form ID 45421 FEES & SELF GENERATED
Salaries	8,027,644	860,000	12,700	—	117,000	24,000
Other Compensation	219,213	33,000	—	—	18,000	1,000
Related Benefits	4,416,649	523,683	6,727	—	71,621	14,000
TOTAL PERSONAL SERVICES	\$12,663,506	\$1,416,683	\$19,427	—	\$206,621	\$39,000
Travel	434,000	17,800	500	—	1,500	2,500
Operating Services	3,289,844	45,000	500	45,900	30,602	3,000
Supplies	958,881	4,800	224	—	1,500	2,000
TOTAL OPERATING EXPENSES	\$4,682,725	\$67,600	\$1,224	\$45,900	\$33,602	\$7,500
PROFESSIONAL SERVICES	\$456,963	—	—	—	—	—
Other Charges	199,512	1,389	349	—	156	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	1,497,294	64,328	2,000	—	9,621	3,500
TOTAL OTHER CHARGES	\$1,696,806	\$65,717	\$2,349	—	\$9,777	\$3,500
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$19,500,000	\$1,550,000	\$23,000	\$45,900	\$250,000	\$50,000

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 45422 FEES & SELF GENERATED	Fees & Self-generated Form ID 45423 FEES & SELF GENERATED	Fees & Self-generated Form ID 45424 FEES & SELF GENERATED	Fees & Self-generated Form ID 45425 FEES & SELF GENERATED	Fees & Self-generated Form ID 45426 TANNING FACILITIES	Fees & Self-generated Form ID 45427 VITAL RECORDS
Salaries	79,000	3,497,345	45,000	800,000	23,000	2,844,000
Other Compensation	2,500	70,000	—	—	—	265,000
Related Benefits	42,000	2,021,459	25,000	400,000	12,000	1,654,119
TOTAL PERSONAL SERVICES	\$123,500	\$5,588,804	\$70,000	\$1,200,000	\$35,000	\$4,763,119
Travel	1,000	150,000	—	—	—	5,000
Operating Services	1,000	155,000	—	—	—	293,001
Supplies	4,562	50,000	—	—	—	70,000
TOTAL OPERATING EXPENSES	\$6,562	\$355,000	—	—	—	\$368,001
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	344	—	—	—	—	17,698
Debt Service	—	—	—	—	—	—
Interagency Transfers	5,594	356,196	—	—	—	351,182
TOTAL OTHER CHARGES	\$5,938	\$356,196	—	—	—	\$368,880
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$136,000	\$6,300,000	\$70,000	\$1,200,000	\$35,000	\$5,500,000

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 45702 MISC COLLECTIONS	Fees & Self-generated Form ID 45703 MINERAL REVENUES	Fees & Self-generated Form ID 45718 MISC COLLECTIONS	Fees & Self-generated Form ID 45879 MISC SELF-GEN REVENUE
Salaries	157,000	—	828,205	—
Other Compensation	—	—	—	—
Related Benefits	87,430	—	671,429	—
TOTAL PERSONAL SERVICES	\$244,430	—	\$1,499,634	—
Travel	3,500	17,946	—	—
Operating Services	1,100	134,022	—	—
Supplies	700	81,781	—	—
TOTAL OPERATING EXPENSES	\$5,300	\$233,749	—	—
PROFESSIONAL SERVICES	—	\$33,602	—	—
Other Charges	250,270	—	—	—
Debt Service	—	—	—	—
Interagency Transfers	10,000	—	—	(778,128)
TOTAL OTHER CHARGES	\$260,270	—	—	\$(778,128)
Acquisitions	—	—	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—
TOTAL EXPENDITURES	\$510,000	\$267,351	\$1,499,634	\$(778,128)

Expenditures by Means of Financing

Total Request

Expenditures	Interagency Transfers Form ID 45380 DEPT OF EDUCATION(ED)	Interagency Transfers Form ID 45382 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 45384 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 45385 DEPT OF EDUCATION(ED)	Interagency Transfers Form ID 45386 DCFS	Interagency Transfers Form ID 45511 INTER FUND TRANSFER IN
Salaries	—	1,011	35,000	62,000	56,000	—
Other Compensation	—	—	—	—	—	—
Related Benefits	—	728	16,304	33,000	25,000	—
TOTAL PERSONAL SERVICES	—	\$1,739	\$51,304	\$95,000	\$81,000	—
Travel	—	—	—	—	—	8,000
Operating Services	2,000	—	—	—	—	163,677
Supplies	100	—	—	—	—	24,100
TOTAL OPERATING EXPENSES	\$2,100	—	—	—	—	\$195,777
PROFESSIONAL SERVICES	\$220,000	—	—	—	—	\$2,498,176
Other Charges	130,955	—	—	—	—	76,555,956
Debt Service	—	—	—	—	—	—
Interagency Transfers	1,000	—	—	—	—	315,411
TOTAL OTHER CHARGES	\$131,955	—	—	—	—	\$76,871,367
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$354,055	\$1,739	\$51,304	\$95,000	\$81,000	\$79,565,320

Expenditures by Means of Financing

Total Request

Expenditures	Interagency Transfers Form ID 45703 MINERAL REVENUES	Interagency Transfers Form ID 45880 MISC COLLECTIONS	Statutory Dedications Form ID 45360 E02-TELECOM DEAF FUND	Statutory Dedications Form ID 45361 H45-RURAL PC PHY DEV FD	Statutory Dedications Form ID 45364 Z13-LOUISIANA FUND	Statutory Dedications Form ID 45365 Z13-LOUISIANA FUND
Salaries	—	—	252,500	—	—	—
Other Compensation	—	—	50,000	—	—	—
Related Benefits	—	—	184,875	—	—	—
TOTAL PERSONAL SERVICES	—	—	\$487,375	—	—	—
Travel	184	—	20,000	—	—	—
Operating Services	3,811	—	6,000	—	—	9,500
Supplies	557	—	20,000	—	—	500
TOTAL OPERATING EXPENSES	\$4,552	—	\$46,000	—	—	\$10,000
PROFESSIONAL SERVICES	\$89,800	—	\$4,778,469	—	—	\$557,000
Other Charges	—	—	159,095	2,673,634	500,000	5,754,260
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	318,053	40,000	—	—	—
TOTAL OTHER CHARGES	—	\$318,053	\$199,095	\$2,673,634	\$500,000	\$5,754,260
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$94,352	\$318,053	\$5,510,939	\$2,673,634	\$500,000	\$6,321,260

Expenditures by Means of Financing

Total Request

Expenditures	Statutory Dedications Form ID 45695 MISC COLLECTIONS	Statutory Dedications Form ID 45703 MINERAL REVENUES	Statutory Dedications Form ID 49112 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 45195 HIV/AIDS PROGRAMS	Federal Funds Form ID 45264 HIV/AIDS PROGRAMS	Federal Funds Form ID 45265 HIV/AIDS PROGRAMS
Salaries	—	—	—	20,000	800,000	80,000
Other Compensation	—	—	—	—	100,000	—
Related Benefits	—	—	—	10,611	477,474	42,442
TOTAL PERSONAL SERVICES	—	—	—	\$30,611	\$1,377,474	\$122,442
Travel	—	460	1,500	—	5,000	500
Operating Services	—	357	2,000	3,000	220,000	83,000
Supplies	—	472	10,000	1,000	1,300,000	6,500
TOTAL OPERATING EXPENSES	—	\$1,289	\$13,500	\$4,000	\$1,525,000	\$90,000
PROFESSIONAL SERVICES	\$2,994,487	\$191,589	—	—	\$1,400,000	\$832,000
Other Charges	—	—	18,000	463,047	1,550,101	58,298
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	5,000	90,000	10,000
TOTAL OTHER CHARGES	—	—	\$18,000	\$468,047	\$1,640,101	\$68,298
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,994,487	\$192,878	\$31,500	\$502,658	\$5,942,575	\$1,112,740

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 45266 HIV/AIDS PROGRAMS	Federal Funds Form ID 45267 HIV/AIDS PROGRAMS	Federal Funds Form ID 45268 HIV/AIDS PROGRAMS	Federal Funds Form ID 45269 HIV/AIDS PROGRAMS	Federal Funds Form ID 45270 HIV/AIDS PROGRAMS	Federal Funds Form ID 45272 HIV/AIDS PROGRAMS
Salaries	350,000	2,760,000	—	—	15,000	34,000
Other Compensation	10,000	395,000	—	—	—	2,001
Related Benefits	190,990	1,673,813	—	—	7,958	19,099
TOTAL PERSONAL SERVICES	\$550,990	\$4,828,813	—	—	\$22,958	\$55,100
Travel	1,000	7,000	—	—	—	—
Operating Services	160,000	137,000	—	—	—	—
Supplies	8,000	603,000	—	—	—	60,000
TOTAL OPERATING EXPENSES	\$169,000	\$747,000	—	—	—	\$60,000
PROFESSIONAL SERVICES	\$1,000,000	\$1,624,000	—	—	\$120,000	\$100,000
Other Charges	14,450,291	51,423,989	3,061,743	30,540	582,120	5,001
Debt Service	—	—	—	—	—	—
Interagency Transfers	250,000	770,000	—	—	15,000	4,825
TOTAL OTHER CHARGES	\$14,700,291	\$52,193,989	\$3,061,743	\$30,540	\$597,120	\$9,826
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$16,420,281	\$59,393,802	\$3,061,743	\$30,540	\$740,078	\$224,926

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 45273 HIV/AIDS PROGRAMS	Federal Funds Form ID 45279 BIOTERRORISM GRANT	Federal Funds Form ID 45281 NCIPC OPIOID CRISIS	Federal Funds Form ID 45283 FEDERAL	Federal Funds Form ID 45284 CSHCS	Federal Funds Form ID 45285 CSHCS
Salaries	40,000	3,396,000	200,000	65,000	65,000	2,181,000
Other Compensation	1,000	172,000	—	—	—	200,000
Related Benefits	21,752	1,871,700	106,105	34,484	34,484	1,264,465
TOTAL PERSONAL SERVICES	\$62,752	\$5,439,700	\$306,105	\$99,484	\$99,484	\$3,645,465
Travel	—	25,800	2,000	500	500	30,000
Operating Services	—	753,000	10,000	3,000	3,000	75,000
Supplies	5,000	158,000	5,000	500	500	175,000
TOTAL OPERATING EXPENSES	\$5,000	\$936,800	\$17,000	\$4,000	\$4,000	\$280,000
PROFESSIONAL SERVICES	\$350,000	—	—	\$114,334	\$101,082	\$806,281
Other Charges	3,209,737	1,638,683	2,774,812	182	95,434	199,646
Debt Service	—	—	—	—	—	—
Interagency Transfers	60,000	900,000	400,000	17,000	10,000	250,000
TOTAL OTHER CHARGES	\$3,269,737	\$2,538,683	\$3,174,812	\$17,182	\$105,434	\$449,646
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$3,687,489	\$8,915,183	\$3,497,917	\$235,000	\$310,000	\$5,181,392

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 45286 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 45287 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 45289 RAPE CRISIS PROGRAM	Federal Funds Form ID 45290 VIOLENCE AGAINST WOMEN	Federal Funds Form ID 45291 EPID LAB CAPACITY (ELC)	Federal Funds Form ID 45293 EPID LAB CAPACITY (ELC)
Salaries	236,500	2,100	—	100,000	1,067,228	1,500,000
Other Compensation	—	—	—	1,000	95,000	1,100,000
Related Benefits	125,345	1,114	—	53,583	616,594	1,379,371
TOTAL PERSONAL SERVICES	\$361,845	\$3,214	—	\$154,583	\$1,778,822	\$3,979,371
Travel	136	200	—	2,000	10,000	50,000
Operating Services	—	500	1,000	8,000	7,000	—
Supplies	—	—	—	—	280,000	—
TOTAL OPERATING EXPENSES	\$136	\$700	\$1,000	\$10,000	\$297,000	\$50,000
PROFESSIONAL SERVICES	—	\$181,736	—	\$452,266	\$200,000	—
Other Charges	—	—	97,342	—	436,909	6,591,281
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	5,000	3,000	5,000	500,000	3,946,947
TOTAL OTHER CHARGES	—	\$5,000	\$100,342	\$5,000	\$936,909	\$10,538,228
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$361,981	\$190,650	\$101,342	\$621,849	\$3,212,731	\$14,567,599

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 45295 ANTIBIOTIC RES RET FOOD	Federal Funds Form ID 45296 FAMILY PLANNING	Federal Funds Form ID 45297 FAMILY PLANNING	Federal Funds Form ID 45298 FAMILY PLANNING	Federal Funds Form ID 45299 HUD LEAD	Federal Funds Form ID 45300 MCH BLOCK GRANT
Salaries	50,000	2,100,000	296,400	513,000	125,000	500,000
Other Compensation	6,000	140,000	11,400	20,000	5,001	10,000
Related Benefits	29,710	1,347,015	163,500	283,000	68,969	270,000
TOTAL PERSONAL SERVICES	\$85,710	\$3,587,015	\$471,300	\$816,000	\$198,970	\$780,000
Travel	1,500	31,500	1,000	4,000	2,000	—
Operating Services	15,000	325,171	10,000	42,000	3,000	—
Supplies	15,000	563,619	1,000	70,000	1,000	—
TOTAL OPERATING EXPENSES	\$31,500	\$920,290	\$12,000	\$116,000	\$6,000	—
PROFESSIONAL SERVICES	\$5,000	—	\$9,000	—	—	—
Other Charges	4,790	9,760	1,000	106,726	258,708	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	8,000	252,935	6,700	85,274	5,000	—
TOTAL OTHER CHARGES	\$12,790	\$262,695	\$7,700	\$192,000	\$263,708	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$135,000	\$4,770,000	\$500,000	\$1,124,000	\$468,678	\$780,000

REVENUE COLLECTIONS/INCOME

Interagency Transfers

003 - Interagency Transfers

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
LDH-OBH	4710059	MR-FROM STATE AGENCY	1,340,629	—	—	—
LDH-OBH	4710059	MR-FROM STATE AGENCY	827,831	632,762	632,762	—
LDH-OS	4710059	MR-FROM STATE AGENCY	100,000	100,000	100,000	—
GOHSEP-FEMA	4710059	MR-FROM STATE AGENCY	77,946,696	—	—	—
LDH-MVP	4710059	MR-FROM STATE AGENCY	—	2,930	2,930	—
LDH-MVP	4710059	MR-FROM STATE AGENCY	11,252	240	240	—
LDH-MVP	4710059	MR-FROM STATE AGENCY	—	19,459	19,459	—
DCFS-TANF	4710059	MR-FROM STATE AGENCY	1,311,024	877,075	1,511,658	634,583
LDH-MVA	4710059	MR-FROM STATE AGENCY	135,688	227,000	227,000	—
LDH-OBH	4710059	MR-FROM STATE AGENCY	260,767	134,695	134,695	—
DEPT OF EDUCATION(ED)	4710059	MR-FROM STATE AGENCY	323,019	354,055	354,055	—
DEPT OF CORRECTIONS	4710059	MR-FROM STATE AGENCY	—	594	594	—
DEPT OF VETERANS AFFAIRS	4710059	MR-FROM STATE AGENCY	—	11	11	—
DOTD	4710059	MR-FROM STATE AGENCY	—	200	200	—
DPS	4710059	MR-FROM STATE AGENCY	—	112	112	—
LDH-OBH	4710059	MR-FROM STATE AGENCY	—	22	22	—
OFFICE OF THE GOVERNOR	4710059	MR-FROM STATE AGENCY	1,100	800	800	—
DAF	4710059	MR-FROM STATE AGENCY	—	25,000	25,000	—
DEPT OF EDUCATION(ED)	4710059	MR-FROM STATE AGENCY	94,866	95,000	95,000	—
DCFS	4710059	MR-FROM STATE AGENCY	—	81,000	81,000	—
MISC COLLECTIONS	4710059	MR-FROM STATE AGENCY	—	—	94,352	94,352
MISC RECEIPTS	4710059	MR-FROM STATE AGENCY	—	78,527,941	79,883,373	1,355,432
LDH-OBH	4710059	MR-FROM STATE AGENCY	393,589	—	—	—
LDH-MVA	4710059	MR-FROM STATE AGENCY	—	1,856,250	—	(1,856,250)

003 - Interagency Transfers *(continued)*

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
MISC COLLECTIONS	4710049	MR-ADJ-PY REVENUE	13,071	—	—	—
MISC COLLECTIONS	4710059	MR-FROM STATE AGENCY	12,768	—	—	—
MISC COLLECTIONS	4830011	INT FUND CY TRANS IN	265,762	—	—	—
MISC COLLECTIONS	4830014	INTRAFUND TRANSFER	2,618,577	—	—	—
LDH-OBH	4710059	MR-FROM STATE AGENCY	2,345,248	1,991,869	1,910,711	(81,158)
LSU	4710059	MR-FROM STATE AGENCY	—	78,911	26,304	(52,607)
Total Collections/Income			\$88,001,887	\$85,005,926	\$85,100,278	\$94,352
TYPE						
Expenditures Source of Funding Form (BR-6)			37,870,876	85,005,926	85,100,278	94,352
Transfer			50,131,011	—	—	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$88,001,887	\$85,005,926	\$85,100,278	\$94,352
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	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	—	6,421	—	(6,421)
MEDICAID	4710094	MR-INSURANCE RECOVER	160,033	101,397	101,397	—
EMERGENCY MEDICAL SVCS	4550030	LIC PERM & FEES-OTH	402,295	490,000	490,000	—
EMERGENCY MEDICAL SVCS	4710094	MR-INSURANCE RECOVER	427	—	—	—
MISC SELF-GEN REVENUE	4710029	MR-PRIVATE SOURCES	—	—	45,420	45,420
MISC SELF-GEN REVENUE	4710029	MR-PRIVATE SOURCES	—	—	54,930	54,930
FAMILY PLANNING	4550030	LIC PERM & FEES-OTH	561	—	—	—
FAMILY PLANNING	4550032	FEES-INELIG PATIENT	23,009	—	—	—
FAMILY PLANNING	4710094	MR-INSURANCE RECOVER	2,439,968	4,785,970	4,785,970	—
MISC SELF-GEN REVENUE	4710029	MR-PRIVATE SOURCES	—	—	1,063,726	1,063,726
MEDICAID	4650010	SALE NON ST-SERVICES	332,666	—	—	—
MEDICAID	4710094	MR-INSURANCE RECOVER	343,065	4,430,000	4,430,000	—
MEDICAID	4550030	LIC PERM & FEES-OTH	288,059	—	868,541	868,541
MEDICAID	4550032	FEES-INELIG PATIENT	138,976	—	—	—
MEDICAID	4710094	MR-INSURANCE RECOVER	142,372	637,883	—	(637,883)
SPECIAL LAB	4650010	SALE NON ST-SERVICES	49,080	45,900	45,900	—
CERTIFICATION	4550030	LIC PERM & FEES-OTH	29,210	33,000	33,000	—
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	—	29,500	29,500	—
SG-TEXAS A & M	4710029	MR-PRIVATE SOURCES	31,439	32,500	32,500	—
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	—	8,602,613	8,282,524	(320,089)
MISC SELF-GEN REVENUE	4710095	MR-RECOUP & REBATES	41,388	—	—	—
MISC SELF-GEN REVENUE	4710521	MR-GRANT REVENUE	5,210	—	—	—
STD	4710094	MR-INSURANCE RECOVER	2,804	—	682,500	682,500
STD	4710029	MR-PRIVATE SOURCES	—	650,000	64,177	(585,823)
TB CONTROL PREVENTION	4550030	LIC PERM & FEES-OTH	570	—	—	—
TB CONTROL PREVENTION	4710094	MR-INSURANCE RECOVER	23,718	160,000	905,677	745,677

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

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	87,239	200,000	200,000	—
SAFE DRINKING WATER	4550030	LIC PERM & FEES-OTH	20,607,846	19,500,000	19,500,000	—
SAFE DRINKING WATER	4650010	SALE NON ST-SERVICES	1,868	—	—	—
SAFE DRINKING WATER	4710059	MR-FROM STATE AGENCY	200	—	—	—
FOOD AND DRUG	4550030	LIC PERM & FEES-OTH	596,533	1,550,000	1,550,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	30,150	23,000	23,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	6,960	45,900	45,900	—
MISC SELF-GEN REVENUE	4550030	LIC PERM & FEES-OTH	100	—	—	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	120,026	250,000	250,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	77,750	50,000	50,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	153,576	136,000	136,000	—
LICENSES PERMITS & FEES	4520029	FINE&PEN-CITATIONS	15,400	—	—	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	6,276,861	6,300,000	6,300,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	43,349	70,000	70,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	994,496	1,200,000	1,200,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	7,810	35,000	35,000	—
VITAL RECORDS	4550030	LIC PERM & FEES-OTH	6,301,290	5,500,000	5,500,000	—
VITAL RECORDS	4710049	MR-ADJ-PY REVENUE	75	—	—	—
MISC SELF-GEN REVENUE	4710029	MR-PRIVATE SOURCES	—	—	261,908	261,908
HIV/AIDS PROGRAMS	4710094	MR-INSURANCE RECOVER	658,183	—	—	—
MISC COLLECTIONS	4550030	LIC PERM & FEES-OTH	47,032	487,900	510,000	22,100
MISC COLLECTIONS	4650010	SALE NON ST-SERVICES	50	—	—	—
NON-FEDERAL - OTHR STATE	4090013	NFR-PRIV GIFT/GRT	77,705	—	—	—
MISC COLLECTIONS	4090014	NFR-OTHER STATE	1,501,978	2,204,588	—	(2,204,588)
MISC COLLECTIONS	4430010	INTERESTON INVEST	3	—	—	—
MISC COLLECTIONS	4550030	LIC PERM & FEES-OTH	2,450	—	—	—
MISC COLLECTIONS	4710027	MR-CONV OF PROP	186,457	—	—	—
MISC COLLECTIONS	4710082	MR-INSURANCE PROC	30,690	—	—	—

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

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
MISC COLLECTIONS	4710094	MR-INSURANCE RECOVER	7,785,295	—	—	—
MISC COLLECTIONS	4830016	PY CASH CARRYOVER	20,950	—	—	—
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	—	—	1,499,634	1,499,634
MISC SELF-GEN REVENUE	4710094	MR-INSURANCE RECOVER	784	—	—	—
MISC SELF-GEN REVENUE	4710095	MR-RECOUP & REBATES	2,029	—	—	—
Total Collections/Income			\$50,089,985	\$57,557,572	\$59,047,204	\$1,489,632
TYPE						
Expenditures Source of Funding Form (BR-6)			50,089,985	57,557,572	59,047,204	1,489,632
Total Expenditures, Transfers and Carry Forwards to Next FY			\$50,089,985	\$57,557,572	\$59,047,204	\$1,489,632
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	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
MISC SELF-GEN REVENUE	4830014	INTRAFUND TRANSFER	—	—	1,164	1,164
H18-VITAL REC CONV FUND	4830014	INTRAFUND TRANSFER	425,404	425,404	425,404	—
Total Collections/Income			\$425,404	\$425,404	\$426,568	\$1,164
TYPE						
Expenditures Source of Funding Form (BR-6)			425,404	425,404	426,568	1,164
Total Expenditures, Transfers and Carry Forwards to Next FY			\$425,404	\$425,404	\$426,568	\$1,164
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	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
MISC SELF-GEN REVENUE	4830014	INTRAFUND TRANSFER	—	—	4,279	4,279
Q08-OYSTER SANITATON	4550030	LIC PERM & FEES-OTH	163,069	274,089	186,051	(88,038)
Total Collections/Income			\$163,069	\$274,089	\$190,330	\$(83,759)
TYPE						
Expenditures Source of Funding Form (BR-6)			163,069	274,089	190,330	(83,759)
Total Expenditures, Transfers and Carry Forwards to Next FY			\$163,069	\$274,089	\$190,330	\$(83,759)
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	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
E02-TELECOM DEAF FUND	4830014	INTRAFUND TRANSFER	3,270,916	5,510,939	5,510,939	—
MISC COLLECTIONS	4830014	INTRAFUND TRANSFER	—	—	110,963	110,963
Total Collections/Income			\$3,270,916	\$5,510,939	\$5,621,902	\$110,963
TYPE						
Expenditures Source of Funding Form (BR-6)			3,270,916	5,510,939	5,621,902	110,963
Total Expenditures, Transfers and Carry Forwards to Next FY			\$3,270,916	\$5,510,939	\$5,621,902	\$110,963
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	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
H45-RURAL PC PHY DEV FD	4830014	INTRAFUND TRANSFER	832,584	2,673,634	2,673,634	—
Total Collections/Income			\$832,584	\$2,673,634	\$2,673,634	—
TYPE						
Expenditures Source of Funding Form (BR-6)			832,584	2,673,634	2,673,634	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$832,584	\$2,673,634	\$2,673,634	—
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	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
MISCELLANEOUS INCOME	4830014	INTRAFUND TRANSFER	—	—	31,500	31,500
Total Collections/Income			—	—	\$31,500	\$31,500
TYPE						
Expenditures Source of Funding Form (BR-6)			—	—	31,500	31,500
Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	\$31,500	\$31,500
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Z13 - Louisiana Fund

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
Z13-LOUISIANA FUND	4830014	INTRAFUND TRANSFER	313,412	500,000	500,000	—
Z13-LOUISIANA FUND	4830014	INTRAFUND TRANSFER	6,814,632	6,321,260	6,321,260	—
Z13-LOUISIANA FUND	4830014	INTRAFUND TRANSFER	2,681,311	2,994,487	2,994,487	—
MISC COLLECTIONS	4830014	INTRAFUND TRANSFER	—	—	81,915	81,915
Total Collections/Income			\$9,809,355	\$9,815,747	\$9,897,662	\$81,915
TYPE						
Expenditures Source of Funding Form (BR-6)			9,809,355	9,815,747	9,897,662	81,915
Total Expenditures, Transfers and Carry Forwards to Next FY			\$9,809,355	\$9,815,747	\$9,897,662	\$81,915
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	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
SOURCE						
HIV/AIDS PROGRAMS	4060035	FR-OTHER	860,001	1,006,256	502,658	(503,598)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	7,415,407	6,242,377	5,942,575	(299,802)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	1,151,905	1,112,703	1,112,740	37
HIV/AIDS PROGRAMS	4060035	FR-OTHER	31,671,547	30,814,083	16,420,281	(14,393,802)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	—	43,500,000	59,393,802	15,893,802
HIV/AIDS PROGRAMS	4060035	FR-OTHER	3,062,556	4,607,583	3,061,743	(1,545,840)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	237,297	30,540	30,540	—
HIV/AIDS PROGRAMS	4060035	FR-OTHER	714,604	728,986	740,078	11,092
HIV/AIDS PROGRAMS	4060035	FR-OTHER	357,455	339,926	224,926	(115,000)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	4,283,834	3,687,489	3,687,489	—
LDH - COVID-19 CCP RSP	4060035	FR-OTHER	2,116,889	—	—	—
BIOTERRORISM GRANT	4060035	FR-OTHER	5,293,253	—	—	—
BIOTERRORISM GRANT	4060035	FR-OTHER	8,546,816	12,903,963	8,915,183	(3,988,780)
NCIPC OPIOID CRISIS	4060035	FR-OTHER	3,229,355	5,702,086	3,497,917	(2,204,169)
LDH - COVID-19 CCP RSP	4060035	FR-OTHER	2,717,385	652,135	—	(652,135)
MISC FEDERAL GRANTS	4060035	FR-OTHER	291,853	176,250	235,000	58,750
CSHCS	4060035	FR-OTHER	238,900	159,998	310,000	150,002
CSHCS	4060035	FR-OTHER	4,348,045	5,544,314	5,181,392	(362,922)
EMERGENCY MEDICAL SVCS	4060035	FR-OTHER	54,428	361,981	361,981	—
EMERGENCY MEDICAL SVCS	4060035	FR-OTHER	154,508	190,650	190,650	—
EMERGENCY MEDICAL SVCS	4060035	FR-OTHER	15,747	—	—	—
RAPE CRISIS PROGRAM	4060035	FR-OTHER	95,203	101,342	101,342	—
VIOLENCE AGAINST WOMEN	4060035	FR-OTHER	545,276	561,455	621,849	60,394
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	—	3,212,731	3,212,731	—
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	24,669,597	14,567,596	14,567,599	3
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	1,434,230	—	—	—

006 - Federal Funds (continued)

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
ANTIBIOTIC RES RET FOOD	4060035	FR-OTHER	148,188	135,000	135,000	—
FAMILY PLANNING	4060035	FR-OTHER	—	4,770,000	4,770,000	—
FAMILY PLANNING	4060035	FR-OTHER	256,374	500,000	500,000	—
FAMILY PLANNING	4060035	FR-OTHER	232,362	1,124,000	1,124,000	—
HUD LEAD	4060035	FR-OTHER	643,089	468,678	468,678	—
MCH BLOCK GRANT	4060035	FR-OTHER	231,006	780,000	780,000	—
LDH - COVID-19 CCP RSP	4060035	FR-OTHER	14,582,990	—	—	—
IMMUNIZATION GRANT	4060035	FR-OTHER	6,315,949	5,753,196	5,753,196	—
CHILD DEATH REVIEW	4060035	FR-OTHER	20,642	50,000	50,000	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	302,114	330,000	330,086	86
MISC FEDERAL GRANTS	4060035	FR-OTHER	256,279	255,600	299,600	44,000
MISC FEDERAL GRANTS	4060035	FR-OTHER	733,473	750,000	750,000	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	191,278	—	—	—
PRAMS	4060035	FR-OTHER	169,064	175,000	175,000	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	216,426	301,300	275,000	(26,300)
SUICIDE PREVENTION	4060035	FR-OTHER	747,278	784,000	561,000	(223,000)
SYSTEMS DEVELOPMENT	4060035	FR-OTHER	100,928	100,000	100,000	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	356,899	280,067	280,067	—
MCH BLOCK GRANT	4060035	FR-OTHER	4,641,802	4,457,507	5,975,154	1,517,647
MISC FEDERAL GRANTS	4060035	FR-OTHER	621,348	95,600	570,000	474,400
MCH BLOCK GRANT	4060035	FR-OTHER	—	4,339,889	350,000	(3,989,889)
ARPA	4060035	FR-OTHER	506,243	—	—	—
MCH BLOCK GRANT	4060035	FR-OTHER	10,420,627	10,481,500	11,929,766	1,448,266
LDH - COVID-19 CCP RSP	4060035	FR-OTHER	369,305	547,342	547,342	—
RURAL HEALTH	4060035	FR-OTHER	16,995	206,996	206,996	—
STUDENT LOAN REPAYMENT	4060035	FR-OTHER	684,259	772,000	359,550	(412,450)
PRIMARY CARE GRANT	4060035	FR-OTHER	140,451	352,468	230,173	(122,295)
SHIP	4060035	FR-OTHER	198,331	971,561	663,936	(307,625)

006 - Federal Funds (continued)

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
WELL-AHEAD HEALTH GRANT	4060035	FR-OTHER	305,804	551,376	450,000	(101,376)
CRITICAL ACCESS FLEX	4060035	FR-OTHER	315,615	817,911	649,128	(168,783)
ORAL HEALTH GRANT	4060035	FR-OTHER	7,845	625,735	370,000	(255,735)
ORAL HEALTH GRANT	4060035	FR-OTHER	233,245	494,532	399,999	(94,533)
BRFSS	4060035	FR-OTHER	334,773	500,000	500,000	—
PREVENTIVE HEALTH GRNT	4060035	FR-OTHER	654,617	700,904	700,904	—
FEDERAL	4060035	FR-OTHER	10,279,784	20,400,000	17,500,000	(2,900,000)
OPIOID OVERDOSE SURV	4060035	FR-OTHER	1,207,374	1,190,888	1,190,888	—
PREVENTIVE HEALTH GRNT	4060035	FR-OTHER	362,981	505,000	505,000	—
WELL-AHEAD HEALTH GRANT	4060035	FR-OTHER	947,694	696,144	696,144	—
PREVENTIVE HEALTH GRNT	4060035	FR-OTHER	—	1,126,607	693,719	(432,888)
TOBACCO CONTROL	4060035	FR-OTHER	958,841	2,276,032	1,635,696	(640,336)
MISC FEDERAL GRANTS	4060035	FR-OTHER	400,691	605,288	500,000	(105,288)
MISC FEDERAL GRANTS	4060035	FR-OTHER	734,191	1,289,016	1,100,000	(189,016)
MISC FEDERAL GRANTS	4060035	FR-OTHER	972,138	1,467,918	1,173,237	(294,681)
MISC COLLECTIONS	4060035	FR-OTHER	—	13,080,633	30,279,282	17,198,649
CSFP	4060035	FR-OTHER	5,493,633	4,276,169	3,700,000	(576,169)
WIC ADMINISTRATION	4060035	FR-OTHER	116,919,038	121,735,912	121,000,000	(735,912)
PEER COUNSELING GRANT	4060035	FR-OTHER	1,649,928	1,216,638	1,000,000	(216,638)
MCH BLOCK GRANT	4060035	FR-OTHER	167,237	316,437	316,000	(437)
STD	4060035	FR-OTHER	687,930	—	—	—
STD	4060035	FR-OTHER	2,020,776	1,885,735	1,885,735	—
TB CONTROL PREVENTION	4060035	FR-OTHER	349,700	1,027,500	1,027,500	—
TB CONTROL PREVENTION	4060035	FR-OTHER	691,510	747,437	747,434	(3)
BEACH MONITORING	4060035	FR-OTHER	383,963	359,000	359,000	—
SAFE DRINKING WATER	4060035	FR-OTHER	1,744,788	2,070,000	2,070,000	—
SAFE DRINKING WATER	4060035	FR-OTHER	1,839,520	1,489,000	1,489,000	—
SAFE DRINKING WATER	4060035	FR-OTHER	618,060	607,594	607,594	—

006 - Federal Funds (continued)

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
OCCUPATIONAL INJURY	4060035	FR-OTHER	417,885	512,905	512,905	—
APPLETREE PROGRAM	4060035	FR-OTHER	319,378	312,998	312,998	—
PRIVATE WELL INITIATIVE	4060035	FR-OTHER	155,167	143,614	143,614	—
ENV PUBLIC HEALTH TRK	4060035	FR-OTHER	605,554	615,000	615,000	—
FOOD AND DRUG	4060035	FR-OTHER	164,390	207,928	—	(207,928)
MFD FOOD STANDARDS	4060035	FR-OTHER	75,994	220,975	220,975	—
COMMERCIAL SEAFOOD	4060035	FR-OTHER	—	55,463	55,463	—
VITAL RECORDS	4060035	FR-OTHER	709,090	361,036	361,036	—
HIV/AIDS PROGRAMS	4710095	MR-RECOUP & REBATES	50,013,540	—	—	—
MISC FEDERAL GRANTS	4710135	MR-PY LOAN PYBK CLR	49,064,050	—	—	—
MISC FEDERAL GRANTS	4830016	PY CASH CARRYOVER	1,200,160	—	—	—
QUITLINE	4060035	FR-OTHER	133,154	—	—	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	—	—	4,305,072	4,305,072
BIOTERRORISM GRANT	4060035	FR-OTHER	316,385	—	—	—
WELL-AHEAD HEALTH GRANT	4060035	FR-OTHER	989,145	1,187,652	888,000	(299,652)
WIC ADMINISTRATION	4060035	FR-OTHER	—	1,100,000	1,100,000	—
WIC ADMINISTRATION	4060035	FR-OTHER	34,952	120,000	—	(120,000)
MISC FEDERAL GRANTS	4060035	FR-OTHER	—	25,000	—	(25,000)
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	204,686	—	—	—
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	50,755	—	—	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	155,542	—	—	—
MISC COLLECTIONS	4060035	FR-OTHER	—	—	2,264,140	2,264,140
FOOD AND DRUG	4060035	FR-OTHER	—	16,147	—	(16,147)
MISC FEDERAL GRANTS	4060036	FR-OTHER-VA BASIC	447,146	—	—	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	216,329	1,379,908	1,379,908	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	83,267	129,975	112,500	(17,475)
MISC FEDERAL GRANTS	4060035	FR-OTHER	128,594	807,270	520,229	(287,041)
BIOTERRORISM GRANT	4060035	FR-OTHER	—	1,339,555	—	(1,339,555)

006 - Federal Funds *(continued)*

Source	Commitment Item	Commitment Item Name	FY2024-2025 Actuals	FY-2026 Estimate	FY2026-2027 Projected	Over/Under Current Year Estimate
MISC FEDERAL GRANTS	4060035	FR-OTHER	—	241,076	241,076	—
COMMUNITY HEALTH WORKERS	4060035	FR-OTHER	—	—	(1,755,602)	(1,755,602)
MISC FEDERAL GRANTS	4060035	FR-OTHER	—	—	49,575	49,575
Total Collections/Income			\$402,376,630	\$365,822,056	\$369,370,169	\$3,548,113
TYPE						
Expenditures Source of Funding Form (BR-6)			346,490,665	365,822,056	369,370,169	3,548,113
Carryover			2,160,398	—	—	—
Transfer			53,725,567	—	—	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$402,376,630	\$365,822,056	\$369,370,169	\$3,548,113
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Justification of Differences

Form 46278 — 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 46279 — 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 46280 — 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 46281 — 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 46282 — 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 46283 — 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 46285 — 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 46286 — 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 46293 — 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 46300 — 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 46301 — 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 46302 — 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 46303 — 326 FEMA Reimbursements 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 46304 — 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 46305 — 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 46306 — 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 46307 — 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 46308 — 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 46309 — 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 46310 — 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 46311 — 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 46312 — 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 46313 — 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 46314 — 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 46315 — 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 46316 — 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 46317 — 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 46318 — 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 46319 — 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 46320 — 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 46321 — 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 46322 — 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 46323 — 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 46324 — 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 46325 — 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 46326 — 326 Infectious Disease 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 46327 — 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 46328 — 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 46329 — 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 46330 — 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 46331 — 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 46332 — 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 46333 — 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 46334 — 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 46335 — 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 46336 — 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 46337 — 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 46338 — 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 46339 — 326 Unallotted Self Generated

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

Form 46340 — 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 46341 — 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 46342 — 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 46343 — 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 46344 — 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 46345 — 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 46346 — 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 46347 — 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 46348 — 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 46349 — 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 46350 — 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 46351 — 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 46352 — 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 46353 — 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 46354 — 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 46355 — 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 46356 — 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 46357 — 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 46358 — 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 46359 — 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 46360 — 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 46361 — 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 46362 — 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 46363 — 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 46364 — 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 46365 — 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 46366 — 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 46367 — 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 46368 — 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 46369 — 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 46370 — 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 46371 — 326 Louisiana 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 46372 — 326 HIV AIDS Personal Responsibility 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 46373 — 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 46374 — 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 46375 — 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 46376 — 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 46377 — 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 46378 — 326 Public Health Emergency 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 46379 — 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 46380 — 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 46381 — 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 46382 — 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 46383 — 326 Children's Special Health Svcs - 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 46384 — 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 46385 — 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 46386 — 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 46387 — 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 46388 — 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 46389 — 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 46390 — 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 46391 — 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 46392 — 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 46393 — 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 46394 — 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 46395 — 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 46396 — 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 46397 — 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 46398 — 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 46399 — 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 46400 — 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 46401 — 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 46402 — 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 46403 — 326 Child Death Review Maternity 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 46404 — 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 46405 — 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 46406 — 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 46407 — 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 46408 — 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 46409 — 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 46410 — 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 46411 — 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 46412 — 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 46413 — 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 46414 — 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 46415 — 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 46416 — 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 46417 — 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 46418 — 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 46419 — 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 46420 — 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 46421 — 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 46422 — 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 46423 — 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 46424 — 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 46425 — 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 46426 — 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 46427 — 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 46428 — 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 46429 — 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 46430 — 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 46431 — 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 46432 — 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 46433 — 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 46434 — 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 46435 — 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 46436 — 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 46437 — 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 46438 — 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 46439 — 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 46440 — 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 46441 — 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 46442 — 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 46443 — 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 46444 — 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 46445 — 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 46446 — 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 46447 — 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 46448 — 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 46449 — 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 46450 — 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 46451 — 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 46452 — 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 46453 — 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 46454 — 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 46455 — 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 46456 — 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 46457 — 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 46458 — 326 APPLETREE Federal

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

Form 46459 — 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 46460 — 326 Public Health Tracking Federal

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

Form 46461 — 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 46462 — 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 46463 — 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 46464 — 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 46465 — 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 46466 — 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 46467 — 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 46468 — 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 46469 — 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 46470 — 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 46471 — 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 46472 — 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 46473 — 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 46474 — 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 46475 — 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 46476 — 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 46477 — 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 46479 — 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 46480 — 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 46482 — 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 46483 — 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 46601 — 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 46602 — 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 46603 — 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 46604 — 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 46605 — 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 46606 — 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 46607 — 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 46608 — 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 46609 — 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 46610 — 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 46611 — 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 46612 — 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 46613 — 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 46614 — 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 46615 — 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 46616 — 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 46617 — 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 46618 — 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 46619 — 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 46620 — 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 46621 — 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 46622 — 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 46623 — 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 46624 — 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 46625 — 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 46626 — 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 46627 — 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 46628 — 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 46629 — 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 46630 — 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 46631 — 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 46632 — 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 46633 — 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 46634 — 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 46638 — 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 46639 — 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 46640 — 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 46668 — 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 46669 — 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 46670 — 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 46671 — 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 46672 — 326 MOLLUSCAN SHELLFISH FDA 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 46673 — 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 46688 — 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 46699 — 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 47897 — 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 47947 — 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 47949 — 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 47953 — 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 47954 — 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 47955 — 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 47956 — 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 47957 — 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 48302 — 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 48710 — 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 49138 — 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 49141 — 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.

SCHEDULE OF REQUESTED EXPENDITURES

3262 - Public Health Services

Travel

FY2026-2027 Request	Description
4,000	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.
610,865	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.
4,725	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.
2,207,743	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. 20,000 CB-8 Vital Records Stakeholder 20,000 CB-8 PantrySoft 1,500 CB-8 Emergency Medical Services Fund 63,405 System Inflation
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.
18,000	Out of State IT Training for Bureau of Nutrition to attend Tableau Conference and MOSAIC User Group Meetings.
\$2,861,633	Total Travel

Operating Services

FY2026-2027 Request	Description
462,905	2,000 CB-8 Emergency Medical Services Fund 15,000 CB-8Vital Records Stakeholder 108,179 New or Expanded Adjustments - HIV Test and Treatment 15,339 Medical Inflation 322,387 System Generated Inflation
98,400	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.
7,250	Banking Fees will apply to Programmatic Offices and Regions 1, 2, 3, 4, 5, 6, 7 and 9 Parish Health Units.
15,000	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.
6,453,684	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.
11,500	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.
104,200	Cost related to the printing of forms utilized by, but not limited to, Vital Records, EMS, Parish Health Units, Regional, and other Programmatic Offices.
4,000	Costs for lawn care service at Region 4 Parish Health Units and Laboratory and Sanitarian Services Programmatic Offices.
317,058	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.
1,900	Credit card related expenditures for Permit Unit and Regions 1, 5,6,7, and 9 Parish Health Units.
138,634	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.

Operating Services *(continued)*

FY2026-2027 Request	Description
338,500	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.
1,586,437	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.
19,570	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.
642,800	Expenses related to custodial services rendered in Regional Offices, Parish Health Units, and Programmatic Offices statewide.
36,000	Gas costs for Parish Health Units and Regional Offices including but not limited to Regions 2, 5, 6, and 7.
81,500	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.
456,500	Lab Fees cost for Programmatic Offices including but not limited to: Engineering, Tuberculosis, Family Planning, and Laboratory Services.
4,600	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.
151,085	Medical waste disposal pick-up for all Parish Health Units, Programmatic and Regional Offices statewide.
2,294,150	Miscellaneous cost for Parish Health Units, Regional, and Programmatic Offices including but not limited to: Vital Records, Engineering Services, and Bureau of Community Preparedness. Miscellaneous costs include couriers, shredding services, emergency operating expenses, coroner reimbursements, Kelly and Westaff temporary services, statewide operating expenses, academic accreditations.
35,156	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.
2,500	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.

Operating Services *(continued)*

FY2026-2027 Request	Description
214,010	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.
17,940	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.
452,482	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.
127,140	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.
52,610	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.
320,834	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.
8,500	Uniform costs include, but are not limited to. lab coats and laundry related to Environmental Chemistry and Water Lab.
22,850	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.
\$14,479,695	Total Operating Services

Supplies

FY2026-2027 Request	Description
4,309,817	286,038 CB-8- Sanitation Servies Entergov 10,000 CB-8 Vital Records Stakeholder 10,000 CB-8 Emergency Services Fund 3,291,821 New or Expanded Adjustments HIV Test & Treatment 358,808 Medical Inflation 353,150 System Generated Inflation
94,000	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.
2,640,059	Consumable and non-consumable to be determined.
575,810	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.
14,700	Expenditures related to nutritional food demonstrations using WIC food products for Parish Health Units and Regional Offices.
7,600,819	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. .
413,775	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.
724,524	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.
450	Personal supplies for Parish Health Units and Regional Offices that do not fall under other categories.
3,007,990	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.
250,450	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.
31,750	Uniform cost for Sanitarian Services and Engineering. These costs include but are not limited to shirts, boots, vests, and protective headgears.
\$19,664,144	Total Supplies

Professional Services

FY2026-2027 Request	Means of Financing	Description
3,904,339	Interagency Transfers	
\$3,904,339		Other Professional Services costs for Programmatic Offices including, but not limited to: Maternal and Child Health, Genetic Disease, and Bureau of Performance Improvement.
42,587,848	Federal Funds	
\$42,587,848		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.
4,778,469	Telecommunications for the Deaf Fund	
\$4,778,469		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.
6,653,021	State General Fund	
\$6,653,021		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.
		80,000 CB-8 PantrySoft
		167,107 Medical Inflation
		1,409,431 System Generated Inflation

Professional Services *(continued)*

FY2026-2027 Request	Means of Financing	Description
1,460,946	Fees & Self-generated Revenues	
\$1,460,946		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.
3,551,487	Louisiana Fund	
\$3,551,487		Professional Services costs, which include but are not limited to the Genetic programs, Maternal and Children Health Services, and School Based Health Services.
\$62,936,110	Total Professional Services	

Other Charges

FY2026-2027 Request	Means of Financing	Description
10,792,170	State General Fund	
\$10,792,170		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.
		3,081,424 Medical Inflation
		18,000 CB-8 Emergency Medical Services Fund
		3,000,000 CB-8 Vital Records LEERs
		1,250,000 CB-8 Vital Records Digitization
		100,000 CB-8 Vital Records Stakeholder
		-8,000,000 FMBB nonrecurring Phenomune Testing Kits
6,254,260	Oyster Sanitation Dedicated Fund Account	
\$6,254,260		Other Charges costs associated with services provide to Genetics, Maternal and Children Services, and School Based Health Services

Other Charges *(continued)*

FY2026-2027 Request	Means of Financing	Description
215,120,246	Federal Funds	
\$215,120,246		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; Other Charges - Contractual Services for the Nutrition Services program.
79,865,207	Interagency Transfers	
\$79,865,207		Other Charges costs for Programmatic Offices include but are not limited to Bureau of Chronic Disease, HIV/AIDS, Maternal Child Health, and Performance Improvement.
8,828,753	Fees & Self-generated Revenues	
\$8,828,753		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.
159,095	Telecommunications for the Deaf Fund	
\$159,095		Other Charges Professional Services costs for Louisiana Commission for the Deaf programmatic office.
2,673,634	Rural Primary Care Physicians Development Fund	
\$2,673,634		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.
\$323,885,583	Total Other Charges	

Interagency Transfers

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
10,927	Fees & Self-generated Revenues		
\$10,927		OFFICE OF STATE POLICE	Capital Police Security
325,411	Interagency Transfers		
\$325,411		DOA-OFFICE OF TECHNOLOGY SVCS	IAT services yet to be determined.
30,992	Fees & Self-generated Revenues		
389,813	State General Fund		
\$420,805		STATE CIVIL SERVICE	Interagency Transfers for State Civil Service and Comprehensive Public Training Program (CPTP).
5,920	Federal Funds		
1,037	Fees & Self-generated Revenues		
13,043	State General Fund		
\$20,000		DOA-ADMINISTRATIVE SUPPORT	Interagency transfers to DOA for required GPS Service for 65 vehicles and deductibles for insurance and repairs. The total IAT amount is \$20,000 and consists of the following funding breakdown: \$13,043.00 in State Funds, \$1,037.00 in Self-Generated Fees, and \$5,920.00 in Federal Funds.
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 cost. The total IAT amount is \$597,743 and consists of the following funding Breakdown: \$389,813.00 in State Funds, \$30,992.00 in Self-Generated Fees, and \$176,938.00 in Federal Funds.

Interagency Transfers *(continued)*

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
250,000	Federal Funds		
\$250,000		HEALTH & HOSP OFF OF SECRETARY	Interagency transfer to covers costs of provisions of direct clinical services in school based health centers... The total IAT amount is \$250,000.00 and consists of \$250,000 in Federal Funds.
3,800,000	Federal Funds		
\$3,800,000		DHH MEDICAL VENDOR PAYMENTS	Interagency transfer to Louisiana Department of Health - Medical Vendor payments. This transfer covers reimbursement LINCCA payments. The total IAT amount is \$3,800,000.00 in Federal Funds.
60,000	State General Fund		
165,000	Federal Funds		
\$225,000		HEALTH & HOSP OFF OF SECRETARY	Interagency transfer to Louisiana Department of Health - Office of the Secretary. This transfer covers the cost of an Attorney 4 job appointment assigned to OPH Engineering Services and OPH Sanitarian Services. The total IAT amount is \$225,000.00 and consists of \$165,000.00 in Federal Funds and \$60,000.00 in State General Fund.
450,000	Federal Funds		
\$450,000		LOUISIANA JUDICIARY	Interagency transfer to Louisiana State Supreme Court - Drug Court. This transfer covers cost-related services provided in conjunction with the Opioid Overdose Prevention grant. The total IAT amount is \$450,000.00 in Federal Funds.

Interagency Transfers *(continued)*

FY2026-2027 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 developments. The total IAT amount is \$255,400 and is fully Federal Funded.
10,000	Federal Funds		
\$10,000		HEALTH & HOSP OFF OF SECRETARY	Interagency transfer to the Bureau of Minority Health. This transfer covers Tribal outreach activities supported by the Public Health Emergency Response (PHEP) grant in the Office of Public Health. The total IAT amount is \$10,000.00 in Federal Funds.
158,253	Fees & Self-generated Revenues		
\$158,253		DOA-ADMINISTRATIVE SUPPORT	Interagency transfer to the Department of Administration
189,035	Federal Funds		
\$189,035		AGRICULTURE AND FORESTRY	Interagency transfer to the Department of Agriculture & Forestry. This transfer covers the costs for emergency response storage of antiviral medical caches. The total IAT amount is \$189,035.00 in federal funds.
62,383	Federal Funds		
137,437	State General Fund		
\$199,820		OFFICE OF STATE POLICE	Interagency transfer to the Department of Public Safety - Capital Police Security. This transfer covers costs related to wages for security officers located at Benson Towers, Brandywine, OPH Laboratory, and Shreveport office buildings. The total IAT amount is \$210,747.00 and consists of the following funding breakdown: \$137,437.00 in State Funds, \$10,927.00 in Self-Generated Fees, and \$62,383.00 in Federal Funds.

Interagency Transfers *(continued)*

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
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 Bienville Building and OPH Laboratory in Baton Rouge. The total IAT amount is \$2,917,848.00 and consists of the following funding breakdown: \$2,376,343.00 in State Funds, \$158,253.00 in Self-Generated Fees, \$343,252.00 in Federal Funds, and \$40,000.00 in LA Telecom for the Deaf Funds.
40,000	Telecommunications for the Deaf Fund		
\$40,000		DOA-ADMINISTRATIVE SUPPORT	Interagency transfer to the Division of Administration - Office of State Buildings and Grounds. This transfer covers rental costs associated with space occupied by OPH program offices at Bienville Building and OPH Laboratory in Baton Rouge. The total IAT amount is \$2,917,848.00 and consists of the following funding breakdown: \$2,376,343.00 in State Funds, \$158,253.00 in Self-Generated Fees, \$343,252.00 in Federal Funds, and \$40,000.00 in LA Telecom for the Deaf Funds.

Interagency Transfers *(continued)*

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
2,376,343	State General Fund		
\$2,376,343		DOA-ADMINISTRATIVE SUPPORT	Interagency transfer to the Division of Administration - Office of State Buildings and Grounds. This transfer covers rental costs associated with space occupied by OPH program offices at Bienville Building and OPH Laboratory in Baton Rouge. The total IAT amount is \$3,572,364.00 and consists of the following funding breakdown: \$2,823,740.00 in State Funds, \$87,000.00 in Self-Generated Fees, \$32,625.00 in IAT Funds, \$608,999.00 in Federal Funds, and \$20,000.00 in LA Telecom for the Deaf Funds.
10,851,013	Federal Funds		
\$10,851,013		DOA-OFFICE OF TECHNOLOGY SVCS	Interagency transfer to the Division of Administration - Office of Technology Services (OTS). The purpose of this IAT is to cover costs related to E-mail services, storage, archiving, data, Enterprise desktop and printer support, center electrical distribution, and ISB raised floor. The total IAT amount is \$19,109,249.00 and consists of the following funding breakdown: \$6,235,678.00 in State Funds, \$2,021,558.00 in Self-Generated Fees, \$1,000.00 in IAT Funds, \$10,851,013.00 in Federal Funds
1,000	Interagency Transfers		
\$1,000		DOA-OFFICE OF TECHNOLOGY SVCS	Interagency transfer to the Division of Administration - Office of Technology Services (OTS). The purpose of this IAT is to cover costs related to E-mail services, storage, archiving, data, Enterprise desktop and printer support, center electrical distribution, and ISB raised floor. The total IAT amount is \$19,109,249.00 and consists of the following funding breakdown: \$6,235,678.00 in State Funds, \$2,021,558.00 in Self-Generated Fees, \$1,000.00 in IAT Funds, \$10,851,013.00 in Federal Funds.

Interagency Transfers *(continued)*

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
1,125	Federal Funds		
\$1,125		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 \$1.125.00 and consists of the following funding breakdown: \$1,125.00 in Federal Funds.
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. The IAT is 100% federally funded for \$576.000.
153,635	Federal Funds		
\$153,635		LA HIGHWAY SAFETY COMMISSION	Interagency transfer to the Louisiana Highway Commission. This transfer covers costs related to contract services for the Opioid Overdose Prevention grant. The total IAT amount is \$153,635.00 in Federal Funds.
320,141	Federal Funds		
\$320,141		OFFICE OF RISK MANAGEMENT	Interagency transfer to the Office of Risk Management. This transfer covers OPH share of Risk Management insurance premium. The total IAT amount is \$1,081,523.00 and consists of the following funding breakdown: \$705,307.00 in State Funds, \$56,075.00 in Self-Generated Fees, and \$320,141.00 in Federal Funds.
121,981	Federal Funds		
21,366	Fees & Self-generated Revenues		
268,737	State General Fund		
\$412,084		DOA-OFFICE OF ST PROCUREMENT	Interagency transfer to the Office of State Procurement. This transfer covers statewide procurement services and support cost. The total IAT amount is \$268,737.00 in State General Funds, \$21,366.00 in Self-Generated Fees, and \$121,981 in Federal Funds.

Interagency Transfers *(continued)*

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
219,325	Federal Funds		
38,417	Fees & Self-generated Revenues		
483,199	State General Fund		
\$740,941		DOA-OFFICE OF TECHNOLOGY SVCS	Interagency transfer to the Office of Technology Services - Production Support Services. This transfer covers printing costs for reproducing educational brochures and pamphlets for clients, stakeholders, and other OPH clients. The total IAT amount is \$740,941.00 and consists of the following funding breakdown: \$483,199 in State Funds, \$38,417.00 in Self-Generated Fees, and \$219,325.00 in Federal Funds.
185,022	Federal Funds		
922,450	State General Fund		
\$1,107,472		OFF. TELECOMMUNICATIONS MGMT	Interagency transfer to the Office of Telecommunications. This transfer covers statewide costs related to local and long distance telephone calls, fax, and conference calling services. The total IAT is \$1,493,288.00 and includes \$922,450.00 in State Funds, \$385,816.00 in Self-Generated Fees, and \$185,022.00 in Federal Funds.
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. The total IAT amount is \$120,000.00 in Federal Funds.

Interagency Transfers (continued)

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
4,582	Federal Funds		
\$4,582		ST TREASURER OPERATING	Interagency transfer to the Office of the State Treasurer. The purpose of this transfer is to cover central depository banking services costs. The total IAT amount is \$15,478.00 and consists of the following funding breakdown: \$10,094.00 in State Funds, \$802.00 in Self-Generated Fees, and \$4,582.00 in Federal Funds.
705,307	State General Fund		
\$705,307		OFFICE OF RISK MANAGEMENT	Office of Risk Management
56,075	Fees & Self-generated Revenues		
\$56,075		OFFICE OF RISK MANAGEMENT	Office of Risk Management
10,094	State General Fund		
\$10,094		ST TREASURER OPERATING	Office of State Treasurer
4,084	Fees & Self-generated Revenues		
51,372	State General Fund		
\$55,456		UNIFORM PAYROLL OFFICE	Office of State Uniform Payroll System
2,021,558	Fees & Self-generated Revenues		
\$2,021,558		DOA-OFFICE OF TECHNOLOGY SVCS	Office of Technology Services
5,976,542	State General Fund		
\$5,976,542		DOA-OFFICE OF TECHNOLOGY SVCS	Office of Technology Services
			100,000 CB-8 PantrySoft
			5,000 CB-8 Vital Records Stakeholder
			105,125 CB-8 IT Equipment
			-469,261 FMBB
385,816	Fees & Self-generated Revenues		
\$385,816		OFF. TELECOMMUNICATIONS MGMT	Office of Telecommunications

Interagency Transfers (continued)

FY2026-2027 Request	Means of Financing	Receiving Agency	Description
802	Fees & Self-generated Revenues		
\$802		ST TREASURER OPERATING	Office of the State Treasurer
23,318	Federal Funds		
\$23,318		UNIFORM PAYROLL OFFICE	Uniform Payroll Office
\$32,774,145	Total Interagency Transfers		

Continuation Budget Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
STATE GENERAL FUND (Direct)	72,096,342	(8,000,000)	911,398	2,024,506	—	7,297,318	74,329,564
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	85,005,926	—	94,352	—	—	—	85,100,278
FEES & SELF-GENERATED	58,257,065	(359,948)	267,351	1,499,634	—	—	59,664,102
STATUTORY DEDICATIONS	18,000,320	—	192,878	—	—	31,500	18,224,698
FEDERAL FUNDS	365,822,056	(1,315,072)	4,305,072	2,264,140	—	(1,706,027)	369,370,169
TOTAL MEANS OF FINANCING	\$599,181,709	\$(9,675,020)	\$5,771,051	\$5,788,280	—	\$5,622,791	\$606,688,811

Fees and Self-Generated

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Fees & Self-generated Revenues	57,557,572	(271,910)	261,908	1,499,634	—	—	59,047,204
Oyster Sanitation Dedicated Fund Account	274,089	(88,038)	4,279	—	—	—	190,330
Vital Records Conversion Dedicated Fund Account	425,404	—	1,164	—	—	—	426,568
Total:	\$58,257,065	\$(359,948)	\$267,351	\$1,499,634	—	—	\$59,664,102

Statutory Dedications

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Emergency Medical Technician Fund	—	—	—	—	—	31,500	31,500
Louisiana Fund	9,815,747	—	81,915	—	—	—	9,897,662
Rural Primary Care Physicians Development Fund	2,673,634	—	—	—	—	—	2,673,634
Telecommunications for the Deaf Fund	5,510,939	—	110,963	—	—	—	5,621,902
Total:	\$18,000,320	—	\$192,878	—	—	\$31,500	\$18,224,698

Expenditures and Positions

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Salaries	88,648,213	—	—	4,141,023	—	824,400	93,613,636
Other Compensation	7,461,868	—	—	(1,709,891)	—	(418,658)	5,333,319
Related Benefits	50,989,012	—	—	3,357,148	—	194,386	54,540,546
TOTAL PERSONAL SERVICES	\$147,099,093	—	—	\$5,788,280	—	\$600,128	\$153,487,501
Travel	2,756,728	—	63,405	—	—	41,500	2,861,633
Operating Services	14,016,790	—	337,726	—	—	17,000	14,371,516
Supplies	16,073,577	(719,250)	711,958	—	—	306,038	16,372,323
TOTAL OPERATING EXPENSES	\$32,847,095	\$(719,250)	\$1,113,089	—	—	\$364,538	\$33,605,472
PROFESSIONAL SERVICES	\$61,279,572	—	\$1,576,538	—	—	\$80,000	\$62,936,110
Other Charges	324,524,197	(8,088,038)	3,081,424	—	—	4,368,000	323,885,583
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	32,564,020	—	—	—	—	210,125	32,774,145
TOTAL OTHER CHARGES	\$357,088,217	\$(8,088,038)	\$3,081,424	—	—	\$4,578,125	\$356,659,728
Acquisitions	867,732	(867,732)	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$867,732	\$(867,732)	—	—	—	—	—
TOTAL EXPENDITURES	\$599,181,709	\$(9,675,020)	\$5,771,051	\$5,788,280	—	\$5,622,791	\$606,688,811
Classified	1,220	—	—	—	—	14	1,234
Unclassified	14	—	—	—	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,234	—	—	—	—	14	1,248
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	103	—	—	—	—	(9)	94

CONTINUATION BUDGET ADJUSTMENTS - SUMMARIZED**Form 47976 — 326 - Non-Recurring Phenomune Pilot Taste Testing Kits****Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	(8,000,000)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$(8,000,000)

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	(8,000,000)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(8,000,000)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(8,000,000)

Positions

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

Continuation Budget Adjustments - Summarized

Total Agency
Request Type: NON-RECUR

Form 48198 — FY26-27 Non-recurring Carryforwards

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	(88,038)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(719,250)
TOTAL MEANS OF FINANCING	\$(807,288)

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	(719,250)
TOTAL OPERATING EXPENSES	\$(719,250)
PROFESSIONAL SERVICES	—
Other Charges	(88,038)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(88,038)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(807,288)

Positions

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

Form 48210 — FY26-27 Non-Recurring Acquisitions and Major Repairs
Means of Financing

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	(271,910)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(595,822)
TOTAL MEANS OF FINANCING	\$(867,732)

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	(867,732)
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	\$(867,732)
TOTAL EXPENDITURES	\$(867,732)

Positions

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

Form 48211 — FY26-27 Standard Inflation Adjustment**Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	295,543
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	94,352
FEES & SELF-GENERATED	267,351
STATUTORY DEDICATIONS	192,878
FEDERAL FUNDS	1,298,249
TOTAL MEANS OF FINANCING	\$2,148,373

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	63,405
Operating Services	322,387
Supplies	353,150
TOTAL OPERATING EXPENSES	\$738,942
PROFESSIONAL SERVICES	\$1,409,431
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$2,148,373

Positions

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

Continuation Budget Adjustments - Summarized

Total Agency
Request Type: INFLATION

Form 48484 — 326 Medical Inflation

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	615,855
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	3,006,823
TOTAL MEANS OF FINANCING	\$3,622,678

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	15,339
Supplies	358,808
TOTAL OPERATING EXPENSES	\$374,147
PROFESSIONAL SERVICES	\$167,107
Other Charges	3,081,424
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$3,081,424
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$3,622,678

Positions

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

Form 48397 — 326 Salary and Related Benefits Base Adjustments
Means of Financing

	Amount
STATE GENERAL FUND (Direct)	2,024,506
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	1,499,634
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	2,264,140
TOTAL MEANS OF FINANCING	\$5,788,280

Expenditures

	Amount
Salaries	4,141,023
Other Compensation	(1,709,891)
Related Benefits	3,357,148
TOTAL PERSONAL SERVICES	\$5,788,280
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	\$5,788,280

Positions

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

Form 48049 — 326 - Bureau of Nutrition Services - Pantrysoft Software**Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	200,000
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$200,000

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	20,000
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	\$20,000
PROFESSIONAL SERVICES	\$80,000
Other Charges	—
Debt Service	—
Interagency Transfers	100,000
TOTAL OTHER CHARGES	\$100,000
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$200,000

Positions

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

Form 48050 — 326 - Bureau of Reg. and Clinical Ops - Comm. Coordinator**Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	218,331
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$218,331

Expenditures

	Amount
Salaries	—
Other Compensation	139,959
Related Benefits	78,372
TOTAL PERSONAL SERVICES	\$218,331
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	\$218,331

Positions

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	2

Form 48051 — 326 - Bureau of Reg. and Clinical Ops - HealthWays Program**Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	1,755,602
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(1,755,602)
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	—

Positions

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

Continuation Budget Adjustments - Summarized

Total Agency
Request Type: OTHER

Form 48054 — 326 - Sanitation Services - Entergov

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	286,038
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$286,038

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	286,038
TOTAL OPERATING EXPENSES	\$286,038
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$286,038

Positions

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

Form 48055 — 326 - Vital Records - Digitization of Archival Evid. Docu.**Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	1,250,000
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$1,250,000

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	1,250,000
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$1,250,000
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$1,250,000

Positions

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

Form 48056 — 326 - Vital Records - Stakeholder Conference**Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	150,000
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$150,000

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	20,000
Operating Services	15,000
Supplies	10,000
TOTAL OPERATING EXPENSES	\$45,000
PROFESSIONAL SERVICES	—
Other Charges	100,000
Debt Service	—
Interagency Transfers	5,000
TOTAL OTHER CHARGES	\$105,000
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$150,000

Positions

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

Form 48301 — 326 Conversion of 11 Job Appointments to T.O.**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	558,617
Other Compensation	(558,617)
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	—

Positions

	FTE
Classified	11
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	11
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	(11)

Form 48417 — IT-Equipment**Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	55,550
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	49,575
TOTAL MEANS OF FINANCING	\$105,125

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	105,125
TOTAL OTHER CHARGES	\$105,125
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$105,125

Positions

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

Form 48529 — 326 Emergency Medical Technicians Fund STATUTORY DEDICATION**Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	31,500
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$31,500

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	1,500
Operating Services	2,000
Supplies	10,000
TOTAL OPERATING EXPENSES	\$13,500
PROFESSIONAL SERVICES	—
Other Charges	18,000
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$18,000
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$31,500

Form 48927 — 326 Modernization of LEERS Rationale VITAL RECORDS**Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	3,000,000
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$3,000,000

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	3,000,000
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$3,000,000
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$3,000,000

Positions

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

Form 51189 — 326 Environmental Health Emergency Response Unit
Means of Financing

	Amount
STATE GENERAL FUND (Direct)	381,797
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$381,797

Expenditures

	Amount
Salaries	265,783
Other Compensation	—
Related Benefits	116,014
TOTAL PERSONAL SERVICES	\$381,797
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	\$381,797

Positions

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

PROGRAM SUMMARY STATEMENT

3262 - Public Health Services

Means of Financing

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
STATE GENERAL FUND (Direct)	72,096,342	(8,000,000)	911,398	2,024,506	—	7,297,318	74,329,564
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	85,005,926	—	94,352	—	—	—	85,100,278
FEES & SELF-GENERATED	58,257,065	(359,948)	267,351	1,499,634	—	—	59,664,102
STATUTORY DEDICATIONS	18,000,320	—	192,878	—	—	31,500	18,224,698
FEDERAL FUNDS	365,822,056	(1,315,072)	4,305,072	2,264,140	—	(1,706,027)	369,370,169
TOTAL MEANS OF FINANCING	\$599,181,709	\$(9,675,020)	\$5,771,051	\$5,788,280	—	\$5,622,791	\$606,688,811

Fees and Self-Generated

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Fees & Self-generated Revenues	57,557,572	(271,910)	261,908	1,499,634	—	—	59,047,204
Oyster Sanitation Dedicated Fund Account	274,089	(88,038)	4,279	—	—	—	190,330
Vital Records Conversion Dedicated Fund Account	425,404	—	1,164	—	—	—	426,568
Total:	\$58,257,065	\$(359,948)	\$267,351	\$1,499,634	—	—	\$59,664,102

Statutory Dedications

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Emergency Medical Technician Fund	—	—	—	—	—	31,500	31,500
Louisiana Fund	9,815,747	—	81,915	—	—	—	9,897,662
Rural Primary Care Physicians Development Fund	2,673,634	—	—	—	—	—	2,673,634
Telecommunications for the Deaf Fund	5,510,939	—	110,963	—	—	—	5,621,902
Total:	\$18,000,320	—	\$192,878	—	—	\$31,500	\$18,224,698

Expenditures and Positions

Description	Existing Operating Budget as of 10/02/2025	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2026-2027 Requested Continuation Level
Salaries	88,648,213	—	—	4,141,023	—	824,400	93,613,636
Other Compensation	7,461,868	—	—	(1,709,891)	—	(418,658)	5,333,319
Related Benefits	50,989,012	—	—	3,357,148	—	194,386	54,540,546
TOTAL PERSONAL SERVICES	\$147,099,093	—	—	\$5,788,280	—	\$600,128	\$153,487,501
Travel	2,756,728	—	63,405	—	—	41,500	2,861,633
Operating Services	14,016,790	—	337,726	—	—	17,000	14,371,516
Supplies	16,073,577	(719,250)	711,958	—	—	306,038	16,372,323
TOTAL OPERATING EXPENSES	\$32,847,095	\$(719,250)	\$1,113,089	—	—	\$364,538	\$33,605,472
PROFESSIONAL SERVICES	\$61,279,572	—	\$1,576,538	—	—	\$80,000	\$62,936,110
Other Charges	324,524,197	(8,088,038)	3,081,424	—	—	4,368,000	323,885,583
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	32,564,020	—	—	—	—	210,125	32,774,145
TOTAL OTHER CHARGES	\$357,088,217	\$(8,088,038)	\$3,081,424	—	—	\$4,578,125	\$356,659,728
Acquisitions	867,732	(867,732)	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$867,732	\$(867,732)	—	—	—	—	—
TOTAL EXPENDITURES	\$599,181,709	\$(9,675,020)	\$5,771,051	\$5,788,280	—	\$5,622,791	\$606,688,811
Classified	1,220	—	—	—	—	14	1,234
Unclassified	14	—	—	—	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,234	—	—	—	—	14	1,248
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	103	—	—	—	—	(9)	94

CONTINUATION BUDGET ADJUSTMENTS - BY PROGRAM**Form 48198 — FY26-27 Non-recurring Carryforwards****3262 - Public Health Services****Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	(88,038)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(719,250)
TOTAL MEANS OF FINANCING	\$(807,288)

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	(719,250)
TOTAL OPERATING EXPENSES	\$(719,250)
PROFESSIONAL SERVICES	—
Other Charges	(88,038)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(88,038)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(807,288)

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
Oyster Sanitation Dedicated Fund Account	(88,038)
Total:	\$(88,038)

Statutory Dedications

	Amount
Total:	—

Supporting Detail**Means of Financing**

Description	Amount
Federal Funds	(719,250)
Oyster Sanitation Dedicated Fund Account	(88,038)
Total:	\$(807,288)

Supplies

Commitment item	Name	Amount
5410013	SUP-FOOD & BEVERAGE	(719,250)
Total:		\$(719,250)

Other Charges

Commitment item	Name	Amount
5620068	MISC-ACQ/MAJ REP OTH	(88,038)
Total:		\$(88,038)

Form 48210 — FY26-27 Non-Recurring Acquisitions and Major Repairs**3262 - Public Health Services****Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	(271,910)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(595,822)
TOTAL MEANS OF FINANCING	\$(867,732)

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	(867,732)
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	\$(867,732)
TOTAL EXPENDITURES	\$(867,732)

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	(271,910)
Total:	\$(271,910)

Statutory Dedications

	Amount
Total:	—

Supporting Detail
Means of Financing

Description	Amount
Federal Funds	(595,822)
Fees & Self-generated Revenues	(271,910)
Total:	\$(867,732)

Acquisitions

Commitment item	Name	Amount
5700000	TOTAL ACQUISITIONS	(867,732)
Total:		\$(867,732)

Form 48211 — FY26-27 Standard Inflation Adjustment**3262 - Public Health Services****Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	295,543
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	94,352
FEES & SELF-GENERATED	267,351
STATUTORY DEDICATIONS	192,878
FEDERAL FUNDS	1,298,249
TOTAL MEANS OF FINANCING	\$2,148,373

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	63,405
Operating Services	322,387
Supplies	353,150
TOTAL OPERATING EXPENSES	\$738,942
PROFESSIONAL SERVICES	\$1,409,431
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$2,148,373

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	261,908
Oyster Sanitation Dedicated Fund Account	4,279
Vital Records Conversion Dedicated Fund Account	1,164
Total:	\$267,351

Statutory Dedications

	Amount
Louisiana Fund	81,915
Telecommunications for the Deaf Fund	110,963
Total:	\$192,878

Supporting Detail**Means of Financing**

Description	Amount
Federal Funds	1,298,249
Fees & Self-generated Revenues	261,908
Interagency Transfers	94,352
Louisiana Fund	81,915
Oyster Sanitation Dedicated Fund Account	4,279
State General Fund	295,543
Telecommunications for the Deaf Fund	110,963
Vital Records Conversion Dedicated Fund Account	1,164
Total:	\$2,148,373

Travel

Commitment item	Name	Amount
5200000	TOTAL TRAVEL	63,405
Total:		\$63,405

Operating Services

Commitment item	Name	Amount
5300000	TOTAL OPERATING SERV	322,387
Total:		\$322,387

Supplies

Commitment item	Name	Amount
5400000	TOTAL SUPPLIES	353,150
Total:		\$353,150

Professional Services

Commitment item	Name	Amount
5500000	TOTAL PROF SERVICES	1,409,431
Total:		\$1,409,431

Form 47976 — 326 - Non-Recurring Phenomune Pilot Taste Testing Kits**3262 - Public Health Services****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	(8,000,000)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$(8,000,000)

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	(8,000,000)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(8,000,000)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(8,000,000)

AUTHORIZED POSITIONS

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

Question	Narrative Response
Explain the need for this request.	This request is to non-recur \$8,000,000 in State General Fund that was in a line item in the Office of Public Health's SFY26 budget for Phenomune Pilot Taste Testing kits, which are at-home taste tests designed to assess individual's immune response to upper respiratory infections.
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?	No impact. This is a one-time line item in the agency's SFY26 budget which is being non-recurred for SFY27.
Is revenue a fixed amount or can it be adjusted?	The amount is fixed as this was a one-time line item for \$8,000,000 for Phenomune Pilot Taste Testing kits.
Is the expenditure of these revenues restricted?	The revenue was restricted in SFY26 for purchase of Phenomune Taste Testing kits.
Additional information or comments.	Not applicable.

Form 48484 — 326 Medical Inflation**3262 - Public Health Services****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	615,855
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	3,006,823
TOTAL MEANS OF FINANCING	\$3,622,678

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	15,339
Supplies	358,808
TOTAL OPERATING EXPENSES	\$374,147
PROFESSIONAL SERVICES	\$167,107
Other Charges	3,081,424
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$3,081,424
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$3,622,678

AUTHORIZED POSITIONS

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

Question	Narrative Response
Explain the need for this request.	This request is for Medical Inflation at 3.36% per Division of Administration guidelines for the FY 2026-2027 Budget Request.
Cite performance indicators for the adjustment.	There is no performance adjustments associated with this request.
What would the impact be if this is not funded?	Not applicable.
Is revenue a fixed amount or can it be adjusted?	The revenue is a fixed based on estimated expenditures.
Is the expenditure of these revenues restricted?	Not applicable.
Additional information or comments.	Not applicable.

Form 48397 — 326 Salary and Related Benefits Base Adjustments**3262 - Public Health Services****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	2,024,506
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	1,499,634
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	2,264,140
TOTAL MEANS OF FINANCING	\$5,788,280

EXPENDITURES

	Amount
Salaries	4,141,023
Other Compensation	(1,709,891)
Related Benefits	3,357,148
TOTAL PERSONAL SERVICES	\$5,788,280
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	\$5,788,280

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	1,499,634
Total:	\$1,499,634

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 2026 - 2027.
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?	No.
Additional information or comments.	Not applicable.

Form 48049 — 326 - Bureau of Nutrition Services - Pantrysoft Software**3262 - Public Health Services****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	200,000
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$200,000

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	20,000
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	\$20,000
PROFESSIONAL SERVICES	\$80,000
Other Charges	—
Debt Service	—
Interagency Transfers	100,000
TOTAL OTHER CHARGES	\$100,000
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$200,000

AUTHORIZED POSITIONS

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

Question	Narrative Response
Explain the need for this request.	The Louisiana Commodity Supplemental Food Program (LA CSFP) works to improve Louisiana's health outcomes by offering free and nutritious USDA donated foods to eligible seniors who are at least 60 years of age. LA CSFP (administered by OPH Bureau of Nutrition Services) is one of fifty CSFP state programs nationwide, and is currently the fourth-largest CSFP in the country. LA CSFP has been administered at the local level by Catholic Charities Food for Seniors (CCANO) since 1986; however, effective 7/1/2024, CSFP local agency services transitioned to a new contractor, Feeding Louisiana after an RFP award. We use PantrySoft to manage inventory and participation across the 5 food banks that work in tandem with Feeding Louisiana. 7 CFR 247.23(a), states that State agencies must provide all administrative grant funds to the Program's local agencies, except for those allowed by a federal funding formula. The CSFP FFY25 federal grant award was \$3,556,919. The majority of this funding (99+%) is allocated to the resources for the local agency leaving less than 1% (\$30,000 as noted in the funding formula above) for State-level administrative/overhead expenditures. There isn't a mechanism to request additional federal funds for CSFP like there may be for other grants. USDA allocates the CSFP administrative grant based on assigned caseload (# of persons we may serve on an average monthly basis), a dollar amount per caseload slot. The only way for OPH to request an increase in administrative grant funds for CSFP is to request (and be granted) additional caseload. We requested additional caseload last year and plan to request additional caseload this year, however, there was an overall reduction in grant funds this last year. State-level expenditures support the PantrySoft system and one CSFP Program Manager 1A to perform the required functions of the CSFP State Agency, including program oversight and monitoring. For this reason, BONS is requesting SGF support for the funding necessary to complete the required State Agency functions as mentioned in federal regulation. Without this funding, BONS cannot maintain sufficient oversight over this crucial program, and the program oversight would be out of compliance with USDA standards and regulations. Additionally, failure to not meet the State agency requirements of the grant would likely result in the loss of federal funding (approximately \$3.5 million/year). 7 CFR 247.23(a), further states that State agencies must provide all administrative grant funds to the Program's local agencies, except for those allowed by a federal funding formula that reads as follows:(1) 15 percent of the first \$50,000 received;(2) 10 percent of the next \$100,000 received;(3) 5 percent of the next \$250,000 received; and (4) A maximum of \$30,000, if the administrative grant exceeds \$400,000.
Cite performance indicators for the adjustment.	This adjustment is needed to allow for BONS to meet LAPAS reporting requirements currently listed under 'CSFP' - 'Number of monthly Commodity Supplemental Food Program participants served.' Caseload recently dropped to 34,373, and with that funding cuts to the administrative grant increased strain on LDH/BONS budgets. Without this adjustment the number served will drop to 0.
What would the impact be if this is not funded?	34,373 clients will be able to receive services each month because of the administrative necessities provided with this funding. Performing the functions required by UDFS/FNS is necessary in order to continue serving the 34,373 seniors in Louisiana each month and maintain compliance with grant funding guidelines.
Is revenue a fixed amount or can it be adjusted?	These are estimates to cover state-level expenditures above the allowed \$30,000 state level withholding allowed under 7 CFR 247.23(a), however, it is possible that LDH would spend below this amount. If other means of finance are identified (PHIG grant, for instance) those funds would be used prior to using these approved SGF \$.
Is the expenditure of these revenues restricted?	The expenditures are restricted to the lines requested.
Additional information or comments.	Not applicable.

Form 48050 — 326 - Bureau of Reg. and Clinical Ops - Comm. Coordinator**3262 - Public Health Services****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	218,331
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$218,331

EXPENDITURES

	Amount
Salaries	—
Other Compensation	139,959
Related Benefits	78,372
TOTAL PERSONAL SERVICES	\$218,331
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	\$218,331

AUTHORIZED POSITIONS

	FTE
Classified	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	2

Statutory Dedications

	Amount
Total:	—

Question	Narrative Response
Explain the need for this request.	OPH is requesting funding for two (2) job appointments for Communications Coordinators to serve all nine regions statewide which will split the state (north and south) to develop and implement all communication efforts statewide for the Bureau of Clinical Operations (i.e., PHUs). These positions will disseminate routine informational material through various media for Health Fairs. These staff will work collaboratively with BMAC and will be responsible for creating tool kits for marketing the Strategic Plan.
Cite performance indicators for the adjustment.	Not Applicable.
What would the impact be if this is not funded?	If this workload is not funded, Office of Public Health's clinical network of 62 brick and mortar public health locations would not have staff with education and experience in delivering clear public health messages. Effective communication is critical to promoting healthy behaviors, building trust, ensuring public health and healthcare messages are clear, concise, and accurate. Office of Public Health engages in hundreds of community events annually. These team members produce all media assests to complete this work collaborating with Medical Directors and clinical staff statewide to effectively deliver public health messaging.
Is revenue a fixed amount or can it be adjusted?	No, this is the minimum budget to support 2 Communications Coordinators. This is a reduction from 5 Communications Coordinators.
Is the expenditure of these revenues restricted?	The expenditures are restricted to the line items requested.
Additional information or comments.	Not applicable.

Form 48051 — 326 - Bureau of Reg. and Clinical Ops - HealthWays Program**3262 - Public Health Services****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	1,755,602
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(1,755,602)
TOTAL MEANS OF FINANCING	—

EXPENDITURES

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

AUTHORIZED POSITIONS

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

Question	Narrative Response
Explain the need for this request.	The Community HealthWays Program is requesting State General Funds for FY27 to cover the program expenses not covered by the requested Medicaid Cost-Allocation match. Over the last 4 years, Community HealthWays was funded by the Center for Disease Control's COVID Response and Resilient Communities grant. The grant ended on August 30, 2025. State General Funds are being requested to sustain the program. Connections to these essential needs are integral to the achievement of critical health outcomes prioritized by LDH leadership. Funding for the program is not currently in OPH's base.
Cite performance indicators for the adjustment.	Not applicable.
What would the impact be if this is not funded?	Annually, Community HealthWays supports over 5,000 Louisiana residents in addressing social determinants of health. The statewide program supports people and families in addressing basic needs such as food insecurity, housing, addressing intimate partner violence and safety, secure employment opportunities and access healthcare. These vital socioeconomic resources promotes improved health outcomes for otherwise vulnerable populations.
Is revenue a fixed amount or can it be adjusted?	The request is fixed as this is the minimum annual operating costs to maintain Community HealthWays statewide.
Is the expenditure of these revenues restricted?	The expenditures are restricted to the line items requested.
Additional information or comments.	Not applicable.

Form 48054 — 326 - Sanitation Services - Entergov**3262 - Public Health Services****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	286,038
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$286,038

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	286,038
TOTAL OPERATING EXPENSES	\$286,038
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$286,038

AUTHORIZED POSITIONS

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

Question	Narrative Response
Explain the need for this request.	Act 281 Fiscal Note ñ Retail Food Establishment Fees ñ Software development and contract of a centralized system for all sanitarian programs to schedule and conduct inspections, track permits, food safety certificates, permit OSWW systems, and manage inventory. Upgraded software that allows health inspections, permit fees, sewer inspections and sewer permits to have a more online interface for both inspectors and customers. Operating Support as a Service (SaaS) fee. There will be software maintenance and support on an annual charge.
Cite performance indicators for the adjustment.	Routine and Follow-up Inspections as well as Fees/Fines issued. Status of inquiries submitted by the public.
What would the impact be if this is not funded?	The Bureau would continue using an outdated system for as long as possible, but would then revert to paper inspections and manual tracking of performance indicators. Also, eliminating the need for the eatsafe.la.gov site because inspections would no longer be digitized.
Is revenue a fixed amount or can it be adjusted?	This is a fixed amount and will not be restricted in usage. The entire Bureau will use this program.
Is the expenditure of these revenues restricted?	The expenditures are restricted to the line items requested.
Additional information or comments.	Not applicable.

Form 48055 — 326 - Vital Records - Digitization of Archival Evid. Docu.**3262 - Public Health Services****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	1,250,000
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$1,250,000

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	1,250,000
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$1,250,000
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$1,250,000

AUTHORIZED POSITIONS

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

Question	Narrative Response
Explain the need for this request.	Vital Records is statutorily required maintain and preserve records. Per Louisiana R.S. 44:36 by preserving permanent vital records in a secure, durable format. Paper-based archives are deteriorating and vulnerable to natural disasters. Digitization ensures long-term compliance with retention laws while improving accessibility. Louisiana's vital records system is not only meeting the needs of its residents, but also functioning as a trusted resource for individuals and agencies nationwide who rely on Louisiana records for legal identity, healthcare, and federal benefits. Digitization will allow staff to retrieve evidentiary documentation instantly, reducing delays for citizens needing time-sensitive records for passports, Social Security, or Medicaid enrollment.
Cite performance indicators for the adjustment.	N/A
What would the impact be if this is not funded?	If this request is not funded, Vital Records will be limited to time-intensive manual retrieval methods, leading to delays in providing residents with critical records. Without digitization, the Bureau will confront rising expenses and logistical challenges associated with maintaining and protecting physical data, while simultaneously increasing the risk of damage or loss of irreplaceable documents. This jeopardizes not only statutory compliance but also threatens the long-term sustainability of Louisiana's vital records system as a reliable, durable archive for residents and agencies.
Is revenue a fixed amount or can it be adjusted?	The request is for fixed amounts for the Vital Records program.
Is the expenditure of these revenues restricted?	The expenditures are restricted to the line items requested.
Additional information or comments.	Not applicable

Form 48056 — 326 - Vital Records - Stakeholder Conference**3262 - Public Health Services****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	150,000
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$150,000

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	20,000
Operating Services	15,000
Supplies	10,000
TOTAL OPERATING EXPENSES	\$45,000
PROFESSIONAL SERVICES	—
Other Charges	100,000
Debt Service	—
Interagency Transfers	5,000
TOTAL OTHER CHARGES	\$105,000
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$150,000

AUTHORIZED POSITIONS

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

Question	Narrative Response
Explain the need for this request.	Vital Records processes involve collaboration among numerous partners, including Parish Health Units, funeral homes, Clerks of Court, birthing hospitals, midwives, coroners, as well as multiple federal and state agencies. Currently, stakeholder engagement is fragmented, which creates inconsistencies in reporting, delays in data submission, and knowledge gaps. This funding request would allow for a Vital Records Stakeholder Conference for all BVRs stakeholders. A statewide conference ensures consistency, standardization, and compliance with both state statutes and federal reporting requirements.
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?	The expenditures are restricted to the line items requested.
Additional information or comments.	Not applicable.

Form 48301 — 326 Conversion of 11 Job Appointments to T.O.**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	558,617
Other Compensation	(558,617)
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	11
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	11
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	(11)

Statutory Dedications

	Amount
Total:	—

Question	Narrative Response
Explain the need for this request.	OPH requests converting 11 job appointments expiring in FY27 into permanent TOs as follows: Admin Prog Specialist (BID) : This position requires an understanding of intricate state protocols and systems. Maintaining this position will allow for long term stability and the preservation of institutional knowledge. The current incumbent in this position was hired in early 2023. She is above average in her ability to learn, understand the importance of, and accurately execute new tasks, especially with regard to state accounting and procurement systems. She has been given responsibility for the execution of higher level duties involving querying of financial databases to monitor and track the current status of grant expenditures. LINKS Outreach Coord (BID) : This employee is critical in maintaining the current operation of LINKS, as well as, the user and consumer support we provide to all the immunization providers and consumers in the state. We would also eliminate the time (years) it would take us to find and train a prospective applicant to replace her. PM1A (BID) : Employee possesses the knowledge, skills, and passion for the role; has benefited from the Program's investment in professional development; and demonstrates strong commitment to the agency's mission and the Immunization Program. AC3 (R2) : Our WIC clinic provides care to an estimated 3,000 members a month. This highly skilled position serves as the clerk to this location. This position is responsible for organizing the member files and scheduling appointments. Disease Int Specialist (R2) : Tuberculosis continues to be an issue for Region 2. This position serves the TB DIS unit at the R2 PHU fulltime. Without this position, the R2 patients that test positive for TB are at risk of not receiving the proper care. AC3 (R3) : On average the St. James Parish Health Unit has approximately 443 patient encounters a month, and the Assumption parish health unit (that is open two days a week) has approximately 254 encounters a month. The current employee in the position has already been trained to work all clinics (reproductive health, WIC, etc.). Training another Job Appointment would result in loss of productivity and an increase in expenses. Nurse Asst (R3) : On average, the St. Mary Parish Health Unit has approximately 1401 patient encounters per month. This health unit is a one nurse clinic. The Medical Nursing Assistant is crucial for daily operations to assist with prepping patients to be seen by the nurse. Additionally, the current employee in the position has already been trained to work all clinics (reproductive health, WIC, etc.). She is also well known to existing patients. Training another Job Appointment would result in loss of productivity and an increase in expenses. AC3 (R5) : This position provides a vital role in servicing vital records for the funeral homes in Calcasieu Parish as well as the needs of the Southwest Regional Office. AC3 (R6) : A permanent Full time employee is needed in this health unit that serves two locations within Avoyelles Parish. RN4 (R8) : Ouachita accounts for 15% of the region's total patient volume for integrated encounters, including TB, immunizations, immigration screening, and reproductive health services. Since this staff member became fully trained in May, the Ouachita Public Health Unit has seen an increase in patient encounters, rising from 284 in June to 366 in July. With Ouachita accounting for 15% of the region's integrated patient encounters, the absence of this position would likely result in longer wait times, reduced clinic availability, and decreased access to timely care for patients. San 3 (SANS) : Job appointments expire after 4 years and this position has been trained and performs critical public health inspections in a field with high turnover.
Cite performance indicators for the adjustment.	There are no specific performance indicators associated with this request.
What would the impact be if this is not funded?	Failure to fund this request would result in the loss of knowledge and expertise. In addition, the staff turnover will cause a negative impact on customer service due to slower response times.

Question	Narrative Response
Is revenue a fixed amount or can it be adjusted?	This request is revenue neutral.
Is the expenditure of these revenues restricted?	Not applicable.
Additional information or comments.	Not applicable.

Form 48417 — IT-Equipment**3262 - Public Health Services****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	55,550
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	49,575
TOTAL MEANS OF FINANCING	\$105,125

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	105,125
TOTAL OTHER CHARGES	\$105,125
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$105,125

AUTHORIZED POSITIONS

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

Question	Narrative Response
Explain the need for this request.	End of life owned IT equipment transition to leased equipment: To obtain new leased computer equipment to replace previously owned equipment that is end of life. This equipment is used by public health units to provide direct patient care and services for multiple programs (WIC, RH, TB, Immunizations, Genetics, Disease Intervention), perform administrative functions, conduct outreach, provide opioid and other health education, and process Vital Records. These computers are also required to conduct official state business and meet program needs. Replacing older, outdated equipment as needed will reduce unnecessary downtime, and in some cases, OTS has determined that the equipment is incompatible with migration to SWE and Microsoft 365. The equipment is also out of warranty and is unable to be repaired. Updated leased computers will allow for the continuity of efficient clinic operations. The workstations, including laptops, monitors, and docking stations, are integral to the functioning of parish health units. These tools are essential for a wide range of tasks, from managing patient data and conducting health assessments to processing administrative duties and communicating with other healthcare facilities. OPH will also migrate to laptops with docking stations away from desktops. This shift aims to provide several advantages that are critical for both daily operations and long-term sustainability.
Cite performance indicators for the adjustment.	There are no performance adjustments associated with this request.
What would the impact be if this is not funded?	If this request is not funded, OPH will be operating with obsolete equipment which could impact client service.
Is revenue a fixed amount or can it be adjusted?	The revenue is fixed based on the projected expenditures.
Is the expenditure of these revenues restricted?	The expenditures are restricted to IT related equipment needs for the agency.
Additional information or comments.	Not applicable.

Form 48529 — 326 Emergency Medical Technicians Fund STATUTORY DEDICATION**3262 - Public Health Services****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	31,500
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$31,500

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	1,500
Operating Services	2,000
Supplies	10,000
TOTAL OPERATING EXPENSES	\$13,500
PROFESSIONAL SERVICES	—
Other Charges	18,000
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$18,000
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$31,500

AUTHORIZED POSITIONS

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

Statutory Dedications

	Amount
Emergency Medical Technician Fund	31,500
Total:	\$31,500

Question	Narrative Response
Explain the need for this request.	These funds are essential to effectively facilitate and administer the required EMT psychomotor exams throughout the state. The funding covers several critical areas: 1) Supplies: To properly conduct the exams, new and replacement medical supplies are needed. This includes items like I-Gel airways, pulse oximeters, handheld suction units, training medications, and medical kits. 2) Travel Costs: Funds are required for the Competency Coordinator to travel to all regions of the state to facilitate the psychomotor exams. 3) Printed Material: To administer the standardized exams, funds are needed to obtain the necessary printed materials, specifically skill sheets and candidate information sheets in duplicate copies. 4) Medical Oversight: The request includes funds to contract with Dr. Bobby Lee as the Medical Director. Dr. Lee provides expert medical advice, medical oversight, and verification of recertification program personnel, which is vital for maintaining the integrity and quality of the exams and the EMS workforce. 5) Facility Upgrades: To provide a professional and functional environment for candidates and examiners, funds are needed to purchase new tables and chairs for both the candidate room and the skill stations. The current furniture is approximately 10 years old and is in disrepair. Using the statutorily dedicated funding for the Bureau of EMS exam supplies and equipment will help reduce the amount requested from the state general fund.
Cite performance indicators for the adjustment.	Performance indicators include processing candidates' requests to take the psychomotor exam within 2 weeks of receipt and providing a psychomotor exam within 2 weeks of receipt. Dr. Lee's deliverables include providing medical advice, medical oversight, and verification of recertification program personnel.
What would the impact be if this is not funded?	If the requested funding is not secured, the programmatic impact would be significant, directly affecting the quality and integrity of the EMT certification process across the state: 1) Failure to meet standards: The EMT psychomotor exam would not be conducted according to the most updated national and state EMT entry-level standards. This could lead to individuals entering the workforce who do not possess the minimum required competencies. 2) Limited access to testing: The exams would not be conducted throughout the state, potentially creating geographic barriers for candidates seeking certification and limiting the supply of new EMTs. 3) Lack of medical expertise: The exams would not be conducted with the necessary medical expertise, compromising the validity and safety of the testing process due to the lack of contracted medical oversight.
Is revenue a fixed amount or can it be adjusted?	The requested funds are a fixed amount. The amount is based on historical expenditures and is an estimate derived from the current prices of the supplies that need to be purchased. The expenditures of these revenues are restricted. R.S. 40:1135.10 established the Emergency Medical Technician Fund, and the funds are dedicated solely for: 1) Purchasing equipment for the testing of applicants for certification as an emergency medical technician. 2) To cover other testing-related costs.
Is the expenditure of these revenues restricted?	The expenditures are restricted to the lines items approved by the Statutory Dedication.
Additional information or comments.	Not applicable.

Form 48927 — 326 Modernization of LEERS Rationale VITAL RECORDS**3262 - Public Health Services****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	3,000,000
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$3,000,000

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	3,000,000
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$3,000,000
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$3,000,000

AUTHORIZED POSITIONS

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

Question	Narrative Response
Explain the need for this request.	This request would provide for a new Vital Records Electronic Registration System for all vital events and Bureau of Vital Records and Statistics (BVRS) business operations. The Louisiana Electronic Event Registration System (LEERS) is the centralized platform used by the Bureau of Vital Records and Statistics (BVRS) to register, amend, and issue birth and death records statewide. Originally implemented to streamline data collection from hospitals, funeral homes, coroners, and other partners, LEERS has become the critical to Louisiana's vital records operations. However, the system requires modernization to meet current technology standards, security requirements, and stakeholder needs.
Cite performance indicators for the adjustment.	There are no performance adjustment associated with this request.
What would the impact be if this is not funded?	If this workload is not funded, the Bureau of Vital Records and Statistics would face significant operational and compliance risks. The current LEERS system would continue to age without necessary infrastructure and security updates, leading to potential system instability, data integrity issues, and vulnerabilities to cybersecurity threats. Additionally, outdated technology would limit the system's ability to integrate with other public health, hospital, and coroner systems, reducing efficiency and delaying vital data reporting that informs statewide health policy and emergency response. Over time, system degradation could result in service disruptions for hospitals, funeral homes, coroners, and Clerks of Court, ultimately hindering the state's ability to issue accurate and timely vital records.
Is revenue a fixed amount or can it be adjusted?	This request is for a fixed amount based on the upgrade of core infrastructure, enhance user interface and accessibility, expand integration capabilities, strengthen data security and compliance, and support future functionality.
Is the expenditure of these revenues restricted?	The expenditures are restricted for use to upgrade the outdated LEERS system.
Additional information or comments.	Not applicable.

Form 51189 — 326 Environmental Health Emergency Response Unit**3262 - Public Health Services****MEANS OF FINANCING**

	Amount
STATE GENERAL FUND (Direct)	381,797
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$381,797

EXPENDITURES

	Amount
Salaries	265,783
Other Compensation	—
Related Benefits	116,014
TOTAL PERSONAL SERVICES	\$381,797
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	\$381,797

AUTHORIZED POSITIONS

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

Question	Narrative Response
Explain the need for this request.	Due to the increasing number of environmentally related events over the past couple of years such as Saltwater Intrusion, failing water systems (Tallulah and Killian) and accidental exposures to chemicals, the Center for Environmental and Public Safety is in need of an emergency response unit to provide an immediate response to emergencies that impact water quality and the health and safety of Louisiana residents.
Cite performance indicators for the adjustment.	Staff must shift for required primacy activities to support emergent issues with risk to water quality with an effect to public health. To balance between required tasks and emergent issues, staff must work hours outside of the confines of their normal schedules. Additionally, within events, dedicated support can provide for more effective documentation and administrative support, minimizing errors. The described events create research activities and external tasks vital to support.
What would the impact be if this is not funded?	The unfunded understanding of this request will result in the current continued efforts of supports with an understaffed division coding overtime hours to manage required essential tasks and emergent efforts.
Is revenue a fixed amount or can it be adjusted?	The amount is fixed relative to the three requested positions and the created authority structure within the group. The activities will be restricted to developed emergencies, declared and undeclared. The staff under this delegation will support the direct activities of field staff in their emergency efforts.
Is the expenditure of these revenues restricted?	The expenditures are restricted to the salaries and related benefits for these positions.
Additional information or comments.	Not applicable.



This page has been intentionally left blank

Technical and Other Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in this Adjustment Package	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	72,096,342	2,233,222	—	74,329,564
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	85,005,926	94,352	—	85,100,278
FEES & SELF-GENERATED	58,257,065	1,407,037	—	59,664,102
STATUTORY DEDICATIONS	18,000,320	224,378	—	18,224,698
FEDERAL FUNDS	365,822,056	3,548,113	—	369,370,169
TOTAL MEANS OF FINANCING	\$599,181,709	\$7,507,102	—	\$606,688,811
Salaries	88,648,213	4,965,423	—	93,613,636
Other Compensation	7,461,868	(2,128,549)	—	5,333,319
Related Benefits	50,989,012	3,551,534	—	54,540,546
TOTAL PERSONAL SERVICES	\$147,099,093	\$6,388,408	—	\$153,487,501
Travel	2,756,728	104,905	—	2,861,633
Operating Services	14,016,790	354,726	—	14,371,516
Supplies	16,073,577	298,746	—	16,372,323
TOTAL OPERATING EXPENSES	\$32,847,095	\$758,377	—	\$33,605,472
PROFESSIONAL SERVICES	\$61,279,572	\$1,656,538	—	\$62,936,110
Other Charges	324,524,197	(638,614)	—	323,885,583
Debt Service	—	—	—	—
Interagency Transfers	32,564,020	210,125	—	32,774,145
TOTAL OTHER CHARGES	\$357,088,217	\$(428,489)	—	\$356,659,728
Acquisitions	867,732	(867,732)	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$867,732	\$(867,732)	—	—
TOTAL EXPENDITURES	\$599,181,709	\$7,507,102	—	\$606,688,811
Classified	1,220	14	—	1,234
Unclassified	14	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,234	14	—	1,248
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	103	(9)	—	94

PROGRAM BREAKOUT

Means of Financing	Requested in this Adjustment Package	3262 Public Health Services
STATE GENERAL FUND (Direct)	—	—
STATE GENERAL FUND BY:	—	—
INTERAGENCY TRANSFERS	—	—
FEES & SELF-GENERATED	—	—
STATUTORY DEDICATIONS	—	—
FEDERAL FUNDS	—	—
TOTAL MEANS OF FINANCING	—	—
Salaries	—	—
Other Compensation	—	—
Related Benefits	—	—
TOTAL SALARIES	—	—
Travel	—	—
Operating Services	—	—
Supplies	—	—
TOTAL OPERATING EXPENSES	—	—
PROFESSIONAL SERVICES	—	—
Other Charges	—	—
Debt Service	—	—
Interagency Transfers	—	—
TOTAL OTHER CHARGES	—	—
Acquisitions	—	—
Major Repairs	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—
TOTAL EXPENDITURES & REQUEST	—	—
Classified	—	—
Unclassified	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—

PROGRAM SUMMARY STATEMENT

3262 - Public Health Services

Means of Financing	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in this Adjustment Package	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	72,096,342	2,233,222	—	74,329,564
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	85,005,926	94,352	—	85,100,278
FEES & SELF-GENERATED	58,257,065	1,407,037	—	59,664,102
STATUTORY DEDICATIONS	18,000,320	224,378	—	18,224,698
FEDERAL FUNDS	365,822,056	3,548,113	—	369,370,169
TOTAL MEANS OF FINANCING	\$599,181,709	\$7,507,102	—	\$606,688,811
Salaries	88,648,213	4,965,423	—	93,613,636
Other Compensation	7,461,868	(2,128,549)	—	5,333,319
Related Benefits	50,989,012	3,551,534	—	54,540,546
TOTAL PERSONAL SERVICES	\$147,099,093	\$6,388,408	—	\$153,487,501
Travel	2,756,728	104,905	—	2,861,633
Operating Services	14,016,790	354,726	—	14,371,516
Supplies	16,073,577	298,746	—	16,372,323
TOTAL OPERATING EXPENSES	\$32,847,095	\$758,377	—	\$33,605,472
PROFESSIONAL SERVICES	\$61,279,572	\$1,656,538	—	\$62,936,110
Other Charges	324,524,197	(638,614)	—	323,885,583
Debt Service	—	—	—	—
Interagency Transfers	32,564,020	210,125	—	32,774,145
TOTAL OTHER CHARGES	\$357,088,217	\$(428,489)	—	\$356,659,728
Acquisitions	867,732	(867,732)	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$867,732	\$(867,732)	—	—
TOTAL EXPENDITURES	\$599,181,709	\$7,507,102	—	\$606,688,811
Classified	1,220	14	—	1,234
Unclassified	14	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,234	14	—	1,248
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	103	(9)	—	94

New or Expanded Requests

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing and Expenditures	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	72,096,342	2,233,222	—	3,400,000	77,729,564
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	85,005,926	94,352	—	—	85,100,278
FEES & SELF-GENERATED	58,257,065	1,407,037	—	—	59,664,102
STATUTORY DEDICATIONS	18,000,320	224,378	—	—	18,224,698
FEDERAL FUNDS	365,822,056	3,548,113	—	—	369,370,169
TOTAL MEANS OF FINANCING	\$599,181,709	\$7,507,102	—	\$3,400,000	\$610,088,811
Salaries	88,648,213	4,965,423	—	—	93,613,636
Other Compensation	7,461,868	(2,128,549)	—	—	5,333,319
Related Benefits	50,989,012	3,551,534	—	—	54,540,546
TOTAL PERSONAL SERVICES	\$147,099,093	\$6,388,408	—	—	\$153,487,501
Travel	2,756,728	104,905	—	—	2,861,633
Operating Services	14,016,790	354,726	—	108,179	14,479,695
Supplies	16,073,577	298,746	—	3,291,821	19,664,144
TOTAL OPERATING EXPENSES	\$32,847,095	\$758,377	—	\$3,400,000	\$37,005,472
PROFESSIONAL SERVICES	\$61,279,572	\$1,656,538	—	—	\$62,936,110
Other Charges	324,524,197	(638,614)	—	—	323,885,583
Debt Service	—	—	—	—	—
Interagency Transfers	32,564,020	210,125	—	—	32,774,145
TOTAL OTHER CHARGES	\$357,088,217	\$(428,489)	—	—	\$356,659,728
Acquisitions	867,732	(867,732)	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$867,732	\$(867,732)	—	—	—
TOTAL EXPENDITURES	\$599,181,709	\$7,507,102	—	\$3,400,000	\$610,088,811
Classified	1,220	14	—	—	1,234
Unclassified	14	—	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,234	14	—	—	1,248
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	103	(9)	—	—	94

Fees and Self-Generated

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Fees & Self-generated Revenues	57,557,572	1,489,632	—	—	59,047,204
Oyster Sanitation Dedicated Fund Account	274,089	(83,759)	—	—	190,330
Vital Records Conversion Dedicated Fund Account	425,404	1,164	—	—	426,568
Total:	\$58,257,065	\$1,407,037	—	—	\$59,664,102

Statutory Dedications

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Emergency Medical Technician Fund	—	31,500	—	—	31,500
Louisiana Fund	9,815,747	81,915	—	—	9,897,662
Rural Primary Care Physicians Development Fund	2,673,634	—	—	—	2,673,634
Telecommunications for the Deaf Fund	5,510,939	110,963	—	—	5,621,902
Total:	\$18,000,320	\$224,378	—	—	\$18,224,698

PROGRAM SUMMARY STATEMENT

3262 - Public Health Services

Means of Financing and Expenditures	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
STATE GENERAL FUND (Direct)	72,096,342	2,233,222	—	3,400,000	77,729,564
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	85,005,926	94,352	—	—	85,100,278
FEES & SELF-GENERATED	58,257,065	1,407,037	—	—	59,664,102
STATUTORY DEDICATIONS	18,000,320	224,378	—	—	18,224,698
FEDERAL FUNDS	365,822,056	3,548,113	—	—	369,370,169
TOTAL MEANS OF FINANCING	\$599,181,709	\$7,507,102	—	\$3,400,000	\$610,088,811
Salaries	88,648,213	4,965,423	—	—	93,613,636
Other Compensation	7,461,868	(2,128,549)	—	—	5,333,319
Related Benefits	50,989,012	3,551,534	—	—	54,540,546
TOTAL PERSONAL SERVICES	\$147,099,093	\$6,388,408	—	—	\$153,487,501
Travel	2,756,728	104,905	—	—	2,861,633
Operating Services	14,016,790	354,726	—	108,179	14,479,695
Supplies	16,073,577	298,746	—	3,291,821	19,664,144
TOTAL OPERATING EXPENSES	\$32,847,095	\$758,377	—	\$3,400,000	\$37,005,472
PROFESSIONAL SERVICES	\$61,279,572	\$1,656,538	—	—	\$62,936,110
Other Charges	324,524,197	(638,614)	—	—	323,885,583
Debt Service	—	—	—	—	—
Interagency Transfers	32,564,020	210,125	—	—	32,774,145
TOTAL OTHER CHARGES	\$357,088,217	\$(428,489)	—	—	\$356,659,728
Acquisitions	867,732	(867,732)	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$867,732	\$(867,732)	—	—	—
TOTAL EXPENDITURES	\$599,181,709	\$7,507,102	—	\$3,400,000	\$610,088,811
Classified	1,220	14	—	—	1,234
Unclassified	14	—	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,234	14	—	—	1,248
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	103	(9)	—	—	94

Fees and Self-Generated

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Fees & Self-generated Revenues	57,557,572	1,489,632	—	—	59,047,204
Oyster Sanitation Dedicated Fund Account	274,089	(83,759)	—	—	190,330
Vital Records Conversion Dedicated Fund Account	425,404	1,164	—	—	426,568
Total:	\$58,257,065	\$1,407,037	—	—	\$59,664,102

Statutory Dedications

Description	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustment	FY2026-2027 Requested in Technical/Other Package	FY2026-2027 Requested New/Expanded	FY2026-2027 Requested Realignment
Emergency Medical Technician Fund	—	31,500	—	—	31,500
Louisiana Fund	9,815,747	81,915	—	—	9,897,662
Rural Primary Care Physicians Development Fund	2,673,634	—	—	—	2,673,634
Telecommunications for the Deaf Fund	5,510,939	110,963	—	—	5,621,902
Total:	\$18,000,320	\$224,378	—	—	\$18,224,698

Form 48521 — 326 - HIV/STI/HCV Testing and Treatments in Local Jails**3262 - Public Health Services****Means of Financing and Expenditures**

	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested	FY2027-2028 Requested	FY2028-2029 Requested	FY2029-2030 Requested
STATE GENERAL FUND (Direct)	—	3,400,000	3,400,000	3,400,000	3,400,000
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—
TOTAL MEANS OF FINANCING	—	3,400,000	3,400,000	3,400,000	3,400,000
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL SALARIES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	108,179	108,179	108,179	108,179
Supplies	—	3,291,821	3,291,821	3,291,821	3,291,821
TOTAL OPERATING EXPENSES	—	3,400,000	3,400,000	3,400,000	3,400,000
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	—	—	—	—	—
Debt Service	—	—	—	—	—
Interagency Transfers	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	—	3,400,000	3,400,000	3,400,000	3,400,000
Classified	—	—	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	—	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

Question	Narrative Response
Explain need for the new or expanded service.	While the STI/HIV/Hepatitis Program (SHHP) receives funding from the CDC to support testing for HIV, STI's and HCV, Funding from the CDC is insufficient to cover the scale and scope of this project. Moreover, funding restrictions from the CDC preclude payments for treatment, which represents 84% of this funding request. Funding will be used to test 6,000 justice involved persons housed in local/parish jails, as well as treat 149 person with HIV, 993 persons with syphilis, and 300 persons with HCV, leveraging SHHP's LA Health Access program to treat HIV, contracting with Jails to secure 340B pricing (\$.02) to treat syphilis, and negotiating with Asegua to secure sub-ceiling pricing to treat HCV at \$9,500 per justice-involved persons.
How will it help fulfill the program's mission?	It will allow SHHP's LA Health Access program to treat HIV, contracting with Jails to secure 340B pricing (\$.02) to treat syphilis, and negotiating with Asegua to secure sub-ceiling pricing to treat HCV at \$9,500 per justice-involved persons.
Who will be the principal users?	Funding will be used to test 6,000 justice involved persons housed in local/parish jails, as well as treat 149 persons with HIV, 993 persons with syphilis, and 300 persons with HCV.
Who will primarily benefit from the service?	Funding will be used to test 6,000 justice involved persons housed in local/parish jails, as well as treat 149 persons with HIV, 993 persons with syphilis, and 300 persons with HCV.
What strategic objectives are affected?	Not Applicable
What operational objectives are affected?	Not Applicable
List a revised version of the objective(s) here.	Not Applicable
If no objective exists, create one-strategic.	Not Applicable
If no objective exists, create one-operational.	N/A
Explain the Strategies needed to implement.	Justice involved-involved persons diagnosed with HIV, syphilis and/or HCV will be educated about treatment options, the availability of these treatment options, and treated of HIV, syphilis and/or HCV as necessary.
Additional information or comments.	Not Applicable



This page has been intentionally left blank

Total Request Summary

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	61,710,078	72,096,342	2,233,222	—	3,400,000	77,729,564	5,633,222
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	37,870,876	85,005,926	94,352	—	—	85,100,278	94,352
FEES & SELF-GENERATED	50,678,458	58,257,065	1,407,037	—	—	59,664,102	1,407,037
STATUTORY DEDICATIONS	13,912,855	18,000,320	224,378	—	—	18,224,698	224,378
FEDERAL FUNDS	346,490,665	365,822,056	3,548,113	—	—	369,370,169	3,548,113
TOTAL MEANS OF FINANCING	\$510,662,932	\$599,181,709	\$7,507,102	—	\$3,400,000	\$610,088,811	\$10,907,102

Statutory Dedications

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
Emergency Medical Technician Fund	—	—	31,500	—	—	31,500	31,500
Louisiana Fund	9,809,355	9,815,747	81,915	—	—	9,897,662	81,915
Rural Primary Care Physicians Development Fund	832,584	2,673,634	—	—	—	2,673,634	—
Telecommunications for the Deaf Fund	3,270,916	5,510,939	110,963	—	—	5,621,902	110,963
Total:	\$13,912,855	\$18,000,320	\$224,378	—	—	\$18,224,698	\$224,378

Expenditures and Positions

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
Salaries	84,915,848	88,648,213	4,965,423	—	—	93,613,636	4,965,423
Other Compensation	5,741,767	7,461,868	(2,128,549)	—	—	5,333,319	(2,128,549)
Related Benefits	50,425,811	50,989,012	3,551,534	—	—	54,540,546	3,551,534
TOTAL PERSONAL SERVICES	\$141,083,427	\$147,099,093	\$6,388,408	—	—	\$153,487,501	\$6,388,408
Travel	2,299,017	2,756,728	104,905	—	—	2,861,633	104,905
Operating Services	13,592,763	14,016,790	354,726	—	108,179	14,479,695	462,905
Supplies	16,536,802	16,073,577	298,746	—	3,291,821	19,664,144	3,590,567
TOTAL OPERATING EXPENSES	\$32,428,581	\$32,847,095	\$758,377	—	\$3,400,000	\$37,005,472	\$4,158,377
PROFESSIONAL SERVICES	\$46,123,825	\$61,279,572	\$1,656,538	—	—	\$62,936,110	\$1,656,538
Other Charges	260,654,118	324,524,197	(638,614)	—	—	323,885,583	(638,614)
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	30,286,974	32,564,020	210,125	—	—	32,774,145	210,125
TOTAL OTHER CHARGES	\$290,941,092	\$357,088,217	\$(428,489)	—	—	\$356,659,728	\$(428,489)
Acquisitions	86,007	867,732	(867,732)	—	—	—	(867,732)
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$86,007	\$867,732	\$(867,732)	—	—	—	\$(867,732)
TOTAL EXPENDITURES	\$510,662,932	\$599,181,709	\$7,507,102	—	\$3,400,000	\$610,088,811	\$10,907,102
Classified	1,215	1,220	14	—	—	1,234	14
Unclassified	14	14	—	—	—	14	—
TOTAL AUTHORIZED T.O. POSITIONS	1,229	1,234	14	—	—	1,248	14
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	103	103	(9)	—	—	94	(9)

PROGRAM SUMMARY STATEMENT**3262 - Public Health Services****Means of Financing**

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	61,710,078	72,096,342	2,233,222	—	3,400,000	77,729,564	5,633,222
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	37,870,876	85,005,926	94,352	—	—	85,100,278	94,352
FEES & SELF-GENERATED	50,678,458	58,257,065	1,407,037	—	—	59,664,102	1,407,037
STATUTORY DEDICATIONS	13,912,855	18,000,320	224,378	—	—	18,224,698	224,378
FEDERAL FUNDS	346,490,665	365,822,056	3,548,113	—	—	369,370,169	3,548,113
TOTAL MEANS OF FINANCING	\$510,662,932	\$599,181,709	\$7,507,102	—	\$3,400,000	\$610,088,811	\$10,907,102

Statutory Dedications

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
Emergency Medical Technician Fund	—	—	31,500	—	—	31,500	31,500
Louisiana Fund	9,809,355	9,815,747	81,915	—	—	9,897,662	81,915
Rural Primary Care Physicians Development Fund	832,584	2,673,634	—	—	—	2,673,634	—
Telecommunications for the Deaf Fund	3,270,916	5,510,939	110,963	—	—	5,621,902	110,963
Total:	\$13,912,855	\$18,000,320	\$224,378	—	—	\$18,224,698	\$224,378

Expenditures and Positions

Description	FY2024-2025 Actuals	Existing Operating Budget as of 10/02/2025	FY2026-2027 Requested Continuation Adjustments	FY2026-2027 Requested in Technical/Other Adjustments	FY2026-2027 Requested New or Expanded Adjustments	FY2026-2027 Total Request	Over/Under EOB
Salaries	84,915,848	88,648,213	4,965,423	—	—	93,613,636	4,965,423
Other Compensation	5,741,767	7,461,868	(2,128,549)	—	—	5,333,319	(2,128,549)
Related Benefits	50,425,811	50,989,012	3,551,534	—	—	54,540,546	3,551,534
TOTAL PERSONAL SERVICES	\$141,083,427	\$147,099,093	\$6,388,408	—	—	\$153,487,501	\$6,388,408
Travel	2,299,017	2,756,728	104,905	—	—	2,861,633	104,905
Operating Services	13,592,763	14,016,790	354,726	—	108,179	14,479,695	462,905
Supplies	16,536,802	16,073,577	298,746	—	3,291,821	19,664,144	3,590,567
TOTAL OPERATING EXPENSES	\$32,428,581	\$32,847,095	\$758,377	—	\$3,400,000	\$37,005,472	\$4,158,377
PROFESSIONAL SERVICES	\$46,123,825	\$61,279,572	\$1,656,538	—	—	\$62,936,110	\$1,656,538
Other Charges	260,654,118	324,524,197	(638,614)	—	—	323,885,583	(638,614)
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	30,286,974	32,564,020	210,125	—	—	32,774,145	210,125
TOTAL OTHER CHARGES	\$290,941,092	\$357,088,217	\$(428,489)	—	—	\$356,659,728	\$(428,489)
Acquisitions	86,007	867,732	(867,732)	—	—	—	(867,732)
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$86,007	\$867,732	\$(867,732)	—	—	—	\$(867,732)
TOTAL EXPENDITURES	\$510,662,932	\$599,181,709	\$7,507,102	—	\$3,400,000	\$610,088,811	\$10,907,102
Classified	1,215	1,220	14	—	—	1,234	14
Unclassified	14	14	—	—	—	14	—
TOTAL AUTHORIZED T.O. POSITIONS	1,229	1,234	14	—	—	1,248	14
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	103	103	(9)	—	—	94	(9)



This page has been intentionally left blank

Addenda

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Department Summary	CHILD - DS Fiscal Year 2026 - 2027 Report Date: 10/31/25

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	\$2,930	\$101,397	\$0	\$5,726,392	\$6,524,438	33
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	\$19,459	\$4,430,000	\$2,994,487	\$780,000	\$9,675,000	26
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	48
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	22
OPH10	Nurse Family Partnership	326	Office of Public Health	\$4,600,000	\$877,075	\$0	\$0	\$12,279,766	\$17,756,841	42
OPH11	Nutrition Services	326	Office of Public Health	\$0	\$0	\$0	\$0	\$92,960,000	\$92,960,000	137
OPH12	School Based Health Services	326	Office of Public Health	\$237,500	\$0	\$0	\$6,321,260	\$316,000	\$6,874,760	3
OPH13	Smoking Cessation	326	Office of Public Health	\$0	\$147,550	\$0	\$325,000	\$1,063,202	\$1,535,752	2
			Total:	\$9,165,834	\$1,047,014	\$5,043,836	\$9,640,747	\$129,050,517	\$153,947,948	317

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

STATE OF LOUISIANA
Childrens Budget
Department Summary

CHILD - DS
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH		STATE OF LOUISIANA Childrens Budget by Department			CHILD - DC Fiscal Year 2026 - 2027 Report Date: 10/31/25	
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	\$1,047,014	\$0	\$0	\$1,047,014	\$0	
FEES & SELF-GENERATED	\$5,043,836	\$0	\$0	\$5,043,836	\$0	
STATUTORY DEDICATIONS	\$9,640,747	\$0	\$0	\$9,640,747	\$0	
FEDERAL FUNDS	\$131,176,498	(\$2,125,981)	\$0	\$129,050,517	\$0	
TOTAL MEANS OF FINANCING	\$156,073,929	(\$2,125,981)	\$0	\$153,947,948	\$0	
Salaries	\$21,972,450	\$365,039	\$0	\$22,337,489	\$0	
Other Compensation	\$1,835,667	\$2,400	\$0	\$1,838,067	\$0	
Related Benefits	\$12,605,914	\$194,935	\$0	\$12,800,849	\$0	
TOTAL PERSONAL SERVICES	\$36,414,031	\$562,374	\$0	\$36,976,405	\$0	
Travel	\$613,920	\$25,620	\$0	\$639,540	\$0	
Operating Services	\$2,939,415	\$34,400	\$0	\$2,973,815	\$0	
Supplies	\$3,867,609	\$9,200	\$0	\$3,876,809	\$0	
TOTAL OPERATING EXPENSES	\$7,420,944	\$69,220	\$0	\$7,490,164	\$0	
PROFESSIONAL SERVICES	\$24,352,100	(\$1,776,476)	\$0	\$22,575,624	\$0	
Other Charges	\$82,493,414	(\$1,126,870)	\$0	\$81,366,544	\$0	
Debt Service	\$0	\$0	\$0	\$0	\$0	
Interagency Transfers	\$5,223,353	\$315,858	\$0	\$5,539,211	\$0	
TOTAL OTHER CHARGES	\$87,716,767	(\$811,012)	\$0	\$86,905,755	\$0	
Acquisitions	\$170,087	(\$170,087)	\$0	\$0	\$0	
Major Repairs	\$0	\$0	\$0	\$0	\$0	
TOTAL ACQ. & MAJOR REPAIRS	\$170,087	(\$170,087)	\$0	\$0	\$0	

Department: 09A - LDH		STATE OF LOUISIANA Childrens Budget by Department			CHILD - DC
Agency: 326 OFFICE OF PUBLIC HEALTH					Fiscal Year 2026 - 2027
					Report Date: 10/31/25
TOTAL EXPENDITURES	\$156,073,929	(\$2,125,981)	\$0	\$153,947,948	\$0
Classified	305	12	0	317	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	305	12	0	317	0
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	305	12	0	317	0

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

STATE OF LOUISIANA
Childrens Budget
Agency Summary

CHILD - AS
Fiscal Year 2026 - 2027
Report Date: 10/31/25

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	\$2,930	\$101,397	\$0	\$5,726,392	\$6,524,438	33
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	\$19,459	\$4,430,000	\$2,994,487	\$780,000	\$9,675,000	26
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	48
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	22
OPH10	Nurse Family Partnership	3262	Public Health Services	\$4,600,000	\$877,075	\$0	\$0	\$12,279,766	\$17,756,841	42
OPH11	Nutrition Services	3262	Public Health Services	\$0	\$0	\$0	\$0	\$92,960,000	\$92,960,000	137
OPH12	School Based Health Services	3262	Public Health Services	\$237,500	\$0	\$0	\$6,321,260	\$316,000	\$6,874,760	3
OPH13	Smoking Cessation	3262	Public Health Services	\$0	\$147,550	\$0	\$325,000	\$1,063,202	\$1,535,752	2
			Total:	\$9,165,834	\$1,047,014	\$5,043,836	\$9,640,747	\$129,050,517	\$153,947,948	317

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

STATE OF LOUISIANA
Childrens Budget
Agency Summary

CHILD - AS
Fiscal Year 2026 - 2027
Report Date: 10/31/25

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

STATE OF LOUISIANA
Childrens Budget
by Agency

CHILD - AC
Fiscal Year 2026 - 2027
Report Date: 10/31/25

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	\$1,047,014	\$0	\$0	\$1,047,014	\$0
FEES & SELF-GENERATED	\$5,043,836	\$0	\$0	\$5,043,836	\$0
STATUTORY DEDICATIONS	\$9,640,747	\$0	\$0	\$9,640,747	\$0
FEDERAL FUNDS	\$131,176,498	(\$2,125,981)	\$0	\$129,050,517	\$0
TOTAL MEANS OF FINANCING	\$156,073,929	(\$2,125,981)	\$0	\$153,947,948	\$0
Salaries	\$21,972,450	\$365,039	\$0	\$22,337,489	\$0
Other Compensation	\$1,835,667	\$2,400	\$0	\$1,838,067	\$0
Related Benefits	\$12,605,914	\$194,935	\$0	\$12,800,849	\$0
TOTAL PERSONAL SERVICES	\$36,414,031	\$562,374	\$0	\$36,976,405	\$0
Travel	\$613,920	\$25,620	\$0	\$639,540	\$0
Operating Services	\$2,939,415	\$34,400	\$0	\$2,973,815	\$0
Supplies	\$3,867,609	\$9,200	\$0	\$3,876,809	\$0
TOTAL OPERATING EXPENSES	\$7,420,944	\$69,220	\$0	\$7,490,164	\$0
PROFESSIONAL SERVICES	\$24,352,100	(\$1,776,476)	\$0	\$22,575,624	\$0
Other Charges	\$82,493,414	(\$1,126,870)	\$0	\$81,366,544	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$5,223,353	\$315,858	\$0	\$5,539,211	\$0
TOTAL OTHER CHARGES	\$87,716,767	(\$811,012)	\$0	\$86,905,755	\$0
Acquisitions	\$170,087	(\$170,087)	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0

Department: 09A - LDH			STATE OF LOUISIANA			CHILD - AC
Agency: 326 OFFICE OF PUBLIC HEALTH			Childrens Budget by Agency			Fiscal Year 2026 - 2027 Report Date: 10/31/25
TOTAL ACQ. & MAJOR REPAIRS	\$170,087	(\$170,087)	\$0	\$0	\$0	
TOTAL EXPENDITURES	\$156,073,929	(\$2,125,981)	\$0	\$153,947,948	\$0	
Classified	305	12	0	317	0	
Unclassified	0	0	0	0	0	
TOTAL AUTHORIZED T.O. POSITIONS	305	12	0	317	0	
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0	
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0	
TOTAL POSITIONS	305	12	0	317	0	

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

STATE OF LOUISIANA
Childrens Budget
by Agency/Program and Service

CHILD1
Fiscal Year 2026 - 2027
Report Date: 10/31/25

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

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service	CHILD1 Fiscal Year 2026 - 2027 Report Date: 10/31/25

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

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service	CHILD1 Fiscal Year 2026 - 2027 Report Date: 10/31/25

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:					

Department: 09A - LDH		STATE OF LOUISIANA			CHILD1	
Agency: 326 OFFICE OF PUBLIC HEALTH		Childrens Budget			Fiscal Year 2026 - 2027	
		by Agency/Program and Service			Report Date: 10/31/25	
INTERAGENCY TRANSFERS	\$2,930	\$0	\$0	\$2,930	\$0	
FEES & SELF-GENERATED	\$101,397	\$0	\$0	\$101,397	\$0	
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0	
FEDERAL FUNDS	\$5,880,562	(\$154,170)	\$0	\$5,726,392	\$0	
TOTAL MEANS OF FINANCING	\$6,678,608	(\$154,170)	\$0	\$6,524,438	\$0	
Salaries	\$2,310,000	\$70,000	\$0	\$2,380,000	\$0	
Other Compensation	\$200,000	\$0	\$0	\$200,000	\$0	
Related Benefits	\$1,331,624	\$37,136	\$0	\$1,368,760	\$0	
TOTAL PERSONAL SERVICES	\$3,841,624	\$107,136	\$0	\$3,948,760	\$0	
Travel	\$30,500	\$500	\$0	\$31,000	\$0	
Operating Services	\$81,000	\$0	\$0	\$81,000	\$0	
Supplies	\$175,000	\$1,000	\$0	\$176,000	\$0	
TOTAL OPERATING EXPENSES	\$286,500	\$1,500	\$0	\$288,000	\$0	
PROFESSIONAL SERVICES	\$2,015,916	(\$300,500)	\$0	\$1,715,416	\$0	
Other Charges	\$262,568	\$32,694	\$0	\$295,262	\$0	
Debt Service	\$0	\$0	\$0	\$0	\$0	
Interagency Transfers	\$272,000	\$5,000	\$0	\$277,000	\$0	
TOTAL OTHER CHARGES	\$534,568	\$37,694	\$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	\$6,678,608	(\$154,170)	\$0	\$6,524,438	\$0	
Classified	32	1	0	33	0	
Unclassified	0	0	0	0	0	
TOTAL AUTHORIZED T.O. POSITIONS	32	1	0	33	0	

Department: 09A - LDH		STATE OF LOUISIANA				CHILD1
Agency: 326 OFFICE OF PUBLIC HEALTH		Childrens Budget				Fiscal Year 2026 - 2027
		by Agency/Program and Service				Report Date: 10/31/25
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0	
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0	
TOTAL POSITIONS	32	1	0	33	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

Department: 09A - LDH	STATE OF LOUISIANA			CHILD1	
Agency: 326 OFFICE OF PUBLIC HEALTH	Childrens Budget			Fiscal Year 2026 - 2027	
	by Agency/Program and Service			Report Date: 10/31/25	

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	\$19,459	\$0	\$0	\$19,459	\$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	\$9,675,000	\$0	\$0	\$9,675,000	\$0
Salaries	\$1,850,000	\$0	\$0	\$1,850,000	\$0
Other Compensation	\$120,000	\$0	\$0	\$120,000	\$0

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service	CHILD1 Fiscal Year 2026 - 2027 Report Date: 10/31/25

Related Benefits	\$1,045,139	\$0	\$0	\$1,045,139	\$0
TOTAL PERSONAL SERVICES	\$3,015,139	\$0	\$0	\$3,015,139	\$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	\$9,675,000	\$0	\$0	\$9,675,000	\$0
Classified	26	0	0	26	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	26	0	0	26	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	26	0	0	26	0

OPH06 - HIV/Perinatal & AIDS Drug Assistance

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

Department: 09A - LDH		STATE OF LOUISIANA			CHILD1	
Agency: 326 OFFICE OF PUBLIC HEALTH		Childrens Budget			Fiscal Year 2026 - 2027	
		by Agency/Program and Service			Report Date: 10/31/25	
STATE GENERAL FUND (Direct)	\$0	\$0	\$0	\$0	\$0	\$0
STATE GENERAL FUND BY:						
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$2,987,378	(\$47,241)	\$0	\$2,940,137	\$0	\$0
TOTAL MEANS OF FINANCING	\$2,987,378	(\$47,241)	\$0	\$2,940,137	\$0	\$0
Salaries	\$160,200	\$0	\$0	\$160,200	\$0	\$0
Other Compensation	\$22,275	\$0	\$0	\$22,275	\$0	\$0
Related Benefits	\$96,808	\$0	\$0	\$96,808	\$0	\$0
TOTAL PERSONAL SERVICES	\$279,283	\$0	\$0	\$279,283	\$0	\$0
Travel	\$540	\$0	\$0	\$540	\$0	\$0
Operating Services	\$16,065	\$0	\$0	\$16,065	\$0	\$0
Supplies	\$85,635	\$0	\$0	\$85,635	\$0	\$0
TOTAL OPERATING EXPENSES	\$102,240	\$0	\$0	\$102,240	\$0	\$0
PROFESSIONAL SERVICES	\$136,080	\$0	\$0	\$136,080	\$0	\$0
Other Charges	\$2,424,280	(\$40,446)	\$0	\$2,383,834	\$0	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$38,700	\$0	\$0	\$38,700	\$0	\$0
TOTAL OTHER CHARGES	\$2,462,980	(\$40,446)	\$0	\$2,422,534	\$0	\$0
Acquisitions	\$6,795	(\$6,795)	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$6,795	(\$6,795)	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$2,987,378	(\$47,241)	\$0	\$2,940,137	\$0	\$0
Classified	2	0	0	2	0	0

Department: 09A - LDH		STATE OF LOUISIANA			CHILD1
Agency: 326 OFFICE OF PUBLIC HEALTH		Childrens Budget			Fiscal Year 2026 - 2027
		by Agency/Program and Service			Report Date: 10/31/25
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

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service	CHILD1 Fiscal Year 2026 - 2027 Report Date: 10/31/25

Other Charges	\$1,248,814	\$44,230	\$0	\$1,293,044	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$676,153	\$12,797	\$0	\$688,950	\$0
TOTAL OTHER CHARGES	\$1,924,967	\$57,027	\$0	\$1,981,994	\$0
Acquisitions	\$57,027	(\$57,027)	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$57,027	(\$57,027)	\$0	\$0	\$0
TOTAL EXPENDITURES	\$8,449,196	\$0	\$0	\$8,449,196	\$0
Classified	48	0	0	48	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	48	0	0	48	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	48	0	0	48	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

Department: 09A - LDH		STATE OF LOUISIANA				CHILD1
Agency: 326 OFFICE OF PUBLIC HEALTH		Childrens Budget				Fiscal Year 2026 - 2027
		by Agency/Program and Service				Report Date: 10/31/25
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 2026 - 2027
Report Date: 10/31/25

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	\$4,457,507	\$1,517,647	\$0	\$5,975,154	\$0
TOTAL MEANS OF FINANCING	\$4,457,507	\$1,517,647	\$0	\$5,975,154	\$0
Salaries	\$1,375,000	\$225,000	\$0	\$1,600,000	\$0
Other Compensation	\$250,000	\$0	\$0	\$250,000	\$0
Related Benefits	\$862,107	\$119,368	\$0	\$981,475	\$0
TOTAL PERSONAL SERVICES	\$2,487,107	\$344,368	\$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	\$1,645,605	\$1,064,595	\$0	\$2,710,200	\$0
Other Charges	\$54,795	\$684	\$0	\$55,479	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$100,000	\$108,000	\$0	\$208,000	\$0
TOTAL OTHER CHARGES	\$154,795	\$108,684	\$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

Department: 09A - LDH		STATE OF LOUISIANA			CHILD1
Agency: 326 OFFICE OF PUBLIC HEALTH		Childrens Budget			Fiscal Year 2026 - 2027
		by Agency/Program and Service			Report Date: 10/31/25
TOTAL EXPENDITURES	\$4,457,507	\$1,517,647	\$0	\$5,975,154	\$0
Classified	19	3	0	22	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	19	3	0	22	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	19	3	0	22	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	\$14,821,389	(\$2,541,623)	\$0	\$12,279,766	\$0
TOTAL MEANS OF FINANCING	\$20,298,464	(\$2,541,623)	\$0	\$17,756,841	\$0
Salaries	\$3,100,000	(\$100,000)	\$0	\$3,000,000	\$0
Other Compensation	\$135,000	\$0	\$0	\$135,000	\$0
Related Benefits	\$1,716,255	(\$53,052)	\$0	\$1,663,203	\$0
TOTAL PERSONAL SERVICES	\$4,951,255	(\$153,052)	\$0	\$4,798,203	\$0
Travel	\$75,000	\$25,000	\$0	\$100,000	\$0
Operating Services	\$380,000	\$20,000	\$0	\$400,000	\$0
Supplies	\$33,000	\$7,000	\$0	\$40,000	\$0

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

STATE OF LOUISIANA
Childrens Budget
by Agency/Program and Service

CHILD1
Fiscal Year 2026 - 2027
Report Date: 10/31/25

TOTAL OPERATING EXPENSES	\$488,000	\$52,000	\$0	\$540,000	\$0
PROFESSIONAL SERVICES	\$12,402,108	(\$2,540,571)	\$0	\$9,861,537	\$0
Other Charges	\$657,101	\$0	\$0	\$657,101	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$1,800,000	\$100,000	\$0	\$1,900,000	\$0
TOTAL OTHER CHARGES	\$2,457,101	\$100,000	\$0	\$2,557,101	\$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	\$20,298,464	(\$2,541,623)	\$0	\$17,756,841	\$0
Classified	43	(1)	0	42	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	43	(1)	0	42	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	43	(1)	0	42	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

Department: 09A - LDH		STATE OF LOUISIANA			CHILD1	
Agency: 326 OFFICE OF PUBLIC HEALTH		Childrens Budget			Fiscal Year 2026 - 2027	
		by Agency/Program and Service			Report Date: 10/31/25	
FEDERAL FUNDS	\$93,443,938	(\$483,938)	\$0	\$92,960,000	\$0	
TOTAL MEANS OF FINANCING	\$93,443,938	(\$483,938)	\$0	\$92,960,000	\$0	
Salaries	\$9,226,400	\$170,039	\$0	\$9,396,439	\$0	
Other Compensation	\$955,141	\$2,400	\$0	\$957,541	\$0	
Related Benefits	\$5,376,644	\$91,483	\$0	\$5,468,127	\$0	
TOTAL PERSONAL SERVICES	\$15,558,185	\$263,922	\$0	\$15,822,107	\$0	
Travel	\$418,380	\$120	\$0	\$418,500	\$0	
Operating Services	\$1,337,600	\$14,400	\$0	\$1,352,000	\$0	
Supplies	\$1,143,800	\$1,200	\$0	\$1,145,000	\$0	
TOTAL OPERATING EXPENSES	\$2,899,780	\$15,720	\$0	\$2,915,500	\$0	
PROFESSIONAL SERVICES	\$3,040,000	\$0	\$0	\$3,040,000	\$0	
Other Charges	\$69,977,708	(\$742,376)	\$0	\$69,235,332	\$0	
Debt Service	\$0	\$0	\$0	\$0	\$0	
Interagency Transfers	\$1,862,000	\$85,061	\$0	\$1,947,061	\$0	
TOTAL OTHER CHARGES	\$71,839,708	(\$657,315)	\$0	\$71,182,393	\$0	
Acquisitions	\$106,265	(\$106,265)	\$0	\$0	\$0	
Major Repairs	\$0	\$0	\$0	\$0	\$0	
TOTAL ACQ. & MAJOR REPAIRS	\$106,265	(\$106,265)	\$0	\$0	\$0	
TOTAL EXPENDITURES	\$93,443,938	(\$483,938)	\$0	\$92,960,000	\$0	
Classified	128	9	0	137	0	
Unclassified	0	0	0	0	0	
TOTAL AUTHORIZED T.O. POSITIONS	128	9	0	137	0	
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0	
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0	
TOTAL POSITIONS	128	9	0	137	0	

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

STATE OF LOUISIANA
Childrens Budget
by Agency/Program and Service

CHILD1
Fiscal Year 2026 - 2027
Report Date: 10/31/25

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	\$316,437	(\$437)	\$0	\$316,000	\$0
TOTAL MEANS OF FINANCING	\$6,875,197	(\$437)	\$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	\$5,981,786	(\$5,437)	\$0	\$5,976,349	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$5,000	\$0	\$5,000	\$0
TOTAL OTHER CHARGES	\$5,981,786	(\$437)	\$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	\$6,875,197	(\$437)	\$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	\$147,550	\$0	\$0	\$147,550	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$325,000	\$0	\$0	\$325,000	\$0
FEDERAL FUNDS	\$1,479,421	(\$416,219)	\$0	\$1,063,202	\$0
TOTAL MEANS OF FINANCING	\$1,951,971	(\$416,219)	\$0	\$1,535,752	\$0
Salaries	\$178,750	\$0	\$0	\$178,750	\$0
Other Compensation	\$48,750	\$0	\$0	\$48,750	\$0
Related Benefits	\$120,695	\$0	\$0	\$120,695	\$0
TOTAL PERSONAL SERVICES	\$348,195	\$0	\$0	\$348,195	\$0
Travel	\$2,600	\$0	\$0	\$2,600	\$0
Operating Services	\$16,250	\$0	\$0	\$16,250	\$0

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service	CHILD1 Fiscal Year 2026 - 2027 Report Date: 10/31/25

Supplies	\$1,300	\$0	\$0	\$1,300	\$0
TOTAL OPERATING EXPENSES	\$20,150	\$0	\$0	\$20,150	\$0
PROFESSIONAL SERVICES	\$615,550	\$0	\$0	\$615,550	\$0
Other Charges	\$929,076	(\$416,219)	\$0	\$512,857	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$39,000	\$0	\$0	\$39,000	\$0
TOTAL OTHER CHARGES	\$968,076	(\$416,219)	\$0	\$551,857	\$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	\$1,951,971	(\$416,219)	\$0	\$1,535,752	\$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

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 Agency: 326 OFFICE OF PUBLIC HEALTH		STATE OF LOUISIANA Childrens Budget by Agency/Program and Service			CHILD1 Fiscal Year 2026 - 2027 Report Date: 10/31/25	
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	

Department: 09A - LDH	STATE OF LOUISIANA				CHILD1
Agency: 326 OFFICE OF PUBLIC HEALTH	Childrens Budget				Fiscal Year 2026 - 2027
	by Agency/Program and Service				Report Date: 10/31/25
TOTAL POSITIONS	0	0	0	0	0

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Form ID:	47114
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 HEALTHCARE 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 PATIENTS. 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 2026-2027, THE PROVIDER-TO-PROVIDER CONSULTATION LINE WILL PROVIDE TELEPHONE CONSULTATION, TRAINING, AND RESOURCE AND REFERRAL SUPPORT TO PEDIATRIC HEALTH CARE PROVIDERS STATEWIDE.

RECOMMENDED	EXISTING	REQUESTED	TOTAL	
	OPERATING BUDGET	CONTINUATION	REQUEST	LEVEL
PERFORMANCE INDICATORS	BUDGET	LEVEL	LEVEL	
NUMBER OF PEDIATRIC HEALTHCARE PROVIDERS	350	50	400	
WHO ACCESS PPCL'S CONSULTATION, TRAINING, AND/OR				

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Form ID:	47115
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.

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.

STATE OF LOUISIANA
Childrens Budget
Narrative

Question and Narrative Response				
Related objectives and performance measures:				
OBJECTIVE: IN FISCAL YEAR 2026-2027, 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.				
	EXISTING	REQUESTED	TOTAL	RECOMMENDED
	OPERATING BUDGET	CONTINUATION	REQUEST	LEVEL
PERFORMANCE INDICATORS	BUDGET	LEVEL	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				

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Form ID:	47116
Form Description:	326 Emergency Medical Services - Ch
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. ADDITIONALLY, 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?

STATE OF LOUISIANA
Childrens Budget
Narrative

Question and Narrative Response

Related objectives and performance measures:

OBJECTIVE: IN FISCAL YEAR 2026-2027, 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.

	EXISTING	REQUESTED	TOTAL	RECOMMENDED
	OPERATING	CONTINUATION	REQUEST	LEVEL
PERFORMANCE INDICATORS	BUDGET	LEVEL	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	

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Form ID:	47117
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.

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:

STATE OF LOUISIANA
Childrens Budget
Narrative

Question and Narrative Response

OBJECTIVE: IN FISCAL YEAR 2026-2027, 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).

	EXISTING OPERATING BUDGET BUDGET	REQUESTED CONTINUATION LEVEL	TOTAL REQUEST LEVEL	RECOMMENDED LEVEL
PERFORMANCE INDICATORS				
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	

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Form ID:	47118
Form Description:	326 - Maternal and Child Health Service
Service:	OPH09 - Maternal and Child Health

Question and Narrative Response

Describe the service:

THE OPH BUREAU OF FAMILY HEALTH WORKS TO PROMOTE OPTIMAL HEALTH FOR ALL LOUISIANA WOMEN, INFANTS, CHILDREN, TEENS AND FAMILIES THROUGH PROVISION 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.

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 2026-2027, 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.

STATE OF LOUISIANA
Childrens Budget
Narrative

Question and Narrative Response

RECOMMENDED	EXISTING	REQUESTED	TOTAL	
PERFORMANCE INDICATORS	OPERATING BUDGET BUDGET	CONTINUATION LEVEL	REQUEST LEVEL	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.

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Form ID:	47119
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:

STATE OF LOUISIANA
Childrens Budget
Narrative

Question and Narrative Response

OBJECTIVE: IN FY 2026-2027, 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.

	EXISTING	REQUESTED	TOTAL	RECOMMENDED
	OPERATING BUDGET	CONTINUATION	REQUEST	LEVEL
PERFORMANCE INDICATORS	BUDGET	LEVEL	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	

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Form ID:	47120
Form Description:	326 - Maternal Infant and Early Home V
Service:	OPH10 - Nurse Family Partnership

Question and Narrative Response

Describe the service:

STATE OF LOUISIANA
Childrens Budget
Narrative

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 2026-2027, FAMILY SUPPORT AND COACHING PROFESSIONALS (HOME VISITORS) WILL PROVIDE EVIDENCE-BASED HOME VISITING SERVICES TO FAMILIES IMPEMETING NFP IN REGIONS 2-9 OF THE STATE AND PAT IN REGIONS 1, 6, 7, 8, AND 9.

RECOMMENDED	EXISTING	REQUESTED	TOTAL	
	OPERATING BUDGET	CONTINUATION	REQUEST	LEVEL
PERFORMANCE INDICATORS	BUDGET	LEVEL	LEVEL	
NUMBER OF COMPLETED HOME VISITS BY MIECHV FUNDED HOME VISITORS	38,000	-2310.0	35,690	

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Form ID:	47121
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 PROVISION OF RELIABLE DATA TO MONITOR HEALTH AND WELL-BEING, GUIDE PROGRAMS, AND INFORM PUBLIC POLICY.

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	

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Form ID:	47122
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

FROM HIGH-RISK CONDITIONS OF INFANCY AND CHILDHOOD, INFECTIOUS/COMMUNICABLE DISEASES, AND CHRONIC DISEASES.

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 2026-2027, 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.				
RECOMMENDED	EXISTING	REQUESTED	TOTAL	
	OPERATING BUDGET	CONTINUATION	REQUEST	LEVEL
	BUDGET	LEVEL	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	Public:	89.0%	0	89.0%
Performance Standard 95%				

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Question and Narrative Response

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Form ID:	47123
Form Description:	326 MCH Nurse Family Partnership
Service:	OPH10 - Nurse Family Partnership

Question and Narrative Response

Describe the service:

STATE OF LOUISIANA
Childrens Budget
Narrative

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 COACHING, SUPPORT TO BUILD POSITIVE PARENTING SKILLS AND CAREGIVING CONFIDENCE, DEVELOPING AND REACHING GOALS, LIKE RETURNING TO SCHOOL AND WORK AND CONNECTING FAMILIES TO SERVICES AND RESOURCES IN THEIR COMMUNITIES. FEDERALLY FUNDED NURSE HOME VISITORS (NHVS) IMPLEMENTING NFP PROVIDES SERVICES AND SUPPORTS TO FIRST-TIME MOTHERS ELIGIBLE 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?

STATE OF LOUISIANA
Childrens Budget
Narrative

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 VISITING AND IMPROVE THE HEALTH AND WELL-BEING OF WOMEN, CHILDREN AND FAMILIES; PROVIDE INFRASTRUCTURE TO SUPPORT THE EFFECTIVE IMPLEMENTATION OF NFP AND PAT; STRENGTHEN THE IMPLEMENTATION OF MIECHV WITH A CONTINUED FOCUS ON THE ENROLLMENT AND RETENTION 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:

STATE OF LOUISIANA
Childrens Budget
Narrative

Question and Narrative Response				
OBJECTIVE 1: IN FISCAL YEAR 2026-2027, FAMILY SUPPORT AND COACHING PROFESSIONALS (HOME VISITORS) WILL PROVIDE EVIDENCE-BASED HOME VISITING SERVICES TO FAMILIES IMPEMETING NFP IN Regions 2-9 OF THE STATE AND PAT IN REGIONS 1, 6, 7, 8, and 9.				
	EXISTING	REQUESTED	TOTAL	RECOMMENDED
	OPERATING	CONTINUATION	REQUEST	LEVEL
	BUDGET	LEVEL	LEVEL	
PERFORMANCE INDICATORS				
NUMBER OF COMPLETED HOME VISITS				
BY MIECHV FUNDED HOME VISITORS	27,216	8474.0	35,690	

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Form ID:	47124
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.

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:

STATE OF LOUISIANA
Childrens Budget
Narrative

Question and Narrative Response

OBJECTIVE: IN FY 2026-2027, 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	REQUESTED	TOTAL	
	OPERATING	CONTINUATION	REQUEST	LEVEL
	BUDGET	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.

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Form ID:	47125
Form Description:	326 School Based Health
Service:	OPH12 - School Based Health Services

Question and Narrative Response

Describe the service:

LDH/OFFICE OF PUBLIC HEALTH | 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.

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 2026-2027, 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.

RECOMMENDED REQUEST	LEVEL	EXISTING	REQUESTED OPERATING	TOTAL CONTINUATION
PERFORMANCE INDICATORS		BUDGET	LEVEL	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

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Form ID:	47126
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.

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:

STATE OF LOUISIANA
Childrens Budget
Narrative

Question and Narrative Response				
OBJECTIVE: IN FISCAL YEAR 2026-2027, 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				
RECOMMENDED	EXISTING	REQUESTED	TOTAL	
PERFORMANCE INDICATORS	OPERATING	CONTINUATION BUDGET	REQUEST LEVEL	LEVEL 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	

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Form ID:	47127
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, BREASTFEEDING 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.

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?

STATE OF LOUISIANA
Childrens Budget
Narrative

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	REQUESTED	TOTAL	RECOMMENDED
	OPERATING	CONTINUATION	REQUEST	LEVEL
	BUDGET	LEVEL	LEVEL	
NUMBER OF MONTHLY WIC PARTICIPANTS	107,000	0	107,000	
PERCENT OF CLIENTS SERVED	100%	0	100%	

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Form ID:	47128
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 PROVING PROMOTE CESSATION AND PROTECTING THE PUBLIC FROM SECONDHAND SMOKE EXPOSURE.
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:

STATE OF LOUISIANA
Childrens Budget
Narrative

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.				
RECOMMENDED	EXISTING	REQUESTED	TOTAL	
	OPERATING	CONTINUATION	REQUEST	LEVEL
PERFORMANCE INDICATORS	BUDGET	LEVEL	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	

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2026 - 2027
Report Date: 10/31/25

Form ID:	47129
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, WEEEEKLY 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:

STATE OF LOUISIANA
Sunset Review

GENERAL ADDENDA

INTERAGENCY AGREEMENT

BR-19B
(08/18)

Interagency Agreement Between Department of Health - Office of Public Health (#326) and Department of Children and Family Services (#360)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, Department of Health - Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from Department of Children and Family Services (#360) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is : **\$1,511,658**
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 10/17/2025
Recipient Agency Fiscal Officer Date
Deedra Lamothe 10/17/2025
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).

DocuSign Envelope ID: 8B2537FE-6201-4668-A4C0-3F5E2A4C504C

INTERAGENCY AGREEMENT

BR-19B
(08/18)

Interagency Agreement Between the Office of Public Health (#326) and the Department of Children and Family Services (#360)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, the Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from the Department of Children and Family Services (#360) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is : Provide Vital Records documents for the purposes of adoptions and foster care.	\$32,000

DocuSigned by: <i>Angel Williams</i> CE98FEF8DCCFAE1	10/15/2025
_____ Recipient Agency Fiscal Officer	_____ Date
<i>DeEdra Lamotte</i> _____ Sending Agency Fiscal Officer	<i>10/17/2025</i> _____ 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).

DocuSign Envelope ID: 8B2537FE-6201-4668-A4C0-3F5E2A4C504C

INTERAGENCY AGREEMENT

BR-19B
(08/18)

Interagency Agreement Between the Office of Public Health (#326) and the Department of Children and Family Services (#360)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, the Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from the Department of Children and Family Services (#360) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :	\$49,000
Provide paternity information for children through LEERS to the Office of Support Enforcement.	

DocuSigned by: <i>Angel Williams</i> CE96FEF6DCCF4E1	10/15/2025
_____ Recipient Agency Fiscal Officer	_____ Date
<i>DeEdra Lamore</i> _____ Sending Agency Fiscal Officer	<i>10/17/2025</i> _____ 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).

Docusign Envelope ID: 8B2537FE-6201-4668-A4C0-3F5E2A4C504C

INTERAGENCY AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between LDH Office of Public Health (#326) and the Department of Culture, Recreation, and Tourism (#264)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from the Department of Culture, Recreation, and Tourism (#264) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is : This funding will provide testing of water systems at various state parks.	\$800

Declassified by: <u>Angel Williams</u> CENRFEPRDCCP4E1	10/15/2025
Recipient Agency Fiscal Officer	Date
<u>Nancy Watkins</u>	10/20/25
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).

DocuSign Envelope ID: 8B2537FE-6201-4668-A4C0-3F5E2A4C504C

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 2026 - 2027, 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 : \$706
This funding will provide testing of water systems at various safety facilities and correctional facilities statewide.

DocuSigned by:
Angel Williams
CES00FEF0DCCF4E1
10/15/2025

Recipient Agency Fiscal Officer Date
Jodi Babin
10/17/25

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).

DocuSign Envelope ID: 8B2537FE-6201-4668-A4C0-3F5E2A4C504C

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 2026 - 2027, 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.

DocuSigned by:

Angel Williams

10/15/2025

C6B6FEEDDCC4E1

Recipient Agency Fiscal Officer

Date

Angela L. Linder

10/16/25

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).

DocuSign Envelope ID: 8B2537FE-6201-4668-A4C0-3F5E2A4C504C

INTERAGENCY AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between LDH Office of Public Health (#326) and the Office of Behavioral Health (#330)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from the Office of Behavioral Health (#330) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :	\$22
Testing of drinking water for LA 1037005 - Eastern Louisiana Mental Health Systems.	

DocuSigned by: <i>Angel Williams</i> C6D8FEF6DCCF4E1	10/15/2025
Recipient Agency Fiscal Officer	Date
Digitally signed by Heather Giammanshere Heather Giammanshere Date: 2025.10.20 10:05:56 -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).

DocuSign Envelope ID: 8B2537FE-6201-46B8-A4C0-3F5E2A4C504C

INTERAGENCY AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between LDH Office of Public Health (#326) and the Department of Transportation and Development (#276)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from the Department of Transportation and Development (#276) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is : This funding will provide testing of water systems at various rest areas statewide.	\$200

DocuSigned by: <i>Angel Williams</i> C000F0E0DCCF4E1..	10/15/2025
Recipient Agency Fiscal Officer	Date
<i>Brian Jones</i>	10/26/2025
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).

Docusign Envelope ID: 8B2537FE-6201-4669-A4C0-3F5E2A4C504C

INTERAGENCY AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between LDH Office of Public Health (#326) and the Department of Veterans Affairs (#131)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from the Department of Veterans Affairs (#131) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :	
Safe Drinking Water Fee - LA 1037012 Louisiana War Veterans.	\$11

DocuSigned by:	
<i>Angel Williams</i>	10/15/2025
CEWFE60CCF4E1	
Recipient Agency Fiscal Officer	Date
<i>Gladys Watts</i>	10/17/2025
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).

Docusign Envelope ID: 8B2537FE-6201-4668-A4C0-3F5E2A4C504C

INTERAGENCY AGREEMENT

BR-19B
(08/18)

Interagency Agreement Between Department of Health - Office of Public Health (#326) and Department of Health - Medical Vendor Administration (#305)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, Department of Health - Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from Department of Health - Medical Vendor Administration (#305) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is : Medicaid Administration for the following programs: \$227,000
The purpose of this funding is to support the Tobacco Control statewide QUITLINE

DocuSigned by:
Angel Williams 10/15/2025
CE86FEF6DCCF4E1
Recipient Agency Fiscal Officer Date
Clint Summers 10/15/25
Digitally signed by Clint Summers
DN: cn=Clint Summers, o=Medicaid Financial
Management and Operations,
email=clinton.summers@jgha.gov, c=US
Date: 2025.10.16 12:11:08 -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).

DocuSign Envelope ID: 8B2537FE-6201-4668-A4C0-3F5E2A4C504C

INTERAGENCY AGREEMENT

BR-19B
(08/18)

Interagency Agreement Between Department of Health - Office of Public Health (#326) and Department of Health - Medical Vendor Payments (#306)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, Department of Health - Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from Department of Health - Medical Vendor Payments (#306) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is : Medicaid Billings for the following programs:		\$22,629
Children's Special Health Services: \$2,930		
Family Planning: \$240		
Genetic Diseases: \$19,459		

DocuSigned by: <u>Angel Williams</u> CE98FEF6DCCF4E1...	10/15/2025
Recipient Agency Fiscal Officer	Date
DocuSigned by: <u>Lalara Broussard</u> 49055EF49F104C9...	10/20/2025
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).

22629

DocuSign Envelope ID: 8B2537FE-6201-4668-A4C0-3F5E2A4C504C

INTERAGENCY AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between LDH Office of Public Health (#326) and LDH Office of Behavioral Health (#330)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from LDH Office of Behavioral Health (#330) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is : funding is to support the Louisiana Tobacco QUITLINE.	\$134,695	This

DocuSigned by: <i>Angel Williams</i> CE96FEF6DCCF4E1...	10/15/2025
_____ Recipient Agency Fiscal Officer	_____ Date
Lauri Hatlelid	Digitally signed by Lauri Hatlelid Date: 2025.10.16 15:30:06 -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).

DocuSign Envelope ID: 8B2537FE-6201-4668-A4C0-3F5E2A4C504C

INTERAGENCY AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between LDH Office of Public Health (#326) and LDH Office of Behavioral Health (#330)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from LDH Office of Behavioral Health (#330) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is : **\$2,543,473**
The Office of Behavioral Health (OBH) will partner with the Office of Public Health (OPH) in the implementation of the State Opioid Response (SOR) 4.0 grant. The OPH STD/HIV/Hepatitis Program (SHHP) will integrate national standards and best practices to Syringe Services Programs (SSPs) by embedding Health Coordinators in SSPs to oversee Hepatitis C Virus (HCV) testing, linkages to care, Overdose Education, and Naloxone Distribution (OEND).

DocuSigned by: <i>Angel Williams</i> CE98EE6DCC64E1	10/15/2025
_____ Recipient Agency Fiscal Officer	_____ Date
Lauri Hatlelid _____ Sending Agency Fiscal Officer	Digitally signed by Lauri Hatlelid Date: 2025.10.16 16:38:52 -05'00' _____ 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).

DocuSign Envelope ID: 8B2537FE-6201-4668-A4C0-3F5E2A4C504C

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 2026 - 2027, 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 : **\$100,000**
To facilitate the accomplishment of Hospital Preparedness Program (HPP) Grant Objectives. The objective 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.

DocuSigned by:
Angel Williams
CE98FEF6DCCF4E1 ..
10/15/2025

Recipient Agency Fiscal Officer Date
JK

Sending Agency Fiscal Officer 10/16/2025
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).

Docusign Envelope ID: 8B2537FE-6201-4668-A4C0-3F5E2A4C504C

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 2026 - 2027, 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 : \$95,000
This funding is to conduct summer feeding site inspections as part of the USDA requirement.

DocuSigned by:
Angel Williams 10/15/2025
CE08FEF8DCCF4E1...

Recipient Agency Fiscal Officer Date
Natashia M. Carter 10/16/2025
Sending Agency Fiscal Officer Date

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: 2025.10.16.16:21:18 -0500

NOTE:
It is the Receiving Agency's responsibility to ensure the execution of this Agreement.
Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

DocuSign Envelope ID: 8B2537FE-6201-4668-A4C0-3F5E2A4C504C

INTERAGENCY AGREEMENT

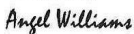
BR-19B
(08/20)

Interagency Agreement Between LDH Office of Public Health (#326) and the Louisiana Department of Education (#678)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from the Louisiana Department of Education (#678) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is : **\$354,055**
To implement federal CDC grant activities to conduct school-based sureillance on youth risk behaviors and school health policies and practices.

DocuSigned by:	
	10/15/2025
C506E6E6DCCF4E1	
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: 2025.10.16 16:22:42 -0500	10/16/2025
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).

DocuSign Envelope ID: 8B2537FE-6201-4668-A4C0-3F5E2A4C504C

INTERAGENCY AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between LDH Office of Public Health (#326) and Louisiana State University-Office of Sponsored Programs (#601)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from Louisiana State University-Office of Sponsored Programs (#601) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is : **\$26,304**
The Office of Public Health Section for Epidemiology and Toxicology (SEET) will perform home visits to help locate and change asthma triggers in homes. Project Title: Improving Asthma Outcomes through Low-Cost Interventions in the home.

DocuSigned by:
Angel Williams
CE66FEF6DCCF4E1

10/15/2025

Recipient Agency Fiscal Officer

Date

John Williams

Sending Agency Fiscal Officer

Date

12/24/25

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).

This Interagency Agreement is signed by LSU (Sending Agency) with the understanding that the funds issued to LDH (Receiving Agency) are being managed as a subaward expense under an LSU sponsored project in an LSU restricted contract account (off budget).

The amount LSU obligates to LDH for this project shall be governed solely by the subaward agreement and any subsequent amendment between the parties.

AGRICULTURE & FORESTRY
MANAGEMENT AND FINANCE (OMF)

INTERAGENCY AGREEMENT

BR-19B
(09/24)

Interagency Agreement Between LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY (160) and LOUISIANA DEPARTMENT OF HEALTH (326)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026-2027 LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY (160) is budgeted to receive the following revenue
(Agency Name and #)

from LOUISIANA DEPARTMENT OF HEALTH (326) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :

Storage for State Antiviral Cache of Medications

TOTAL: \$189,035



Recipient Agency Fiscal Officer

9/11/25

Date



Sending Agency Fiscal Officer

9/29/25

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).

Docusign Envelope ID: 41FD3516-52D8-4582-A30F-2BD03C66C756

INTERAGENCY AGREEMENT

BR-19B
(8/08)

Interagency Agreement Between 09-326 Office of Public Health and 09-307 LDH Health Standards Section
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026-2027 09-326 Office of Public Health is budgeted to receive the following revenue from
(Agency Name and #)

09-307 LDH Health Standards Section by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is:

The Office of Public Health (OPH), Bureau of Family Health (BFH) will partner with the Office of the Secretary, Health Standards Section (HSS) in the implementation of the State Maternal Health Innovation grant. Health Standards Section (HSS) will develop and pilot a new system for surveying birthing facilities in adhering to updated licensing standards, as well as to evaluate what adjustment may be necessary to align these standards with national recommendations.

Maternal Health Innovation	\$565,605.00
Total	\$565,605.00

Deputy Signed by: Kevin Cook 5/5/2025
Recipient Agency Fiscal Officer Date

Signed by: Angel W. Williams
Sending Agency Fiscal Officer Date

OPH Expenditure Coding	
Maternal Health Innovation	
Business Area	326
Fund	326000060E
Cost Center	3262107620
Grant	U3266715.0929
Grant WBS	U326671599.326
GL Account	5620069
Stat Internal Order	N/A

NOTE:
It is the Receiving Agency's responsibility to ensure the execution of this Agreement.
Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

INTERAGENCY AGREEMENT

BR-19B
(09/24)

Interagency Agreement Between LDH-OFFICE OF THE SECRETARY (#09-307) and LDH-OFFICE OF PUBLIC HEALTH (#09-326)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH-OFFICE OF THE SECRETARY (#09-307) is budgeted to receive the following revenue \$60,000.
(Agency Name and #)

from LDH - OFFICE OF PUBLIC HEALTH (#09-326) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :

This IAT Agreement is to provide funding for costs associated with a prosecutorial attorney relative to EMS investigations, applicant licensure and other complaints. This attorney will assist in preparing cases for EMS Review Panel Committees, EMS Commission hearings, and providing guidance to the Bureau of EMS (BEMS) Director, Deputy Director and staff. BEMS will transfer to Legal a total of \$60,000 on or before June 30, 2026 to fulfill these duties.

gk 10/8/25
Recipient Agency Fiscal Officer Date

[Signature] 10/8/25
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
(09/24)

Interagency Agreement Between LDH-OFFICE OF THE SECRETARY (#09-307) and LDH-OFFICE OF PUBLIC HEALTH (#09-326)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH-OFFICE OF THE SECRETARY (#09-307) is budgeted to receive the following revenue \$565,605.00
(Agency Name and #)

from LDH - OFFICE OF PUBLIC HEALTH (#09-326) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :

The Office of Public Health (OPH), Bureau of Family Health (BFH) will partner with the Office of the Secretary, Health Standards Section (HSS) in the implementation of the State Maternal Health Innovation grant. Health Standards Section (HSS) will develop and pilot a new system for surveying birthing facilities in adhering to updated licensing standards, as well as to evaluate what adjustment may be necessary to align these standards with national recommendations.

OPH Expenditure Coding

Business Area	Maternal Health Innovation
Fund	326
Cost Center	326000060E
Grant	3262107620
Grant WBS	U3266715.0929
GL Account	U326671599.326
	5620069

<u>KLH</u> Recipient Agency Fiscal Officer	<u>10/8/25</u> Date
<u>[Signature]</u> Sending Agency Fiscal Officer	<u>10/8/25</u> 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
(09/24)

Interagency Agreement Between LDH-OFFICE OF THE SECRETARY (#09-307) and LDH-OFFICE OF PUBLIC HEALTH (#09-326)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2026 - 2027, LDH-OFFICE OF THE SECRETARY (#09-307) is budgeted to receive the following revenue \$255,400.
(Agency Name and #)

from LDH - OFFICE OF PUBLIC HEALTH (#09-326) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :

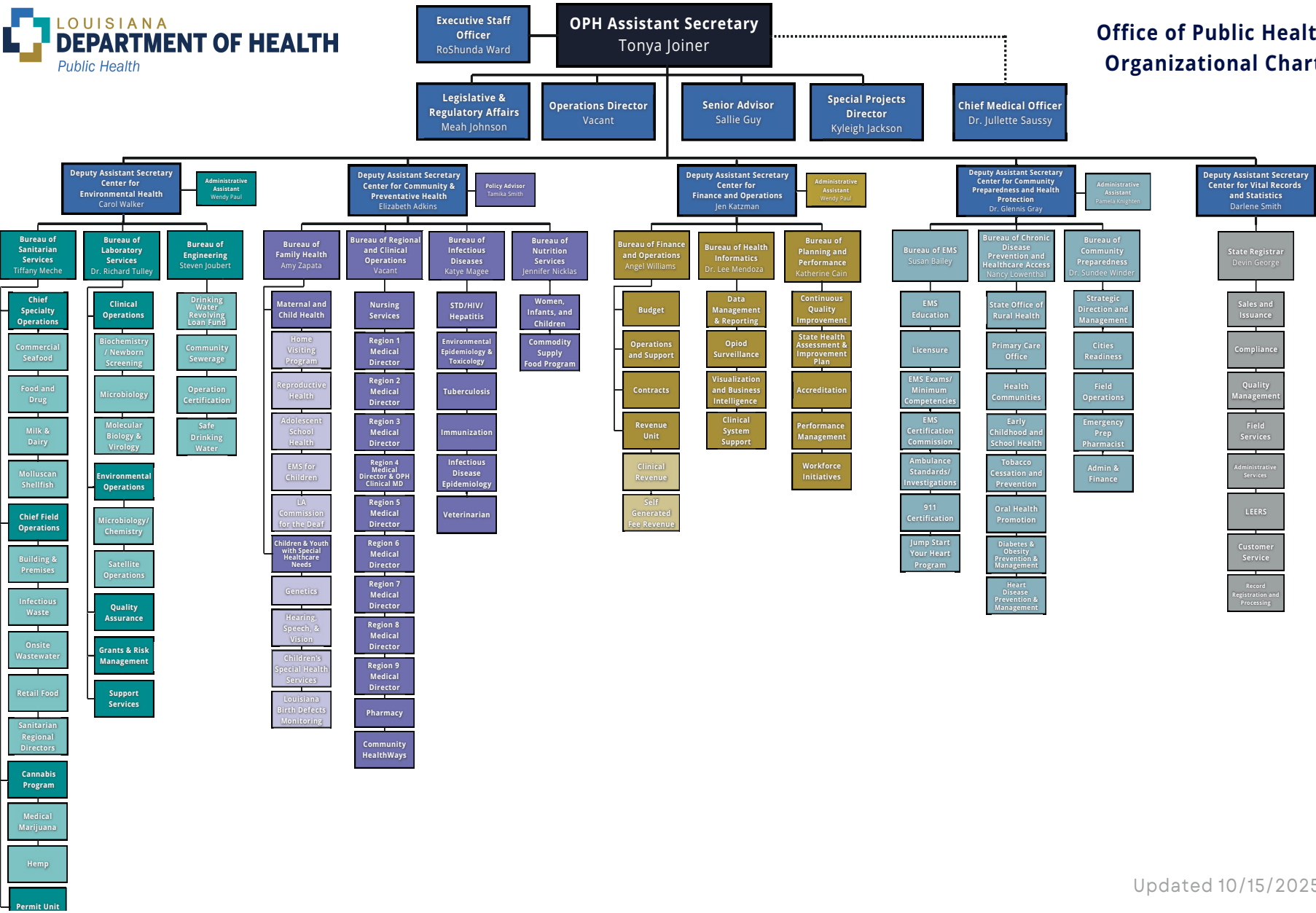
This IAT Agreement is to provide funding from the Louisiana Public Health Infrastructure Grant (PHIG). This funding will be used to create and maintain a centralized internal database to house and organize information about LDH's community partners so that it is accessible across agencies and program offices. The purpose of this database is to create internal operating efficiencies and improve the quality of our connections with external partners. This funding will also enable LDH to identify cross-agency challenges relating to language accessibility, and to develop a comprehensive approach to remedy those challenges.

gk 10/8/25
Recipient Agency Fiscal Officer Date
[Signature] 10/8/25
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).



Office of Public Health
Organizational Chart



Updated 10/15/2025



This page has been intentionally left blank

