

Agency Budget Request

FISCAL YEAR 2024–2025



Louisiana Department of Health
326 — Office of Public Health



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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	67
Interagency Transfers	67
Statutory Dedications	125
Federal Funds	147
Fees & Self-generated	415
Expenditures by Means of Financing	523
Existing Operating Budget	523
Total Request	552
Revenue Collections/Income	580
Interagency Transfers	580
Fees & Self-generated	582
Statutory Dedications	586
Federal Funds	588
Justification of Differences	593
Schedule of Requested Expenditures	650
3262 - Public Health Services	650
Continuation Budget Adjustments	669
Agency Summary Statement	670
Total Agency	670
Continuation Budget Adjustments - Summarized	673
Program Summary Statement	686
3262 - Public Health Services	686

Continuation Budget Adjustments - by Program	689
Form 25992 — FY24-25 Non-Recurring Acquisitions and Major Repairs	689
Form 25994 — FY24-25 Standard Inflation Adjustment	691
Form 25888 — 326 Non Recurring Adjustment - COVID-19 Federal Grants	693
Form 26197 — 326 Medical Inflation	695
Form 26967 — 326 Salary and Related Benefits Base Adjustment	697
Form 25898 — 326 Central Laboratory - Env. Chemistry-Trace Metals	699
Form 25905 — 326 - Commodity Supp Food Program Inventory Managment System	701
Form 25908 — 326- Medical Special Needs Shelters and Warehouse	703
Form 25986 — 326 - Community Outreach	705
Form 25998 — 326 - Conversion of 2 Job Appointments to T.O.	707
Form 27699 — 326-IAT SOURCE OF FUNDING REALIGNMENT BY EXP CATEGORY	709
Form 27700 — 326-SELF GENERATED SOURCE OF FUNDING RELIGNMENT BY EXP CATE	711
Form 27701 — 326-FEDERAL SOURE OF FUNDING REALIGNMENT BY EXP CATEGORY	713
Technical and Other Adjustments	715
Agency Summary Statement	716
Total Agency	716
Program Breakout	717
Program Summary Statement	718
3262 - Public Health Services	718
New or Expanded Requests	719
Agency Summary Statement	720
Total Agency	720
Program Summary Statement	722
3262 - Public Health Services	722
Form 25932 — 326 - New/Expanded - Parish Health Immunization Service Expa	724
Form 25936 — 326 - New/Expanded - Jump Start Your Heart Program	726
Form 26006 — 326 - Hepatitis C Virus Elimination Plan	728
Total Request Summary	731
Agency Summary Statement	732
Total Agency	732
Program Summary Statement	735

3262 - Public Health Services	735
Addenda	739
General Addenda	740

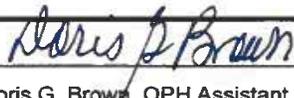
Signature Page

BUDGET REQUEST

Fiscal Year Ending June 30, 2025

NAME OF DEPARTMENT / AGENCY: Louisiana Department of Health PHYSICAL ADDRESS: 628 North Fourth Street
BUDGET UNIT: Office of Public Health Baton Rouge Louisiana
SCHEDULE NUMBER: 09-326 ZIP CODE: 70821
TELEPHONE NUMBER: (225)342-8098 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:  PRINTED NAME/TITLE: <u>Steven R. Russo, JD Secretary - LDH</u> DATE: <u>10.25.2023</u> EMAIL ADDRESS: <u>steven.russo.la.gov</u>	HEAD OF BUDGET UNIT:  PRINTED NAME/TITLE: <u>Doris G. Brown, OPH Assistant Secretary</u> DATE: <u>10/24/2023</u> EMAIL ADDRESS: <u>doris.brown@la.gov</u>
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PROGRAM CONTACT PERSON: <u>see attached OPH contacts list</u> TITLE: _____ TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____	FINANCIAL CONTACT PERSON: <u>Martina Stribling</u> TITLE: <u>OPH Chief Financial Officer</u> TELEPHONE NUMBER: <u>(225)342-7881</u> EMAIL ADDRESS: <u>martina.stribling2@la.gov</u>
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Operational Plan

STATE OF LOUISIANA
Operational Plan Form
Department Goals

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

DEPARTMENT NUMBER AND NAME: OPH - OPH

STATE OF LOUISIANA
Operational Plan Form
Agency Goals

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

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 GOAL(S):

The goals of the Office of Public Health include the following:

- 1) Increase operational capacity and infrastructure to ensure efficient and effective utilization of resources.
- 2) Operate as a cross-functional, cohesive agency throughout all programs, services, and regions, while being reliable and responsive and meeting national standards.
- 3) Develop, maintain, and facilitate partnerships for the alignment of efforts and overall impact on health and wellness of individuals and communities.
- 4) Attract and retain a competent and diverse staff throughout our workforce to maximize productivity, deliver high quality service, and improve outcomes.
- 5) Lead and continually improve a public health system that identifies and reduces inequities to improve health outcomes and quality of life in Louisiana.
- 6) Leverage health information technology and maintain a modern IT infrastructure to maximize use and integration of data to drive decision-making.

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

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

STATE OF LOUISIANA
Operational Plan Form
Program Goals

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

PROGRAM NUMBER AND NAME: 3262

PROGRAM AUTHORIZATION:

Statutory Authority for Public Health Services: Statutory Authority is inclusive of programs within the five operating areas: Vital Records and Statistics R.S. 40:32 et. seq, R.S. 40:37, Data Release R.S. 40:41, Registration of Vital Events R.S. 40:34 et. seq., Marriage Licenses R.S. 9:201 et. seq, Putative Father Registry R.S. 9:400 et. seq.; Maternal and Child Health Services Chapter 8, Part I L.R.S. 46:971-972; R.S. 17:2111-2112, R.S. 33:1563, Hearing Impairment R.S. 46; 2261-2267, Adolescent Pregnancy R.S. 46:973-974 (Maternal and Child Health Services Block Grant, Title V of the Social Security Act); Omnibus Budget Reconciliation Acts of 1981 and 1989; P.L. 101-239; Social Security Act – Maternal and child health block Grant 42 U.S.C. 701§501, Personal Responsibility and Work Opportunity Reconciliation act of 1996 – Temporary Assistance to Needy Families Block Grant Federal Pub.L. 104-193, Patient Protection and Affordable Care Act of 2010 42 U.S.C. 701 § Section 511(b), Medicaid Targeted Case Management 42 U.S.C. 701 § 1905(a)(19), §1915(g), LAC Title 50 Part XV Subpart 7, Violent Crime Control and Law Enforcement Act of 1994 Federal H.R. 3355, Pub.L. 103-322, Child Death Investigation L.S.A. RS 40:2019; Family Planning Title X of the Public Health Service Act, 42 U.S.C. 300 et. seq., 42 CFR part 59, subpart A, Subpart B, 42 CFR part 50 subpart B; 42 CFR 59.1; OPA 99-1: Compliance with State reporting laws: FY 1999 Omnibus Appropriations bill P.L. 105-277 § 219; Louisiana Children Code Art. 609A; Abortion Alternatives R.S.40.1299.35' Title XIX of the Social Security Act, as amended (42 CFR), R.S. 40:1299 thru 1299.5, Child Nutrition Act of 1966 As Amended Through P.L. 110–246, Effective October 1, 2008, R.S. 46:447.1; Title V Maternal and Child Health; § 502; Social Security Act Title XIX (P.L. 95-613); (P.L. 95-91); (P.L. 95-83); Title X, 42 U.S.C. 701:42 U.S.C. 3000. R.S. 40:5; Act 16; 42 U.S.C. 241(a), 243 (b), 247(c); Health Omnibus Programs Extension (HOPE) Act; Title XXV; Public Law 100-607; Comprehensive AIDS Resources Emergency Act of 1990 (Title XXVI), R.S. 40:4,5; RS 17:170; 42 U.S.C. 2476 (Section 317 of the Public Health Act), R.S. 40:5; RS 40:1061-1068; RS 40:3.1; Sexually Transmitted Disease, RS 40:1061 thru 1068 and 1091 thru 1093, LRS 40:4(A)(2) and RS 40:5(10); Vaccines for Children, Section 1928 of the Social Security Act, Vaccine Adverse Event Reporting System 42 U.S.C. §300aa-25; Women Infants and Children §17 of the Child Nutrition Act of 1966, WIC Breastfeeding Peer Counseling, Child Nutrition and Reauthorization Act of 2004; Health, Hunger Free Kids Act of 2010; Commodity Supplemental Food Program Section 4(a) of the Agriculture and Consumer Protection Act of 1973; State Sanitary Code, Chapter II, 42 U.S.C., 247c (Public Health Service Act 318); Public Law 95-626, R.S. 40:4.5. 40:28-29; RS 40:17, R.S. 40: 5, 7, 18; RS 40:1275 thru 1278; 42 U.S.C. 246; State Sanitary Code, Chapter II, 42 U.S.C., 247c (Public Health Service Act 318); Public Law 95-626, R.S. 40:4.5. 40:28-29; RS 40:17, R.S. 40: 5, 7, 18; RS 40:1275 thru 1278; 42 U.S.C. 246, Louisiana State Sanitary Code, Chapters I, II, XII, XIV, XXIII, XXIV. Children's Special Health Services R.S.40:1299.111-120 (Children's Special Health Services), Title 48; Public Health General; Part V; subpart 17; §§4901-5903 /LAC:48.V.4901-5903; Title V of the Social Security Act sections 701-710, subchapter V chapter VII, title 42; Birth Defects LAC Title 48:V.Chapters 161 and 163; Newborn Screening; RS 40:1299 – 1299.4, 1299.6, Hemophilia: RS 40:1299.5; LAC 48.V.7101, Childhood Lead Poisoning Prevention: RS 40:1299.21-29; LAC 51:IV.101-111), LAC Title 48:V. § 7005; Newborn Heel Stick RS 40:1299-1299.4, 1299.6, LAC title 48.V.6303; Hearing, Speech and Vision R.S. 46:2261 et. seq, LAC Title 48, Public Health General, Part V, subpart 7, Chapter 22; Section 399M of the Public Health Service Act 42 USC section 280g-1; Early Hearing Detection and Intervention Act of 2010; Individuals with Disabilities Education Act (IDEA), Part C, Early Intervention Program for Infants and Toddlers with Disabilities, final regulations 2011, 34 CFR Part 303 RIN 1820-AB 59; Infectious Disease Epidemiology LAC Title 51, Part II. The Control of Diseases 105, LAC Title 51 Part III. The Control of Rabies and other Zoonotic Diseases 101-111; Tuberculosis, LA R.S.40.3, 40.4, 40:5 Public Health Sanitary Code, (LAC TITLE 51): Chapter II, '115, '117, '119, '121, '125, '503, '505; Adolescent School Health Initiative, LA, R.S. 40:31.3; R.S. 40:1, et seq., R.S.4- 6, R.S. 8- 9 et seq., 1141-51, 1152-1156, 2701-19, 2817 et. Seq; Commercial Body Art Regulation Act (Act 393 of 1999) R.S. 40:2831 - 40:2834, LAC 51 (Public Health – Sanitary Code - Parts 1-28); Chapter 32 of Title 40 of the Louisiana Revised Statutes of 1950, as amended (La. R.S. 40:2821 - 2826); Safe Drinking Water Program, L.R.S. 40:4.A(7),(8)&(11)); 40:4.B; 40:4.11, 40:4.12; 40:5(5),(6)&(20); 40:5.6-9; 40:6; 40:8; Safe Drinking Water Administration Fee R.S. 40:31.33.LAC 51: Part I and Parts XII (Water Supplies), XIV (Plumbing), XXIV (Swimming Pools); and LA R.S. 40:32 et seq., LA R.S. 40:1299.80 et seq; Building and Premises RS36:258; Commercial Seafood LAC Title 51: Part IX; LRS 40:5.3, National Shellfish Sanitation Program, USFDA Interstate Certified Shellfish Shippers List; Infectious Waste RS 40:4 (b)(i); Milk and Dairy LAC Title 51, Part 7, U.S. Food and Drug Administration Pasteurized Milk Ordinance, 2011 Revision; Retail Food LAC Title 51Part XXIII Chapter 307, Chapter 501; Food and Drug R.S. 40:601 et. sep., 2701-2719, and 2831 et seq, RS 40:717; Operator Certification RS 40:1141-1151, Title 48, Part V, Chapter 73, 42 U.S.C. 300f, et seq. 40 CFR Parts 141-143; Emergency Medical Services, R.S. 40:1231-1236., R.S. 40:1300.102-105; Emergency Preparedness sections 319C-1 and 319C-2 of the Public Health Service (PHS) Act as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006, Presidential Policy Directive 8: National Preparedness; Medicare Rural Hospital Flexibility Balanced Budget Act of 1997, Section 4201, P.L. 105-33, LA Act 162 of 2002; Primary Care Office and Health Professional Workforce Public Health Act, Title III, § 333D, Section 220§ of the Immigration and Nationality Technical Corrections Act of 1994, Public Health Services Act, Title III, § 339 (O), 338I, and 338 and 338B(g)(1); Health Professional Shortage Area 42 CFR, Chapter 1, Part 5, §215 of the Public Health Service Act, 58 Stat. 690, 42 U.S.C.

216, § 332 of the Public Health Service Act, 90 Stat. 2270-2272, 42 U.S.C. 245e.

PROGRAM MISSION:

- 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.

OP PLAN - PROGRAM GOALS - Page 1 of 7

STATE OF LOUISIANA
Operational Plan Form
Program Goals

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

PROGRAM NUMBER AND NAME: 3262

PROGRAM GOAL(S):

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

PROGRAM ACTIVITY:

Maternal, 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 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 15 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.

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.

OP PLAN - PROGRAM GOALS - Page 2 of 7

STATE OF LOUISIANA
Operational Plan Form
Program Goals

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

PROGRAM NUMBER AND NAME: 3262

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 to track 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 prevents and controls tuberculosis through the provision of treatment, compliance monitoring, contact tracing, education, consultation with health professionals, and implementation of quarantine measures. The TB Categorical Grant Sum is the federal funding source for these TB services. Program coordinate sexually transmitted disease (STD) efforts which are directed toward prevention, detection, and treatment of sexually transmitted diseases such as syphilis, HIV/AIDS, Gonorrhea, Chlamydia, Herpes, Trichomonas, and Chancroid. The program strives to prevent morbidity and mortality related to sexually transmitted diseases among the citizens of Louisiana.

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 forensic testing for biological and chemical threat agents. We also provide testing for correctional institutions, faith and community based organizations and school based health clinics that are participating in various health programs. The OPH Laboratories are organized into four major subject matter areas: Microbiology, Chemistry, Biochemistry and Newborn Screening and 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 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

OP PLAN - PROGRAM GOALS - Page 3 of 7

STATE OF LOUISIANA
Operational Plan Form
Program Goals

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

PROGRAM NUMBER AND NAME: 3262

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

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 division collaborates with local, state, and national partners to establish programs and policies that address second-hand smoke exposure and support tobacco prevention and cessation initiatives for youth and adults.

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

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

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

School health and early childhood education program works to support healthier schools and early childhood 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.

OP PLAN - PROGRAM GOALS - Page 4 of 7

STATE OF LOUISIANA
Operational Plan Form
Program Goals

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

PROGRAM NUMBER AND NAME: 3262

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

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

Sanitarian Services

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

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

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

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

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

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

OP PLAN - PROGRAM GOALS - Page 5 of 7

STATE OF LOUISIANA
Operational Plan Form
Program Goals

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

PROGRAM NUMBER AND NAME: 3262

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

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

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

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

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

Drinking Water and Revolving Loan Fund (DWRLF)

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

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

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

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

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

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)

Reproductive health services A90:A94

OP PLAN - PROGRAM GOALS - Page 6 of 7

STATE OF LOUISIANA
Operational Plan Form
Program Goals

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

PROGRAM NUMBER AND NAME: 3262

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.

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

OP PLAN - ACT/OBJ
 Fiscal Year 2024 - 2025
 Report Date: 10/16/23

DEPARTMENT ID: 09 - Louisiana Department of Health

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	UOM	Performance Indicator Values						
				Year End Performance Standard 2022 - 2023	Actual Year End Performance 2022 - 2023	Performance Standard as Initially Appropriated 2023 - 2024	Existing Performance Standard 2023 - 2024	Performance at Continuation Budget Level 2024 - 2025	Performance at Executive Budget Level 2024 - 2025	Performance Standard as Initially Appropriated 2024 - 2025
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	94	98	98	98	0	0

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

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

DEPARTMENT ID: 09 - Louisiana Department of Health

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.

Performance Indicator	Level	Performance Indicator Name	UOM	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY 2018 - 2019	Prior Year Actual FY 2019 - 2020	Prior Year Actual FY 2020 - 2021	Prior Year Actual FY 2021 - 2022	Prior Year Actual FY 2022 - 2023
11227	G	Birth record intake	N	61,584	59,062	57,611	56,268	57,909
11229	G	Death record intake	N	46,091	50,763	56,806	57,068	50,583
11231	G	Marriage record intake	N	34,653	31,408	32,421	31,257	3,845
11232	G	Divorce record intake	N	13,474	11,374	11,248	11,785	6,147
11234	G	Abortion record intake	N	8,621	7,557	7,458	7,868	725
11235	G	Fetal death record intake	N	598	416	517	449	444
11236	G	Total number of birth, death, fetal death, marriage, divorce, abortion and still birth certificates accepted	N	165,021	160,580	166,061	164,695	119,653
20430	G	Total number of birth, death, fetal death, marriage, divorce, abortion and still birth certificates sold	N	542,495	538,485	536,499	552,461	178,838

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

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

DEPARTMENT ID: 09 - Louisiana Department of Health

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 statutes 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	UOM	Performance Indicator Values						
				Year End Performance Standard 2022 - 2023	Actual Year End Performance 2022 - 2023	Performance Standard as Initially Appropriated 2023 - 2024	Existing Performance Standard 2023 - 2024	Performance at Continuation Budget Level 2024 - 2025	Performance at Executive Budget Level 2024 - 2025	Performance Standard as Initially Appropriated 2024 - 2025
26613	K	Percentage of EMS education programs that have undergone quality control measures	P	10	18	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	91	Not Applicable	90	90	0	0
26616	K	Percentage of affirmative criminal background investigations initiated within 2 days of application submission	P	100	97	Not Applicable	100	100	0	0
3262001	K	Percentage of EMS practitioner applications processed within 2 business days of submission	P	90	85	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

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

DEPARTMENT ID: 09 - Louisiana Department of Health

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

Performance Indicator	Level	Performance Indicator Name	UOM	Performance Indicator Values						
				Year End Performance Standard 2022 - 2023	Actual Year End Performance 2022 - 2023	Performance Standard as Initially Appropriated 2023 - 2024	Existing Performance Standard 2023 - 2024	Performance at Continuation Budget Level 2024 - 2025	Performance at Executive Budget Level 2024 - 2025	Performance Standard as Initially Appropriated 2024 - 2025
24158	S	Obtain a minimum of 75% of Established rating on the CDC Public Health Emergency Preparedness (PHEP) Operational Readiness Review (ORR)	P	Not Applicable	Not Applicable	Not Applicable	75	75	0	0

Performance Indicator	Level	Performance Indicator Name	UOM	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY 2018 - 2019	Prior Year Actual FY 2019 - 2020	Prior Year Actual FY 2020 - 2021	Prior Year Actual FY 2021 - 2022	Prior Year Actual FY 2022 - 2023
3262003	G	Number of Emergency Operation Center activations	N	2	3	7	3	6
3262004	G	Number of resource request fulfilled	N	0	284	822	816	680
3262005	G	Number of exercises/drills conducted	N	0	0	0	0	0
3262006	G	Number of trainings completed	N	11	17	7	9	27
3262007	G	Number of community partners	N	131	135	140	173	186

Footnote GPI: These are New Performance Indicators for FY2023-2024.

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

OP PLAN - ACT/OBJ
 Fiscal Year 2024 - 2025
 Report Date: 10/16/23

DEPARTMENT ID: 09 - Louisiana Department of Health

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	UOM	Performance Indicator Values						
				Year End Performance Standard 2022 - 2023	Actual Year End Performance 2022 - 2023	Performance Standard as Initially Appropriated 2023 - 2024	Existing Performance Standard 2023 - 2024	Performance at Continuation Budget Level 2024 - 2025	Performance at Executive Budget Level 2024 - 2025	Performance Standard as Initially Appropriated 2024 - 2025
20139	K	Number of Maternal, Infant & Early Childhood home visits, including Nurse-Family Partnership (NFP) and Parents as Teachers	N	41,100	27,740	38,000	38,000	38,000	0	0
24162	K	Number of students with access to School Based Health Center services	N	46,897	37,577	46,000	46,000	32,068	0	0
26132	S	Percentage of patients receiving a preventive health visit at least once in the last measurement year	P	20	34	30	30	30	0	0
26345	K	Percentage of students who receive an annual risk assessment	P	55	43.9	55	55	55	0	0

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

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

DEPARTMENT ID: 09 - Louisiana Department of Health

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.

Performance Indicator	Level	Performance Indicator Name	UOM	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY 2018 - 2019	Prior Year Actual FY 2019 - 2020	Prior Year Actual FY 2020 - 2021	Prior Year Actual FY 2021 - 2022	Prior Year Actual FY 2022 - 2023
13744	G	Number of patient visits to Adolescent School-Based Health Centers	N	128,413	108,819	98,447	126,915	151,343
13749	G	Percentage of infants born to mothers beginning prenatal care in the first trimester	P	75.5	70.8	72	71	71.81
2368	G	Number of adolescent School-Based Health Centers	N	63	60	58	58	57
24164	G	Percentage of children with special health care needs receiving care in a Medical Home	P	43	50	51.1	44.2	39.7
26617	G	Percentage of adolescent school-based health centers (SBHCs) that demonstrate progress with a documented continuous quality improvement (CQI) plan	P	Not Applicable	0	0	0	100
26618	G	Percentage of students age 12 years with a screening for clinical depression	P	Not Available	34.7	61	62.2	70
26619	G	Percentage of students with a BMI greater than 85% receiving nutritional and physical activity counseling	P	Not Available	Not Available	91	84.9	91

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

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

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

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

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

OP PLAN - ACT/OBJ
 Fiscal Year 2024 - 2025
 Report Date: 10/16/23

DEPARTMENT ID: 09 - Louisiana Department of Health

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	UOM	Performance Indicator Values						
				Year End Performance Standard 2022 - 2023	Actual Year End Performance 2022 - 2023	Performance Standard as Initially Appropriated 2023 - 2024	Existing Performance Standard 2023 - 2024	Performance at Continuation Budget Level 2024 - 2025	Performance at Executive Budget Level 2024 - 2025	Performance Standard as Initially Appropriated 2024 - 2025
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	74.4	70	70	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	89.2	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	85	67.3	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	76	70	70	70	0	0

Performance Indicator	Level	Performance Indicator Name	UOM	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY 2018 - 2019	Prior Year Actual FY 2019 - 2020	Prior Year Actual FY 2020 - 2021	Prior Year Actual FY 2021 - 2022	Prior Year Actual FY 2022 - 2023
26770	G	Percentage of 11th Graders or those 16 years of age with 2 MenACWY	P	Not Applicable	Not Applicable	33	63	63.31
26771	G	Percentage of persons 6 months of age and older with Flu vaccination last flu season	P	Not Applicable	Not Applicable	47.5	44.2	43.1

Footnote GPI: LINKS, Louisiana Immunization Network data. Meningococcal ACWY Vaccines (MenACWY) are administered to adolescents in two doses at the time of their 16th birthday. Data from VaxView, CDC vaccination survey data.

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

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

DEPARTMENT ID: 09 - Louisiana Department of Health

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	UOM	Performance Indicator Values						
				Year End Performance Standard 2022 - 2023	Actual Year End Performance 2022 - 2023	Performance Standard as Initially Appropriated 2023 - 2024	Existing Performance Standard 2023 - 2024	Performance at Continuation Budget Level 2024 - 2025	Performance at Executive Budget Level 2024 - 2025	Performance Standard as Initially Appropriated 2024 - 2025
2384	K	Number of monthly WIC Participants	N	92,000	88,862	95,000	95,000	98,500	0	0
24168	S	Number of monthly Commodity Supplemental Food Program participants served	N	43,510	36,577	40,000	40,000	39,500	0	0
25608	S	Percentage of postpartum women enrolled in WIC who breastfeed	P	30	39	33	33	36	0	0

Footnote KS: WIC participation on a national basis has decreased. Outreach efforts are emphasized with local clinics to promote and retain participation. Performance Standard for FY22 was updated to 95,000. WIC participation continues to see a National decline. In Qtr 1 WIC participation data began to trend upward but was then greatly negatively impacted by Hurricane Ida in August. In addition, in quarters 2 and 3, increases in COVID Omicron as well as clinic closures due to the weather affected participation. In Qtr 4, LA WIC was impacted by a major infant formula recall. We are working with a social marketing firm on a campaign to help increase WIC participation. Performance has continued to be impacted by COVID-19. The Breastfeeding Peer Counselor Program has hired more staff to increase support efforts to prenatal and post-partum WIC participants to increase breastfeeding rates. Louisiana WIC has developed a partnership with Pacify to now provide 24hr/7 day video enabled breastfeeding support with lactation experts for our WIC participants via a mobile application.

Performance Indicator	Level	Performance Indicator Name	UOM	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY 2018 - 2019	Prior Year Actual FY 2019 - 2020	Prior Year Actual FY 2020 - 2021	Prior Year Actual FY 2021 - 2022	Prior Year Actual FY 2022 - 2023
10857	G	Percentage of WIC eligible clients served	P	52	47	49.5	48.9	38
10858	G	Number of WIC vendor fraud investigations	N	0	388	16	20	38

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

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

DEPARTMENT ID: 09 - Louisiana Department of Health

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	UOM	Performance Indicator Values						
				Year End Performance Standard 2022 - 2023	Actual Year End Performance 2022 - 2023	Performance Standard as Initially Appropriated 2023 - 2024	Existing Performance Standard 2023 - 2024	Performance at Continuation Budget Level 2024 - 2025	Performance at Executive Budget Level 2024 - 2025	Performance Standard as Initially Appropriated 2024 - 2025
24170	K	Percentage of TB infected contacts who complete treatment	P	72	71.3	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	75	74	75	75	76	0	0
25609	S	Percentage of culture confirmed cases completing treatment within 12 months	P	90	78.2	90	90	90	0	0
25610	S	Percentage of pulmonary culture confirmed cases converting sputum culture within two months	P	60	62.5	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	66	70	66	66	70	0	0
25612	S	Percentage of primary and secondary syphilis cases treated within 14 days of specimen collection	P	85	84.1	85	85	85	0	0

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

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

DEPARTMENT ID: 09 - Louisiana Department of Health

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.

Performance Indicator	Level	Performance Indicator Name	UOM	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY 2018 - 2019	Prior Year Actual FY 2019 - 2020	Prior Year Actual FY 2020 - 2021	Prior Year Actual FY 2021 - 2022	Prior Year Actual FY 2022 - 2023
2325	G	Number of HIV tests conducted at publicly-funded sites	N	133,848	88,498	80,498	100,018	94,250
25613	G	Number of primary and secondary syphilis cases	N	644	607	841	876	1,188
25614	G	Number of people living with HIV in Louisiana	N	22,301	21,667	21,651	22,679	22,955
25615	G	Number of new HIV diagnosis in Louisiana	N	1,021	786	907	936	908
26621	G	Number of new confirmed Hepatitis C diagnosis in Louisiana	N	Not Available	3,992	4,965	2,914	2,829

Footnote GPI: Community Based Organizations (CBO) that were not able to screen during COVID, started HIV screening again. Also we started screening at several new sites during FY2021-2022 These numbers were updated due to the data for these two Performance Indicators being entered on the wrong lines in FY2022 LaPAS.

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

OP PLAN - ACT/OBJ
 Fiscal Year 2024 - 2025
 Report Date: 10/16/23

DEPARTMENT ID: 09 - Louisiana Department of Health

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: The vast majority of investigations in our system were COVID-19 cases processed automatically upon receipt of a lab report. During the COVID-19 response, fewer non-COVID outbreaks are reported or identified than usual due to burdens on healthcare systems and decreased social gatherings. 27 non-COVID outbreaks have been identified this FY, two took place in the aftermath of Hurricane Ida for which the exact etiology was not determined, and three GI outbreaks did not have sufficient samples collected to determine an etiology.

Performance Indicator	Level	Performance Indicator Name	UOM	Performance Indicator Values						
				Year End Performance Standard 2022 - 2023	Actual Year End Performance 2022 - 2023	Performance Standard as Initially Appropriated 2023 - 2024	Existing Performance Standard 2023 - 2024	Performance at Continuation Budget Level 2024 - 2025	Performance at Executive Budget Level 2024 - 2025	Performance Standard as Initially Appropriated 2024 - 2025
26622	S	Initiate investigation within 10 working days of report to IDEpi	P	90	90	90	90	90	0	0
26623	S	Completed case investigation within 10 working days of starting investigation	P	90	84	90	90	90	0	0
26624	S	Percent of outbreaks with determined etiology	P	90	97	90	90	90	0	0

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

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

DEPARTMENT ID: 09 - Louisiana Department of Health

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	UOM	Performance Indicator Values						
				Year End Performance Standard 2022 - 2023	Actual Year End Performance 2022 - 2023	Performance Standard as Initially Appropriated 2023 - 2024	Existing Performance Standard 2023 - 2024	Performance at Continuation Budget Level 2024 - 2025	Performance at Executive Budget Level 2024 - 2025	Performance Standard as Initially Appropriated 2024 - 2025
26380	S	At least 95% of specimens submitted to the OPH Laboratory meet acceptance criteria for testing	P	95	99	95	95	95	0	0

Performance Indicator	Level	Performance Indicator Name	UOM	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY 2018 - 2019	Prior Year Actual FY 2019 - 2020	Prior Year Actual FY 2020 - 2021	Prior Year Actual FY 2021 - 2022	Prior Year Actual FY 2022 - 2023
17387	G	Number of lab tests/specimens tested	N	244,313	260,062	308,477	233,799	212,569

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

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

OP PLAN - ACT/OBJ
 Fiscal Year 2024 - 2025
 Report Date: 10/16/23

DEPARTMENT ID: 09 - Louisiana Department of Health

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: The number of health consults and technical assists are directly dictated by the number of inquiries and referrals received. The number fluctuates depending on the number of reports received from the Louisiana State Police, National Response Center, and Poison Center

Performance Indicator	Level	Performance Indicator Name	UOM	Performance Indicator Values						
				Year End Performance Standard 2022 - 2023	Actual Year End Performance 2022 - 2023	Performance Standard as Initially Appropriated 2023 - 2024	Existing Performance Standard 2023 - 2024	Performance at Continuation Budget Level 2024 - 2025	Performance at Executive Budget Level 2024 - 2025	Performance Standard as Initially Appropriated 2024 - 2025
24198	S	Number of health consults and technical assists	N	500	796	500	500	500	0	0
24199	S	Number of emergency reports screened from the Louisiana State Police and National Response Center	N	9,000	9,863	9,000	9,000	9,000	0	0

Performance Indicator	Level	Performance Indicator Name	UOM	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY 2018 - 2019	Prior Year Actual FY 2019 - 2020	Prior Year Actual FY 2020 - 2021	Prior Year Actual FY 2021 - 2022	Prior Year Actual FY 2022 - 2023
24196	G	Number of Indoor Air Quality phone consults	N	485	492	209	427	330

Footnote GPI: The number of indoor air calls depends on the number of inquiries received from citizens.

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

OP PLAN - ACT/OBJ
 Fiscal Year 2024 - 2025
 Report Date: 10/16/23

DEPARTMENT ID: 09 - Louisiana Department of Health

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: The number of providers trained exceeded the quarterly targets due to an extensive marketing campaign through the Louisiana Rural Health Association and the WALPEN newsletter. The Bureau hosted the annual Rural Health Workshop and the Emergency Preparedness table top exercise and both exceeded expectations. The National Health Service Corp program received extra funding due to COVID which allowed for additional providers to be accepted into the program, resulting in the high positive variance. Registered Caller is defined as a caller who calls the Quitline and registers for cessation services.

Performance Indicator	Level	Performance Indicator Name	UOM	Performance Indicator Values						
				Year End Performance Standard 2022 - 2023	Actual Year End Performance 2022 - 2023	Performance Standard as Initially Appropriated 2023 - 2024	Existing Performance Standard 2023 - 2024	Performance at Continuation Budget Level 2024 - 2025	Performance at Executive Budget Level 2024 - 2025	Performance Standard as Initially Appropriated 2024 - 2025
12219	K	Number of National Health Services Corp providers practicing in Louisiana	N	180	215	180	180	180	0	0
25619	S	Number of providers that have received education through conferences or BCDPHA provided trainings	N	325	411	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

OP PLAN - ACT/OBJ
 Fiscal Year 2024 - 2025
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DEPARTMENT ID: 09 - Louisiana Department of Health

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Performance Indicator	Level	Performance Indicator Name	UOM	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY 2018 - 2019	Prior Year Actual FY 2019 - 2020	Prior Year Actual FY 2020 - 2021	Prior Year Actual FY 2021 - 2022	Prior Year Actual FY 2022 - 2023
12218	G	Number of parishes and/or areas designated as Health Professional Shortage Areas by the Federal government	N	64	64	39	96	61
25860	G	Number of critical access hospitals (CAHs) reporting HCAHPS data	N	20	21	21	42	19
26672	G	Percent of Federally Qualified Health Centers (FQHCs) receiving technical assistance (TA)	P	Not Available	Not Available	10	17	17
26773	G	Percent of Rural Health Clinics (RHCs) receiving technical assistance (TA)	P	Not Available	Not Available	25	21	27

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

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

DEPARTMENT ID: 09 - Louisiana Department of Health

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	UOM	Performance Indicator Values						
				Year End Performance Standard 2022 - 2023	Actual Year End Performance 2022 - 2023	Performance Standard as Initially Appropriated 2023 - 2024	Existing Performance Standard 2023 - 2024	Performance at Continuation Budget Level 2024 - 2025	Performance at Executive Budget Level 2024 - 2025	Performance Standard as Initially Appropriated 2024 - 2025
25624	S	Number of registered callers to the Louisiana Tobacco Quitline	N	2,500	3,154	2,500	2,500	2,500	0	0

Performance Indicator	Level	Performance Indicator Name	UOM	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY 2018 - 2019	Prior Year Actual FY 2019 - 2020	Prior Year Actual FY 2020 - 2021	Prior Year Actual FY 2021 - 2022	Prior Year Actual FY 2022 - 2023
26774	G	Percentage of organizations designated as "WellSpots" reporting implementation of comprehensive tobacco or smoke-free workplace policies	P	Not Available	99	95	92	88
26775	G	Percentage of organizations designated as "WellSpots" reporting implementation of a worksite wellness program	P	Not Available	26.2	24	40	35
26776	G	Percentage of School Districts receiving professional development and technical assistance on comprehensive school wellness best practices	P	Not Available	61.4	65	19	34

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

OP PLAN - ACT/OBJ
 Fiscal Year 2024 - 2025
 Report Date: 10/16/23

DEPARTMENT ID: 09 - Louisiana Department of Health

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	UOM	Performance Indicator Values						
				Year End Performance Standard 2022 - 2023	Actual Year End Performance 2022 - 2023	Performance Standard as Initially Appropriated 2023 - 2024	Existing Performance Standard 2023 - 2024	Performance at Continuation Budget Level 2024 - 2025	Performance at Executive Budget Level 2024 - 2025	Performance Standard as Initially Appropriated 2024 - 2025
24201	K	Yearly mortality count attributed to unsafe water, food and sewage	N	0	2	0	0	0	0	0
24202	K	Percentage of permitted facilities in compliance quarterly due to inspections	P	90	88.5	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	96	95	95	95	0	0

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

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

DEPARTMENT ID: 09 - Louisiana Department of Health

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.

Performance Indicator	Level	Performance Indicator Name	UOM	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY 2018 - 2019	Prior Year Actual FY 2019 - 2020	Prior Year Actual FY 2020 - 2021	Prior Year Actual FY 2021 - 2022	Prior Year Actual FY 2022 - 2023
11215	G	Food related complaints received from the public	N	483	277	459	772	1,017
11886	G	Percentage of establishments/facilities in compliance	P	92	93	91	94	89
24205	G	Number of plans reviewed	N	6,151	4,567	798	5,447	6,205
24206	G	Number of samples taken	N	8,111	8,024	18,776	8,296	7,352
24208	G	Number of new sewage systems properly installed	N	6,005	5,086	8,285	9,751	9,067
24209	G	Number of existing sewage systems inspections	N	7,946	6,637	7,154	8,247	9,823
24210	G	Number of sewage system applications taken	N	7,154	416	12,652	12,182	10,124
24211	G	Number of food, water, sewage-borne illnesses reported	N	613	423	0	0	1,807
2485	G	Number of inspections of permitted establishments/facilities	N	103,240	6,482	37,303	104,602	95,758

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

OP PLAN - ACT/OBJ
Fiscal Year 2024 - 2025
Report Date: 10/16/23

DEPARTMENT ID: 09 - Louisiana Department of Health

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	UOM	Performance Indicator Values						
				Year End Performance Standard 2022 - 2023	Actual Year End Performance 2022 - 2023	Performance Standard as Initially Appropriated 2023 - 2024	Existing Performance Standard 2023 - 2024	Performance at Continuation Budget Level 2024 - 2025	Performance at Executive Budget Level 2024 - 2025	Performance Standard as Initially Appropriated 2024 - 2025
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	676	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	87	90	90	90	0	0
25629	S	Percentage of water and sewer plans reviewed within 60 days of receipt of submittal	P	98	99	98	98	98	0	0

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

OP PLAN - ACT/OBJ
 Fiscal Year 2024 - 2025
 Report Date: 10/16/23

DEPARTMENT ID: 09 - Louisiana Department of Health

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.

Performance Indicator	Level	Performance Indicator Name	UOM	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY 2018 - 2019	Prior Year Actual FY 2019 - 2020	Prior Year Actual FY 2020 - 2021	Prior Year Actual FY 2021 - 2022	Prior Year Actual FY 2022 - 2023
11225	G	Number of public water systems in Louisiana	N	1,311	1,304	1,293	1,277	1,271
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	69,900	33,149	26,703	59,615	41,089
24524	G	Number of low-interest loans made	N	12	11	13	7	12
24525	G	Number of public water systems provided technical assistance	N	700	424	380	306	406
24526	G	Number of water systems provided capacity development technical assistance	N	268	227	253	306	270

Budget Request Overview

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	60,778,362	60,167,535	73,170,051	13,002,516	21.61%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	54,090,295	87,213,926	87,351,227	137,301	0.16%
FEES & SELF-GENERATED	49,278,060	56,721,419	58,312,408	1,590,989	2.80%
STATUTORY DEDICATIONS	9,991,300	18,000,320	18,189,004	188,684	1.05%
FEDERAL FUNDS	382,854,004	640,785,539	576,629,878	(64,155,661)	(10.01)%
TOTAL MEANS OF FINANCING	\$556,992,020	\$862,888,739	\$813,652,568	\$(49,236,171)	(5.71)%

Fees and Self-Generated

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated	48,757,254	56,109,964	57,695,629	1,585,665	2.83%
Vital Records Conversion Fund	425,404	425,404	426,542	1,138	0.27%
Oyster Sanitation Fund	95,402	186,051	190,237	4,186	2.25%
Total:	\$49,278,060	\$56,721,419	\$58,312,408	\$1,590,989	2.80%

Statutory Dedications

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB	Percent Change
Telecommunications for the Deaf Fund	3,881,398	5,510,939	5,619,490	108,551	1.97%
Rural Primary Care Physicians Developmen	124,897	2,673,634	2,673,634	—	—
Louisiana Fund	5,985,004	9,815,747	9,895,880	80,133	0.82%
Total:	\$9,991,300	\$18,000,320	\$18,189,004	\$188,684	1.05%

Agency Expenditures

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB	Percent Change
Salaries	81,165,768	82,472,253	87,831,905	5,359,652	6.50%
Other Compensation	7,609,797	7,792,731	7,892,234	99,503	1.28%
Related Benefits	52,175,581	55,244,407	59,553,572	4,309,165	7.80%
TOTAL PERSONAL SERVICES	\$140,951,146	\$145,509,391	\$155,277,711	\$9,768,320	6.71%
Travel	2,390,151	2,756,728	2,855,755	99,027	3.59%
Operating Services	12,838,635	13,861,790	14,564,738	702,948	5.07%
Supplies	14,665,717	14,969,327	19,427,729	4,458,402	29.78%
TOTAL OPERATING EXPENSES	\$29,894,502	\$31,587,845	\$36,848,222	\$5,260,377	16.65%
PROFESSIONAL SERVICES	\$45,780,837	\$69,810,042	\$70,973,495	\$1,163,453	1.67%
Other Charges	313,370,334	586,905,689	522,663,864	(64,241,825)	(10.95)%
Debt Service	—	—	—	—	—
Interagency Transfers	26,995,011	27,656,561	27,889,276	232,715	0.84%
TOTAL OTHER CHARGES	\$340,365,345	\$614,562,250	\$550,553,140	\$(64,009,110)	(10.42)%
Acquisitions	190	1,419,211	—	(1,419,211)	(100.00)%
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$190	\$1,419,211	—	\$(1,419,211)	(100.00)%
TOTAL EXPENDITURES	\$556,992,020	\$862,888,739	\$813,652,568	\$(49,236,171)	(5.71)%

Agency Positions

Classified	1,216	1,213	1,222	9	0.74%
Unclassified	14	14	14	—	—
TOTAL AUTHORIZED T.O. POSITIONS	1,230	1,227	1,236	9	0.73%
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	105	105	105	—	—
TOTAL POSITIONS	1,335	1,332	1,341	9	0.68%

Cost Detail

Means of Financing

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
State General Fund	60,778,362	60,167,535	73,170,051	13,002,516
Interagency Transfers	54,090,295	87,213,926	87,351,227	137,301
Fees & Self-generated	48,757,254	56,109,964	57,695,629	1,585,665
Vital Records Conversion Fund	425,404	425,404	426,542	1,138
Oyster Sanitation Fund	95,402	186,051	190,237	4,186
Telecommunications for the Deaf Fund	3,881,398	5,510,939	5,619,490	108,551
Rural Primary Care Physicians Developmen	124,897	2,673,634	2,673,634	—
Louisiana Fund	5,985,004	9,815,747	9,895,880	80,133
Federal Funds	382,854,004	640,785,539	576,629,878	(64,155,661)
Total:	\$556,992,020	\$862,888,739	\$813,652,568	\$(49,236,171)

Salaries

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5110000	TOTAL SALARIES	—	—	5,359,652	5,359,652
5110010	SAL-CLASS-TO-REG	78,337,844	80,052,268	80,052,268	—
5110015	SAL-CLASS-TO-OT	281,135	—	—	—
5110020	SAL-CLASS-TO-TERM	734,459	—	—	—
5110025	SAL-UNCLASS-TO-REG	1,742,885	2,419,985	2,419,985	—
5110030	SAL-UNCLASS-TO-OT	11,174	—	—	—
5110035	SAL-UNCLASS-TO-TERM	58,271	—	—	—
Total Salaries:		\$81,165,768	\$82,472,253	\$87,831,905	\$5,359,652

Other Compensation

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5120000	TOTAL OTHER COMP	—	—	99,503	99,503
5120010	COMPENSATION/WAGES	7,516,949	7,644,281	7,644,281	—
5120035	STUDENT LABOR	28,045	148,450	148,450	—

Other Compensation *(continued)*

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5120105	COMP-CL-NON TO-OT	21,794	—	—	—
5120110	COMP-CL-NON TO-TERM	43,010	—	—	—
Total Other Compensation:		\$7,609,797	\$7,792,731	\$7,892,234	\$99,503

Related Benefits

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5130000	TOTAL RELATED BENF	—	—	4,309,165	4,309,165
5130010	RET CONTR-STATE EMP	32,336,801	35,857,798	35,857,798	—
5130020	RET CONTR-TEACHERS	426,708	—	—	—
5130050	POSTRET BENEFITS	8,788,658	8,700,000	8,700,000	—
5130055	FICA TAX (OASDI)	137,923	106,743	106,743	—
5130060	MEDICARE TAX	1,196,269	1,272,613	1,272,613	—
5130065	UNEMPLOYMENT BENEFIT	—	30,000	30,000	—
5130070	GRP INS CONTRIBUTION	9,277,634	9,277,253	9,277,253	—
5130085	OTH RELATED BENEFIT	21	—	—	—
5130090	TAXABLE FRINGE BEN	11,566	—	—	—
Total Related Benefits:		\$52,175,581	\$55,244,407	\$59,553,572	\$4,309,165

Travel

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5200000	TOTAL TRAVEL	—	2,756,728	2,855,755	99,027
5210010	IN-STATE TRAVEL-ADM	8,772	—	—	—
5210015	IN-STATE TRAVEL-CONF	308,111	—	—	—
5210020	IN-STATE TRAV-FIELD	1,587,408	—	—	—
5210025	IN-STATE TRV-BD MEM	225	—	—	—
5210030	IN-STATE TRV-IT/TRN	14,362	—	—	—
5210032	IN-STATE TRV-IT TRN	684	—	—	—

Travel (continued)

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5210050	OUT-OF-STATE TRV-ADM	1,490	—	—	—
5210055	OUT-OF-STTRV-CONF	374,605	—	—	—
5210060	OUT-OF-STTRV-FIELD	37,523	—	—	—
5210065	OUT-OF-STTRV-BD MEM	648	—	—	—
5210070	OUT-OF-STTRV-IT/TRN	834	—	—	—
5210080	TRAVEL CLEARING	988	—	—	—
5210090	TRAVEL EXP REIMBURSE	503	—	—	—
5210100	TRAVEL-NON-EMPLOYEES	415	—	—	—
5210105	STAFF TRAINING	1,344	—	—	—
5210110	CONFERENCE REG FEES	42,711	—	—	—
5210115	CERTIFICATION FEES	9,528	—	—	—
Total Travel:		\$2,390,151	\$2,756,728	\$2,855,755	\$99,027

Operating Services

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5300000	TOTAL OPERATING SERV	—	13,861,790	14,564,738	702,948
5310001	SERV-ADVERTISING	772	—	—	—
5310005	SERV-PRINTING	1,734	—	—	—
5310009	SERV-MOVING SERVICES	941	—	—	—
5310010	SERV-DUES & OTHER	94,600	—	—	—
5310011	SERV-SUBSCRIPTIONS	33,016	—	—	—
5310013	SERV-LAB FEES	1,409,884	—	—	—
5310014	SERV-DRUG TESTING	149,740	—	—	—
5310015	SERV-SECURITY	84,297	—	—	—
5310016	SERV-PURCHASED	3,264	—	—	—
5310017	SERV-DOC DESTRUCTION	1,190	—	—	—
5310018	SERV-TEMP STAFFING	27,355	—	—	—

Operating Services (continued)

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5310019	SERV-FREIGHT	944	—	—	—
5310021	SERV-FOOD SERV MGMT	19	—	—	—
5310025	SERV-LOCKSMITH	457	—	—	—
5310030	SERV-ADMIN FEES	1,202	—	—	—
5310031	SER-CRDT CRD TRN FEE	2,234	—	—	—
5310033	SERV-OTH LAB-VET	25,798	—	—	—
5310037	SERV - TRAINING	7,015	—	—	—
5310040	SERV-BANK (NON-DEBT)	8,449	—	—	—
5310049	SERV-DUES & OTHER	51,441	—	—	—
5310050	SERV-DUES & OTHER	14,380	—	—	—
5310400	SERV-MISC	541,447	—	—	—
5330001	MAINT-BUILDINGS	48,717	—	—	—
5330003	MAINT-PESTCONTROL	10,247	—	—	—
5330004	MAINT-GARBAGE DISP	34,998	—	—	—
5330005	MAINT-WSTDISP-SHRED	6,334	—	—	—
5330006	MAINT-HAZ WASTE DISP	68,220	—	—	—
5330007	MAINT-PROPERTY	1,108	—	—	—
5330008	MAINT-EQUIPMENT	1,133,173	—	—	—
5330011	MAINT-COMMUNICTN EQP	134,003	—	—	—
5330012	MAINT-JANITORIAL	517,384	—	—	—
5330013	MAINT-CLEANING SERV	7,989	—	—	—
5330014	MAINT-GROUNDS	3,614	—	—	—
5330016	MAINT-DATA PROC EQP	156	—	—	—
5330018	MAINT-AUTO REPAIRS	45,850	—	—	—
5330025	MAINT-HOSTING SVCS	250	—	—	—
5340010	RENT-REAL ESTATE	5,772,265	—	—	—
5340015	RENT-OPER COST-BLDG	691,560	—	—	—

Operating Services (continued)

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5340020	RENT-EQUIPMENT	233,301	—	—	—
5340025	RENT-AUTOMOBILES	1,190	—	—	—
5340030	RENT-DATA PROC EQUIP	121	—	—	—
5340070	RENT-OTHER	135,018	—	—	—
5340075	RENT-UNIFORM/CLOTHNG	6,774	—	—	—
5350001	UTIL-INTERNET PROVID	9,913	—	—	—
5350002	UTIL-DATA LINE/CIRCT	11,683	—	—	—
5350004	UTIL-TELEPHONE SERV	527,550	—	—	—
5350005	UTIL-OTHER COMM SERV	23,447	—	—	—
5350006	UTIL-MAIL/DEL/POST	227,653	—	—	—
5350007	UTIL-POSTAGE DUE	1,057	—	—	—
5350008	UTIL-DEL UPS/FED EXP	39,248	—	—	—
5350009	UTIL-GAS	37,803	—	—	—
5350010	UTIL-ELECTRICITY	444,418	—	—	—
5350011	UTIL-WATER	11,657	—	—	—
5350012	UTIL-CABLE	5,253	—	—	—
5350016	UTIL-SERVICES	216	—	—	—
5350017	UTIL-OPR SER-LAUNDRY	6,852	—	—	—
5350018	UTIL-MAIL/DEL/POST	176,574	—	—	—
5350019	UTIL-MAIL/DEL/POST	8	—	—	—
5350020	UTIL-MAIL/DEL/POST	1,725	—	—	—
5350021	UTIL-SEWER	595	—	—	—
5350400	UTIL-OTHER	532	—	—	—
Total Operating Services:		\$12,838,635	\$13,861,790	\$14,564,738	\$702,948

Supplies

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5400000	TOTAL SUPPLIES	—	14,969,327	19,427,729	4,458,402
5410001	SUP-OFFICE SUPPLIES	519,164	—	—	—
5410002	SUP-TELEPH & ACCESS	1,141	—	—	—
5410005	SUP-PHARMACEUTICAL	4,638,599	—	—	—
5410006	SUP-COMPUTER	187,706	—	—	—
5410007	SUP-CLOTHING/UNIFORM	23,249	—	—	—
5410008	SUP-MEDICAL	250,314	—	—	—
5410009	SUP-EDUCATION & REC	331,244	—	—	—
5410010	SUP-TEXTBOOKS	1,008	—	—	—
5410011	SUP-WORKBOOKS	89	—	—	—
5410013	SUP-FOOD & BEVERAGE	2,048	—	—	—
5410014	SUP-USDA COMMODITY	3,241	—	—	—
5410015	SUP-AUTO	4,030	—	—	—
5410016	SUP-BLD	2,236	—	—	—
5410017	SUP-JANITORIAL	49,945	—	—	—
5410018	SUP-FARM	57	—	—	—
5410019	SUP-CHEMICAL/GAS MAT	147,924	—	—	—
5410020	SUP-COMMUNICATIONS	5,328	—	—	—
5410023	SUP-PERSONAL	135	—	—	—
5410025	SUP-LAB SUPPLIES	4,539,350	—	—	—
5410026	SUP-METALS/MINERALS	120	—	—	—
5410027	SUP-OTHER MEDICAL	3,627,469	—	—	—
5410028	SUP-STORAGE/PACKAGNG	220	—	—	—
5410032	SUP-REP/MNT SUP-OTHR	4,347	—	—	—
5410035	SUP-SOFTWARE	6,979	—	—	—
5410036	SUP-FUELTRAC	199,273	—	—	—
5410040	SUP - WEAPONS	216	—	—	—

Supplies (continued)

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5410042	SUP-SCIENT.SAMPLING	59,659	—	—	—
5410045	SUP-BOAT MTCE	26	—	—	—
5410054	SUP-STORES INCREASE	(52,022)	—	—	—
5410055	SUP-STORES DECREASE	(76,226)	—	—	—
5410060	SUP-POOL SUPPLIES	102	—	—	—
5410400	SUP-OTHER	188,746	—	—	—
Total Supplies:		\$14,665,717	\$14,969,327	\$19,427,729	\$4,458,402

Professional Services

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5500000	TOTAL PROF SERVICES	—	69,810,042	70,973,495	1,163,453
5510002	PROF SERV-BANK/FIN	17,025	—	—	—
5510003	PROF SERV-MGT CONSUL	9,391,106	—	—	—
5510004	PROF SERV-ENG/ARCHIT	598,651	—	—	—
5510007	PROF SERV-MED/DEN	2,761,376	—	—	—
5510012	PROF SERV-EDUCATION	32,092	—	—	—
5510013	PROF SERV-IT	14,720	—	—	—
5510020	PROF SERV-BLD/CONSTR	513	—	—	—
5510021	PROF SERV-ENVIRONMTL	91,129	—	—	—
5510023	PROF SERV-INDUSTCLN	6,899	—	—	—
5510025	PROF SRV-PUB SAFETY	1,162	—	—	—
5510027	PROF SERV-TRANS/STOR	45,308	—	—	—
5510028	PROF SERV-ADV/PRINT	9,161	—	—	—
5510030	PROF SERV-COMMUNICAT	130	—	—	—
5510400	PROF SERV-OTHER	32,811,567	—	—	—
Total Professional Services:		\$45,780,837	\$69,810,042	\$70,973,495	\$1,163,453

Other Charges

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	586,905,689	522,663,864	(64,241,825)
5610001	LOC AID-LOCL SCHL BD	10,534	—	—	—
5610013	LOC AID-PUB ASST-EDU	512,499	—	—	—
5610015	LOC AID-MEDICAID PMT	50,585,268	—	—	—
5610016	LOC AID-NON MEDI PMT	313,978	—	—	—
5610020	PUBLIC ASST-HEALTH	6,929	—	—	—
5620056	MISC-CONTRACTUAL SRV	12,331,901	—	—	—
5620063	MISC-OPERATNG SVCS	16,923,972	—	—	—
5620064	MISC-PROF SVCS	53,726,525	—	—	—
5620065	MISC-SUPPLIES OTHER	5,685,854	—	—	—
5620066	MISC-TRVL IN STATE	30,521	—	—	—
5620067	MISC-TR OUT OF STATE	1,720	—	—	—
5620068	MISC-ACQ/MAJ REP OTH	1,239,519	—	—	—
5620069	MISC-INTERAGENCY OTH	4,192,807	—	—	—
5620072	MISC-OC SAL CLASS&UN	(376)	—	—	—
5620082	MISC-OC-MEDICARE TAX	(5)	—	—	—
5620102	MISC-LEGAL SVCS	3,000	—	—	—
5620114	MISC-CLAIM PAYMENT	1,000	—	—	—
5620128	MISC-PROMO ITEMS	44,380	—	—	—
5620135	MISC-TRANSCRIPTS	233,913	—	—	—
5620137	MISC-OC-PS-MEDICAL	167,445,851	—	—	—
5620138	MISC-OC-PRO SRV TRVL	(893)	—	—	—
5620900	MISC-ACQ/MAJ REP OTH	81,437	—	—	—
Total Other Charges:		\$313,370,334	\$586,905,689	\$522,663,864	\$(64,241,825)

Interagency Transfers

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	27,656,561	27,889,276	232,715
5950001	IAT-COMMODITY/SERV	4,982,411	—	—	—
5950005	IAT-DUES AND SUBSCRIP	400	—	—	—
5950006	IAT-ADVERTISING	6,205	—	—	—
5950007	IAT-PRINTING	262,265	—	—	—
5950008	IAT-POSTAGE	118,250	—	—	—
5950013	IAT-TEL-LANET DATA	1,733,421	—	—	—
5950017	IAT-INSURANCE	1,285,079	—	—	—
5950026	IAT-RENTALS	3,523,395	—	—	—
5950030	IAT-MEDICAL SERVICES	1,195,834	—	—	—
5950032	IAT-ADMIN IND COST	0	—	—	—
5950033	IAT-INTER AGY TRANS	1,755,817	—	—	—
5950035	IAT-MEDICAL SUPPLIES	1,426	—	—	—
5950038	IAT-OTHER OPER SERV	8,267,004	—	—	—
5950042	IAT-PASS-THROUGH	(22,258)	—	—	—
5950049	IAT-CIVIL SERVICE	583,098	—	—	—
5950058	IAT-TECH SVCS	439,503	—	—	—
5950059	IAT-ST PROCUREMENT	2,863,162	—	—	—
Total Interagency Transfers:		\$26,995,011	\$27,656,561	\$27,889,276	\$232,715

Acquisitions

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5700000	TOTAL ACQUISITIONS	—	1,419,211	—	(1,419,211)
5710224	ACQ-OFFICE FURN&EQP	190	—	—	—
5710227	ACQ-MEDICAL EQUIP	(6,490)	—	—	—

Acquisitions *(continued)*

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5710927	MEDICAL EQUIP-MA	6,490	—	—	—
Total Acquisitions:		\$190	\$1,419,211	—	\$(1,419,211)
Total Agency Expenditures:		\$556,992,020	\$862,888,739	\$813,652,568	\$(49,236,171)

PROGRAM SUMMARY STATEMENT

3262 - Public Health Services

Means of Financing

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	60,778,362	60,167,535	73,170,051	13,002,516	21.61%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	54,090,295	87,213,926	87,351,227	137,301	0.16%
FEES & SELF-GENERATED	49,278,060	56,721,419	58,312,408	1,590,989	2.80%
STATUTORY DEDICATIONS	9,991,300	18,000,320	18,189,004	188,684	1.05%
FEDERAL FUNDS	382,854,004	640,785,539	576,629,878	(64,155,661)	(10.01)%
TOTAL MEANS OF FINANCING	\$556,992,020	\$862,888,739	\$813,652,568	\$(49,236,171)	(5.71)%

Fees and Self-Generated

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated	48,757,254	56,109,964	57,695,629	1,585,665	2.83%
Vital Records Conversion Fund	425,404	425,404	426,542	1,138	0.27%
Oyster Sanitation Fund	95,402	186,051	190,237	4,186	2.25%
Total:	\$49,278,060	\$56,721,419	\$58,312,408	\$1,590,989	2.80%

Statutory Dedications

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB	Percent Change
Telecommunications for the Deaf Fund	3,881,398	5,510,939	5,619,490	108,551	1.97%
Rural Primary Care Physicians Developmen	124,897	2,673,634	2,673,634	—	—
Louisiana Fund	5,985,004	9,815,747	9,895,880	80,133	0.82%
Total:	\$9,991,300	\$18,000,320	\$18,189,004	\$188,684	1.05%

Program Expenditures

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB	Percent Change
Salaries	81,165,768	82,472,253	87,831,905	5,359,652	6.50%
Other Compensation	7,609,797	7,792,731	7,892,234	99,503	1.28%
Related Benefits	52,175,581	55,244,407	59,553,572	4,309,165	7.80%
TOTAL PERSONAL SERVICES	\$140,951,146	\$145,509,391	\$155,277,711	\$9,768,320	6.71%
Travel	2,390,151	2,756,728	2,855,755	99,027	3.59%
Operating Services	12,838,635	13,861,790	14,564,738	702,948	5.07%
Supplies	14,665,717	14,969,327	19,427,729	4,458,402	29.78%
TOTAL OPERATING EXPENSES	\$29,894,502	\$31,587,845	\$36,848,222	\$5,260,377	16.65%
PROFESSIONAL SERVICES	\$45,780,837	\$69,810,042	\$70,973,495	\$1,163,453	1.67%
Other Charges	313,370,334	586,905,689	522,663,864	(64,241,825)	(10.95)%
Debt Service	—	—	—	—	—
Interagency Transfers	26,995,011	27,656,561	27,889,276	232,715	0.84%
TOTAL OTHER CHARGES	\$340,365,345	\$614,562,250	\$550,553,140	\$(64,009,110)	(10.42)%
Acquisitions	190	1,419,211	—	(1,419,211)	(100.00)%
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$190	\$1,419,211	—	\$(1,419,211)	(100.00)%
TOTAL EXPENDITURES	\$556,992,020	\$862,888,739	\$813,652,568	\$(49,236,171)	(5.71)%

Program Positions

Classified	1,216	1,213	1,222	9	0.74%
Unclassified	14	14	14	—	—
TOTAL AUTHORIZED T.O. POSITIONS	1,230	1,227	1,236	9	0.73%
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	105	105	105	—	—
TOTAL POSITIONS	1,335	1,332	1,341	9	0.68%

Cost Detail

Means of Financing

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
State General Fund	60,778,362	60,167,535	73,170,051	13,002,516
Interagency Transfers	54,090,295	87,213,926	87,351,227	137,301
Fees & Self-generated	48,757,254	56,109,964	57,695,629	1,585,665
Vital Records Conversion Fund	425,404	425,404	426,542	1,138
Oyster Sanitation Fund	95,402	186,051	190,237	4,186
Telecommunications for the Deaf Fund	3,881,398	5,510,939	5,619,490	108,551
Rural Primary Care Physicians Developmen	124,897	2,673,634	2,673,634	—
Louisiana Fund	5,985,004	9,815,747	9,895,880	80,133
Federal Funds	382,854,004	640,785,539	576,629,878	(64,155,661)
Total:	\$556,992,020	\$862,888,739	\$813,652,568	\$(49,236,171)

Salaries

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5110000	TOTAL SALARIES	—	—	5,359,652	5,359,652
5110010	SAL-CLASS-TO-REG	78,337,844	80,052,268	80,052,268	—
5110015	SAL-CLASS-TO-OT	281,135	—	—	—
5110020	SAL-CLASS-TO-TERM	734,459	—	—	—
5110025	SAL-UNCLASS-TO-REG	1,742,885	2,419,985	2,419,985	—
5110030	SAL-UNCLASS-TO-OT	11,174	—	—	—
5110035	SAL-UNCLASS-TO-TERM	58,271	—	—	—
Total Salaries:		\$81,165,768	\$82,472,253	\$87,831,905	\$5,359,652

Other Compensation

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5120000	TOTAL OTHER COMP	—	—	99,503	99,503
5120010	COMPENSATION/WAGES	7,516,949	7,644,281	7,644,281	—
5120035	STUDENT LABOR	28,045	148,450	148,450	—

Other Compensation *(continued)*

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5120105	COMP-CL-NON TO-OT	21,794	—	—	—
5120110	COMP-CL-NON TO-TERM	43,010	—	—	—
Total Other Compensation:		\$7,609,797	\$7,792,731	\$7,892,234	\$99,503

Related Benefits

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5130000	TOTAL RELATED BENF	—	—	4,309,165	4,309,165
5130010	RET CONTR-STATE EMP	32,336,801	35,857,798	35,857,798	—
5130020	RET CONTR-TEACHERS	426,708	—	—	—
5130050	POSTRET BENEFITS	8,788,658	8,700,000	8,700,000	—
5130055	FICA TAX (OASDI)	137,923	106,743	106,743	—
5130060	MEDICARE TAX	1,196,269	1,272,613	1,272,613	—
5130065	UNEMPLOYMENT BENEFIT	—	30,000	30,000	—
5130070	GRP INS CONTRIBUTION	9,277,634	9,277,253	9,277,253	—
5130085	OTH RELATED BENEFIT	21	—	—	—
5130090	TAXABLE FRINGE BEN	11,566	—	—	—
Total Related Benefits:		\$52,175,581	\$55,244,407	\$59,553,572	\$4,309,165

Travel

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5200000	TOTAL TRAVEL	—	2,756,728	2,855,755	99,027
5210010	IN-STATE TRAVEL-ADM	8,772	—	—	—
5210015	IN-STATE TRAVEL-CONF	308,111	—	—	—
5210020	IN-STATE TRAV-FIELD	1,587,408	—	—	—
5210025	IN-STATE TRV-BD MEM	225	—	—	—
5210030	IN-STATE TRV-IT/TRN	14,362	—	—	—
5210032	IN-STATE TRV-IT TRN	684	—	—	—

Travel (continued)

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5210050	OUT-OF-STATE TRV-ADM	1,490	—	—	—
5210055	OUT-OF-STTRV-CONF	374,605	—	—	—
5210060	OUT-OF-STTRV-FIELD	37,523	—	—	—
5210065	OUT-OF-STTRV-BD MEM	648	—	—	—
5210070	OUT-OF-STTRV-IT/TRN	834	—	—	—
5210080	TRAVEL CLEARING	988	—	—	—
5210090	TRAVEL EXP REIMBURSE	503	—	—	—
5210100	TRAVEL-NON-EMPLOYEES	415	—	—	—
5210105	STAFF TRAINING	1,344	—	—	—
5210110	CONFERENCE REG FEES	42,711	—	—	—
5210115	CERTIFICATION FEES	9,528	—	—	—
Total Travel:		\$2,390,151	\$2,756,728	\$2,855,755	\$99,027

Operating Services

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5300000	TOTAL OPERATING SERV	—	13,861,790	14,564,738	702,948
5310001	SERV-ADVERTISING	772	—	—	—
5310005	SERV-PRINTING	1,734	—	—	—
5310009	SERV-MOVING SERVICES	941	—	—	—
5310010	SERV-DUES & OTHER	94,600	—	—	—
5310011	SERV-SUBSCRIPTIONS	33,016	—	—	—
5310013	SERV-LAB FEES	1,409,884	—	—	—
5310014	SERV-DRUG TESTING	149,740	—	—	—
5310015	SERV-SECURITY	84,297	—	—	—
5310016	SERV-PURCHASED	3,264	—	—	—
5310017	SERV-DOC DESTRUCTION	1,190	—	—	—
5310018	SERV-TEMP STAFFING	27,355	—	—	—

Operating Services (continued)

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5310019	SERV-FREIGHT	944	—	—	—
5310021	SERV-FOOD SERV MGMT	19	—	—	—
5310025	SERV-LOCKSMITH	457	—	—	—
5310030	SERV-ADMIN FEES	1,202	—	—	—
5310031	SER-CRDT CRD TRN FEE	2,234	—	—	—
5310033	SERV-OTH LAB-VET	25,798	—	—	—
5310037	SERV - TRAINING	7,015	—	—	—
5310040	SERV-BANK (NON-DEBT)	8,449	—	—	—
5310049	SERV-DUES & OTHER	51,441	—	—	—
5310050	SERV-DUES & OTHER	14,380	—	—	—
5310400	SERV-MISC	541,447	—	—	—
5330001	MAINT-BUILDINGS	48,717	—	—	—
5330003	MAINT-PESTCONTROL	10,247	—	—	—
5330004	MAINT-GARBAGE DISP	34,998	—	—	—
5330005	MAINT-WSTDISP-SHRED	6,334	—	—	—
5330006	MAINT-HAZ WASTE DISP	68,220	—	—	—
5330007	MAINT-PROPERTY	1,108	—	—	—
5330008	MAINT-EQUIPMENT	1,133,173	—	—	—
5330011	MAINT-COMMUNICTN EQP	134,003	—	—	—
5330012	MAINT-JANITORIAL	517,384	—	—	—
5330013	MAINT-CLEANING SERV	7,989	—	—	—
5330014	MAINT-GROUNDS	3,614	—	—	—
5330016	MAINT-DATA PROC EQP	156	—	—	—
5330018	MAINT-AUTO REPAIRS	45,850	—	—	—
5330025	MAINT-HOSTING SVCS	250	—	—	—
5340010	RENT-REAL ESTATE	5,772,265	—	—	—
5340015	RENT-OPER COST-BLDG	691,560	—	—	—

Operating Services (continued)

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5340020	RENT-EQUIPMENT	233,301	—	—	—
5340025	RENT-AUTOMOBILES	1,190	—	—	—
5340030	RENT-DATA PROC EQUIP	121	—	—	—
5340070	RENT-OTHER	135,018	—	—	—
5340075	RENT-UNIFORM/CLOTHNG	6,774	—	—	—
5350001	UTIL-INTERNET PROVID	9,913	—	—	—
5350002	UTIL-DATA LINE/CIRCT	11,683	—	—	—
5350004	UTIL-TELEPHONE SERV	527,550	—	—	—
5350005	UTIL-OTHER COMM SERV	23,447	—	—	—
5350006	UTIL-MAIL/DEL/POST	227,653	—	—	—
5350007	UTIL-POSTAGE DUE	1,057	—	—	—
5350008	UTIL-DEL UPS/FED EXP	39,248	—	—	—
5350009	UTIL-GAS	37,803	—	—	—
5350010	UTIL-ELECTRICITY	444,418	—	—	—
5350011	UTIL-WATER	11,657	—	—	—
5350012	UTIL-CABLE	5,253	—	—	—
5350016	UTIL-SERVICES	216	—	—	—
5350017	UTIL-OPR SER-LAUNDRY	6,852	—	—	—
5350018	UTIL-MAIL/DEL/POST	176,574	—	—	—
5350019	UTIL-MAIL/DEL/POST	8	—	—	—
5350020	UTIL-MAIL/DEL/POST	1,725	—	—	—
5350021	UTIL-SEWER	595	—	—	—
5350400	UTIL-OTHER	532	—	—	—
Total Operating Services:		\$12,838,635	\$13,861,790	\$14,564,738	\$702,948

Supplies

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5400000	TOTAL SUPPLIES	—	14,969,327	19,427,729	4,458,402
5410001	SUP-OFFICE SUPPLIES	519,164	—	—	—
5410002	SUP-TELEPH & ACCESS	1,141	—	—	—
5410005	SUP-PHARMACEUTICAL	4,638,599	—	—	—
5410006	SUP-COMPUTER	187,706	—	—	—
5410007	SUP-CLOTHING/UNIFORM	23,249	—	—	—
5410008	SUP-MEDICAL	250,314	—	—	—
5410009	SUP-EDUCATION & REC	331,244	—	—	—
5410010	SUP-TEXTBOOKS	1,008	—	—	—
5410011	SUP-WORKBOOKS	89	—	—	—
5410013	SUP-FOOD & BEVERAGE	2,048	—	—	—
5410014	SUP-USDA COMMODITY	3,241	—	—	—
5410015	SUP-AUTO	4,030	—	—	—
5410016	SUP-BLD	2,236	—	—	—
5410017	SUP-JANITORIAL	49,945	—	—	—
5410018	SUP-FARM	57	—	—	—
5410019	SUP-CHEMICAL/GAS MAT	147,924	—	—	—
5410020	SUP-COMMUNICATIONS	5,328	—	—	—
5410023	SUP-PERSONAL	135	—	—	—
5410025	SUP-LAB SUPPLIES	4,539,350	—	—	—
5410026	SUP-METALS/MINERALS	120	—	—	—
5410027	SUP-OTHER MEDICAL	3,627,469	—	—	—
5410028	SUP-STORAGE/PACKAGNG	220	—	—	—
5410032	SUP-REP/MNT SUP-OTHR	4,347	—	—	—
5410035	SUP-SOFTWARE	6,979	—	—	—
5410036	SUP-FUELTRAC	199,273	—	—	—
5410040	SUP - WEAPONS	216	—	—	—

Supplies (continued)

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5410042	SUP-SCIENT.SAMPLING	59,659	—	—	—
5410045	SUP-BOAT MTCE	26	—	—	—
5410054	SUP-STORES INCREASE	(52,022)	—	—	—
5410055	SUP-STORES DECREASE	(76,226)	—	—	—
5410060	SUP-POOL SUPPLIES	102	—	—	—
5410400	SUP-OTHER	188,746	—	—	—
Total Supplies:		\$14,665,717	\$14,969,327	\$19,427,729	\$4,458,402

Professional Services

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5500000	TOTAL PROF SERVICES	—	69,810,042	70,973,495	1,163,453
5510002	PROF SERV-BANK/FIN	17,025	—	—	—
5510003	PROF SERV-MGT CONSUL	9,391,106	—	—	—
5510004	PROF SERV-ENG/ARCHIT	598,651	—	—	—
5510007	PROF SERV-MED/DEN	2,761,376	—	—	—
5510012	PROF SERV-EDUCATION	32,092	—	—	—
5510013	PROF SERV-IT	14,720	—	—	—
5510020	PROF SERV-BLD/CONSTR	513	—	—	—
5510021	PROF SERV-ENVIRONMTL	91,129	—	—	—
5510023	PROF SERV-INDUSTCLN	6,899	—	—	—
5510025	PROF SRV-PUB SAFETY	1,162	—	—	—
5510027	PROF SERV-TRANS/STOR	45,308	—	—	—
5510028	PROF SERV-ADV/PRINT	9,161	—	—	—
5510030	PROF SERV-COMMUNICAT	130	—	—	—
5510400	PROF SERV-OTHER	32,811,567	—	—	—
Total Professional Services:		\$45,780,837	\$69,810,042	\$70,973,495	\$1,163,453

Other Charges

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	586,905,689	522,663,864	(64,241,825)
5610001	LOC AID-LOCL SCHL BD	10,534	—	—	—
5610013	LOC AID-PUB ASST-EDU	512,499	—	—	—
5610015	LOC AID-MEDICAID PMT	50,585,268	—	—	—
5610016	LOC AID-NON MEDI PMT	313,978	—	—	—
5610020	PUBLIC ASST-HEALTH	6,929	—	—	—
5620056	MISC-CONTRACTUAL SRV	12,331,901	—	—	—
5620063	MISC-OPERATNG SVCS	16,923,972	—	—	—
5620064	MISC-PROF SVCS	53,726,525	—	—	—
5620065	MISC-SUPPLIES OTHER	5,685,854	—	—	—
5620066	MISC-TRVL IN STATE	30,521	—	—	—
5620067	MISC-TR OUT OF STATE	1,720	—	—	—
5620068	MISC-ACQ/MAJ REP OTH	1,239,519	—	—	—
5620069	MISC-INTERAGENCY OTH	4,192,807	—	—	—
5620072	MISC-OC SAL CLASS&UN	(376)	—	—	—
5620082	MISC-OC-MEDICARE TAX	(5)	—	—	—
5620102	MISC-LEGAL SVCS	3,000	—	—	—
5620114	MISC-CLAIM PAYMENT	1,000	—	—	—
5620128	MISC-PROMO ITEMS	44,380	—	—	—
5620135	MISC-TRANSCRIPTS	233,913	—	—	—
5620137	MISC-OC-PS-MEDICAL	167,445,851	—	—	—
5620138	MISC-OC-PRO SRV TRVL	(893)	—	—	—
5620900	MISC-ACQ/MAJ REP OTH	81,437	—	—	—
Total Other Charges:		\$313,370,334	\$586,905,689	\$522,663,864	\$(64,241,825)

Interagency Transfers

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	27,656,561	27,889,276	232,715
5950001	IAT-COMMODITY/SERV	4,982,411	—	—	—
5950005	IAT-DUES AND SUBSCRIP	400	—	—	—
5950006	IAT-ADVERTISING	6,205	—	—	—
5950007	IAT-PRINTING	262,265	—	—	—
5950008	IAT-POSTAGE	118,250	—	—	—
5950013	IAT-TEL-LANET DATA	1,733,421	—	—	—
5950017	IAT-INSURANCE	1,285,079	—	—	—
5950026	IAT-RENTALS	3,523,395	—	—	—
5950030	IAT-MEDICAL SERVICES	1,195,834	—	—	—
5950032	IAT-ADMIN IND COST	—	—	—	—
5950033	IAT-INTER AGY TRANS	1,755,817	—	—	—
5950035	IAT-MEDICAL SUPPLIES	1,426	—	—	—
5950038	IAT-OTHER OPER SERV	8,267,004	—	—	—
5950042	IAT-PASS-THROUGH	(22,258)	—	—	—
5950049	IAT-CIVIL SERVICE	583,098	—	—	—
5950058	IAT-TECH SVCS	439,503	—	—	—
5950059	IAT-ST PROCUREMENT	2,863,162	—	—	—
Total Interagency Transfers:		\$26,995,011	\$27,656,561	\$27,889,276	\$232,715

Acquisitions

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5700000	TOTAL ACQUISITIONS	—	1,419,211	—	(1,419,211)
5710224	ACQ-OFFICE FURN&EQP	190	—	—	—
5710227	ACQ-MEDICAL EQUIP	(6,490)	—	—	—

Acquisitions *(continued)*

Commitment Item	Name	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB
5710927	MEDICAL EQUIP-MA	6,490	—	—	—
Total Acquisitions:		\$190	\$1,419,211	—	\$(1,419,211)
Total Expenditures for Program 3262		\$556,992,020	\$862,888,739	\$813,652,568	\$(49,236,171)
Total Agency Expenditures:		\$556,992,020	\$862,888,739	\$813,652,568	\$(49,236,171)

SOURCE OF FUNDING SUMMARY

Agency Overview

Interagency Transfers

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB	Form ID
MCH BLOCK GRANT	—	—	—	—	23874
INTERAGENCY TRANSFERS	1,463,184	3,467,891	400,000	(3,067,891)	23932
INTERAGENCY TRANSFERS	111,048	950,000	—	(950,000)	23933
INTERAGENCY TRANSFERS	—	287,921	—	(287,921)	23934
INTERAGENCY TRANSFERS	—	100,000	100,000	—	23935
INTERAGENCY TRANSFERS	35,133,233	—	—	—	23936
INTERAGENCY TRANSFERS	—	—	—	—	23937
CSHCS	—	2,930	2,930	—	23938
MEDICAID	—	240	240	—	23939
MEDICAID	—	19,549	19,549	—	23940
MEDICAID	1,876,501	4,145,548	1,187,183	(2,958,365)	23941
INTERAGENCY TRANSFERS	—	—	—	—	23942
DCFS-TANF	2,155,419	2,877,075	2,877,075	—	23943
MEDICAID	99,033	227,000	227,000	—	23944
INTERAGENCY TRANSFERS	160,314	148,000	148,000	—	23945
DEPT OF EDUCATION(ED)	94,369	210,000	175,000	(35,000)	23946
MEDICAID	—	—	—	—	23947
INTERAGENCY TRANSFERS	—	1,706	1,706	—	23948
GOHSEP	—	150,000	150,000	—	23949
INTERAGENCY TRANSFERS	—	25,000	25,000	—	23950
DEPT OF EDUCATION(ED)	109,210	235,000	235,000	—	23951
DCFS	—	86,000	86,000	—	23952
INTER FUND TRANSFER IN	—	—	—	—	24100
INTER FUND TRANSFER IN	—	70,609,649	80,845,160	10,235,511	24101
LDH-MVA	—	3,670,417	734,083	(2,936,334)	26203
MINERAL REVENUES	—	—	137,301	137,301	26421
LDH-OBH	278,816	—	—	—	27320
LDH-OBH	2,074	—	—	—	27321
MISC COLLECTIONS	12,607,094	—	—	—	27322
Total Interagency Transfers	\$54,090,295	\$87,213,926	\$87,351,227	\$137,301	

Fees & Self-generated

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB	Form ID
Q08-OYSTER SANITATON	95,402	186,051	186,051	—	23928
H18-VITAL REC CONV FUND	425,404	425,404	425,404	—	23929
HIV/AIDS PROGRAMS	74,620	60,000	—	(60,000)	23959
CSHCS	206,306	101,397	101,397	—	23960
EMERGENCY MEDICAL SVCS	514,709	475,000	475,000	—	23961
FEES & SELF GENERATED	—	45,420	45,420	—	23962
INFECTIOUS DISEASE EPI	—	54,930	54,930	—	23963
FAMILY PLANNING	6,141,360	4,785,970	4,785,970	—	23964
FAMILY PLANNING	—	1,048,969	1,048,969	—	23965
FEES & SELF GENERATED	5,315,584	3,769,785	3,769,785	—	23966
FEES & SELF GENERATED	349,520	1,387,335	1,387,335	—	23967
SPECIAL LAB	49,667	33,000	33,000	—	23968
CERTIFICATION	24,690	41,000	41,000	—	23969
PRAMS	10,000	—	—	—	23970
FEES & SELF GENERATED	—	19,500	19,500	—	23971
TOBACCO CONTROL	11,100	45,000	—	(45,000)	23972
FEES & SELF GENERATED	13,650	32,950	32,950	—	23973
FEES & SELF GENERATED	—	—	—	—	23974
FEES & SELF GENERATED	306,875	182,250	—	(182,250)	23975
FEES & SELF GENERATED	—	8,610,846	9,038,547	427,701	23976
FEES & SELF GENERATED	13	14,757	14,757	—	23977
STD	292,720	283,000	283,000	—	23978
STD	10,010	64,177	64,177	—	23979
TB CONTROL PREVENTION	231,797	905,677	905,677	—	23980
FEES & SELF GENERATED	267,725	120,000	120,000	—	23983
SAFE DRINKING WATER	19,366,720	19,500,000	19,500,000	—	23984
FOOD AND DRUG	887,171	760,000	760,000	—	23985
FEES & SELF GENERATED	18,000	18,000	18,000	—	23986
FEES & SELF GENERATED	13,820	70,000	70,000	—	23987
FEES & SELF GENERATED	—	70,000	70,000	—	23988
FEES & SELF GENERATED	94,943	96,000	96,000	—	23989
FEES & SELF GENERATED	61,795	40,000	40,000	—	23990
FEES & SELF GENERATED	134,425	136,000	136,000	—	23991
FEES & SELF GENERATED	5,758,392	5,900,000	5,900,000	—	23992
FEES & SELF GENERATED	48,568	100,000	100,000	—	23993

Fees & Self-generated *(continued)*

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB	Form ID
FEES & SELF GENERATED	1,184,686	1,600,000	1,600,000	—	23994
TANNING FACILITIES	33,020	30,000	30,000	—	23995
VITAL RECORDS	5,595,172	5,200,000	5,200,000	—	23996
FEES & SELF GENERATED	—	—	—	—	24037
FEES & SELF GENERATED	—	—	—	—	24038
FEES & SELF GENERATED	—	—	—	—	24039
FEES & SELF GENERATED	—	—	—	—	24041
FEES & SELF GENERATED	46,738	—	—	—	24043
FEES & SELF GENERATED	—	—	—	—	24046
FEES & SELF GENERATED	—	—	—	—	24103
MISC COLLECTIONS	150,000	219,001	—	(219,001)	26258
MISC COLLECTIONS	—	290,000	290,000	—	26266
MINERAL REVENUES	—	—	214,693	214,693	26421
MISC COLLECTIONS	—	—	1,454,846	1,454,846	27020
HIV/AIDS PROGRAMS	3,030	—	—	—	27349
MISC SELF-GEN REVENUE	91,745	—	—	—	27351
SAFE DRINKING WATER	100	—	—	—	27352
DISASTER RECOVERY	5,169	—	—	—	27353
MISC SELF-GEN REVENUE	1,443,414	—	—	—	27354
Total Fees & Self-generated	\$49,278,060	\$56,721,419	\$58,312,408	\$1,590,989	

Statutory Dedications

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB	Form ID
E02-TELECOM DEAF FUND	3,881,398	5,510,939	5,510,939	—	23926
H45-RURAL PC PHY DEV FD	124,897	2,673,634	2,673,634	—	23927
Z13-LOUISIANA FUND	—	500,000	500,000	—	23930
Z13-LOUISIANA FUND	5,985,004	6,024,307	6,024,307	—	23931
EMERGENCY MEDICAL SVCS	—	—	—	—	24015
MISC COLLECTIONS	—	—	—	—	24016
MISC COLLECTIONS	—	—	—	—	24017
MISC COLLECTIONS	—	—	—	—	24018
MISC COLLECTIONS	—	296,953	296,953	—	26185
MISC COLLECTIONS	—	2,994,487	2,994,487	—	26187
MINERAL REVENUES	—	—	188,684	188,684	26421
Total Statutory Dedications	\$9,991,299	\$18,000,320	\$18,189,004	\$188,684	

Federal Funds

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB	Form ID
HIV/AIDS PROGRAMS	1,347,245	1,445,195	886,195	(559,000)	23732
HIV/AIDS PROGRAMS	4,609,059	6,338,354	6,132,796	(205,558)	23819
HIV/AIDS PROGRAMS	838,721	1,269,901	1,112,186	(157,715)	23820
HIV/AIDS PROGRAMS	25,986,086	7,420,281	7,420,281	—	23821
HIV/AIDS PROGRAMS	36,298,572	57,143,802	53,143,802	(4,000,000)	23822
HIV/AIDS PROGRAMS	2,762,816	4,007,295	3,665,637	(341,658)	23824
HIV/AIDS PROGRAMS	17,148	391,192	233,466	(157,726)	23825
HIV/AIDS PROGRAMS	604,964	752,306	649,289	(103,017)	23826
HIV/AIDS PROGRAMS	259,111	440,926	339,926	(101,000)	23828
HIV/AIDS PROGRAMS	3,254,631	4,985,158	3,629,532	(1,355,626)	23829
LDH - COVID-19 CCP RSP	9,291,960	15,541,052	—	(15,541,052)	23831
BIOTERRORISM GRANT	8,605,939	16,506,987	—	(16,506,987)	23833
BIOTERRORISM GRANT	10,256,819	11,519,291	8,919,448	(2,599,843)	23836
NCIPC OPIOID CRISIS	3,659,847	4,680,340	4,505,340	(175,000)	23838
LDH - COVID-19 CCP RSP	1,293,979	3,172,995	—	(3,172,995)	23840
FEDERAL	178,309	159,988	159,988	—	23841
CSHCS	138,854	159,998	159,998	—	23842
CSHCS	6,671,041	5,544,314	5,544,314	—	23843
EMERGENCY MEDICAL SVCS	512,809	279,481	279,481	—	23844
EMERGENCY MEDICAL SVCS	78,438	190,650	190,650	—	23845
EMERGENCY MEDICAL SVCS	258,736	425,000	425,000	—	23846
RAPE CRISIS PROGRAM	50,036	131,342	101,342	(30,000)	23847
VIOLENCE AGAINST WOMEN	701,758	608,453	608,453	—	23848
EPID LAB CAPACITY (ELC)	2,181,965	4,665,953	4,665,953	—	23849
EPID LAB CAPACITY (ELC)	1,982,855	1,661,888	138,491	(1,523,397)	23850
EPID LAB CAPACITY (ELC)	22,318,265	59,500,000	6,093,470	(53,406,530)	23851
EPID LAB CAPACITY (ELC)	44,114,609	500,000	—	(500,000)	23852
ANTIBIOTIC RES RET FOOD	130,583	135,000	135,000	—	23853
FAMILY PLANNING	9,004,828	4,788,722	4,788,722	—	23855
FAMILY PLANNING	487,610	500,000	500,000	—	23856
FAMILY PLANNING	425,604	624,000	624,000	—	23857
HUD LEAD	182,309	350,000	350,000	—	23858
MCH BLOCK GRANT	491,677	780,000	780,000	—	23859
LDH - COVID-19 CCP RSP	22,939,440	37,899,950	16,000,000	(21,899,950)	23860
IMMUNIZATION GRANT	1,549,951	3,007,067	3,007,067	—	23861

Federal Funds (continued)

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB	Form ID
CHILD DEATH REVIEW	25,953	50,000	50,000	—	23863
FEDERAL	—	330,086	330,086	—	23864
FEDERAL	151,852	355,600	355,600	—	23865
FEDERAL	880,971	299,800	—	(299,800)	23866
FEDERAL	70,834	95,600	95,600	—	23867
PRAMS	147,342	175,000	175,000	—	23868
FEDERAL	158,220	475,000	301,300	(173,700)	23869
SYSTEMS DEVELOPMENT	34,430	100,000	100,000	—	23872
FEDERAL	149,377	280,068	280,068	—	23873
MCH BLOCK GRANT	4,911,315	5,457,507	4,457,507	(1,000,000)	23874
FEDERAL	337,095	450,000	450,000	—	23875
MCH BLOCK GRANT	2,014,578	4,339,889	4,339,889	—	23876
FEDERAL	130,668	2,396,469	549,900	(1,846,569)	23877
MCH BLOCK GRANT	8,179,814	10,981,500	10,481,500	(500,000)	23878
LDH - COVID-19 CCP RSP	327,002	897,862	445,000	(452,862)	23879
RURAL HEALTH	268,711	323,068	893,640	570,572	23880
STUDENT LOAN REPAYMENT	784,805	2,255,129	772,000	(1,483,129)	23881
PRIMARY CARE GRANT	21,386	182,729	182,729	—	23882
SHIP	185,947	1,221,703	665,600	(556,103)	23883
WELL-AHEAD HEALTH GRANT	226,171	742,436	337,500	(404,936)	23885
CRITICAL ACCESS FLEX	596,905	1,108,789	553,462	(555,327)	23886
ORAL HEALTH GRANT	187,051	690,810	308,344	(382,466)	23887
ORAL HEALTH GRANT	—	716,982	466,666	(250,316)	23888
BRFSS	447,759	594,552	594,552	—	23889
PREVENTIVE HEALTH GRNT	435,744	1,207,000	725,000	(482,000)	23890
OPIOID OVERDOSE SURV	1,088,404	1,820,345	1,820,345	—	23892
PREVENTIVE HEALTH GRNT	407,334	775,000	525,000	(250,000)	23893
WELL-AHEAD HEALTH GRANT	438,552	1,387,500	987,500	(400,000)	23894
PREVENTIVE HEALTH GRNT	—	570,821	450,000	(120,821)	23895
TOBACCO CONTROL	2,259,083	3,120,523	1,860,915	(1,259,608)	23896
FEDERAL	290,332	1,537,723	525,000	(1,012,723)	23897
FEDERAL	—	1,100,000	1,100,000	—	23898
FEDERAL	1,608,080	1,173,237	1,173,237	—	23899
FEDERAL	—	2,069,731	—	(2,069,731)	23900
FEDERAL	—	173,103,343	233,696,742	60,593,399	23901

Federal Funds (continued)

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB	Form ID
CSFP	7,570,813	4,172,331	4,100,000	(72,331)	23902
WIC ADMINISTRATION	99,950,022	112,879,194	112,000,000	(879,194)	23903
PEER COUNSELING GRANT	—	2,242,000	2,200,001	(41,999)	23904
MCH BLOCK GRANT	210,457	316,437	316,437	—	23905
STD	4,926,619	4,603,337	2,872,569	(1,730,768)	23906
STD	2,021,727	2,645,201	1,885,384	(759,817)	23907
STD	—	67,393	67,393	—	23908
TB CONTROL PREVENTION	345,755	965,000	965,000	—	23909
TB CONTROL PREVENTION	840,562	871,822	871,822	—	23910
BEACH MONITORING	136,144	377,000	377,000	—	23911
SAFE DRINKING WATER	1,443,889	2,100,000	2,100,000	—	23912
SAFE DRINKING WATER	920,073	1,453,000	1,453,000	—	23913
FEDERAL	584,380	750,000	164,063	(585,937)	23914
OCCUPATIONAL INJURY	355,558	512,906	512,906	—	23915
APPLETREE PROGRAM	316,573	312,998	312,998	—	23918
PRIVATE WELL INITIATIVE	134,925	139,694	139,694	—	23919
ENV PUBLIC HEALTH TRK	493,311	615,000	615,000	—	23920
FOOD AND DRUG	188,888	298,576	298,576	—	23921
MFD FOOD STANDARDS	87,156	224,952	224,952	—	23922
COMMERCIAL SEAFOOD	120,847	68,350	68,350	—	23923
VITAL RECORDS	—	376,354	376,354	—	23924
VITAL RECORDS	184,801	398,574	398,574	—	23925
FEDERAL	—	—	—	—	24068
PREVENTIVE HEALTH GRNT	—	—	—	—	24070
OPIOID OVERDOSE SURV	—	—	—	—	24071
FEDERAL	—	—	—	—	24072
BREATH	9,771	—	—	—	24073
POOL EDUCATION	—	—	—	—	24074
SUICIDE PREVENTION	144,811	—	—	—	24075
HIV/AIDS PROGRAMS	1,126	—	—	—	24076
QUITLINE	278,085	—	—	—	24077
SHIP	2,350	—	—	—	24078
CHILD DEATH REVIEW	—	—	—	—	24079
CORE SVIPP	—	—	—	—	24080
FEDERAL	—	—	—	—	24099

Federal Funds (continued)

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Total Request	Over/Under EOB	Form ID
HIV/AIDS PROGRAMS	—	208,333	200,000	(8,333)	26011
BIOTERRORISM GRANT	2,681	660,878	—	(660,878)	26030
INFECTIOUS DISEASE EPI	186,220	1,077,315	89,776	(987,539)	26047
INFECTIOUS DISEASE EPI	26,091	142,317	11,860	(130,457)	26048
INFECTIOUS DISEASE EPI	—	7,180,784	7,180,784	—	26049
INFECTIOUS DISEASE EPI	—	1,120,000	1,120,000	—	26050
MISC COLLECTIONS	33,866	409,833	409,833	—	26055
SUICIDE PREVENTION	434,931	780,000	780,000	—	26056
WELL-AHEAD HEALTH GRANT	—	1,300,000	888,000	(412,000)	26091
MISC COLLECTIONS	25,379	9,636,754	10,767,000	1,130,246	26108
WIC ADMINISTRATION	—	1,198,480	420,000	(778,480)	26150
WIC ADMINISTRATION	—	750,000	—	(750,000)	26152
MISC COLLECTIONS	—	18,043	18,043	—	26167
MINERAL REVENUES	—	—	1,497,106	1,497,106	26421
MISC COLLECTIONS	—	—	13,923,851	13,923,851	26423
MISC COLLECTIONS	—	—	(200,000)	(200,000)	26458
MISC COLLECTIONS	—	—	1,964,043	1,964,043	27020
OCCUPATIONAL INJURY	94	—	—	—	27364
MISC COLLECTIONS	9,564,304	—	—	—	27365
INFECTIOUS DISEASE EPI	297,535	—	—	—	27366
EPID LAB CAPACITY (ELC)	1,448,995	—	—	—	27367
IMMUNIZATION GRANT	254,861	—	—	—	27368
IMMUNIZATION GRANT	1,995,306	—	—	—	27369
IMMUNIZATION GRANT	5,303	—	—	—	27370
MISC COLLECTIONS	17,126	—	—	—	27371
BRFSS	70,191	—	—	—	27372
OPIOID SURV - ENHANCED	219,829	—	—	—	27373
MISC COLLECTIONS	1,010,236	—	—	—	27374
MISC COLLECTIONS	662,707	—	—	—	27375
Total Federal Funds	\$387,776,587	\$640,785,539	\$576,629,878	\$(64,155,661)	
Total Sources of Funding:	\$501,136,241	\$802,721,204	\$740,482,517	\$(62,238,687)	

SOURCE OF FUNDING DETAIL

Interagency Transfers

Form 23874 — 326-Maternal Child Health Services-MCH Block Grant

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 23874 — 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. Legal Citation: MCH Block Grant, 42 U.S.C.701-9; Title V, Social Security Act, 42 U.S.C.1396, as amended, PL 97-35. Source of funding - U.S. Department of Health and Human Services Grant #6B04MC45219.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23932 — 326-HIV Louisiana State Opioid Response 2.0

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	3,467,891	—	—	400,000	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$3,467,891	—	—	\$400,000	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$3,467,891	—	—	\$400,000	—	—	—	—	—

Form 23932 — 326-HIV Louisiana State Opioid Response 2.0

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

Form 23933 — 326 HIV Syringe Service Program

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	950,000	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$950,000	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$950,000	—	—	—	—	—	—	—	—

Form 23933 — 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 23934 — 326-HIV Screening, Brief Intervention, Referral to Treatment

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	287,921	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$287,921	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$287,921	—	—	—	—	—	—	—	—

Form 23934 — 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 23935 — 326-BT Alternate Care Site

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	12,000	—	—	12,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	7,344	—	—	7,344	—	—	7,344	—	—
TOTAL PERSONAL SERVICES	\$19,344	—	—	\$19,344	—	—	\$19,344	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	8,000	—	—	8,000	—	—	8,000	—	—
Supplies	3,000	—	—	3,000	—	—	3,000	—	—
TOTAL OPERATING EXPENSES	\$11,000	—	—	\$11,000	—	—	\$11,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	64,656	—	—	64,656	—	—	64,656	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OTHER CHARGES	\$69,656	—	—	\$69,656	—	—	\$69,656	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$100,000	—	—	\$100,000	—	—	\$100,000	—	—

Form 23935 — 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 23936 — 326-FEMA Reimbursements

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 23936 — 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 23937 — 326-FEMA COVID-19

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 23937 — 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 23938 — 326-Childrens Special Health Services

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 23938 — 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 23939 — 326- Family Planning

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	180	—	180	—	—	180	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	60	60	—	60	—	—	60	—	—
TOTAL PERSONAL SERVICES	\$240	\$240	—	\$240	—	—	\$240	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$240	\$240	—	\$240	—	—	\$240	—	—

Form 23939 — 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 23940 — 326-Genetic Disease

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	13,000	—	—	13,000	—	—	13,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	6,549	—	—	6,549	—	—	6,549	—	—
TOTAL PERSONAL SERVICES	\$19,549	—	—	\$19,549	—	—	\$19,549	—	—
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	\$19,549	—	—	\$19,549	—	—	\$19,549	—	—

Form 23940 — 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 23941 — 326-Immunization

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	500,000	—	—	500,000	—	—
Other Compensation	50,000	—	—	50,000	—	—	50,000	—	—
Related Benefits	200,000	—	—	200,000	—	—	200,000	—	—
TOTAL PERSONAL SERVICES	\$750,000	—	—	\$750,000	—	—	\$750,000	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	3,295,548	—	—	337,183	—	—	337,183	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	100,000	—	—	100,000	—	—	100,000	—	—
TOTAL OTHER CHARGES	\$3,395,548	—	—	\$437,183	—	—	\$437,183	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,145,548	—	—	\$1,187,183	—	—	\$1,187,183	—	—

Form 23941 — 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 23942 — 326-Perinatal Quality Collaborative

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 23942 — 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 23943 — 326-MCH Nurse Family Partnership

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	412,484	—	—	412,484	—	—	412,484	—	—
Other Compensation	15,000	—	—	15,000	—	—	15,000	—	—
Related Benefits	112,970	—	—	225,811	—	—	225,811	—	—
TOTAL PERSONAL SERVICES	\$540,454	—	—	\$653,295	—	—	\$653,295	—	—
Travel	8,000	—	—	8,000	—	—	8,000	—	—
Operating Services	157,677	—	—	157,677	—	—	157,677	—	—
Supplies	18,800	—	—	18,800	—	—	18,800	—	—
TOTAL OPERATING EXPENSES	\$184,477	—	—	\$184,477	—	—	\$184,477	—	—
PROFESSIONAL SERVICES	\$2,031,812	—	—	\$2,031,812	—	—	\$2,031,812	—	—
Other Charges	120,332	—	—	7,491	—	—	7,491	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$120,332	—	—	\$7,491	—	—	\$7,491	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,877,075	—	—	\$2,877,075	—	—	\$2,877,075	—	—

Form 23943 — 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 23944 — 326-Tobacco Control

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	17,000	—	—	17,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	10,404	—	—	10,404	—	—
TOTAL PERSONAL SERVICES	—	—	—	\$27,404	—	—	\$27,404	—	—
Travel	—	—	—	1,000	—	—	1,000	—	—
Operating Services	—	—	—	15,096	—	—	15,096	—	—
Supplies	—	—	—	1,500	—	—	1,500	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$17,596	—	—	\$17,596	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	227,000	—	—	182,000	—	—	182,000	—	—
TOTAL OTHER CHARGES	\$227,000	—	—	\$182,000	—	—	\$182,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$227,000	—	—	\$227,000	—	—	\$227,000	—	—

Form 23944 — 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 23945 — 326-Quitline

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	148,000	—	—	148,000	—	—	148,000	—	—
TOTAL OTHER CHARGES	\$148,000	—	—	\$148,000	—	—	\$148,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$148,000	—	—	\$148,000	—	—	\$148,000	—	—

Form 23945 — 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 23946 — 326-School Based Health

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	2,400	—	—	2,400	—	—	2,400	—	—
TOTAL OPERATING EXPENSES	\$2,400	—	—	\$2,400	—	—	\$2,400	—	—
PROFESSIONAL SERVICES	\$202,110	—	—	\$167,110	—	—	\$167,110	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	5,490	—	—	5,490	—	—	5,490	—	—
TOTAL OTHER CHARGES	\$5,490	—	—	\$5,490	—	—	\$5,490	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$210,000	—	—	\$175,000	—	—	\$175,000	—	—

Form 23946 — 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 23947 — 326-Tuberculosis

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 23947 — 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 23948 — 326-Safe Drinking Water

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,100	—	—	1,100	—	—	1,100	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	606	—	—	606	—	—	606	—	—
TOTAL PERSONAL SERVICES	\$1,706	—	—	\$1,706	—	—	\$1,706	—	—
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	\$1,706	—	—	\$1,706	—	—	\$1,706	—	—

Form 23948 — 326-Safe Drinking Water

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

Form 23949 — 326- American Rescue Plan

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	93,050	—	—	93,050	—	—	93,050	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	56,949	—	—	56,949	—	—	56,949	—	—
TOTAL PERSONAL SERVICES	\$149,999	—	—	\$149,999	—	—	\$149,999	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	1	—	—	1	—	—	1	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$1	—	—	\$1	—	—	\$1	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$150,000	—	—	\$150,000	—	—	\$150,000	—	—

Form 23949 — 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 23950 — 326-Environmental Epidemiology

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	6,000	—	—	60,000	—	—
Other Compensation	11,000	—	—	11,000	—	—	11,000	—	—
Related Benefits	8,000	—	—	8,000	—	—	8,000	—	—
TOTAL PERSONAL SERVICES	\$25,000	—	—	\$25,000	—	—	\$79,000	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$25,000	—	—	\$25,000	—	—	\$79,000	—	—

Form 23950 — 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 23951 — 326-Retail Food

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	85,000	—	—	85,000	—	—	85,000	—	—
TOTAL PERSONAL SERVICES	\$235,000	—	—	\$235,000	—	—	\$235,000	—	—
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	\$235,000	—	—	\$235,000	—	—	\$235,000	—	—

Form 23951 — 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 23952 — 326-Vital Records

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	—	—	—	—	—	—	—
Related Benefits	26,000	—	—	26,000	—	—	26,000	—	—
TOTAL PERSONAL SERVICES	\$86,000	—	—	\$86,000	—	—	\$86,000	—	—
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	\$86,000	—	—	\$86,000	—	—	\$86,000	—	—

Form 23952 — 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 24100 — 326-Inflation

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24100 — 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 24101 — 326-Unallotted

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	255,885	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$255,885	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	70,000,000	—	—	80,845,160	—	—	80,845,160	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	353,764	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$70,353,764	—	—	\$80,845,160	—	—	\$80,845,160	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$70,609,649	—	—	\$80,845,160	—	—	\$80,845,160	—	—

Form 24101 — 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 26203 — ELECTRONIC HEALTH RECORDS

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	\$3,670,417	—	—	\$734,083	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$3,670,417	—	—	\$734,083	—	—	—	—	—

Form 26203 — 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 26421 — INFLATION

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	—	180	—	—	180	—	—
Operating Services	—	—	—	3,728	—	—	3,728	—	—
Supplies	—	—	—	545	—	—	545	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$4,453	—	—	\$4,453	—	—
PROFESSIONAL SERVICES	—	—	—	\$132,848	—	—	\$132,848	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$137,301	—	—	\$137,301	—	—

Form 26421 — 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 27320 — 326-STATE OPIOD RESPONSE-MCH

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27320 — 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 27321 — 326-VITAL RECORDS

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27321 — 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 27322 — 326-MISC OLLECTIONS, CASH CARRYOVER, INTRAFUND TRANSFERS ETC.

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27322 — 326-MISC OLLECTIONS, CASH CARRYOVER, INTRAFUND TRANFERS ETC.

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 23926 — 326-Louisiana Commission for the Deaf

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 23926 — 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 23927 — 326-Rural Primary Care Physician Development Fund

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 23927 — 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 23930 — 326-Louisiana Fund Tobacco Control

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 23930 — 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 23931 — 326-Louisiana Fund School Based Health

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	\$276,671	—	—	\$276,671	—	—	\$276,671	—	—
Other Charges	5,737,636	—	—	5,737,636	—	—	5,737,636	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$5,737,636	—	—	\$5,737,636	—	—	\$5,737,636	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$6,024,307	—	—	\$6,024,307	—	—	\$6,024,307	—	—

Form 23931 — 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 24015 — 326 Emergency Medical Services

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24015 — 326 Emergency Medical Services

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

Form 24016 — 326 Louisiana Fund - Maternal Child Health

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24016 — 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 24017 — 326 Louisiana Fund Children's Special Health Services

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24017 — 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 24018 — 326 Louisiana Fund Genetic Disease

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24018 — 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 26185 — 326- LOUISIANA FUND DOULA REGISTRY

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	\$280,329	—	—	\$280,329	—	—	\$280,329	—	—
Other Charges	16,624	—	—	16,624	—	—	16,624	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$16,624	—	—	\$16,624	—	—	\$16,624	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$296,953	—	—	\$296,953	—	—	\$296,953	—	—

Form 26185 — 326- LOUISIANA FUND DOULA REGISTRY

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are for reviewing and approving doula registration to allow for health insurance reimbursement of doula services. Legal Citation: La. R.S. Code 22:10591:1 created the Doula Registry Board within the Louisiana Department of Health (LDH).
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	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 activity.
Additional information or comments.	Not applicable.

Form 26187 — 326- LOUISIANA FUND GENETICS

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 26187 — 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 26421 — INFLATION

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	—	450	—	—	450	—	—
Operating Services	—	—	—	349	—	—	349	—	—
Supplies	—	—	—	461	—	—	461	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$1,260	—	—	\$1,260	—	—
PROFESSIONAL SERVICES	—	—	—	\$187,424	—	—	\$187,424	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$188,684	—	—	\$188,684	—	—

Form 26421 — 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.

Federal Funds

Form 23732 — 326 - HIV Behavioral Surveillance

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	3,060	—	—	3,060	—	—	3,060	—	—
TOTAL PERSONAL SERVICES	\$8,060	—	—	\$8,060	—	—	\$8,060	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	1,000	—	—	1,000	—	—	1,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$1,000	—	—	\$1,000	—	—	\$1,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	1,431,135	—	—	872,135	—	—	872,135	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OTHER CHARGES	\$1,436,135	—	—	\$877,135	—	—	\$877,135	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,445,195	—	—	\$886,195	—	—	\$886,195	—	—

Form 23732 — 326 - HIV Behavioral Surveillance

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

Form 23819 — 326-HIV AIDS Prevention

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	380,000	—	—	400,000	—	—	400,000	—	—
Other Compensation	10,000	—	—	15,000	—	—	15,000	—	—
Related Benefits	238,690	—	—	253,990	—	—	253,990	—	—
TOTAL PERSONAL SERVICES	\$628,690	—	—	\$668,990	—	—	\$668,990	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	220,000	—	—	220,000	—	—	220,000	—	—
Supplies	1,000,000	—	—	1,000,000	—	—	1,000,000	—	—
TOTAL OPERATING EXPENSES	\$1,222,000	—	—	\$1,222,000	—	—	\$1,222,000	—	—
PROFESSIONAL SERVICES	\$1,400,000	—	—	\$1,400,000	—	—	\$1,400,000	—	—
Other Charges	3,003,000	—	—	2,757,142	—	—	2,757,142	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	84,664	—	—	84,664	—	—	84,664	—	—
TOTAL OTHER CHARGES	\$3,087,664	—	—	\$2,841,806	—	—	\$2,841,806	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$6,338,354	—	—	\$6,132,796	—	—	\$6,132,796	—	—

Form 23819 — 326-HIV AIDS Prevention

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

Form 23820 — 326-AIDS Surveillance

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	75,000	—	—	75,000	—	—	75,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	45,902	—	—	45,902	—	—	45,902	—	—
TOTAL PERSONAL SERVICES	\$120,902	—	—	\$120,902	—	—	\$120,902	—	—
Travel	1,000	—	—	1,000	—	—	1,000	—	—
Operating Services	85,000	—	—	85,000	—	—	85,000	—	—
Supplies	7,000	—	—	7,000	—	—	7,000	—	—
TOTAL OPERATING EXPENSES	\$93,000	—	—	\$93,000	—	—	\$93,000	—	—
PROFESSIONAL SERVICES	\$840,000	—	—	\$840,000	—	—	\$840,000	—	—
Other Charges	200,999	—	—	43,284	—	—	43,284	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	15,000	—	—	15,000	—	—	15,000	—	—
TOTAL OTHER CHARGES	\$215,999	—	—	\$58,284	—	—	\$58,284	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,269,901	—	—	\$1,112,186	—	—	\$1,112,186	—	—

Form 23820 — 326-AIDS Surveillance

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

Form 23821 — 326-HIV Care

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	200,000	—	—	200,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	85,683	—	—	122,405	—	—	122,405	—	—
TOTAL PERSONAL SERVICES	\$225,683	—	—	\$322,405	—	—	\$322,405	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	170,000	—	—	170,000	—	—	170,000	—	—
Supplies	10,000	—	—	10,000	—	—	10,000	—	—
TOTAL OPERATING EXPENSES	\$182,000	—	—	\$182,000	—	—	\$182,000	—	—
PROFESSIONAL SERVICES	\$950,000	—	—	\$950,000	—	—	\$950,000	—	—
Other Charges	6,002,598	—	—	5,905,876	—	—	5,905,876	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	60,000	—	—	60,000	—	—	60,000	—	—
TOTAL OTHER CHARGES	\$6,062,598	—	—	\$5,965,876	—	—	\$5,965,876	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$7,420,281	—	—	\$7,420,281	—	—	\$7,420,281	—	—

Form 23821 — 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 Grant #6X07HA00018 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.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide 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 23822 — 326-HIV ADAP (HIV CARE B AIDS Drug ASSISTANCE) REBATE

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,750,000	—	—	2,050,000	—	—	2,050,000	—	—
Other Compensation	370,000	—	—	425,000	—	—	425,000	—	—
Related Benefits	1,297,493	—	—	1,514,761	—	—	1,514,761	—	—
TOTAL PERSONAL SERVICES	\$3,417,493	—	—	\$3,989,761	—	—	\$3,989,761	—	—
Travel	7,000	—	—	7,000	—	—	7,000	—	—
Operating Services	137,000	—	—	137,000	—	—	137,000	—	—
Supplies	602,000	—	—	602,000	—	—	602,000	—	—
TOTAL OPERATING EXPENSES	\$746,000	—	—	\$746,000	—	—	\$746,000	—	—
PROFESSIONAL SERVICES	\$1,650,000	—	—	\$1,650,000	—	—	\$1,650,000	—	—
Other Charges	51,010,309	—	—	46,438,041	—	—	46,438,041	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	320,000	—	—	320,000	—	—	320,000	—	—
TOTAL OTHER CHARGES	\$51,330,309	—	—	\$46,758,041	—	—	\$46,758,041	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$57,143,802	—	—	\$53,143,802	—	—	\$53,143,802	—	—

Form 23822 — 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 Services Grant #6X07HA00018. 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.
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 23824 — 326-HIV Housing Opportunities for Persons With AIDS

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	3,950,000	—	—	3,608,342	—	—	3,608,342	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	57,295	—	—	57,295	—	—	57,295	—	—
TOTAL OTHER CHARGES	\$4,007,295	—	—	\$3,665,637	—	—	\$3,665,637	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,007,295	—	—	\$3,665,637	—	—	\$3,665,637	—	—

Form 23824 — 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 Grant #LAH21F999
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23825 — 326-Louisiana Assessments of Persons Presenting With HIV

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	391,192	—	—	233,466	—	—	233,466	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$391,192	—	—	\$233,466	—	—	\$233,466	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$391,192	—	—	\$233,466	—	—	\$233,466	—	—

Form 23825 — 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 Grant #1NU62PS924785.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23826 — 326-HIV-AIDS Personal Responsibility and Education Program

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	13,000	—	—	13,000	—	—	13,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	7,956	—	—	7,956	—	—	7,956	—	—
TOTAL PERSONAL SERVICES	\$20,956	—	—	\$20,956	—	—	\$20,956	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	\$120,000	—	—	\$120,000	—	—	\$120,000	—	—
Other Charges	596,350	—	—	493,333	—	—	493,333	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	15,000	—	—	15,000	—	—	15,000	—	—
TOTAL OTHER CHARGES	\$611,350	—	—	\$508,333	—	—	\$508,333	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$752,306	—	—	\$649,289	—	—	\$649,289	—	—

Form 23826 — 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 Grant #2101LAPREP
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23828 — 326-HIV AIDS Hepatitis B and C Detection, Care and Treatment

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	2,000	—	—	2,000	—	—	2,000	—	—
Related Benefits	22,033	—	—	22,033	—	—	22,033	—	—
TOTAL PERSONAL SERVICES	\$58,033	—	—	\$58,033	—	—	\$58,033	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	120,000	—	—	120,000	—	—	120,000	—	—
TOTAL OPERATING EXPENSES	\$120,000	—	—	\$120,000	—	—	\$120,000	—	—
PROFESSIONAL SERVICES	\$210,000	—	—	\$109,000	—	—	\$109,000	—	—
Other Charges	42,893	—	—	42,893	—	—	42,893	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	10,000	—	—	10,000	—	—	10,000	—	—
TOTAL OTHER CHARGES	\$52,893	—	—	\$52,893	—	—	\$52,893	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$440,926	—	—	\$339,926	—	—	\$339,926	—	—

Form 23828 — 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 Grant #5NU51PS005183
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23829 — 326-HIV AIDS Ending the HIV Epidemic

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	30,000	—	—	30,000	—	—	30,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	18,973	—	—	18,973	—	—	18,973	—	—
TOTAL PERSONAL SERVICES	\$49,973	—	—	\$49,973	—	—	\$49,973	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	\$200,000	—	—	\$200,000	—	—	\$200,000	—	—
Other Charges	4,685,185	—	—	3,329,559	—	—	3,329,559	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	50,000	—	—	50,000	—	—	50,000	—	—
TOTAL OTHER CHARGES	\$4,735,185	—	—	\$3,379,559	—	—	\$3,379,559	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,985,158	—	—	\$3,629,532	—	—	\$3,629,532	—	—

Form 23829 — 326-HIV AIDS Ending the HIV Epidemic

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

Form 23831 — 326-COVID-19 Health Disparities

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	160,070	—	—	—	—	—	—	—	—
Other Compensation	185,912	—	—	—	—	—	—	—	—
Related Benefits	211,750	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$557,732	—	—	—	—	—	—	—	—
Travel	27,800	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$27,800	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	12,797,675	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,157,845	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$14,955,520	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$15,541,052	—	—	—	—	—	—	—	—

Form 23831 — 326-COVID-19 Health Disparities

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

Form 23833 — 326-COVID-19 Public Health Workforce

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,500,000	—	—	—	—	—	—	—	—
Other Compensation	500,000	—	—	—	—	—	—	—	—
Related Benefits	1,224,050	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$3,224,050	—	—	—	—	—	—	—	—
Travel	20,000	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$20,000	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	13,117,937	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	145,000	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$13,262,937	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$16,506,987	—	—	—	—	—	—	—	—

Form 23833 — 326-COVID-19 Public Health Workforce

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

Form 23836 — 326-Public Health Emergency Preparedness and Response

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,890,025	—	—	1,960,025	—	—	1,960,025	—	—
Other Compensation	130,000	—	—	13,000	—	—	13,000	—	—
Related Benefits	1,702,299	—	—	1,749,299	—	—	1,749,299	—	—
TOTAL PERSONAL SERVICES	\$3,722,324	—	—	\$3,722,324	—	—	\$3,722,324	—	—
Travel	20,000	—	—	20,000	—	—	20,000	—	—
Operating Services	937,522	—	—	937,522	—	—	937,522	—	—
Supplies	250,000	—	—	250,000	—	—	250,000	—	—
TOTAL OPERATING EXPENSES	\$1,207,522	—	—	\$1,207,522	—	—	\$1,207,522	—	—
PROFESSIONAL SERVICES	\$100,000	—	—	\$100,000	—	—	\$100,000	—	—
Other Charges	6,089,445	—	—	3,789,602	—	—	3,789,602	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	100,000	—	—	100,000	—	—	100,000	—	—
TOTAL OTHER CHARGES	\$6,189,445	—	—	\$3,889,602	—	—	\$3,889,602	—	—
Acquisitions	300,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$300,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$11,519,291	—	—	\$8,919,448	—	—	\$8,919,448	—	—

Form 23836 — 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 Grant ID #5NU90TP922016.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23838 — 326-OPIOID Prevention (NCIPC)

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$2,000	—	—	\$2,000	—	—	\$2,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	4,638,340	—	—	4,503,340	—	—	4,503,340	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$4,638,340	—	—	\$4,503,340	—	—	\$4,503,340	—	—
Acquisitions	40,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$40,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,680,340	—	—	\$4,505,340	—	—	\$4,505,340	—	—

Form 23838 — 326-OPIOID Prevention (NCIPC)

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

Form 23840 — 326- Community Health Workers For Public Health Response

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	3,172,995	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$3,172,995	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$3,172,995	—	—	—	—	—	—	—	—

Form 23840 — 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 Grant # 1NU58DP007052.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23841 — 326-Universal Newborn Screening

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	2,000	—	—	2,000	—	—	2,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	1,224	—	—	1,224	—	—	1,224	—	—
TOTAL PERSONAL SERVICES	\$3,224	—	—	\$3,224	—	—	\$3,224	—	—
Travel	500	—	—	500	—	—	500	—	—
Operating Services	3,000	—	—	3,000	—	—	3,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$3,500	—	—	\$3,500	—	—	\$3,500	—	—
PROFESSIONAL SERVICES	\$143,264	—	—	\$143,264	—	—	\$143,264	—	—
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	\$159,988	—	—	\$159,988	—	—	\$159,988	—	—

Form 23841 — 326-Universal Newborn Screening

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

Form 23842 — 326-Early Hearing Detection Intervention Tracking, Research,

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	612	—	—	612	—	—	612	—	—
TOTAL PERSONAL SERVICES	\$1,612	—	—	\$1,612	—	—	\$1,612	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	3,000	—	—	3,000	—	—	3,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$3,000	—	—	\$3,000	—	—	\$3,000	—	—
PROFESSIONAL SERVICES	\$105,000	—	—	\$105,000	—	—	\$105,000	—	—
Other Charges	44,000	—	—	44,000	—	—	44,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	6,386	—	—	6,386	—	—	6,386	—	—
TOTAL OTHER CHARGES	\$50,386	—	—	\$50,386	—	—	\$50,386	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$159,998	—	—	\$159,998	—	—	\$159,998	—	—

Form 23842 — 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 Grant #5NU50DD0000064.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23843 — 326-Children's Special Health Services-MCH Block Grant

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,328,000	—	400,000	1,578,000	—	400,000	1,578,000	—	400,000
Other Compensation	160,000	—	—	215,000	—	—	215,000	—	—
Related Benefits	873,523	—	293,719	1,036,010	—	293,719	1,036,010	—	293,719
TOTAL PERSONAL SERVICES	\$2,361,523	—	\$693,719	\$2,829,010	—	\$693,719	\$2,829,010	—	\$693,719
Travel	25,000	—	—	25,000	—	—	25,000	—	—
Operating Services	21,000	—	—	21,000	—	—	21,000	—	—
Supplies	150,000	—	—	150,000	—	—	150,000	—	—
TOTAL OPERATING EXPENSES	\$196,000	—	—	\$196,000	—	—	\$196,000	—	—
PROFESSIONAL SERVICES	\$1,685,000	—	—	\$1,685,000	—	—	\$1,685,000	—	—
Other Charges	1,071,791	—	—	644,304	—	—	644,304	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	190,000	—	—	190,000	—	—	190,000	—	—
TOTAL OTHER CHARGES	\$1,261,791	—	—	\$834,304	—	—	\$834,304	—	—
Acquisitions	40,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$40,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,544,314	—	\$693,719	\$5,544,314	—	\$693,719	\$5,544,314	—	\$693,719

Form 23843 — 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 Grant #6B04MC45219. Match ratio: 3:4 Entity required to provide match: Office of Public Health.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Percentage of children with special health care needs receiving care in a Medical Home.
Additional information or comments.	Not applicable.

Form 23844 — 326-Emergency Medical Services-Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	259,481	—	—	190,000	—	—	190,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	89,481	—	—	89,481	—	—
TOTAL PERSONAL SERVICES	\$259,481	—	—	\$279,481	—	—	\$279,481	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	20,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$20,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$279,481	—	—	\$279,481	—	—	\$279,481	—	—

Form 23844 — 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 Grant #1NB01OT009411.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Percentage of 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 23845 — 326-Emergency Medical Services for Children

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	2,000	—	—	2,000	—	—	2,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	1,224	—	—	1,224	—	—	1,224	—	—
TOTAL PERSONAL SERVICES	\$3,224	—	—	\$3,224	—	—	\$3,224	—	—
Travel	200	—	—	200	—	—	200	—	—
Operating Services	500	—	—	500	—	—	500	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$700	—	—	\$700	—	—	\$700	—	—
PROFESSIONAL SERVICES	\$181,726	—	—	\$181,726	—	—	\$181,726	—	—
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 23845 — 326-Emergency Medical Services for Children

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

Form 23846 — 326-Emergency Medical Services for Children Targeted Issue

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	4,000	—	—	4,000	—	—	4,000	—	—
Other Compensation	1,500	—	—	1,500	—	—	1,500	—	—
Related Benefits	3,366	—	—	3,366	—	—	3,366	—	—
TOTAL PERSONAL SERVICES	\$8,866	—	—	\$8,866	—	—	\$8,866	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	500	—	—	500	—	—	500	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$500	—	—	\$500	—	—	\$500	—	—
PROFESSIONAL SERVICES	\$393,634	—	—	\$393,634	—	—	\$393,634	—	—
Other Charges	20,000	—	—	20,000	—	—	20,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OTHER CHARGES	\$22,000	—	—	\$22,000	—	—	\$22,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$425,000	—	—	\$425,000	—	—	\$425,000	—	—

Form 23846 — 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 Grant #5H34MC33242.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23847 — 326-Rape Crisis-Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	127,342	—	—	97,342	—	—	97,342	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	3,000	—	—	3,000	—	—	3,000	—	—
TOTAL OTHER CHARGES	\$130,342	—	—	\$100,342	—	—	\$100,342	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$131,342	—	—	\$101,342	—	—	\$101,342	—	—

Form 23847 — 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 Grant #1NB01OT009411.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23848 — 326-Violence Against Women

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	49,574	—	—	49,574	—	—	49,574	—	—
TOTAL PERSONAL SERVICES	\$130,574	—	—	\$130,574	—	—	\$130,574	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	4,000	—	—	4,000	—	—	4,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$6,000	—	—	\$6,000	—	—	\$6,000	—	—
PROFESSIONAL SERVICES	\$468,879	—	—	\$468,879	—	—	\$468,879	—	—
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	\$608,453	—	—	\$608,453	—	—	\$608,453	—	—

Form 23848 — 326-Violence Against Women

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

Form 23849 — 326-Epidemiology Laboratory Surveillance

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	850,000	—	—	1,050,000	—	—	1,050,000	—	—
Other Compensation	90,000	—	—	190,000	—	—	190,000	—	—
Related Benefits	575,303	—	—	758,911	—	—	758,911	—	—
TOTAL PERSONAL SERVICES	\$1,515,303	—	—	\$1,998,911	—	—	\$1,998,911	—	—
Travel	10,000	—	—	10,000	—	—	10,000	—	—
Operating Services	7,000	—	—	7,000	—	—	7,000	—	—
Supplies	80,000	—	—	80,000	—	—	80,000	—	—
TOTAL OPERATING EXPENSES	\$97,000	—	—	\$97,000	—	—	\$97,000	—	—
PROFESSIONAL SERVICES	\$200,000	—	—	\$200,000	—	—	\$200,000	—	—
Other Charges	2,802,650	—	—	2,319,042	—	—	2,319,042	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	51,000	—	—	51,000	—	—	51,000	—	—
TOTAL OTHER CHARGES	\$2,853,650	—	—	\$2,370,042	—	—	\$2,370,042	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,665,953	—	—	\$4,665,953	—	—	\$4,665,953	—	—

Form 23849 — 326-Epidemiology Laboratory Surveillance

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

Form 23850 — 326-Epidemiology Laboratory Surveillance -COVID-19

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	600,000	—	—	—	—	—	—	—	—
Other Compensation	100,000	—	—	—	—	—	—	—	—
Related Benefits	428,417	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$1,128,417	—	—	—	—	—	—	—	—
Travel	7,000	—	—	—	—	—	—	—	—
Operating Services	200,000	—	—	—	—	—	—	—	—
Supplies	10,000	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$217,000	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	306,471	—	—	138,491	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$306,471	—	—	\$138,491	—	—	—	—	—
Acquisitions	10,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$10,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,661,888	—	—	\$138,491	—	—	—	—	—

Form 23850 — 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 Grant #6NU50CK000532-02; 03.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23851 — 326-Epidemiology Laboratory Surveillance CV-19 Expanded Supp

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,100,000	—	—	1,100,000	—	—	—	—	—
Other Compensation	1,000,000	—	—	1,000,000	—	—	—	—	—
Related Benefits	1,285,252	—	—	1,285,252	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$3,385,252	—	—	\$3,385,252	—	—	—	—	—
Travel	50,000	—	—	—	—	—	—	—	—
Operating Services	50,000	—	—	—	—	—	—	—	—
Supplies	50,000	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$150,000	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	55,164,748	—	—	2,658,218	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	800,000	—	—	50,000	—	—	—	—	—
TOTAL OTHER CHARGES	\$55,964,748	—	—	\$2,708,218	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$59,500,000	—	—	\$6,093,470	—	—	—	—	—

Form 23851 — 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 Grant #6NU50CK000532-02; 04;08.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23852 — 326-Epidemiology Lab Surveillance CV-19 Reopening Schools

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	48,500	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	29,683	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$78,183	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	10,000	—	—	—	—	—	—	—	—
Supplies	30,000	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$40,000	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	381,817	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$381,817	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$500,000	—	—	—	—	—	—	—	—

Form 23852 — 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 Grant ID# 6NU50CK000532-02-07.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23853 — 326-Antibiotic Resistance Surveillance in Retail Food

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	6,000	—	—	6,000	—	—	6,000	—	—
Related Benefits	31,213	—	—	31,213	—	—	31,213	—	—
TOTAL PERSONAL SERVICES	\$82,213	—	—	\$82,213	—	—	\$82,213	—	—
Travel	1,500	—	—	1,500	—	—	1,500	—	—
Operating Services	15,000	—	—	15,000	—	—	15,000	—	—
Supplies	12,000	—	—	12,000	—	—	12,000	—	—
TOTAL OPERATING EXPENSES	\$28,500	—	—	\$28,500	—	—	\$28,500	—	—
PROFESSIONAL SERVICES	\$5,000	—	—	\$5,000	—	—	\$5,000	—	—
Other Charges	14,287	—	—	14,287	—	—	14,287	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OTHER CHARGES	\$19,287	—	—	\$19,287	—	—	\$19,287	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$135,000	—	—	\$135,000	—	—	\$135,000	—	—

Form 23853 — 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 Grant #1U01FD007125.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23855 — 326-Family Planning Title X

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	2,400,814	—	—	2,400,814	—	—	2,400,814	—	—
Other Compensation	400,000	—	—	400,000	—	—	400,000	—	—
Related Benefits	—	—	—	974,097	—	—	974,097	—	—
TOTAL PERSONAL SERVICES	\$2,800,814	—	—	\$3,774,911	—	—	\$3,774,911	—	—
Travel	21,600	—	—	21,600	—	—	21,600	—	—
Operating Services	3,686	—	—	3,686	—	—	3,686	—	—
Supplies	844,525	—	—	844,525	—	—	844,525	—	—
TOTAL OPERATING EXPENSES	\$869,811	—	—	\$869,811	—	—	\$869,811	—	—
PROFESSIONAL SERVICES	\$824,078	—	—	—	—	—	—	—	—
Other Charges	120,019	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	144,000	—	—	144,000	—	—	144,000	—	—
TOTAL OTHER CHARGES	\$264,019	—	—	\$144,000	—	—	\$144,000	—	—
Acquisitions	30,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$30,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,788,722	—	—	\$4,788,722	—	—	\$4,788,722	—	—

Form 23855 — 326-Family Planning Title X

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

Form 23856 — 326-Family Planning MCH Block Grant

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	278,334	—	221,666	278,334	—	221,666	278,334	—	214,166
Other Compensation	13,120	—	6,880	13,120	—	6,880	13,120	—	6,880
Related Benefits	201,399	—	116,854	201,399	—	116,854	201,399	—	124,354
TOTAL PERSONAL SERVICES	\$492,853	—	\$345,400	\$492,853	—	\$345,400	\$492,853	—	\$345,400
Travel	—	—	2,000	—	—	2,000	—	—	2,000
Operating Services	—	—	18,000	—	—	18,000	—	—	18,000
Supplies	—	—	1,800	—	—	1,800	—	—	1,800
TOTAL OPERATING EXPENSES	—	—	\$21,800	—	—	\$21,800	—	—	\$21,800
PROFESSIONAL SERVICES	\$7,147	—	\$1,800	\$7,147	—	\$1,800	\$7,147	—	\$1,800
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	6,000	—	—	6,000	—	—	6,000
TOTAL OTHER CHARGES	—	—	\$6,000	—	—	\$6,000	—	—	\$6,000
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$500,000	—	\$375,000	\$500,000	—	\$375,000	\$500,000	—	\$375,000

Form 23856 — 326-Family Planning MCH Block Grant

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

Form 23857 — 326-Family Planning -Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	346,096	—	—	346,096	—	—	346,096	—	—
Other Compensation	5,950	—	—	5,950	—	—	5,950	—	—
Related Benefits	56,979	—	—	56,979	—	—	56,979	—	—
TOTAL PERSONAL SERVICES	\$409,025	—	—	\$409,025	—	—	\$409,025	—	—
Travel	15,000	—	—	15,000	—	—	15,000	—	—
Operating Services	125,000	—	—	125,000	—	—	125,000	—	—
Supplies	74,975	—	—	74,975	—	—	74,975	—	—
TOTAL OPERATING EXPENSES	\$214,975	—	—	\$214,975	—	—	\$214,975	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$624,000	—	—	\$624,000	—	—	\$624,000	—	—

Form 23857 — 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 Grant #1NB01OT009411.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23858 — 326-Childhood Lead Prevention

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	5,000	—	—	5,000	—	—	5,000	—	—
Related Benefits	64,263	—	—	64,263	—	—	64,263	—	—
TOTAL PERSONAL SERVICES	\$169,263	—	—	\$169,263	—	—	\$169,263	—	—
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	172,737	—	—	172,737	—	—	172,737	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OTHER CHARGES	\$174,737	—	—	\$174,737	—	—	\$174,737	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$350,000	—	—	\$350,000	—	—	\$350,000	—	—

Form 23858 — 326-Childhood Lead Prevention

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

Form 23859 — 326-Genetic Disease-MCH Block Grant

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	200,000	500,000	—	200,000	500,000	—	200,000
Other Compensation	108,550	—	—	108,550	—	100,000	108,550	—	100,000
Related Benefits	171,440	—	100,000	171,440	—	—	171,440	—	—
TOTAL PERSONAL SERVICES	\$779,990	—	\$300,000	\$779,990	—	\$300,000	\$779,990	—	\$300,000
Travel	—	—	—	—	—	—	—	—	—
Operating Services	10	—	—	10	—	—	10	—	—
Supplies	—	—	285,000	—	—	285,000	—	—	285,000
TOTAL OPERATING EXPENSES	\$10	—	\$285,000	\$10	—	\$285,000	\$10	—	\$285,000
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 23859 — 326-Genetic Disease-MCH Block Grant

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

Form 23860 — 326-Immunization COVID-19 Outbreak Response

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,300,000	—	—	2,300,000	—	—	—	—	—
Other Compensation	400,000	—	—	700,000	—	—	—	—	—
Related Benefits	1,040,442	—	—	1,836,074	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$2,740,442	—	—	\$4,836,074	—	—	—	—	—
Travel	50,000	—	—	50,000	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$50,000	—	—	\$50,000	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	34,609,508	—	—	10,613,926	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	500,000	—	—	500,000	—	—	—	—	—
TOTAL OTHER CHARGES	\$35,109,508	—	—	\$11,113,926	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$37,899,950	—	—	\$16,000,000	—	—	—	—	—

Form 23860 — 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 Grant ID #6NH23IP922621.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23861 — 326-Immunization

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,500,000	—	—	1,500,000	—	—	1,500,000	—	—
Other Compensation	65,000	—	—	65,000	—	—	65,000	—	—
Related Benefits	963,831	—	—	963,831	—	—	963,831	—	—
TOTAL PERSONAL SERVICES	\$2,528,831	—	—	\$2,528,831	—	—	\$2,528,831	—	—
Travel	50,000	—	—	50,000	—	—	50,000	—	—
Operating Services	120,000	—	—	120,000	—	—	120,000	—	—
Supplies	10,000	—	—	10,000	—	—	10,000	—	—
TOTAL OPERATING EXPENSES	\$180,000	—	—	\$180,000	—	—	\$180,000	—	—
PROFESSIONAL SERVICES	\$185,836	—	—	\$185,836	—	—	\$185,836	—	—
Other Charges	22,400	—	—	72,400	—	—	72,400	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	40,000	—	—	40,000	—	—	40,000	—	—
TOTAL OTHER CHARGES	\$62,400	—	—	\$112,400	—	—	\$112,400	—	—
Acquisitions	50,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$50,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$3,007,067	—	—	\$3,007,067	—	—	\$3,007,067	—	—

Form 23861 — 326-Immunization

Question	Narrative Response
State the purpose, source and legal citation.	Funds are used to purchase vaccines and supplies to continue at least a 90% immunization level amongst Louisiana children. Funds are also used to perform active surveillance to identify and control outbreaks of diseases. The activity is funded by the Public Health Services Act, Section 317 (42 U.S.C. 2476). Source of funding - Centers for Disease Control and Prevention Grant #6NH23IP922621.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	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 23863 — 326-Child Death Review-MCH Block Grant

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 23863 — 326-Child Death Review-MCH Block Grant

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

Form 23864 — 326-National Violent Death Reporting System

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	35,000	—	—	35,000	—	—	35,000	—	—
Other Compensation	500	—	—	500	—	—	500	—	—
Related Benefits	21,727	—	—	21,727	—	—	21,727	—	—
TOTAL PERSONAL SERVICES	\$57,227	—	—	\$57,227	—	—	\$57,227	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	3,500	—	—	3,500	—	—	3,500	—	—
Supplies	417	—	—	417	—	—	417	—	—
TOTAL OPERATING EXPENSES	\$3,917	—	—	\$3,917	—	—	\$3,917	—	—
PROFESSIONAL SERVICES	\$261,942	—	—	\$261,942	—	—	\$261,942	—	—
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	\$330,086	—	—	\$330,086	—	—	\$330,086	—	—

Form 23864 — 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 Grant #6NU17CE010034.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23865 — 326-Early Childhood Comprehensive System

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	18,361	—	—	18,361	—	—	18,361	—	—
TOTAL PERSONAL SERVICES	\$48,361	—	—	\$48,361	—	—	\$48,361	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	4,000	—	—	4,000	—	—	4,000	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$5,000	—	—	\$5,000	—	—	\$5,000	—	—
PROFESSIONAL SERVICES	\$300,239	—	—	\$300,239	—	—	\$300,239	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OTHER CHARGES	\$2,000	—	—	\$2,000	—	—	\$2,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$355,600	—	—	\$355,600	—	—	\$355,600	—	—

Form 23865 — 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 Grant #6H25MC0271.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23866 — 326-Maternal Depression

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	—	—	—	—	—	—
Other Compensation	1,000	—	—	—	—	—	—	—	—
Related Benefits	18,973	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$49,973	—	—	—	—	—	—	—	—
Travel	500	—	—	—	—	—	—	—	—
Operating Services	7,000	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$7,500	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	\$241,327	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	1,000	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$1,000	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$299,800	—	—	—	—	—	—	—	—

Form 23866 — 326-Maternal Depression

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

Form 23867 — 326-Maternal Child Health Mortality Surveillance

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	3,060	—	—	3,060	—	—	3,060	—	—
TOTAL PERSONAL SERVICES	\$8,060	—	—	\$8,060	—	—	\$8,060	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	1,000	—	—	1,000	—	—	1,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$1,000	—	—	\$1,000	—	—	\$1,000	—	—
PROFESSIONAL SERVICES	\$84,540	—	—	\$84,540	—	—	\$84,540	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OTHER CHARGES	\$2,000	—	—	\$2,000	—	—	\$2,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$95,600	—	—	\$95,600	—	—	\$95,600	—	—

Form 23867 — 326-Maternal Child Health Mortality Surveillance

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

Form 23868 — 326-Pregnancy Risk Assessment Monitoring System

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	1,642	—	—	1,642	—	—	1,642	—	—
Supplies	14,000	—	—	14,000	—	—	14,000	—	—
TOTAL OPERATING EXPENSES	\$15,642	—	—	\$15,642	—	—	\$15,642	—	—
PROFESSIONAL SERVICES	\$158,358	—	—	\$158,358	—	—	\$158,358	—	—
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	\$175,000	—	—	\$175,000	—	—	\$175,000	—	—

Form 23868 — 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. Legal Citation: Public Health Services, Centers for Disease Control and Prevention PHS Act Sec 301(a), 317(K), 42 USC 241 (A) 247B (K). Source of funding - Centers for Disease Control and Prevention Grant #5U01DP006220.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23869 — 326-Perinatal Quality Collaborative

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	5,001	—	—	5,001	—	—	5,001	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	3,323	—	—	3,323	—	—	3,323	—	—
TOTAL PERSONAL SERVICES	\$8,324	—	—	\$8,324	—	—	\$8,324	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	3,000	—	—	3,000	—	—	3,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$3,000	—	—	\$3,000	—	—	\$3,000	—	—
PROFESSIONAL SERVICES	\$262,940	—	—	\$262,940	—	—	\$262,940	—	—
Other Charges	199,736	—	—	26,036	—	—	26,036	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OTHER CHARGES	\$200,736	—	—	\$27,036	—	—	\$27,036	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$475,000	—	—	\$301,300	—	—	\$301,300	—	—

Form 23869 — 326-Perinatal Quality Collaborative

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

Form 23872 — 326-System Development

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	612	—	—	612	—	—	612	—	—
TOTAL PERSONAL SERVICES	\$1,612	—	—	\$1,612	—	—	\$1,612	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	500	—	—	500	—	—	500	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$500	—	—	\$500	—	—	\$500	—	—
PROFESSIONAL SERVICES	\$97,388	—	—	\$97,388	—	—	\$97,388	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	500	—	—	500	—	—	500	—	—
TOTAL OTHER CHARGES	\$500	—	—	\$500	—	—	\$500	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$100,000	—	—	\$100,000	—	—	\$100,000	—	—

Form 23872 — 326-System Development

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

Form 23873 — 326-Maternal Death Due to Violence

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	5,001	—	—	5,001	—	—	5,001	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	3,061	—	—	3,061	—	—	3,061	—	—
TOTAL PERSONAL SERVICES	\$8,062	—	—	\$8,062	—	—	\$8,062	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	500	—	—	500	—	—	500	—	—
Supplies	3,500	—	—	3,500	—	—	3,500	—	—
TOTAL OPERATING EXPENSES	\$4,000	—	—	\$4,000	—	—	\$4,000	—	—
PROFESSIONAL SERVICES	\$268,006	—	—	\$268,006	—	—	\$268,006	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$280,068	—	—	\$280,068	—	—	\$280,068	—	—

Form 23873 — 326-Maternal Death Due to Violence

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

Form 23874 — 326-Maternal Child Health Services-MCH Block Grant

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,200,000	—	—	1,265,000	—	—	1,265,000	—	—
Other Compensation	250,000	—	—	250,000	—	—	250,000	—	—
Related Benefits	887,436	—	—	927,218	—	—	927,218	—	—
TOTAL PERSONAL SERVICES	\$2,337,436	—	—	\$2,442,218	—	—	\$2,442,218	—	—
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	\$2,765,124	—	—	\$1,765,124	—	—	\$1,765,124	—	—
Other Charges	54,947	—	—	165	—	—	165	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	80,000	—	—	80,000	—	—	80,000	—	—
TOTAL OTHER CHARGES	\$134,947	—	—	\$80,165	—	—	\$80,165	—	—
Acquisitions	50,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$50,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,457,507	—	—	\$4,457,507	—	—	\$4,457,507	—	—

Form 23874 — 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. Legal Citation: MCH Block Grant, 42 U.S.C.701-9; Title V, Social Security Act, 42 U.S.C.1396, as amended, PL 97-35. Source of funding - U.S. Department of Health and Human Services Grant #6B04MC45219.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23875 — 326-Maternal Child Health Mortality Review

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	5,001	—	—	5,001	—	—	5,001	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	3,061	—	—	3,061	—	—	3,061	—	—
TOTAL PERSONAL SERVICES	\$8,062	—	—	\$8,062	—	—	\$8,062	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	5,000	—	—	5,000	—	—	5,000	—	—
Supplies	500	—	—	500	—	—	500	—	—
TOTAL OPERATING EXPENSES	\$5,500	—	—	\$5,500	—	—	\$5,500	—	—
PROFESSIONAL SERVICES	\$422,616	—	—	\$422,616	—	—	\$422,616	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	13,822	—	—	13,822	—	—	13,822	—	—
TOTAL OTHER CHARGES	\$13,822	—	—	\$13,822	—	—	\$13,822	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$450,000	—	—	\$450,000	—	—	\$450,000	—	—

Form 23875 — 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 Grant #1 NU58DP006683-01.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23876 — 326-Nurse Family Partnership -MCH Block Grant

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	5,000	—	1,332,516	600,000	—	807,516	600,000	—	807,516
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	301,702	—	665,552	301,702	—	595,552	301,702	—	595,552
TOTAL PERSONAL SERVICES	\$306,702	—	\$1,998,068	\$901,702	—	\$1,403,068	\$901,702	—	\$1,403,068
Travel	21,182	—	20,818	21,182	—	20,818	21,182	—	20,818
Operating Services	—	—	117,323	—	—	117,323	—	—	117,323
Supplies	6,200	—	—	6,200	—	—	6,200	—	—
TOTAL OPERATING EXPENSES	\$27,382	—	\$138,141	\$27,382	—	\$138,141	\$27,382	—	\$138,141
PROFESSIONAL SERVICES	\$2,805,805	—	\$463,791	\$2,210,805	—	\$1,058,791	\$2,210,808	—	\$105,891
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	1,200,000	—	—	1,200,000	—	—	1,200,000	—	—
TOTAL OTHER CHARGES	\$1,200,000	—	—	\$1,200,000	—	—	\$1,200,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,339,889	—	\$2,600,000	\$4,339,889	—	\$2,600,000	\$4,339,892	—	\$1,647,100

Form 23876 — 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. Funding source: U.S. Department of Health and Human Services. Legal Citation: MCH Block Grant, 42 U.S.C. 701-9, Social Security Act, 42 U.S.C. 1396, as amended, P.L. 97-35. Source of funding - U.S. Department of Health and Human Services Grant #6B04MC45219.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Number of Maternal, Infant and Early Childhood home visits, including Nurse-Family Partnership (NFP) and Parents as Teachers (PAT).
Additional information or comments.	Not applicable.

Form 23877 — 326-COVID-19 American Resue Plan Act Funding for Home Visiti

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	10,000	—	—	10,000	—	—	70,000	—	—
TOTAL OPERATING EXPENSES	\$10,000	—	—	\$10,000	—	—	\$70,000	—	—
PROFESSIONAL SERVICES	\$2,350,064	—	—	\$503,495	—	—	\$1,447,946	—	—
Other Charges	26,405	—	—	26,405	—	—	259,791	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	10,000	—	—	10,000	—	—	30,000	—	—
TOTAL OTHER CHARGES	\$36,405	—	—	\$36,405	—	—	\$289,791	—	—
Acquisitions	—	—	—	—	—	—	50,000	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	\$50,000	—	—
TOTAL EXPENDITURES	\$2,396,469	—	—	\$549,900	—	—	\$1,857,737	—	—

Form 23877 — 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 Grant #6X1141905.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23878 — 326-Maternal Infant and Childhood Home Visiting Direct & Inf

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	950,000	—	—	1,010,000	—	—	1,010,000	—	—
Other Compensation	120,000	—	—	120,000	—	—	120,000	—	—
Related Benefits	654,867	—	—	691,588	—	—	691,588	—	—
TOTAL PERSONAL SERVICES	\$1,724,867	—	—	\$1,821,588	—	—	\$1,821,588	—	—
Travel	25,000	—	—	25,000	—	—	25,000	—	—
Operating Services	105,000	—	—	105,000	—	—	105,000	—	—
Supplies	8,000	—	—	8,000	—	—	8,000	—	—
TOTAL OPERATING EXPENSES	\$138,000	—	—	\$138,000	—	—	\$138,000	—	—
PROFESSIONAL SERVICES	\$8,988,633	—	—	\$8,488,633	—	—	\$8,488,633	—	—
Other Charges	100,000	—	—	3,279	—	—	3,279	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	30,000	—	—	30,000	—	—	30,000	—	—
TOTAL OTHER CHARGES	\$130,000	—	—	\$33,279	—	—	\$33,279	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$10,981,500	—	—	\$10,481,500	—	—	\$10,481,500	—	—

Form 23878 — 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 Grant #6X10MC39689.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23879 — 326-CV-19 American Rescue Plan Act For Pediatric Mental Hea

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	6,120	—	—	6,120	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$16,120	—	—	\$16,120	—	—	—	—	—
Travel	1,000	—	—	1,000	—	—	—	—	—
Operating Services	5,000	—	—	5,000	—	—	—	—	—
Supplies	2,000	—	—	2,000	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$8,000	—	—	\$8,000	—	—	—	—	—
PROFESSIONAL SERVICES	\$667,742	—	—	\$214,880	—	—	—	—	—
Other Charges	200,000	—	—	200,000	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	6,000	—	—	6,000	—	—	—	—	—
TOTAL OTHER CHARGES	\$206,000	—	—	\$206,000	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$897,862	—	—	\$445,000	—	—	—	—	—

Form 23879 — 326-CV-19 American Rescue Plan Act For Pediatric Mental Hea

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

Form 23880 — 326-Rural Health

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	19,098	—	—	200,000	—	—	200,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	69,690	—	—	122,000	—	—	122,000	—	—
TOTAL PERSONAL SERVICES	\$89,788	—	—	\$323,000	—	—	\$323,000	—	—
Travel	5,000	—	—	10,000	—	—	10,000	—	—
Operating Services	5,000	—	—	5,000	—	—	5,000	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$11,000	—	—	\$16,000	—	—	\$16,000	—	—
PROFESSIONAL SERVICES	\$191,030	—	—	\$300,000	—	—	\$300,000	—	—
Other Charges	—	—	—	230,890	—	—	230,890	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	23,750	—	—	23,750	—	—	23,750	—	—
TOTAL OTHER CHARGES	\$23,750	—	—	\$254,640	—	—	\$254,640	—	—
Acquisitions	7,500	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$7,500	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$323,068	—	—	\$893,640	—	—	\$893,640	—	—

Form 23880 — 326-Rural Health

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

Form 23881 — 326-Student Loan Repayment Plan

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	56,025	—	—	56,025	—	—	56,025	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	34,289	—	—	34,289	—	—	34,289	—	—
TOTAL PERSONAL SERVICES	\$90,314	—	—	\$90,314	—	—	\$90,314	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	2,164,815	—	352,500	681,686	—	352,500	681,686	—	352,500
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$2,164,815	—	\$352,500	\$681,686	—	\$352,500	\$681,686	—	\$352,500
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,255,129	—	\$352,500	\$772,000	—	\$352,500	\$772,000	—	\$352,500

Form 23881 — 326-Student Loan Repayment Plan

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

Form 23882 — 326-Primary Care

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	109,000	—	—	109,000	—	—	109,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	67,516	—	—	67,516	—	—	67,516	—	—
TOTAL PERSONAL SERVICES	\$177,516	—	—	\$177,516	—	—	\$177,516	—	—
Travel	1,600	—	—	1,600	—	—	1,600	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	492	—	—	492	—	—	492	—	—
TOTAL OPERATING EXPENSES	\$2,092	—	—	\$2,092	—	—	\$2,092	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	1,300	—	—	1,300	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	1,821	—	—	1,821	—	—	1,821	—	—
TOTAL OTHER CHARGES	\$1,821	—	—	\$3,121	—	—	\$3,121	—	—
Acquisitions	1,300	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$1,300	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$182,729	—	—	\$182,729	—	—	\$182,729	—	—

Form 23882 — 326-Primary Care

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

Form 23883 — 326-Small Hospital Improvements

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	65,000	—	—	65,000	—	—	65,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	39,782	—	—	39,782	—	—	39,782	—	—
TOTAL PERSONAL SERVICES	\$104,782	—	—	\$104,782	—	—	\$104,782	—	—
Travel	500	—	—	500	—	—	500	—	—
Operating Services	500	—	—	500	—	—	500	—	—
Supplies	100	—	—	100	—	—	100	—	—
TOTAL OPERATING EXPENSES	\$1,100	—	—	\$1,100	—	—	\$1,100	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	1,111,821	—	—	555,718	—	—	555,718	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	4,000	—	—	4,000	—	—	4,000	—	—
TOTAL OTHER CHARGES	\$1,115,821	—	—	\$559,718	—	—	\$559,718	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,221,703	—	—	\$665,600	—	—	\$665,600	—	—

Form 23883 — 326-Small Hospital Improvements

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

Form 23885 — 326-Bold Well Ahead

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	4,999	—	—	4,999	—	—	4,999	—	—
Other Compensation	2,000	—	—	2,000	—	—	2,000	—	—
Related Benefits	4,284	—	—	4,284	—	—	4,284	—	—
TOTAL PERSONAL SERVICES	\$11,283	—	—	\$11,283	—	—	\$11,283	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	5,000	—	—	5,000	—	—	5,000	—	—
Supplies	2,438	—	—	2,438	—	—	2,438	—	—
TOTAL OPERATING EXPENSES	\$7,438	—	—	\$7,438	—	—	\$7,438	—	—
PROFESSIONAL SERVICES	\$532,881	—	\$101,250	\$316,779	—	\$101,250	\$316,779	—	\$101,250
Other Charges	188,388	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OTHER CHARGES	\$190,388	—	—	\$2,000	—	—	\$2,000	—	—
Acquisitions	446	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$446	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$742,436	—	\$101,250	\$337,500	—	\$101,250	\$337,500	—	\$101,250

Form 23885 — 326-Bold Well Ahead

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

Form 23886 — 326-Critical Care Access(FLEX)

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	150,000	—	—	150,000	—	—	150,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	92,416	—	—	92,416	—	—	92,416	—	—
TOTAL PERSONAL SERVICES	\$243,416	—	—	\$243,416	—	—	\$243,416	—	—
Travel	9,000	—	—	9,000	—	—	9,000	—	—
Operating Services	3,000	—	—	3,000	—	—	3,000	—	—
Supplies	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OPERATING EXPENSES	\$14,000	—	—	\$14,000	—	—	\$14,000	—	—
PROFESSIONAL SERVICES	\$810,360	—	—	\$255,033	—	—	\$255,033	—	—
Other Charges	1,013	—	—	1,013	—	—	1,013	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	40,000	—	—	40,000	—	—	40,000	—	—
TOTAL OTHER CHARGES	\$41,013	—	—	\$41,013	—	—	\$41,013	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,108,789	—	—	\$553,462	—	—	\$553,462	—	—

Form 23886 — 326-Critical Care Access(FLEX)

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

Form 23887 — 326-Oral Health CDC

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	110,000	—	—	110,000	—	—	110,000	—	—
Other Compensation	2,000	—	—	2,000	—	—	2,000	—	—
Related Benefits	68,547	—	—	68,547	—	—	68,547	—	—
TOTAL PERSONAL SERVICES	\$180,547	—	—	\$180,547	—	—	\$180,547	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	3,000	—	—	3,000	—	—	3,000	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$6,000	—	—	\$6,000	—	—	\$6,000	—	—
PROFESSIONAL SERVICES	\$421,759	—	—	\$39,293	—	—	\$39,293	—	—
Other Charges	80,504	—	—	80,504	—	—	80,504	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OTHER CHARGES	\$82,504	—	—	\$82,504	—	—	\$82,504	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$690,810	—	—	\$308,344	—	—	\$308,344	—	—

Form 23887 — 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 Grant #5NU58DP006474.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23888 — 326-Oral Health Workforce

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	—	—	—	—	—	—	—
Related Benefits	61,202	—	—	61,202	—	—	61,202	—	—
TOTAL PERSONAL SERVICES	\$161,202	—	—	\$161,202	—	—	\$161,202	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	6,000	—	—	6,000	—	—	6,000	—	—
Supplies	1,600	—	—	1,600	—	—	1,600	—	—
TOTAL OPERATING EXPENSES	\$7,600	—	—	\$7,600	—	—	\$7,600	—	—
PROFESSIONAL SERVICES	\$505,667	—	\$160,000	\$290,351	—	\$160,000	\$290,351	—	\$160,000
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	7,513	—	—	7,513	—	—	7,513	—	—
TOTAL OTHER CHARGES	\$7,513	—	—	\$7,513	—	—	\$7,513	—	—
Acquisitions	35,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$35,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$716,982	—	\$160,000	\$466,666	—	\$160,000	\$466,666	—	\$160,000

Form 23888 — 326-Oral Health Workforce

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

Form 23889 — 326-Behavioral Risk Factor Surveillance System(BRFSS)

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	64,263	—	—	64,263	—	—	62,931	—	—
TOTAL PERSONAL SERVICES	\$169,263	—	—	\$169,263	—	—	\$167,931	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	500	—	—	500	—	—	500	—	—
Supplies	500	—	—	500	—	—	500	—	—
TOTAL OPERATING EXPENSES	\$1,000	—	—	\$1,000	—	—	\$1,000	—	—
PROFESSIONAL SERVICES	\$13,263	—	—	\$13,263	—	—	\$202,069	—	—
Other Charges	398,026	—	—	398,026	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	13,000	—	—	13,000	—	—	19,000	—	—
TOTAL OTHER CHARGES	\$411,026	—	—	\$411,026	—	—	\$19,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$594,552	—	—	\$594,552	—	—	\$390,000	—	—

Form 23889 — 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 Grant #1NU58DP006878.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23890 — 326-Performance Improvement-Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	410,000	—	—	260,000	—	—	260,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	251,542	—	—	159,738	—	—	159,738	—	—
TOTAL PERSONAL SERVICES	\$662,542	—	—	\$420,738	—	—	\$420,738	—	—
Travel	5,000	—	—	5,000	—	—	5,000	—	—
Operating Services	45,000	—	—	45,000	—	—	45,000	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$51,000	—	—	\$51,000	—	—	\$51,000	—	—
PROFESSIONAL SERVICES	\$71,054	—	—	\$71,054	—	—	\$71,054	—	—
Other Charges	272,404	—	—	32,208	—	—	32,208	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	150,000	—	—	150,000	—	—	150,000	—	—
TOTAL OTHER CHARGES	\$422,404	—	—	\$182,208	—	—	\$182,208	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,207,000	—	—	\$725,000	—	—	\$725,000	—	—

Form 23890 — 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 Grant Grant #1NB01OT009411.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23892 — 326-Overdose Surveillance

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	139,999	—	—	139,999	—	—	139,999	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	85,683	—	—	85,683	—	—	85,683	—	—
TOTAL PERSONAL SERVICES	\$225,682	—	—	\$225,682	—	—	\$225,682	—	—
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	\$840,000	—	—	\$840,000	—	—	\$840,000	—	—
Other Charges	169,663	—	—	169,663	—	—	169,663	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	500,000	—	—	500,000	—	—	500,000	—	—
TOTAL OTHER CHARGES	\$669,663	—	—	\$669,663	—	—	\$669,663	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,820,345	—	—	\$1,820,345	—	—	\$1,820,345	—	—

Form 23892 — 326-Overdose Surveillance

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

Form 23893 — 326-Public Health Informatics Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	\$500,000	—	—	\$500,000	—	—	\$500,000	—	—
Other Charges	275,000	—	—	25,000	—	—	25,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$275,000	—	—	\$25,000	—	—	\$25,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$775,000	—	—	\$525,000	—	—	\$525,000	—	—

Form 23893 — 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. Source of funding - DHHS/ Public Health Service Grant Grant #1NB01OT009411.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23894 — 326-Well Ahead -Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	245,000	—	—	245,000	—	—	245,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	150,558	—	—	150,558	—	—	150,558	—	—
TOTAL PERSONAL SERVICES	\$396,558	—	—	\$396,558	—	—	\$396,558	—	—
Travel	12,400	—	—	12,400	—	—	12,400	—	—
Operating Services	2,300	—	—	2,300	—	—	2,300	—	—
Supplies	3,614	—	—	3,614	—	—	3,614	—	—
TOTAL OPERATING EXPENSES	\$18,314	—	—	\$18,314	—	—	\$18,314	—	—
PROFESSIONAL SERVICES	\$945,188	—	—	\$548,628	—	—	\$548,628	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	24,000	—	—	24,000	—	—	24,000	—	—
TOTAL OTHER CHARGES	\$24,000	—	—	\$24,000	—	—	\$24,000	—	—
Acquisitions	3,440	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$3,440	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,387,500	—	—	\$987,500	—	—	\$987,500	—	—

Form 23894 — 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. Source of funding - DHHS/Public Health Service Grant Grant #1NB01OT009411
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23895 — 326-Primary Care and Rural Health -Prevntive Health Block

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	150,000	—	—	150,000	—	—
Other Compensation	20,000	—	—	10,000	—	—	10,000	—	—
Related Benefits	134,645	—	—	97,924	—	—	97,924	—	—
TOTAL PERSONAL SERVICES	\$354,645	—	—	\$257,924	—	—	\$257,924	—	—
Travel	3,750	—	—	3,750	—	—	3,750	—	—
Operating Services	9,000	—	—	9,000	—	—	9,000	—	—
Supplies	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OPERATING EXPENSES	\$17,750	—	—	\$17,750	—	—	\$17,750	—	—
PROFESSIONAL SERVICES	\$164,726	—	—	\$144,326	—	—	\$144,326	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	30,000	—	—	30,000	—	—	30,000	—	—
TOTAL OTHER CHARGES	\$30,000	—	—	\$30,000	—	—	\$30,000	—	—
Acquisitions	3,700	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$3,700	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$570,821	—	—	\$450,000	—	—	\$450,000	—	—

Form 23895 — 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. Source of funding - DHHS/Public Health Service Grant #1NB01OT009411.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23896 — 326-Tobacco Control

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	320,000	—	—	320,000	—	—	320,000	—	—
Other Compensation	50,000	—	—	50,000	—	—	50,000	—	—
Related Benefits	226,449	—	—	226,449	—	—	226,449	—	—
TOTAL PERSONAL SERVICES	\$596,449	—	—	\$596,449	—	—	\$596,449	—	—
Travel	8,111	—	—	8,111	—	—	8,111	—	—
Operating Services	23,880	—	—	23,880	—	—	23,880	—	—
Supplies	1,880	—	—	1,880	—	—	1,880	—	—
TOTAL OPERATING EXPENSES	\$33,871	—	—	\$33,871	—	—	\$33,871	—	—
PROFESSIONAL SERVICES	\$1,546,711	—	\$500,000	\$1,224,595	—	\$500,000	\$1,224,595	—	\$500,000
Other Charges	937,492	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	6,000	—	—	6,000	—	—	6,000	—	—
TOTAL OTHER CHARGES	\$943,492	—	—	\$6,000	—	—	\$6,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$3,120,523	—	\$500,000	\$1,860,915	—	\$500,000	\$1,860,915	—	\$500,000

Form 23896 — 326-Tobacco Control

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

Form 23897 — 326-Wisewoman

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	5,000	—	—	5,000	—	—	5,000	—	—
Related Benefits	76,503	—	—	76,503	—	—	76,503	—	—
TOTAL PERSONAL SERVICES	\$201,503	—	—	\$201,503	—	—	\$201,503	—	—
Travel	1,000	—	—	1,000	—	—	1,000	—	—
Operating Services	1,500	—	—	1,500	—	—	1,500	—	—
Supplies	3,000	—	—	3,000	—	—	3,000	—	—
TOTAL OPERATING EXPENSES	\$5,500	—	—	\$5,500	—	—	\$5,500	—	—
PROFESSIONAL SERVICES	\$1,217,708	—	\$240,050	\$204,985	—	\$175,000	\$204,985	—	\$175,000
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	113,012	—	—	113,012	—	—	113,012	—	—
TOTAL OTHER CHARGES	\$113,012	—	—	\$113,012	—	—	\$113,012	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,537,723	—	\$240,050	\$525,000	—	\$175,000	\$525,000	—	\$175,000

Form 23897 — 326-Wisewoman

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

Form 23898 — 326-Heart and Stroke

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	—	—	—	—	—	—	—
Related Benefits	73,443	—	—	73,443	—	—	73,443	—	—
TOTAL PERSONAL SERVICES	\$193,443	—	—	\$193,443	—	—	\$193,443	—	—
Travel	3,100	—	—	3,100	—	—	3,100	—	—
Operating Services	7,500	—	—	7,500	—	—	7,500	—	—
Supplies	400	—	—	400	—	—	400	—	—
TOTAL OPERATING EXPENSES	\$11,000	—	—	\$11,000	—	—	\$11,000	—	—
PROFESSIONAL SERVICES	\$800,000	—	—	\$800,000	—	—	\$800,000	—	—
Other Charges	55,557	—	—	55,557	—	—	55,557	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	40,000	—	—	40,000	—	—	40,000	—	—
TOTAL OTHER CHARGES	\$95,557	—	—	\$95,557	—	—	\$95,557	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,100,000	—	—	\$1,100,000	—	—	\$1,100,000	—	—

Form 23898 — 326-Heart and Stroke

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

Form 23899 — 326-Heart Disease and Stroke

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	122,405	—	—	122,405	—	—	122,405	—	—
TOTAL PERSONAL SERVICES	\$322,405	—	—	\$322,405	—	—	\$322,405	—	—
Travel	5,053	—	—	5,053	—	—	5,053	—	—
Operating Services	8,071	—	—	8,071	—	—	8,071	—	—
Supplies	500	—	—	500	—	—	500	—	—
TOTAL OPERATING EXPENSES	\$13,624	—	—	\$13,624	—	—	\$13,624	—	—
PROFESSIONAL SERVICES	\$800,000	—	—	\$800,000	—	—	\$800,000	—	—
Other Charges	29,028	—	—	32,208	—	—	32,208	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OTHER CHARGES	\$34,028	—	—	\$37,208	—	—	\$37,208	—	—
Acquisitions	3,180	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$3,180	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,173,237	—	—	\$1,173,237	—	—	\$1,173,237	—	—

Form 23899 — 326-Heart Disease and Stroke

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

Form 23900 — 326-Diabetes Prevention

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	5,000	—	—	—	—	—	—	—	—
Supplies	1,100	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$6,100	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	\$1,266,355	—	—	—	—	—	—	—	—
Other Charges	790,276	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	7,000	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$797,276	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,069,731	—	—	—	—	—	—	—	—

Form 23900 — 326-Diabetes Prevention

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

Form 23901 — 326-Unallotted

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,035,525	—	—	887,915	—	—	887,915	—	—
Other Compensation	—	—	—	242,912	—	—	242,912	—	—
Related Benefits	802,576	—	—	692,095	—	—	692,095	—	—
TOTAL PERSONAL SERVICES	\$1,838,101	—	—	\$1,822,922	—	—	\$1,822,922	—	—
Travel	17,813	—	—	214,886	—	—	214,886	—	—
Operating Services	628,777	—	—	1,169,318	—	—	1,169,318	—	—
Supplies	1,499,983	—	—	1,762,849	—	—	1,762,849	—	—
TOTAL OPERATING EXPENSES	\$2,146,573	—	—	\$3,147,053	—	—	\$3,147,053	—	—
PROFESSIONAL SERVICES	\$762,724	—	—	\$13,047,207	—	—	\$13,047,207	—	—
Other Charges	162,762,272	—	—	206,337,442	—	—	206,337,442	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	5,593,673	—	—	9,342,118	—	—	9,342,118	—	—
TOTAL OTHER CHARGES	\$168,355,945	—	—	\$215,679,560	—	—	\$215,679,560	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$173,103,343	—	—	\$233,696,742	—	—	\$233,696,742	—	—

Form 23901 — 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 23902 — 326-Commodity Supplemental Food Program

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	49,000	—	—	49,000	—	—	49,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	35,463	—	—	35,463	—	—	35,463	—	—
TOTAL PERSONAL SERVICES	\$84,463	—	—	\$84,463	—	—	\$84,463	—	—
Travel	3,000	—	—	3,000	—	—	3,000	—	—
Operating Services	5,000	—	—	5,000	—	—	5,000	—	—
Supplies	500	—	—	500	—	—	500	—	—
TOTAL OPERATING EXPENSES	\$8,500	—	—	\$8,500	—	—	\$8,500	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	4,062,220	—	—	3,989,889	—	—	3,989,889	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	17,148	—	—	17,148	—	—	17,148	—	—
TOTAL OTHER CHARGES	\$4,079,368	—	—	\$4,007,037	—	—	\$4,007,037	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,172,331	—	—	\$4,100,000	—	—	\$4,100,000	—	—

Form 23902 — 326-Commodity Supplemental Food Program

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

Form 23903 — 326-Women Infants and Children

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	10,203,660	—	—	10,703,660	—	—	10,703,660	—	—
Other Compensation	1,100,000	—	—	1,100,000	—	—	1,100,000	—	—
Related Benefits	6,918,120	—	—	7,224,132	—	—	7,224,132	—	—
TOTAL PERSONAL SERVICES	\$18,221,780	—	—	\$19,027,792	—	—	\$19,027,792	—	—
Travel	500,000	—	—	500,000	—	—	500,000	—	—
Operating Services	1,100,000	—	—	1,100,000	—	—	1,100,000	—	—
Supplies	1,300,000	—	—	1,300,000	—	—	1,300,000	—	—
TOTAL OPERATING EXPENSES	\$2,900,000	—	—	\$2,900,000	—	—	\$2,900,000	—	—
PROFESSIONAL SERVICES	\$3,000,000	—	—	\$3,000,000	—	—	\$3,000,000	—	—
Other Charges	86,407,414	—	—	85,072,208	—	—	85,072,208	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,000,000	—	—	2,000,000	—	—	2,000,000	—	—
TOTAL OTHER CHARGES	\$88,407,414	—	—	\$87,072,208	—	—	\$87,072,208	—	—
Acquisitions	350,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$350,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$112,879,194	—	—	\$112,000,000	—	—	\$112,000,000	—	—

Form 23903 — 326-Women Infants and Children

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to administer the WIC program funded by U.S. Department of Agriculture - Food and Nutrition Service pursuant to authority contained in Child Nutrition Act of 1966 as amended by Public Law 105-24, July 3, 1997. Source of funding - U. S. Department of Agriculture Grant #6LA700503.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	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 23904 — 326-Peer Counseling

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	91,804	—	—	91,805	—	—	91,805	—	—
TOTAL PERSONAL SERVICES	\$241,804	—	—	\$241,805	—	—	\$241,805	—	—
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	1,879,696	—	—	1,837,696	—	—	1,837,696	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	55,000	—	—	55,000	—	—	55,000	—	—
TOTAL OTHER CHARGES	\$1,934,696	—	—	\$1,892,696	—	—	\$1,892,696	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,242,000	—	—	\$2,200,001	—	—	\$2,200,001	—	—

Form 23904 — 326-Peer Counseling

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

Form 23905 — 326-School Based Health MCH Block Grant

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	4,500	—	—	4,500	—	—	4,500	—	—
Related Benefits	119,039	—	—	119,039	—	—	119,039	—	—
TOTAL PERSONAL SERVICES	\$313,539	—	—	\$313,539	—	—	\$313,539	—	—
Travel	1,000	—	—	1,000	—	—	1,000	—	—
Operating Services	1,898	—	—	1,898	—	—	1,898	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$2,898	—	—	\$2,898	—	—	\$2,898	—	—
PROFESSIONAL SERVICES	—	—	\$237,328	—	—	\$237,328	—	—	\$237,328
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$316,437	—	\$237,328	\$316,437	—	\$237,328	\$316,437	—	\$237,328

Form 23905 — 326-School Based Health MCH Block Grant

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

Form 23906 — 326-Sexually Transmitted Diseases (STD) DIS Workforce

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	950,000	—	—	1,250,000	—	—	1,250,000	—	—
Other Compensation	150,000	—	—	150,000	—	—	150,000	—	—
Related Benefits	673,227	—	—	856,835	—	—	856,835	—	—
TOTAL PERSONAL SERVICES	\$1,773,227	—	—	\$2,256,835	—	—	\$2,256,835	—	—
Travel	20,000	—	—	20,000	—	—	20,000	—	—
Operating Services	200,000	—	—	200,000	—	—	200,000	—	—
Supplies	150,000	—	—	150,000	—	—	150,000	—	—
TOTAL OPERATING EXPENSES	\$370,000	—	—	\$370,000	—	—	\$370,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	2,260,110	—	—	45,734	—	—	45,734	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	200,000	—	—	200,000	—	—	200,000	—	—
TOTAL OTHER CHARGES	\$2,460,110	—	—	\$245,734	—	—	\$245,734	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,603,337	—	—	\$2,872,569	—	—	\$2,872,569	—	—

Form 23906 — 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 Grant #6NH25PS005176.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23907 — 326-Sexual Transmitted Diseases Case Finding

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	390,000	—	—	390,000	—	—	390,000	—	—
Other Compensation	20,000	—	—	20,000	—	—	20,000	—	—
Related Benefits	275,559	—	—	275,559	—	—	275,559	—	—
TOTAL PERSONAL SERVICES	\$685,559	—	—	\$685,559	—	—	\$685,559	—	—
Travel	20,000	—	—	20,000	—	—	20,000	—	—
Operating Services	140,000	—	—	140,000	—	—	140,000	—	—
Supplies	400,000	—	—	400,000	—	—	400,000	—	—
TOTAL OPERATING EXPENSES	\$560,000	—	—	\$560,000	—	—	\$560,000	—	—
PROFESSIONAL SERVICES	\$760,000	—	—	\$260,000	—	—	\$260,000	—	—
Other Charges	559,642	—	—	319,825	—	—	319,825	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	60,000	—	—	60,000	—	—	60,000	—	—
TOTAL OTHER CHARGES	\$619,642	—	—	\$379,825	—	—	\$379,825	—	—
Acquisitions	20,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$20,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,645,201	—	—	\$1,885,384	—	—	\$1,885,384	—	—

Form 23907 — 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 #5NH25PS005176.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Percentage of primary and secondary syphilis cases treated within 14 days of specimen collection. 2) Number of primary and secondary syphilis cases.
Additional information or comments.	Not applicable.

Form 23908 — 326-LA Strengthening STD Prevention and Control for Health D

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	4,000	—	—	4,000	—	—	4,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	2,448	—	—	2,448	—	—	2,448	—	—
TOTAL PERSONAL SERVICES	\$6,448	—	—	\$6,448	—	—	\$6,448	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	60,945	—	—	60,945	—	—	60,945	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$60,945	—	—	\$60,945	—	—	\$60,945	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$67,393	—	—	\$67,393	—	—	\$67,393	—	—

Form 23908 — 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 Grant #5425PS004338
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23909 — 326-Tuberculosis - Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	416,868	—	—	416,868	—	—	416,868	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	498,132	—	—	498,132	—	—	498,132	—	—
TOTAL PERSONAL SERVICES	\$915,000	—	—	\$915,000	—	—	\$915,000	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	50,000	—	—	50,000	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$50,000	—	—	\$50,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	50,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$50,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$965,000	—	—	\$965,000	—	—	\$965,000	—	—

Form 23909 — 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. Source of funding - DHHS/Public Health Services Grant #1NB01OT009411.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Percentage of TB infected contacts who complete treatment. 2) Percentage of culture confirmed cases completing treatment within 12 months. 3) Percentage of pulmonary culture confirmed cases converting sputum culture within two months.
Additional information or comments.	Not applicable.

Form 23910 — 326-Tuberculosis Prevention

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	240,000	—	—	240,000	—	—	240,000	—	—
Other Compensation	20,000	—	—	20,000	—	—	20,000	—	—
Related Benefits	175,758	—	—	175,758	—	—	175,758	—	—
TOTAL PERSONAL SERVICES	\$435,758	—	—	\$435,758	—	—	\$435,758	—	—
Travel	25,000	—	—	25,000	—	—	25,000	—	—
Operating Services	32,000	—	—	32,000	—	—	32,000	—	—
Supplies	85,000	—	—	85,000	—	—	85,000	—	—
TOTAL OPERATING EXPENSES	\$142,000	—	—	\$142,000	—	—	\$142,000	—	—
PROFESSIONAL SERVICES	\$120,000	—	—	\$120,000	—	—	\$120,000	—	—
Other Charges	100,000	—	—	100,000	—	—	100,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	74,064	—	—	74,064	—	—	74,064	—	—
TOTAL OTHER CHARGES	\$174,064	—	—	\$174,064	—	—	\$174,064	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$871,822	—	—	\$871,822	—	—	\$871,822	—	—

Form 23910 — 326-Tuberculosis Prevention

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

Form 23911 — 326-Beach Monitoring

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	85,597	—	—
Other Compensation	2,500	—	—	2,500	—	—	2,000	—	—
Related Benefits	81,394	—	—	81,394	—	—	60,800	—	—
TOTAL PERSONAL SERVICES	\$198,894	—	—	\$198,894	—	—	\$148,397	—	—
Travel	2,000	—	—	2,000	—	—	—	—	—
Operating Services	50,000	—	—	50,000	—	—	6,136	—	—
Supplies	18,000	—	—	18,000	—	—	13,000	—	—
TOTAL OPERATING EXPENSES	\$70,000	—	—	\$70,000	—	—	\$19,136	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	88,000	—	—	88,000	—	—	119,700	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	20,106	—	—	20,106	—	—	10,000	—	—
TOTAL OTHER CHARGES	\$108,106	—	—	\$108,106	—	—	\$129,700	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$377,000	—	—	\$377,000	—	—	\$297,233	—	—

Form 23911 — 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 Grant #CU-01F99301.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23912 — 326-Drinking Water Revolving Loan Fund

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	755,000	—	—	755,000	—	—	755,000	—	—
Other Compensation	90,000	—	—	90,000	—	—	90,000	—	—
Related Benefits	517,161	—	—	517,161	—	—	517,161	—	—
TOTAL PERSONAL SERVICES	\$1,362,161	—	—	\$1,362,161	—	—	\$1,362,161	—	—
Travel	40,000	—	—	40,000	—	—	40,000	—	—
Operating Services	16,000	—	—	16,000	—	—	16,000	—	—
Supplies	20,000	—	—	20,000	—	—	20,000	—	—
TOTAL OPERATING EXPENSES	\$76,000	—	—	\$76,000	—	—	\$76,000	—	—
PROFESSIONAL SERVICES	\$100,000	—	—	\$100,000	—	—	\$100,000	—	—
Other Charges	381,839	—	—	391,839	—	—	391,839	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	170,000	—	—	170,000	—	—	170,000	—	—
TOTAL OTHER CHARGES	\$551,839	—	—	\$561,839	—	—	\$561,839	—	—
Acquisitions	10,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$10,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,100,000	—	—	\$2,100,000	—	—	\$2,100,000	—	—

Form 23912 — 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 Grant #FS99696822.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	1) Number of Louisiana public water systems provided financial and technical assistance. 2) Number of low-interest loans made.
Additional information or comments.	Not applicable.

Form 23913 — 326-Safe Drinking Water

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	674,038	—	—	674,038	—	—	674,038	—	—
TOTAL OPERATING EXPENSES	\$674,038	—	—	\$674,038	—	—	\$674,038	—	—
PROFESSIONAL SERVICES	\$178,962	—	—	\$178,962	—	—	\$178,962	—	—
Other Charges	500,000	—	—	600,000	—	—	600,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$500,000	—	—	\$600,000	—	—	\$600,000	—	—
Acquisitions	100,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$100,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,453,000	—	—	\$1,453,000	—	—	\$1,453,000	—	—

Form 23913 — 326-Safe Drinking Water

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

Form 23914 — 326-Water Infrastructure Improvement for the Nation

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	750,000	—	—	164,063	—	—	164,063	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$750,000	—	—	\$164,063	—	—	\$164,063	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$750,000	—	—	\$164,063	—	—	\$164,063	—	—

Form 23914 — 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 Grant #M1-01F69101.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23915 — 326-Occupational Health and Injury Surveillance

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	128,525	—	—	128,525	—	—	128,525	—	—
TOTAL PERSONAL SERVICES	\$338,525	—	—	\$338,525	—	—	\$338,525	—	—
Travel	1,000	—	—	1,000	—	—	1,000	—	—
Operating Services	11,000	—	—	11,000	—	—	11,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$12,000	—	—	\$12,000	—	—	\$12,000	—	—
PROFESSIONAL SERVICES	\$40,000	—	—	\$40,000	—	—	\$40,000	—	—
Other Charges	112,381	—	—	112,381	—	—	112,381	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	10,000	—	—	10,000	—	—	10,000	—	—
TOTAL OTHER CHARGES	\$122,381	—	—	\$122,381	—	—	\$122,381	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$512,906	—	—	\$512,906	—	—	\$512,906	—	—

Form 23915 — 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 Grant #5U60OH010915.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23918 — 326-Partnership to Promote Local Efforts to Reduce Env Expo

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	98,000	—	—	98,000	—	—	98,000	—	—
Other Compensation	47,000	—	—	47,000	—	—	47,000	—	—
Related Benefits	88,744	—	—	88,744	—	—	88,744	—	—
TOTAL PERSONAL SERVICES	\$233,744	—	—	\$233,744	—	—	\$233,744	—	—
Travel	4,000	—	—	4,000	—	—	4,000	—	—
Operating Services	15,000	—	—	15,000	—	—	15,000	—	—
Supplies	500	—	—	500	—	—	500	—	—
TOTAL OPERATING EXPENSES	\$19,500	—	—	\$19,500	—	—	\$19,500	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	47,754	—	—	47,754	—	—	47,754	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	12,000	—	—	12,000	—	—	12,000	—	—
TOTAL OTHER CHARGES	\$59,754	—	—	\$59,754	—	—	\$59,754	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$312,998	—	—	\$312,998	—	—	\$312,998	—	—

Form 23918 — 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 Grant #1NU61TS000305.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 23919 — 326-Private Well

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	59,000	—	—	59,000	—	—	59,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	36,109	—	—	36,109	—	—	36,109	—	—
TOTAL PERSONAL SERVICES	\$95,109	—	—	\$95,109	—	—	\$95,109	—	—
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	7,585	—	—	7,585	—	—	7,585	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	8,000	—	—	8,000	—	—	8,000	—	—
TOTAL OTHER CHARGES	\$15,585	—	—	\$15,585	—	—	\$15,585	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$139,694	—	—	\$139,694	—	—	\$139,694	—	—

Form 23919 — 326-Private Well

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

Form 23920 — 326-Environmental Public Health Tracking

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	204,000	—	—	204,000	—	—	204,000	—	—
Other Compensation	65,000	—	—	65,000	—	—	65,000	—	—
Related Benefits	168,597	—	—	168,597	—	—	168,597	—	—
TOTAL PERSONAL SERVICES	\$437,597	—	—	\$437,597	—	—	\$437,597	—	—
Travel	20,000	—	—	20,000	—	—	20,000	—	—
Operating Services	32,000	—	—	32,000	—	—	32,000	—	—
Supplies	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OPERATING EXPENSES	\$57,000	—	—	\$57,000	—	—	\$57,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	65,403	—	—	65,403	—	—	65,403	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	55,000	—	—	55,000	—	—	55,000	—	—
TOTAL OTHER CHARGES	\$120,403	—	—	\$120,403	—	—	\$120,403	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$615,000	—	—	\$615,000	—	—	\$615,000	—	—

Form 23920 — 326-Environmental Public Health Tracking

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

Form 23921 — 326-Food and Drug

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	80,000	—	—	80,000	—	—	80,000	—	—
TOTAL PERSONAL SERVICES	\$230,000	—	—	\$230,000	—	—	\$230,000	—	—
Travel	10,000	—	—	10,000	—	—	10,000	—	—
Operating Services	10,000	—	—	10,000	—	—	10,000	—	—
Supplies	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OPERATING EXPENSES	\$25,000	—	—	\$25,000	—	—	\$25,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	43,576	—	—	43,576	—	—	43,576	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$43,576	—	—	\$43,576	—	—	\$43,576	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$298,576	—	—	\$298,576	—	—	\$298,576	—	—

Form 23921 — 326-Food and Drug

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

Form 23922 — 326-Manufactured Food Standards

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	75,000	—	—	75,000	—	—	75,000	—	—
Other Compensation	2,000	—	—	2,000	—	—	2,000	—	—
Related Benefits	47,126	—	—	47,126	—	—	47,126	—	—
TOTAL PERSONAL SERVICES	\$124,126	—	—	\$124,126	—	—	\$124,126	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	1,000	—	—	1,000	—	—	1,000	—	—
Supplies	30,000	—	—	30,000	—	—	30,000	—	—
TOTAL OPERATING EXPENSES	\$33,000	—	—	\$33,000	—	—	\$33,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	65,826	—	—	65,826	—	—	65,826	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OTHER CHARGES	\$67,826	—	—	\$67,826	—	—	\$67,826	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$224,952	—	—	\$224,952	—	—	\$224,952	—	—

Form 23922 — 326-Manufactured Food Standards

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

Form 23923 — 326-Commercial Seafood

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	23,350	—	—	23,350	—	—	23,350	—	—
TOTAL PERSONAL SERVICES	\$68,350	—	—	\$68,350	—	—	\$68,350	—	—
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	\$68,350	—	—	\$68,350	—	—	\$68,350	—	—

Form 23923 — 326-Commercial Seafood

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

Form 23924 — 326-Vital Records Co-Op

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	39,782	—	—	39,782	—	—	39,782	—	—
TOTAL PERSONAL SERVICES	\$104,782	—	—	\$104,782	—	—	\$104,782	—	—
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	200,572	—	—	200,572	—	—	200,572	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	20,000	—	—	20,000	—	—	20,000	—	—
TOTAL OTHER CHARGES	\$220,572	—	—	\$220,572	—	—	\$220,572	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$376,354	—	—	\$376,354	—	—	\$376,354	—	—

Form 23924 — 326-Vital Records Co-Op

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

Form 23925 — 326-COVID ELC Data Modernization

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	398,574	—	—	398,574	—	—	398,574	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$398,574	—	—	\$398,574	—	—	\$398,574	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$398,574	—	—	\$398,574	—	—	\$398,574	—	—

Form 23925 — 326-COVID ELC Data Modernization

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

Form 24068 — 326 Administrative Clearing

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24068 — 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 24070 — 326 Policy and Planning Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24070 — 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?	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 24071 — 326 Opioid Surveillance Department of Justice

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24071 — 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?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	
Is the Total Request amount for multiple years?	Future Funding is considered favorable.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 24072 — 326 Strengthening Environmental Hlth Capacity

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24072 — 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?	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 24073 — 326 BREATH Environmental Epidemiology

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24073 — 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 Grant ID #01F81001.
Agency discretion or Federal requirement?	Line item requests reflect approved budget as outlined in the grant.
Describe any budgetary peculiarities.	Future Funding is considered favorable.
Is the Total Request amount for multiple years?	The amount requested is for the requested year.
Additional information or comments.	None.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 24074 — 326 Pool Safety

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24074 — 326 Pool Safety

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

Form 24075 — 326 Non Fatal Suicide Prevention Inf Dis Epi

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24075 — 326 Non Fatal Suicide Prevention Inf Dis Epi

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

Form 24076 — 326 HOPWA COVID-19 HIV AIDS

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24076 — 326 HOPWA COVID-19 HIV AIDS

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

Form 24077 — 326 QUILINE

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24077 — 326 QUITLINE

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

Form 24078 — 326 Small Hospital Improvement Program COVID 19

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24078 — 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 Grant #1H3LRH42241-01-00.
Agency discretion or Federal requirement?	Line item requests reflect approved budget as outlined in the grant.
Describe any budgetary peculiarities.	Future funding is considered favorable.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 24079 — 326 Child Death Review

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24079 — 326 Child Death Review

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

Form 24080 — 326 Core Injury VIPP

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24080 — 326 Core Injury VIPP

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

Form 24099 — 326-Inflation

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24099 — 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 26011 — 326-HIV TELEHEALTH

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	208,333	—	—	200,000	—	—	200,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$208,333	—	—	\$200,000	—	—	\$200,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$208,333	—	—	\$200,000	—	—	\$200,000	—	—

Form 26011 — 326-HIV TELEHEALTH

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 26030 — MONKEY POX RESPONSE

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	660,878	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$660,878	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$660,878	—	—	—	—	—	—	—	—

Form 26030 — 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.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 26047 — 326-EPID LAB CAPACITY COVID-19 IPC TRAINING

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	30,000	—	—	—	—	—	—	—	—
Operating Services	60,000	—	—	—	—	—	—	—	—
Supplies	100,000	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$190,000	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	887,315	—	—	89,776	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$887,315	—	—	\$89,776	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,077,315	—	—	\$89,776	—	—	—	—	—

Form 26047 — 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?	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 26048 — 326-EPID LAB CAPACITY COVID-19 TRAVELERS HEALTH

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	18,361	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$48,361	—	—	—	—	—	—	—	—
Travel	5,000	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	60,000	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$65,000	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	28,956	—	—	11,860	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$28,956	—	—	\$11,860	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$142,317	—	—	\$11,860	—	—	—	—	—

Form 26048 — 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?	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 26049 — 326-EPID CONFINEMENT FACILITIES FOR COVID-19 RESPONSE

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	618,000	—	—	618,000	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	378,231	—	—	378,231	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$996,231	—	—	\$996,231	—	—	—	—	—
Travel	30,000	—	—	30,000	—	—	—	—	—
Operating Services	500,000	—	—	500,000	—	—	—	—	—
Supplies	10,000	—	—	10,000	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$540,000	—	—	\$540,000	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	5,644,553	—	—	5,644,553	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$5,644,553	—	—	\$5,644,553	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$7,180,784	—	—	\$7,180,784	—	—	—	—	—

Form 26049 — 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?	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 26050 — 326-EPID LAB CAPACITY HOMELESS SITES

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	500,000	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	306,012	—	—	306,012	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$806,012	—	—	\$806,012	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	115,310	—	—	115,310	—	—	—	—	—
Supplies	50,000	—	—	50,000	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$165,310	—	—	\$165,310	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	148,678	—	—	148,678	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$148,678	—	—	\$148,678	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,120,000	—	—	\$1,120,000	—	—	—	—	—

Form 26050 — 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?	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 26055 — SLTT REDUCE MATERNAL DEATHS DUE TO VIOLENCE

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	18,155	—	—	18,155	—	—	18,155	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	11,111	—	—	11,111	—	—	11,111	—	—
TOTAL PERSONAL SERVICES	\$29,266	—	—	\$29,266	—	—	\$29,266	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	\$348,053	—	—	\$348,053	—	—	\$348,053	—	—
Other Charges	32,514	—	—	32,514	—	—	32,514	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$32,514	—	—	\$32,514	—	—	\$32,514	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$409,833	—	—	\$409,833	—	—	\$409,833	—	—

Form 26055 — 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 26056 — 326-COMPREHENSIVE SUICIDE PREVENTION

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	41,500	—	—	41,500	—	—	41,500	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	25,399	—	—	25,399	—	—	25,399	—	—
TOTAL PERSONAL SERVICES	\$66,899	—	—	\$66,899	—	—	\$66,899	—	—
Travel	1,300	—	—	1,300	—	—	1,300	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	1,275	—	—	1,275	—	—	1,275	—	—
TOTAL OPERATING EXPENSES	\$2,575	—	—	\$2,575	—	—	\$2,575	—	—
PROFESSIONAL SERVICES	\$618,721	—	—	\$618,721	—	—	\$618,721	—	—
Other Charges	91,805	—	—	91,805	—	—	91,805	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$91,805	—	—	\$91,805	—	—	\$91,805	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$780,000	—	—	\$780,000	—	—	\$780,000	—	—

Form 26056 — 326-COMPREHENSIVE SUICIDE PREVENTION

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. Legal Citation: 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 26091 — 326-WELL AHEAD STATE PHYSICAL ACTIVITY AND NUTRITION PROGRAM

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	3,823	—	—	3,823	—	—	—	3,823	—
Operating Services	328	—	—	328	—	—	—	328	—
Supplies	1,460	—	—	1,460	—	—	—	1,460	—
TOTAL OPERATING EXPENSES	\$5,611	—	—	\$5,611	—	—	—	\$5,611	—
PROFESSIONAL SERVICES	\$1,287,899	—	—	\$879,339	—	—	—	\$879,339	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	3,050	—	—	3,050	—	—	—	3,050	—
TOTAL OTHER CHARGES	\$3,050	—	—	\$3,050	—	—	—	\$3,050	—
Acquisitions	3,440	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$3,440	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,300,000	—	—	\$888,000	—	—	—	\$888,000	—

Form 26091 — 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 26108 — 326-PUBLIC HEALTH INFRASTRUCTURE

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,320,000	—	—	1,420,000	—	—	1,420,000	—	—
Other Compensation	996,419	—	—	996,419	—	—	996,419	—	—
Related Benefits	1,417,706	—	—	1,478,908	—	—	1,478,908	—	—
TOTAL PERSONAL SERVICES	\$3,734,125	—	—	\$3,895,327	—	—	\$3,895,327	—	—
Travel	105,000	—	—	105,000	—	—	105,000	—	—
Operating Services	70,000	—	—	70,000	—	—	70,000	—	—
Supplies	211,000	—	—	211,000	—	—	211,000	—	—
TOTAL OPERATING EXPENSES	\$386,000	—	—	\$386,000	—	—	\$386,000	—	—
PROFESSIONAL SERVICES	\$4,317,504	—	—	\$4,317,504	—	—	\$4,317,504	—	—
Other Charges	486,470	—	—	1,668,169	—	—	1,668,169	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	500,000	—	—	500,000	—	—	500,000	—	—
TOTAL OTHER CHARGES	\$986,470	—	—	\$2,168,169	—	—	\$2,168,169	—	—
Acquisitions	212,655	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$212,655	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$9,636,754	—	—	\$10,767,000	—	—	\$10,767,000	—	—

Form 26108 — 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. Legal Citation: 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 26150 — 326-WIC MODERNIZATION

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	1,198,480	—	—	420,000	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$1,198,480	—	—	\$420,000	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,198,480	—	—	\$420,000	—	—	—	—	—

Form 26150 — 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 26152 — 326-WIC SHOPPING EXPERIENCE

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	10,000	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$10,000	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	740,000	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$740,000	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$750,000	—	—	—	—	—	—	—	—

Form 26152 — 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 26167 — 326-MILK & DAIRY

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	12,000	—	—	12,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	6,043	—	—	6,043	—	—	6,043	—	—
TOTAL PERSONAL SERVICES	\$18,043	—	—	\$18,043	—	—	\$18,043	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$18,043	—	—	\$18,043	—	—	\$18,043	—	—

Form 26167 — 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 Grant #HHSF223201810054C.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 26421 — INFLATION

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	—	29,323	—	—	29,323	—	—
Operating Services	—	—	—	128,282	—	—	128,282	—	—
Supplies	—	—	—	179,539	—	—	179,539	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$337,144	—	—	\$337,144	—	—
PROFESSIONAL SERVICES	—	—	—	\$1,159,962	—	—	\$1,159,962	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$1,497,106	—	—	\$1,497,106	—	—

Form 26421 — 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 26423 — 326-MEDICAL INFLATION

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	—	34,632	—	—	34,632	—	—
Supplies	—	—	—	253,436	—	—	253,436	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$288,068	—	—	\$288,068	—	—
PROFESSIONAL SERVICES	—	—	—	\$202,612	—	—	\$202,612	—	—
Other Charges	—	—	—	13,408,429	—	—	13,408,429	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	24,742	—	—	24,742	—	—
TOTAL OTHER CHARGES	—	—	—	\$13,433,171	—	—	\$13,433,171	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$13,923,851	—	—	\$13,923,851	—	—

Form 26423 — 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 26458 — 326-COMMUNITY OUTREACH

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	—	(200,000)	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	\$(200,000)	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$(200,000)	—	—	—	—	—

Form 26458 — 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 27020 — 326 -SALARY AND RELATED BENEFITS BASE ADJUSTMENTS

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	1,113,486	—	—	—	—	—
Other Compensation	—	—	—	68,986	—	—	—	—	—
Related Benefits	—	—	—	781,571	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	\$1,964,043	—	—	—	—	—
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	—	—	—	\$1,964,043	—	—	—	—	—

Form 27020 — 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 27364 — 326-OCCUPATIONAL INJURY COVID-19

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27364 — 326-OCCUPATIONAL INJURY COVID-19

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 27365 — 326-MISC PRIOR YEAR PAYBACK, CARRYOVER, PRIOR REVENUE ETC.

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27365 — 326-MISC PRIOR YEAR PAYBACK, CARRYOVER, PRIOR REVENUE ETC.

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 27366 — 326-EPIDEMIOLOGY ACA ELECTRONIC CASE DETECTION

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27366 — 326-EPIDEMIOLOGY ACA ELECTRONIC CASE DETECTION

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 27367 — 326-EPIDEMIOLOGY LAB CAPACITY COVID-19 DETECTION AND MITIGATION

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27367 — 326-EPIDEMIOLGY LAB CAPACITY COVID-19 DETECTION AND MITIGAT

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 27368 — 326 IMMUNIZATION PANDEMIC INFLUENZA

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27368 — 326 IMMUNIZATION PANDEMIC INFLUENZA

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 27369 — 326- IMMUNIZATION PREVENT HEALTH FUND

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27369 — 326- IMMUNIZATION PREVENT HEALTH FUND

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 27370 — 326-IMMUNIZATION UKRAINIAN VACCINE

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27370 — 326-IMMUNIZATION UKRAINIAN VACCINE

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 27371 — 326-MATERNAL CHILD HEALTH ARPHA EXPANSION

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27371 — 326-MATERNAL CHILD HEALTH ARPHA EXPANSION

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 27372 — 326-BEHAVIORAL RISK FACTOR SURVEILANCE SYSTEM COVID-19

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27372 — 326-BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM COVID-19

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 27373 — 326-OPIOID ENHANCED SURVEILLANCE

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27373 — 326-OPIOID ENHANCED SURVEILLANCE

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 27374 — 326-DIABETES DOMAIN 4

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27374 — 326-DIABETES DOMAIN 4

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 27375 — 326-CONTROL DIABTES PLUS

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27375 — 326-CONTROL DIABTES PLUS

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 23928 — 326-Oyster Sanitation Fund

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$186,051	—	—	\$186,051	—	—	\$186,051	—	—

Form 23928 — 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 pollution. 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 23929 — 326-Vital Records Conversion Fund

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 23929 — 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 23959 — 326-HIV AIDS

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	60,000	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$60,000	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$60,000	—	—	—	—	—	—	—	—

Form 23959 — 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 23960 — 326-Childrens Special Health Services-Healthy Louisiana Pla

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	—	—	—	—	—	—	—
Related Benefits	31,397	—	—	31,397	—	—	31,397	—	—
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 23960 — 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 23961 — 326-Emergency Medical Services

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	110,519	—	—	110,519	—	—	110,519	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	189,481	—	—	189,481	—	—	189,481	—	—
TOTAL PERSONAL SERVICES	\$300,000	—	—	\$300,000	—	—	\$300,000	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	175,000	—	—	175,000	—	—	175,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$175,000	—	—	\$175,000	—	—	\$175,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$475,000	—	—	\$475,000	—	—	\$475,000	—	—

Form 23961 — 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 23962 — 326-Rabies-Local Funds

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	16,420	—	—	16,420	—	—	16,420	—	—
TOTAL PERSONAL SERVICES	\$30,420	—	—	\$30,420	—	—	\$30,420	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	13,000	—	—	13,000	—	—	13,000	—	—
TOTAL OPERATING EXPENSES	\$13,000	—	—	\$13,000	—	—	\$13,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OTHER CHARGES	\$2,000	—	—	\$2,000	—	—	\$2,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$45,420	—	—	\$45,420	—	—	\$45,420	—	—

Form 23962 — 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 23963 — 326-Epidemiology-Local Funds

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	27,200	—	—	27,200	—	—	27,200	—	—
Other Compensation	4,800	—	—	4,800	—	—	4,800	—	—
Related Benefits	22,930	—	—	22,930	—	—	22,930	—	—
TOTAL PERSONAL SERVICES	\$54,930	—	—	\$54,930	—	—	\$54,930	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$54,930	—	—	\$54,930	—	—	\$54,930	—	—

Form 23963 — 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 23964 — 326-Family Planning-Healthy Louisiana Plan

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,108,486	—	—	1,108,486	—	—	1,108,486	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	2,335,074	—	—	2,335,074	—	—	2,335,074	—	—
TOTAL PERSONAL SERVICES	\$3,443,560	—	—	\$3,443,560	—	—	\$3,443,560	—	—
Travel	21,000	—	—	21,000	—	—	21,000	—	—
Operating Services	68,814	—	—	68,814	—	—	68,814	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$89,814	—	—	\$89,814	—	—	\$89,814	—	—
PROFESSIONAL SERVICES	\$915,816	—	—	\$915,816	—	—	\$915,816	—	—
Other Charges	80,780	—	—	80,780	—	—	80,780	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	256,000	—	—	256,000	—	—	256,000	—	—
TOTAL OTHER CHARGES	\$336,780	—	—	\$336,780	—	—	\$336,780	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,785,970	—	—	\$4,785,970	—	—	\$4,785,970	—	—

Form 23964 — 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 23965 — 326-Family Planning (Local Funds)

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	639,904	—	—	639,904	—	—	639,904	—	—
Other Compensation	15,150	—	—	15,150	—	—	15,150	—	—
Related Benefits	225,615	—	—	225,615	—	—	225,615	—	—
TOTAL PERSONAL SERVICES	\$880,669	—	—	\$880,669	—	—	\$880,669	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	10,000	—	—	10,000	—	—	10,000	—	—
TOTAL OPERATING EXPENSES	\$10,000	—	—	\$10,000	—	—	\$10,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	140,077	—	—	140,077	—	—	140,077	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	18,223	—	—	18,223	—	—	18,223	—	—
TOTAL OTHER CHARGES	\$158,300	—	—	\$158,300	—	—	\$158,300	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,048,969	—	—	\$1,048,969	—	—	\$1,048,969	—	—

Form 23965 — 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 23966 — 326-Genetic Diseases-Healthy Louisiana Plan, Formula and For

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	996,047	—	—	996,047	—	—	996,047	—	—
Other Compensation	7,144	—	—	7,144	—	—	7,144	—	—
Related Benefits	672,866	—	—	672,866	—	—	672,866	—	—
TOTAL PERSONAL SERVICES	\$1,676,057	—	—	\$1,676,057	—	—	\$1,676,057	—	—
Travel	8,000	—	—	8,000	—	—	8,000	—	—
Operating Services	55,148	—	—	55,148	—	—	55,148	—	—
Supplies	1,384,264	—	—	1,384,264	—	—	1,384,264	—	—
TOTAL OPERATING EXPENSES	\$1,447,412	—	—	\$1,447,412	—	—	\$1,447,412	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	350,704	—	—	350,704	—	—	350,704	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	295,612	—	—	295,612	—	—	295,612	—	—
TOTAL OTHER CHARGES	\$646,316	—	—	\$646,316	—	—	\$646,316	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$3,769,785	—	—	\$3,769,785	—	—	\$3,769,785	—	—

Form 23966 — 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 23967 — 326-Immunization-Healthy Louisiana Plan and Local Funds

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	400,000	—	—	400,000	—	—	400,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	359,461	—	—	359,461	—	—	359,461	—	—
TOTAL PERSONAL SERVICES	\$759,461	—	—	\$759,461	—	—	\$759,461	—	—
Travel	12,000	—	—	12,000	—	—	12,000	—	—
Operating Services	50,000	—	—	50,000	—	—	50,000	—	—
Supplies	50,000	—	—	50,000	—	—	50,000	—	—
TOTAL OPERATING EXPENSES	\$112,000	—	—	\$112,000	—	—	\$112,000	—	—
PROFESSIONAL SERVICES	\$98,769	—	—	\$98,769	—	—	\$98,769	—	—
Other Charges	186,457	—	—	186,457	—	—	186,457	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	230,648	—	—	230,648	—	—	230,648	—	—
TOTAL OTHER CHARGES	\$417,105	—	—	\$417,105	—	—	\$417,105	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,387,335	—	—	\$1,387,335	—	—	\$1,387,335	—	—

Form 23967 — 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 23968 — 326-Special Lab Testing

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	16,000	—	—	16,000	—	—	16,000	—	—
Other Compensation	100	—	—	100	—	—	100	—	—
Related Benefits	9,854	—	—	9,854	—	—	9,854	—	—
TOTAL PERSONAL SERVICES	\$25,954	—	—	\$25,954	—	—	\$25,954	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	2,000	—	—	2,000	—	—	2,000	—	—
Supplies	3,046	—	—	3,046	—	—	3,046	—	—
TOTAL OPERATING EXPENSES	\$5,046	—	—	\$5,046	—	—	\$5,046	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OTHER CHARGES	\$2,000	—	—	\$2,000	—	—	\$2,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$33,000	—	—	\$33,000	—	—	\$33,000	—	—

Form 23968 — 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 23969 — 326-Lab Certification

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	\$41,000	—	—	\$41,000	—	—	\$41,000	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$41,000	—	—	\$41,000	—	—	\$41,000	—	—

Form 23969 — 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 23970 — 326-Pregnancy Risk Assessment Monitoring System

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 23970 — 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 23971 — 326-Public Health Informatics

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	12,500	—	—	12,500	—	—	12,500	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	7,000	—	—	7,000	—	—	7,000	—	—
TOTAL PERSONAL SERVICES	\$19,500	—	—	\$19,500	—	—	\$19,500	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$19,500	—	—	\$19,500	—	—	\$19,500	—	—

Form 23971 — 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 23972 — 326-Tobacco Control

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	17,000	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	10,404	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$27,404	—	—	—	—	—	—	—	—
Travel	1,000	—	—	—	—	—	—	—	—
Operating Services	15,096	—	—	—	—	—	—	—	—
Supplies	1,500	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$17,596	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$45,000	—	—	—	—	—	—	—	—

Form 23972 — 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 23973 — 326-Texas Tech University Telehealth (TEXLA)

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	\$32,950	—	—	\$32,950	—	—	\$32,950	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$32,950	—	—	\$32,950	—	—	\$32,950	—	—

Form 23973 — 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 23974 — 326-Healthy Kids

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 23974 — 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 23975 — 326-Building Resilient Inclusive Communities (BRIC)

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	28,000	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	17,137	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$45,137	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	100	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$100	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	136,098	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	915	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$137,013	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$182,250	—	—	—	—	—	—	—	—

Form 23975 — 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 23976 — 326-Unallotted

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	19,935	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$19,935	—	—	—	—	—	—	—	—
Travel	56,773	—	—	—	—	—	—	—	—
Operating Services	208,441	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$265,214	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	8,325,697	—	—	9,038,547	—	—	9,038,547	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$8,325,697	—	—	\$9,038,547	—	—	\$9,038,547	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$8,610,846	—	—	\$9,038,547	—	—	\$9,038,547	—	—

Form 23976 — 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 23977 — 326-Nutrition Services

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	7,400	—	—	7,400	—	—	7,400	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	5,089	—	—	5,089	—	—	5,089	—	—
TOTAL PERSONAL SERVICES	\$12,489	—	—	\$12,489	—	—	\$12,489	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	1,000	—	—	1,000	—	—	1,000	—	—
Supplies	768	—	—	768	—	—	768	—	—
TOTAL OPERATING EXPENSES	\$1,768	—	—	\$1,768	—	—	\$1,768	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	500	—	—	500	—	—	500	—	—
TOTAL OTHER CHARGES	\$500	—	—	\$500	—	—	\$500	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$14,757	—	—	\$14,757	—	—	\$14,757	—	—

Form 23977 — 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 23978 — 326-Sexually Transmitted Diseases (STD)-TelePrep

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	—	—	—	—	—	—	—
Related Benefits	103,000	—	—	103,000	—	—	103,000	—	—
TOTAL PERSONAL SERVICES	\$283,000	—	—	\$283,000	—	—	\$283,000	—	—
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	\$283,000	—	—	\$283,000	—	—	\$283,000	—	—

Form 23978 — 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 23979 — 326-Sexual Transmitted Diseases (STD) Local Funds

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	—	—	—	—	—	—	—
Related Benefits	24,177	—	—	24,177	—	—	24,177	—	—
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 23979 — 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 23980 — 326-Tuberculosis- Local Funds and Healthy Louisiana Plans

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	539,605	—	—	539,605	—	—	539,605	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	366,072	—	—	366,072	—	—	366,072	—	—
TOTAL PERSONAL SERVICES	\$905,677	—	—	\$905,677	—	—	\$905,677	—	—
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	\$905,677	—	—	\$905,677	—	—	\$905,677	—	—

Form 23980 — 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 23983 — 326-Commercial Body Art

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	61,000	—	—	61,000	—	—	61,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	43,246	—	—	43,246	—	—	43,246	—	—
TOTAL PERSONAL SERVICES	\$105,246	—	—	\$105,246	—	—	\$105,246	—	—
Travel	1,500	—	—	1,500	—	—	1,500	—	—
Operating Services	4,254	—	—	4,254	—	—	4,254	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$6,754	—	—	\$6,754	—	—	\$6,754	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
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	\$120,000	—	—	\$120,000	—	—	\$120,000	—	—

Form 23983 — 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 23984 — 326-Safe Drinking Water

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	7,203,855	—	—	7,203,855	—	—	7,203,855	—	—
Other Compensation	200,000	—	—	200,000	—	—	200,000	—	—
Related Benefits	4,591,840	—	—	4,591,840	—	—	4,591,840	—	—
TOTAL PERSONAL SERVICES	\$11,995,695	—	—	\$11,995,695	—	—	\$11,995,695	—	—
Travel	500,000	—	—	500,000	—	—	500,000	—	—
Operating Services	3,100,000	—	—	3,100,000	—	—	3,100,000	—	—
Supplies	575,962	—	—	575,962	—	—	575,962	—	—
TOTAL OPERATING EXPENSES	\$4,175,962	—	—	\$4,175,962	—	—	\$4,175,962	—	—
PROFESSIONAL SERVICES	\$621,038	—	—	\$621,038	—	—	\$621,038	—	—
Other Charges	1,388,755	—	—	1,457,305	—	—	1,457,305	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	1,250,000	—	—	1,250,000	—	—	1,250,000	—	—
TOTAL OTHER CHARGES	\$2,638,755	—	—	\$2,707,305	—	—	\$2,707,305	—	—
Acquisitions	68,550	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$68,550	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$19,500,000	—	—	\$19,500,000	—	—	\$19,500,000	—	—

Form 23984 — 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 23985 — 326-Food and Drug

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	500,000	—	—	500,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	260,000	—	—	260,000	—	—	260,000	—	—
TOTAL PERSONAL SERVICES	\$760,000	—	—	\$760,000	—	—	\$760,000	—	—
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	\$760,000	—	—	\$760,000	—	—	\$760,000	—	—

Form 23985 — 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 23986 — 326-Infectious Waste

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	11,147	—	—	11,147	—	—	11,147	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	6,853	—	—	6,853	—	—	6,853	—	—
TOTAL PERSONAL SERVICES	\$18,000	—	—	\$18,000	—	—	\$18,000	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$18,000	—	—	\$18,000	—	—	\$18,000	—	—

Form 23986 — 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 23987 — 326-Milk and Dairy

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 23987 — 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 23988 — 326-Molluscan Shellfish

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	50,000	—	—	50,000	—	—	50,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	20,000	—	—	20,000	—	—	20,000	—	—
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 23988 — 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 23989 — 326-Operator Certification

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	63,000	—	—	63,000	—	—	63,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	33,000	—	—	33,000	—	—	33,000	—	—
TOTAL PERSONAL SERVICES	\$96,000	—	—	\$96,000	—	—	\$96,000	—	—
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	\$96,000	—	—	\$96,000	—	—	\$96,000	—	—

Form 23989 — 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 23990 — 326-Private Water Supply

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	25,000	—	—	25,000	—	—	25,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	15,000	—	—	15,000	—	—	15,000	—	—
TOTAL PERSONAL SERVICES	\$40,000	—	—	\$40,000	—	—	\$40,000	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$40,000	—	—	\$40,000	—	—	\$40,000	—	—

Form 23990 — 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 23991 — 326-Retail Food Certification

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	76,000	—	—	76,000	—	—	76,000	—	—
Other Compensation	3,000	—	—	3,000	—	—	3,000	—	—
Related Benefits	49,641	—	—	49,641	—	—	49,641	—	—
TOTAL PERSONAL SERVICES	\$128,641	—	—	\$128,641	—	—	\$128,641	—	—
Travel	1,500	—	—	1,500	—	—	1,500	—	—
Operating Services	1,500	—	—	1,500	—	—	1,500	—	—
Supplies	359	—	—	359	—	—	359	—	—
TOTAL OPERATING EXPENSES	\$3,359	—	—	\$3,359	—	—	\$3,359	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	4,000	—	—	4,000	—	—	4,000	—	—
TOTAL OTHER CHARGES	\$4,000	—	—	\$4,000	—	—	\$4,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$136,000	—	—	\$136,000	—	—	\$136,000	—	—

Form 23991 — 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 23992 — 326-Retail Food

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	4,577,388	—	—	4,577,388	—	—	4,577,388	—	—
Other Compensation	80,000	—	—	80,000	—	—	80,000	—	—
Related Benefits	518,613	—	—	518,613	—	—	518,613	—	—
TOTAL PERSONAL SERVICES	\$5,176,001	—	—	\$5,176,001	—	—	\$5,176,001	—	—
Travel	141,929	—	—	141,929	—	—	141,929	—	—
Operating Services	14,630	—	—	14,630	—	—	14,630	—	—
Supplies	193,527	—	—	193,527	—	—	193,527	—	—
TOTAL OPERATING EXPENSES	\$350,086	—	—	\$350,086	—	—	\$350,086	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	373,913	—	—	373,913	—	—	373,913	—	—
TOTAL OTHER CHARGES	\$373,913	—	—	\$373,913	—	—	\$373,913	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,900,000	—	—	\$5,900,000	—	—	\$5,900,000	—	—

Form 23992 — 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 23993 — 326-Commercial Seafood

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	—	—	—	—	—	—	—
Related Benefits	30,000	—	—	30,000	—	—	30,000	—	—
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 23993 — 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 23994 — 326-Sewerage Private

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	—	—	—	—	—	—	—
Related Benefits	600,000	—	—	600,000	—	—	600,000	—	—
TOTAL PERSONAL SERVICES	\$1,600,000	—	—	\$1,600,000	—	—	\$1,600,000	—	—
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	\$1,600,000	—	—	\$1,600,000	—	—	\$1,600,000	—	—

Form 23994 — 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 23995 — 326-Tanning

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	19,000	—	—	19,000	—	—	19,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	11,000	—	—	11,000	—	—	11,000	—	—
TOTAL PERSONAL SERVICES	\$30,000	—	—	\$30,000	—	—	\$30,000	—	—
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	\$30,000	—	—	\$30,000	—	—	\$30,000	—	—

Form 23995 — 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 23996 — 326-Vital Records

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,885,045	—	—	1,885,045	—	—	1,885,045	—	—
Other Compensation	260,000	—	—	260,000	—	—	260,000	—	—
Related Benefits	1,329,645	—	—	1,329,645	—	—	1,329,645	—	—
TOTAL PERSONAL SERVICES	\$3,474,690	—	—	\$3,474,690	—	—	\$3,474,690	—	—
Travel	10,000	—	—	10,000	—	—	10,000	—	—
Operating Services	950,000	—	—	950,000	—	—	950,000	—	—
Supplies	80,000	—	—	80,000	—	—	80,000	—	—
TOTAL OPERATING EXPENSES	\$1,040,000	—	—	\$1,040,000	—	—	\$1,040,000	—	—
PROFESSIONAL SERVICES	\$50,000	—	—	\$50,000	—	—	\$50,000	—	—
Other Charges	349,910	—	—	359,910	—	—	359,910	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	275,400	—	—	275,400	—	—	275,400	—	—
TOTAL OTHER CHARGES	\$625,310	—	—	\$635,310	—	—	\$635,310	—	—
Acquisitions	10,000	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$10,000	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,200,000	—	—	\$5,200,000	—	—	\$5,200,000	—	—

Form 23996 — 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 24037 — 326 Environmental Epidemiology

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24037 — 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 24038 — 326 Building and Premises

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24038 — 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 24039 — 326 Insect Vector

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24039 — 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 24041 — 326 Performance Improvement Manager

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24041 — 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 24043 — 326 Covid-19 ACS

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24043 — 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 24046 — 326 Covid 19 Lab Testing - Other

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24046 — 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 24103 — 326-Inflation

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 24103 — 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 26258 — 326-NATIONAL ASSOCIATION OF COUNTRY AND CITY HEALTH OFFICIAL

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	219,001	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$219,001	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$219,001	—	—	—	—	—	—	—	—

Form 26258 — 326-NATIONAL ASSOCIATION OF COUNTY 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 26266 — CANNABIS

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	85,467	—	—	85,467	—	—	85,467	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	52,308	—	—	52,308	—	—	52,308	—	—
TOTAL PERSONAL SERVICES	\$137,775	—	—	\$137,775	—	—	\$137,775	—	—
Travel	5,000	—	—	5,000	—	—	5,000	—	—
Operating Services	1,600	—	—	1,600	—	—	1,600	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$7,600	—	—	\$7,600	—	—	\$7,600	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	136,465	—	—	136,465	—	—	136,465	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	8,160	—	—	8,160	—	—	8,160	—	—
TOTAL OTHER CHARGES	\$144,625	—	—	\$144,625	—	—	\$144,625	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$290,000	—	—	\$290,000	—	—	\$290,000	—	—

Form 26266 — 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 26421 — INFLATION

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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	—	—	—	17,082	—	—	17,082	—	—
Operating Services	—	—	—	103,694	—	—	103,694	—	—
Supplies	—	—	—	54,326	—	—	54,326	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$175,102	—	—	\$175,102	—	—
PROFESSIONAL SERVICES	—	—	—	\$39,591	—	—	\$39,591	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$214,693	—	—	\$214,693	—	—

Form 26421 — 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 27020 — 326 -SALARY AND RELATED BENEFITS BASE ADJUSTMENTS

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	824,804	—	—	—	—	—
Other Compensation	—	—	—	51,101	—	—	—	—	—
Related Benefits	—	—	—	578,941	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	\$1,454,846	—	—	—	—	—
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	—	—	—	\$1,454,846	—	—	—	—	—

Form 27020 — 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 27349 — 326-HIV AIDS TELEPREP

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27349 — 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 27351 — 326-NEMOURS

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27351 — 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 27352 — 326-SEWERAGE COMMUNITY/NON- COMMUNITY

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27352 — 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 27353 — 326-DISASTER ASSISTANCE

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27353 — 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 27354 — MISC-INSURANCE RECOVERY, FEES, PRIVATE SOURCE, INTEREST,PROP

Expenditures	Existing Operating Budget as of 10/01/2023			FY2024-2025 Total Request			FY2025-2026 Projected		
	Means 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 27354 — MISC-INSURANCE RECOVERY, FEES, PRIVATE SOURCE, INTEREST,PROP

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 23932 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 23933 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 23934 INTERAGENCY TRANSFERS
Salaries	2,154,182	82,472,253	21,335,904	—	—	—
Other Compensation	6,880	7,792,731	540,586	—	—	—
Related Benefits	1,176,125	55,244,407	15,362,204	—	—	—
TOTAL PERSONAL SERVICES	\$3,337,187	\$145,509,391	\$37,238,694	—	—	—
Travel	22,818	2,756,728	666,294	—	—	—
Operating Services	135,323	13,861,790	3,370,555	—	—	—
Supplies	286,800	14,969,327	4,530,604	—	—	—
TOTAL OPERATING EXPENSES	\$444,941	\$31,587,845	\$8,567,453	—	—	—
PROFESSIONAL SERVICES	\$1,704,219	\$69,810,042	\$2,262,321	—	—	—
Other Charges	352,500	586,905,689	4,254,421	3,467,891	950,000	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	6,000	27,656,561	7,844,646	—	—	287,921
TOTAL OTHER CHARGES	\$358,500	\$614,562,250	\$12,099,067	\$3,467,891	\$950,000	\$287,921
Acquisitions	—	1,419,211	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	\$1,419,211	—	—	—	—
TOTAL EXPENDITURES	\$5,844,847	\$862,888,739	\$60,167,535	\$3,467,891	\$950,000	\$287,921

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-generated Form ID 23993 FEES & SELF GENERATED	Fees & Self-generated Form ID 23994 FEES & SELF GENERATED	Fees & Self-generated Form ID 23995 TANNING FACILITIES	Fees & Self-generated Form ID 23996 VITAL RECORDS	Fees & Self-generated Form ID 26258 MISC COLLECTIONS	Fees & Self-generated Form ID 26266 MISC COLLECTIONS
Salaries	70,000	1,000,000	19,000	1,885,045	—	85,467
Other Compensation	—	—	—	260,000	—	—
Related Benefits	30,000	600,000	11,000	1,329,645	—	52,308
TOTAL PERSONAL SERVICES	\$100,000	\$1,600,000	\$30,000	\$3,474,690	—	\$137,775
Travel	—	—	—	10,000	—	5,000
Operating Services	—	—	—	950,000	—	1,600
Supplies	—	—	—	80,000	—	1,000
TOTAL OPERATING EXPENSES	—	—	—	\$1,040,000	—	\$7,600
PROFESSIONAL SERVICES	—	—	—	\$50,000	—	—
Other Charges	—	—	—	349,910	219,001	136,465
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	275,400	—	8,160
TOTAL OTHER CHARGES	—	—	—	\$625,310	\$219,001	\$144,625
Acquisitions	—	—	—	10,000	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	\$10,000	—	—
TOTAL EXPENDITURES	\$100,000	\$1,600,000	\$30,000	\$5,200,000	\$219,001	\$290,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Statutory Dedications Form ID 23926 E02-TELECOM DEAF FUND	Statutory Dedications Form ID 23927 H45-RURAL PC PHY DEV FD	Statutory Dedications Form ID 23930 Z13-LOUISIANA FUND	Statutory Dedications Form ID 23931 Z13-LOUISIANA FUND	Statutory Dedications Form ID 26185 MISC COLLECTIONS	Statutory Dedications Form ID 26187 MISC COLLECTIONS
Salaries	252,500	—	—	—	—	—
Other Compensation	50,000	—	—	—	—	—
Related Benefits	184,875	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$487,375	—	—	—	—	—
Travel	20,000	—	—	—	—	—
Operating Services	6,000	—	—	9,500	—	—
Supplies	20,000	—	—	500	—	—
TOTAL OPERATING EXPENSES	\$46,000	—	—	\$10,000	—	—
PROFESSIONAL SERVICES	\$4,778,469	—	—	\$276,671	\$280,329	\$2,994,487
Other Charges	159,095	2,673,634	500,000	5,737,636	16,624	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	40,000	—	—	—	—	—
TOTAL OTHER CHARGES	\$199,095	\$2,673,634	\$500,000	\$5,737,636	\$16,624	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,510,939	\$2,673,634	\$500,000	\$6,024,307	\$296,953	\$2,994,487

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 23732 HIV/AIDS PROGRAMS	Federal Funds Form ID 23819 HIV/AIDS PROGRAMS	Federal Funds Form ID 23820 HIV/AIDS PROGRAMS	Federal Funds Form ID 23821 HIV/AIDS PROGRAMS	Federal Funds Form ID 23822 HIV/AIDS PROGRAMS	Federal Funds Form ID 23824 HIV/AIDS PROGRAMS
Salaries	5,000	380,000	75,000	140,000	1,750,000	—
Other Compensation	—	10,000	—	—	370,000	—
Related Benefits	3,060	238,690	45,902	85,683	1,297,493	—
TOTAL PERSONAL SERVICES	\$8,060	\$628,690	\$120,902	\$225,683	\$3,417,493	—
Travel	—	2,000	1,000	2,000	7,000	—
Operating Services	1,000	220,000	85,000	170,000	137,000	—
Supplies	—	1,000,000	7,000	10,000	602,000	—
TOTAL OPERATING EXPENSES	\$1,000	\$1,222,000	\$93,000	\$182,000	\$746,000	—
PROFESSIONAL SERVICES	—	\$1,400,000	\$840,000	\$950,000	\$1,650,000	—
Other Charges	1,431,135	3,003,000	200,999	6,002,598	51,010,309	3,950,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	5,000	84,664	15,000	60,000	320,000	57,295
TOTAL OTHER CHARGES	\$1,436,135	\$3,087,664	\$215,999	\$6,062,598	\$51,330,309	\$4,007,295
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,445,195	\$6,338,354	\$1,269,901	\$7,420,281	\$57,143,802	\$4,007,295

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 23825 HIV/AIDS PROGRAMS	Federal Funds Form ID 23826 HIV/AIDS PROGRAMS	Federal Funds Form ID 23828 HIV/AIDS PROGRAMS	Federal Funds Form ID 23829 HIV/AIDS PROGRAMS	Federal Funds Form ID 23831 LDH - COVID-19 CCP RSP	Federal Funds Form ID 23833 BIOTERRORISM GRANT
Salaries	—	13,000	34,000	30,000	160,070	1,500,000
Other Compensation	—	—	2,000	1,000	185,912	500,000
Related Benefits	—	7,956	22,033	18,973	211,750	1,224,050
TOTAL PERSONAL SERVICES	—	\$20,956	\$58,033	\$49,973	\$557,732	\$3,224,050
Travel	—	—	—	—	27,800	20,000
Operating Services	—	—	—	—	—	—
Supplies	—	—	120,000	—	—	—
TOTAL OPERATING EXPENSES	—	—	\$120,000	—	\$27,800	\$20,000
PROFESSIONAL SERVICES	—	\$120,000	\$210,000	\$200,000	—	—
Other Charges	391,192	596,350	42,893	4,685,185	12,797,675	13,117,937
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	15,000	10,000	50,000	2,157,845	145,000
TOTAL OTHER CHARGES	\$391,192	\$611,350	\$52,893	\$4,735,185	\$14,955,520	\$13,262,937
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$391,192	\$752,306	\$440,926	\$4,985,158	\$15,541,052	\$16,506,987

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 23836 BIOTERRORISM GRANT	Federal Funds Form ID 23838 NCIPC OPIOID CRISIS	Federal Funds Form ID 23840 LDH - COVID-19 CCP RSP	Federal Funds Form ID 23841 FEDERAL	Federal Funds Form ID 23842 CSHCS	Federal Funds Form ID 23843 CSHCS
Salaries	1,890,025	—	—	2,000	1,000	1,328,000
Other Compensation	130,000	—	—	—	—	160,000
Related Benefits	1,702,299	—	—	1,224	612	873,523
TOTAL PERSONAL SERVICES	\$3,722,324	—	—	\$3,224	\$1,612	\$2,361,523
Travel	20,000	2,000	—	500	—	25,000
Operating Services	937,522	—	—	3,000	3,000	21,000
Supplies	250,000	—	—	—	—	150,000
TOTAL OPERATING EXPENSES	\$1,207,522	\$2,000	—	\$3,500	\$3,000	\$196,000
PROFESSIONAL SERVICES	\$100,000	—	—	\$143,264	\$105,000	\$1,685,000
Other Charges	6,089,445	4,638,340	3,172,995	—	44,000	1,071,791
Debt Service	—	—	—	—	—	—
Interagency Transfers	100,000	—	—	10,000	6,386	190,000
TOTAL OTHER CHARGES	\$6,189,445	\$4,638,340	\$3,172,995	\$10,000	\$50,386	\$1,261,791
Acquisitions	300,000	40,000	—	—	—	40,000
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$300,000	\$40,000	—	—	—	\$40,000
TOTAL EXPENDITURES	\$11,519,291	\$4,680,340	\$3,172,995	\$159,988	\$159,998	\$5,544,314

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 23844 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 23845 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 23846 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 23847 RAPE CRISIS PROGRAM	Federal Funds Form ID 23848 VIOLENCE AGAINST WOMEN	Federal Funds Form ID 23849 EPID LAB CAPACITY (ELC)
Salaries	259,481	2,000	4,000	—	80,000	850,000
Other Compensation	—	—	1,500	—	1,000	90,000
Related Benefits	—	1,224	3,366	—	49,574	575,303
TOTAL PERSONAL SERVICES	\$259,481	\$3,224	\$8,866	—	\$130,574	\$1,515,303
Travel	—	200	—	—	2,000	10,000
Operating Services	—	500	500	1,000	4,000	7,000
Supplies	—	—	—	—	—	80,000
TOTAL OPERATING EXPENSES	—	\$700	\$500	\$1,000	\$6,000	\$97,000
PROFESSIONAL SERVICES	—	\$181,726	\$393,634	—	\$468,879	\$200,000
Other Charges	—	—	20,000	127,342	—	2,802,650
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	5,000	2,000	3,000	3,000	51,000
TOTAL OTHER CHARGES	—	\$5,000	\$22,000	\$130,342	\$3,000	\$2,853,650
Acquisitions	20,000	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$20,000	—	—	—	—	—
TOTAL EXPENDITURES	\$279,481	\$190,650	\$425,000	\$131,342	\$608,453	\$4,665,953

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 23850 EPID LAB CAPACITY (ELC)	Federal Funds Form ID 23851 EPID LAB CAPACITY (ELC)	Federal Funds Form ID 23852 EPID LAB CAPACITY (ELC)	Federal Funds Form ID 23853 ANTIBIOTIC RES RET FOOD	Federal Funds Form ID 23855 FAMILY PLANNING	Federal Funds Form ID 23856 FAMILY PLANNING
Salaries	600,000	1,100,000	48,500	45,000	2,400,814	278,334
Other Compensation	100,000	1,000,000	—	6,000	400,000	13,120
Related Benefits	428,417	1,285,252	29,683	31,213	—	201,399
TOTAL PERSONAL SERVICES	\$1,128,417	\$3,385,252	\$78,183	\$82,213	\$2,800,814	\$492,853
Travel	7,000	50,000	—	1,500	21,600	—
Operating Services	200,000	50,000	10,000	15,000	3,686	—
Supplies	10,000	50,000	30,000	12,000	844,525	—
TOTAL OPERATING EXPENSES	\$217,000	\$150,000	\$40,000	\$28,500	\$869,811	—
PROFESSIONAL SERVICES	—	—	—	\$5,000	\$824,078	\$7,147
Other Charges	306,471	55,164,748	381,817	14,287	120,019	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	800,000	—	5,000	144,000	—
TOTAL OTHER CHARGES	\$306,471	\$55,964,748	\$381,817	\$19,287	\$264,019	—
Acquisitions	10,000	—	—	—	30,000	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$10,000	—	—	—	\$30,000	—
TOTAL EXPENDITURES	\$1,661,888	\$59,500,000	\$500,000	\$135,000	\$4,788,722	\$500,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 23857 FAMILY PLANNING	Federal Funds Form ID 23858 HUD LEAD	Federal Funds Form ID 23859 MCH BLOCK GRANT	Federal Funds Form ID 23860 LDH - COVID-19 CCP RSP	Federal Funds Form ID 23861 IMMUNIZATION GRANT	Federal Funds Form ID 23863 CHILD DEATH REVIEW
Salaries	346,096	100,000	500,000	1,300,000	1,500,000	—
Other Compensation	5,950	5,000	108,550	400,000	65,000	—
Related Benefits	56,979	64,263	171,440	1,040,442	963,831	—
TOTAL PERSONAL SERVICES	\$409,025	\$169,263	\$779,990	\$2,740,442	\$2,528,831	—
Travel	15,000	2,000	—	50,000	50,000	—
Operating Services	125,000	3,000	10	—	120,000	500
Supplies	74,975	1,000	—	—	10,000	—
TOTAL OPERATING EXPENSES	\$214,975	\$6,000	\$10	\$50,000	\$180,000	\$500
PROFESSIONAL SERVICES	—	—	—	—	\$185,836	\$49,000
Other Charges	—	172,737	—	34,609,508	22,400	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	2,000	—	500,000	40,000	500
TOTAL OTHER CHARGES	—	\$174,737	—	\$35,109,508	\$62,400	\$500
Acquisitions	—	—	—	—	50,000	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	\$50,000	—
TOTAL EXPENDITURES	\$624,000	\$350,000	\$780,000	\$37,899,950	\$3,007,067	\$50,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 23864 FEDERAL	Federal Funds Form ID 23865 FEDERAL	Federal Funds Form ID 23866 FEDERAL	Federal Funds Form ID 23867 FEDERAL	Federal Funds Form ID 23868 PRAMS	Federal Funds Form ID 23869 FEDERAL
Salaries	35,000	30,000	30,000	5,000	—	5,001
Other Compensation	500	—	1,000	—	—	—
Related Benefits	21,727	18,361	18,973	3,060	—	3,323
TOTAL PERSONAL SERVICES	\$57,227	\$48,361	\$49,973	\$8,060	—	\$8,324
Travel	—	—	500	—	—	—
Operating Services	3,500	4,000	7,000	1,000	1,642	3,000
Supplies	417	1,000	—	—	14,000	—
TOTAL OPERATING EXPENSES	\$3,917	\$5,000	\$7,500	\$1,000	\$15,642	\$3,000
PROFESSIONAL SERVICES	\$261,942	\$300,239	\$241,327	\$84,540	\$158,358	\$262,940
Other Charges	—	—	—	—	—	199,736
Debt Service	—	—	—	—	—	—
Interagency Transfers	7,000	2,000	1,000	2,000	1,000	1,000
TOTAL OTHER CHARGES	\$7,000	\$2,000	\$1,000	\$2,000	\$1,000	\$200,736
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$330,086	\$355,600	\$299,800	\$95,600	\$175,000	\$475,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 23872 SYSTEMS DEVELOPMENT	Federal Funds Form ID 23873 FEDERAL	Federal Funds Form ID 23874 MCH BLOCK GRANT	Federal Funds Form ID 23875 FEDERAL	Federal Funds Form ID 23876 MCH BLOCK GRANT	Federal Funds Form ID 23877 FEDERAL
Salaries	1,000	5,001	1,200,000	5,001	5,000	—
Other Compensation	—	—	250,000	—	—	—
Related Benefits	612	3,061	887,436	3,061	301,702	—
TOTAL PERSONAL SERVICES	\$1,612	\$8,062	\$2,337,436	\$8,062	\$306,702	—
Travel	—	—	5,000	—	21,182	—
Operating Services	500	500	150,000	5,000	—	—
Supplies	—	3,500	15,000	500	6,200	10,000
TOTAL OPERATING EXPENSES	\$500	\$4,000	\$170,000	\$5,500	\$27,382	\$10,000
PROFESSIONAL SERVICES	\$97,388	\$268,006	\$2,765,124	\$422,616	\$2,805,805	\$2,350,064
Other Charges	—	—	54,947	—	—	26,405
Debt Service	—	—	—	—	—	—
Interagency Transfers	500	—	80,000	13,822	1,200,000	10,000
TOTAL OTHER CHARGES	\$500	—	\$134,947	\$13,822	\$1,200,000	\$36,405
Acquisitions	—	—	50,000	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	\$50,000	—	—	—
TOTAL EXPENDITURES	\$100,000	\$280,068	\$5,457,507	\$450,000	\$4,339,889	\$2,396,469

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Interagency Transfers Form ID 23935 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 23938 CSHCS	Interagency Transfers Form ID 23939 MEDICAID	Interagency Transfers Form ID 23940 MEDICAID	Interagency Transfers Form ID 23941 MEDICAID	Interagency Transfers Form ID 23943 DCFS-TANF
Salaries	12,000	2,000	180	13,000	500,000	412,484
Other Compensation	—	—	—	—	50,000	15,000
Related Benefits	7,344	930	60	6,549	200,000	112,970
TOTAL PERSONAL SERVICES	\$19,344	\$2,930	\$240	\$19,549	\$750,000	\$540,454
Travel	—	—	—	—	—	8,000
Operating Services	8,000	—	—	—	—	157,677
Supplies	3,000	—	—	—	—	18,800
TOTAL OPERATING EXPENSES	\$11,000	—	—	—	—	\$184,477
PROFESSIONAL SERVICES	—	—	—	—	—	\$2,031,812
Other Charges	64,656	—	—	—	3,295,548	120,332
Debt Service	—	—	—	—	—	—
Interagency Transfers	5,000	—	—	—	100,000	—
TOTAL OTHER CHARGES	\$69,656	—	—	—	\$3,395,548	\$120,332
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$100,000	\$2,930	\$240	\$19,549	\$4,145,548	\$2,877,075

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 23878 MCH BLOCK GRANT	Federal Funds Form ID 23879 LDH - COVID-19 CCP RSP	Federal Funds Form ID 23880 RURAL HEALTH	Federal Funds Form ID 23881 STUDENT LOAN REPAYMENT	Federal Funds Form ID 23882 PRIMARY CARE GRANT	Federal Funds Form ID 23883 SHIP
Salaries	950,000	10,000	19,098	56,025	109,000	65,000
Other Compensation	120,000	—	1,000	—	1,000	—
Related Benefits	654,867	6,120	69,690	34,289	67,516	39,782
TOTAL PERSONAL SERVICES	\$1,724,867	\$16,120	\$89,788	\$90,314	\$177,516	\$104,782
Travel	25,000	1,000	5,000	—	1,600	500
Operating Services	105,000	5,000	5,000	—	—	500
Supplies	8,000	2,000	1,000	—	492	100
TOTAL OPERATING EXPENSES	\$138,000	\$8,000	\$11,000	—	\$2,092	\$1,100
PROFESSIONAL SERVICES	\$8,988,633	\$667,742	\$191,030	—	—	—
Other Charges	100,000	200,000	—	2,164,815	—	1,111,821
Debt Service	—	—	—	—	—	—
Interagency Transfers	30,000	6,000	23,750	—	1,821	4,000
TOTAL OTHER CHARGES	\$130,000	\$206,000	\$23,750	\$2,164,815	\$1,821	\$1,115,821
Acquisitions	—	—	7,500	—	1,300	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	\$7,500	—	\$1,300	—
TOTAL EXPENDITURES	\$10,981,500	\$897,862	\$323,068	\$2,255,129	\$182,729	\$1,221,703

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 23885 WELL-AHEAD HEALTH GRANT	Federal Funds Form ID 23886 CRITICAL ACCESS FLEX	Federal Funds Form ID 23887 ORAL HEALTH GRANT	Federal Funds Form ID 23888 ORAL HEALTH GRANT	Federal Funds Form ID 23889 BRFSS	Federal Funds Form ID 23890 PREVENTIVE HEALTH GRNT
Salaries	4,999	150,000	110,000	100,000	105,000	410,000
Other Compensation	2,000	1,000	2,000	—	—	1,000
Related Benefits	4,284	92,416	68,547	61,202	64,263	251,542
TOTAL PERSONAL SERVICES	\$11,283	\$243,416	\$180,547	\$161,202	\$169,263	\$662,542
Travel	—	9,000	2,000	—	—	5,000
Operating Services	5,000	3,000	3,000	6,000	500	45,000
Supplies	2,438	2,000	1,000	1,600	500	1,000
TOTAL OPERATING EXPENSES	\$7,438	\$14,000	\$6,000	\$7,600	\$1,000	\$51,000
PROFESSIONAL SERVICES	\$532,881	\$810,360	\$421,759	\$505,667	\$13,263	\$71,054
Other Charges	188,388	1,013	80,504	—	398,026	272,404
Debt Service	—	—	—	—	—	—
Interagency Transfers	2,000	40,000	2,000	7,513	13,000	150,000
TOTAL OTHER CHARGES	\$190,388	\$41,013	\$82,504	\$7,513	\$411,026	\$422,404
Acquisitions	446	—	—	35,000	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$446	—	—	\$35,000	—	—
TOTAL EXPENDITURES	\$742,436	\$1,108,789	\$690,810	\$716,982	\$594,552	\$1,207,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 23892 OPIOID OVERDOSE SURV	Federal Funds Form ID 23893 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 23894 WELL-AHEAD HEALTH GRANT	Federal Funds Form ID 23895 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 23896 TOBACCO CONTROL	Federal Funds Form ID 23897 FEDERAL
Salaries	139,999	—	245,000	200,000	320,000	120,000
Other Compensation	—	—	1,000	20,000	50,000	5,000
Related Benefits	85,683	—	150,558	134,645	226,449	76,503
TOTAL PERSONAL SERVICES	\$225,682	—	\$396,558	\$354,645	\$596,449	\$201,503
Travel	3,000	—	12,400	3,750	8,111	1,000
Operating Services	80,000	—	2,300	9,000	23,880	1,500
Supplies	2,000	—	3,614	5,000	1,880	3,000
TOTAL OPERATING EXPENSES	\$85,000	—	\$18,314	\$17,750	\$33,871	\$5,500
PROFESSIONAL SERVICES	\$840,000	\$500,000	\$945,188	\$164,726	\$1,546,711	\$1,217,708
Other Charges	169,663	275,000	—	—	937,492	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	500,000	—	24,000	30,000	6,000	113,012
TOTAL OTHER CHARGES	\$669,663	\$275,000	\$24,000	\$30,000	\$943,492	\$113,012
Acquisitions	—	—	3,440	3,700	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	\$3,440	\$3,700	—	—
TOTAL EXPENDITURES	\$1,820,345	\$775,000	\$1,387,500	\$570,821	\$3,120,523	\$1,537,723

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 23898 FEDERAL	Federal Funds Form ID 23899 FEDERAL	Federal Funds Form ID 23900 FEDERAL	Federal Funds Form ID 23901 FEDERAL	Federal Funds Form ID 23902 CSFP	Federal Funds Form ID 23903 WIC ADMINISTRATION
Salaries	120,000	200,000	—	1,035,525	49,000	10,203,660
Other Compensation	—	—	—	—	—	1,100,000
Related Benefits	73,443	122,405	—	802,576	35,463	6,918,120
TOTAL PERSONAL SERVICES	\$193,443	\$322,405	—	\$1,838,101	\$84,463	\$18,221,780
Travel	3,100	5,053	—	17,813	3,000	500,000
Operating Services	7,500	8,071	5,000	628,777	5,000	1,100,000
Supplies	400	500	1,100	1,499,983	500	1,300,000
TOTAL OPERATING EXPENSES	\$11,000	\$13,624	\$6,100	\$2,146,573	\$8,500	\$2,900,000
PROFESSIONAL SERVICES	\$800,000	\$800,000	\$1,266,355	\$762,724	—	\$3,000,000
Other Charges	55,557	29,028	790,276	162,762,272	4,062,220	86,407,414
Debt Service	—	—	—	—	—	—
Interagency Transfers	40,000	5,000	7,000	5,593,673	17,148	2,000,000
TOTAL OTHER CHARGES	\$95,557	\$34,028	\$797,276	\$168,355,945	\$4,079,368	\$88,407,414
Acquisitions	—	3,180	—	—	—	350,000
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	\$3,180	—	—	—	\$350,000
TOTAL EXPENDITURES	\$1,100,000	\$1,173,237	\$2,069,731	\$173,103,343	\$4,172,331	\$112,879,194

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 23904 PEER COUNSELING GRANT	Federal Funds Form ID 23905 MCH BLOCK GRANT	Federal Funds Form ID 23906 STD	Federal Funds Form ID 23907 STD	Federal Funds Form ID 23908 STD	Federal Funds Form ID 23909 TB CONTROL PREVENTION
Salaries	140,000	190,000	950,000	390,000	4,000	416,868
Other Compensation	10,000	4,500	150,000	20,000	—	—
Related Benefits	91,804	119,039	673,227	275,559	2,448	498,132
TOTAL PERSONAL SERVICES	\$241,804	\$313,539	\$1,773,227	\$685,559	\$6,448	\$915,000
Travel	500	1,000	20,000	20,000	—	—
Operating Services	60,000	1,898	200,000	140,000	—	—
Supplies	5,000	—	150,000	400,000	—	—
TOTAL OPERATING EXPENSES	\$65,500	\$2,898	\$370,000	\$560,000	—	—
PROFESSIONAL SERVICES	—	—	—	\$760,000	—	—
Other Charges	1,879,696	—	2,260,110	559,642	60,945	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	55,000	—	200,000	60,000	—	—
TOTAL OTHER CHARGES	\$1,934,696	—	\$2,460,110	\$619,642	\$60,945	—
Acquisitions	—	—	—	20,000	—	50,000
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	\$20,000	—	\$50,000
TOTAL EXPENDITURES	\$2,242,000	\$316,437	\$4,603,337	\$2,645,201	\$67,393	\$965,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 23910 TB CONTROL PREVENTION	Federal Funds Form ID 23911 BEACH MONITORING	Federal Funds Form ID 23912 SAFE DRINKING WATER	Federal Funds Form ID 23913 SAFE DRINKING WATER	Federal Funds Form ID 23914 FEDERAL	Federal Funds Form ID 23915 OCCUPATIONAL INJURY
Salaries	240,000	115,000	755,000	—	—	200,000
Other Compensation	20,000	2,500	90,000	—	—	10,000
Related Benefits	175,758	81,394	517,161	—	—	128,525
TOTAL PERSONAL SERVICES	\$435,758	\$198,894	\$1,362,161	—	—	\$338,525
Travel	25,000	2,000	40,000	—	—	1,000
Operating Services	32,000	50,000	16,000	—	—	11,000
Supplies	85,000	18,000	20,000	674,038	—	—
TOTAL OPERATING EXPENSES	\$142,000	\$70,000	\$76,000	\$674,038	—	\$12,000
PROFESSIONAL SERVICES	\$120,000	—	\$100,000	\$178,962	—	\$40,000
Other Charges	100,000	88,000	381,839	500,000	750,000	112,381
Debt Service	—	—	—	—	—	—
Interagency Transfers	74,064	20,106	170,000	—	—	10,000
TOTAL OTHER CHARGES	\$174,064	\$108,106	\$551,839	\$500,000	\$750,000	\$122,381
Acquisitions	—	—	10,000	100,000	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	\$10,000	\$100,000	—	—
TOTAL EXPENDITURES	\$871,822	\$377,000	\$2,100,000	\$1,453,000	\$750,000	\$512,906

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 23918 APPLETREE PROGRAM	Federal Funds Form ID 23919 PRIVATE WELL INITIATIVE	Federal Funds Form ID 23920 ENV PUBLIC HEALTH TRK	Federal Funds Form ID 23921 FOOD AND DRUG	Federal Funds Form ID 23922 MFD FOOD STANDARDS	Federal Funds Form ID 23923 COMMERCIAL SEAFOOD
Salaries	98,000	59,000	204,000	150,000	75,000	45,000
Other Compensation	47,000	—	65,000	—	2,000	—
Related Benefits	88,744	36,109	168,597	80,000	47,126	23,350
TOTAL PERSONAL SERVICES	\$233,744	\$95,109	\$437,597	\$230,000	\$124,126	\$68,350
Travel	4,000	23,000	20,000	10,000	2,000	—
Operating Services	15,000	4,000	32,000	10,000	1,000	—
Supplies	500	2,000	5,000	5,000	30,000	—
TOTAL OPERATING EXPENSES	\$19,500	\$29,000	\$57,000	\$25,000	\$33,000	—
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	47,754	7,585	65,403	43,576	65,826	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	12,000	8,000	55,000	—	2,000	—
TOTAL OTHER CHARGES	\$59,754	\$15,585	\$120,403	\$43,576	\$67,826	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$312,998	\$139,694	\$615,000	\$298,576	\$224,952	\$68,350

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 23924 VITAL RECORDS	Federal Funds Form ID 23925 VITAL RECORDS	Federal Funds Form ID 26011 HIV/AIDS PROGRAMS	Federal Funds Form ID 26030 BIOTERRORISM GRANT	Federal Funds Form ID 26047 INFECTIOUS DISEASE EPI	Federal Funds Form ID 26048 INFECTIOUS DISEASE EPI
Salaries	60,000	—	—	—	—	30,000
Other Compensation	5,000	—	—	—	—	—
Related Benefits	39,782	—	—	—	—	18,361
TOTAL PERSONAL SERVICES	\$104,782	—	—	—	—	\$48,361
Travel	10,000	—	—	—	30,000	5,000
Operating Services	40,000	—	—	—	60,000	—
Supplies	1,000	—	—	—	100,000	60,000
TOTAL OPERATING EXPENSES	\$51,000	—	—	—	\$190,000	\$65,000
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	200,572	398,574	208,333	660,878	887,315	28,956
Debt Service	—	—	—	—	—	—
Interagency Transfers	20,000	—	—	—	—	—
TOTAL OTHER CHARGES	\$220,572	\$398,574	\$208,333	\$660,878	\$887,315	\$28,956
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$376,354	\$398,574	\$208,333	\$660,878	\$1,077,315	\$142,317

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 26049 INFECTIOUS DISEASE EPI	Federal Funds Form ID 26050 INFECTIOUS DISEASE EPI	Federal Funds Form ID 26055 MISC COLLECTIONS	Federal Funds Form ID 26056 SUICIDE PREVENTION	Federal Funds Form ID 26091 WELL-AHEAD HEALTH GRANT	Federal Funds Form ID 26108 MISC COLLECTIONS
Salaries	618,000	500,000	18,155	41,500	—	1,320,000
Other Compensation	—	—	—	—	—	996,419
Related Benefits	378,231	306,012	11,111	25,399	—	1,417,706
TOTAL PERSONAL SERVICES	\$996,231	\$806,012	\$29,266	\$66,899	—	\$3,734,125
Travel	30,000	—	—	1,300	3,823	105,000
Operating Services	500,000	115,310	—	—	328	70,000
Supplies	10,000	50,000	—	1,275	1,460	211,000
TOTAL OPERATING EXPENSES	\$540,000	\$165,310	—	\$2,575	\$5,611	\$386,000
PROFESSIONAL SERVICES	—	—	\$348,053	\$618,721	\$1,287,899	\$4,317,504
Other Charges	5,644,553	148,678	32,514	91,805	—	486,470
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	3,050	500,000
TOTAL OTHER CHARGES	\$5,644,553	\$148,678	\$32,514	\$91,805	\$3,050	\$986,470
Acquisitions	—	—	—	—	3,440	212,655
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	\$3,440	\$212,655
TOTAL EXPENDITURES	\$7,180,784	\$1,120,000	\$409,833	\$780,000	\$1,300,000	\$9,636,754

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 26150 WIC ADMINISTRATION	Federal Funds Form ID 26152 WIC ADMINISTRATION	Federal Funds Form ID 26167 MISC COLLECTIONS
Salaries	—	—	12,000
Other Compensation	—	—	—
Related Benefits	—	—	6,043
TOTAL PERSONAL SERVICES	—	—	\$18,043
Travel	—	—	—
Operating Services	—	—	—
Supplies	—	10,000	—
TOTAL OPERATING EXPENSES	—	\$10,000	—
PROFESSIONAL SERVICES	—	—	—
Other Charges	1,198,480	740,000	—
Debt Service	—	—	—
Interagency Transfers	—	—	—
TOTAL OTHER CHARGES	\$1,198,480	\$740,000	—
Acquisitions	—	—	—
Major Repairs	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—
TOTAL EXPENDITURES	\$1,198,480	\$750,000	\$18,043

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Interagency Transfers Form ID 23944 MEDICAID	Interagency Transfers Form ID 23945 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 23946 DEPT OF EDUCATION(ED)	Interagency Transfers Form ID 23948 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 23949 GOHSEP	Interagency Transfers Form ID 23950 INTERAGENCY TRANSFERS
Salaries	—	—	—	1,100	93,050	6,000
Other Compensation	—	—	—	—	—	11,000
Related Benefits	—	—	—	606	56,949	8,000
TOTAL PERSONAL SERVICES	—	—	—	\$1,706	\$149,999	\$25,000
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	2,400	—	—	—
TOTAL OPERATING EXPENSES	—	—	\$2,400	—	—	—
PROFESSIONAL SERVICES	—	—	\$202,110	—	—	—
Other Charges	—	—	—	—	1	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	227,000	148,000	5,490	—	—	—
TOTAL OTHER CHARGES	\$227,000	\$148,000	\$5,490	—	\$1	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$227,000	\$148,000	\$210,000	\$1,706	\$150,000	\$25,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Interagency Transfers Form ID 23951 DEPT OF EDUCATION(ED)	Interagency Transfers Form ID 23952 DCFS	Interagency Transfers Form ID 24101 INTER FUND TRANSFER IN	Interagency Transfers Form ID 26203 LDH-MVA	Fees & Self-generated Form ID 23928 Q08-OYSTER SANITATON	Fees & Self-generated Form ID 23929 H18-VITAL REC CONV FUND
Salaries	150,000	60,000	255,885	—	—	82,500
Other Compensation	—	—	—	—	—	22,000
Related Benefits	85,000	26,000	—	—	—	63,866
TOTAL PERSONAL SERVICES	\$235,000	\$86,000	\$255,885	—	—	\$168,366
Travel	—	—	—	—	—	500
Operating Services	—	—	—	—	86,051	50,000
Supplies	—	—	—	—	100,000	100
TOTAL OPERATING EXPENSES	—	—	—	—	\$186,051	\$50,600
PROFESSIONAL SERVICES	—	—	—	\$3,670,417	—	—
Other Charges	—	—	70,000,000	—	—	192,218
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	353,764	—	—	14,220
TOTAL OTHER CHARGES	—	—	\$70,353,764	—	—	\$206,438
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$235,000	\$86,000	\$70,609,649	\$3,670,417	\$186,051	\$425,404

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-generated Form ID 23959 HIV/AIDS PROGRAMS	Fees & Self-generated Form ID 23960 CSHCS	Fees & Self-generated Form ID 23961 EMERGENCY MEDICAL SVCS	Fees & Self-generated Form ID 23962 FEES & SELF GENERATED	Fees & Self-generated Form ID 23963 INFECTIOUS DISEASE EPI	Fees & Self-generated Form ID 23964 FAMILY PLANNING
Salaries	—	70,000	110,519	14,000	27,200	1,108,486
Other Compensation	—	—	—	—	4,800	—
Related Benefits	—	31,397	189,481	16,420	22,930	2,335,074
TOTAL PERSONAL SERVICES	—	\$101,397	\$300,000	\$30,420	\$54,930	\$3,443,560
Travel	—	—	—	—	—	21,000
Operating Services	—	—	—	—	—	68,814
Supplies	—	—	—	13,000	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$13,000	—	\$89,814
PROFESSIONAL SERVICES	—	—	—	—	—	\$915,816
Other Charges	60,000	—	175,000	—	—	80,780
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	2,000	—	256,000
TOTAL OTHER CHARGES	\$60,000	—	\$175,000	\$2,000	—	\$336,780
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$60,000	\$101,397	\$475,000	\$45,420	\$54,930	\$4,785,970

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-generated Form ID 23965 FAMILY PLANNING	Fees & Self-generated Form ID 23966 FEES & SELF GENERATED	Fees & Self-generated Form ID 23967 FEES & SELF GENERATED	Fees & Self-generated Form ID 23968 SPECIAL LAB	Fees & Self-generated Form ID 23969 CERTIFICATION	Fees & Self-generated Form ID 23971 FEES & SELF GENERATED
Salaries	639,904	996,047	400,000	16,000	—	12,500
Other Compensation	15,150	7,144	—	100	—	—
Related Benefits	225,615	672,866	359,461	9,854	—	7,000
TOTAL PERSONAL SERVICES	\$880,669	\$1,676,057	\$759,461	\$25,954	—	\$19,500
Travel	—	8,000	12,000	—	—	—
Operating Services	—	55,148	50,000	2,000	—	—
Supplies	10,000	1,384,264	50,000	3,046	—	—
TOTAL OPERATING EXPENSES	\$10,000	\$1,447,412	\$112,000	\$5,046	—	—
PROFESSIONAL SERVICES	—	—	\$98,769	—	\$41,000	—
Other Charges	140,077	350,704	186,457	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	18,223	295,612	230,648	2,000	—	—
TOTAL OTHER CHARGES	\$158,300	\$646,316	\$417,105	\$2,000	—	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,048,969	\$3,769,785	\$1,387,335	\$33,000	\$41,000	\$19,500

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-generated Form ID 23972 TOBACCO CONTROL	Fees & Self-generated Form ID 23973 FEES & SELF GENERATED	Fees & Self-generated Form ID 23975 FEES & SELF GENERATED	Fees & Self-generated Form ID 23976 FEES & SELF GENERATED	Fees & Self-generated Form ID 23977 FEES & SELF GENERATED	Fees & Self-generated Form ID 23978 STD
Salaries	17,000	—	28,000	19,935	7,400	180,000
Other Compensation	—	—	—	—	—	—
Related Benefits	10,404	—	17,137	—	5,089	103,000
TOTAL PERSONAL SERVICES	\$27,404	—	\$45,137	\$19,935	\$12,489	\$283,000
Travel	1,000	—	—	56,773	—	—
Operating Services	15,096	—	100	208,441	1,000	—
Supplies	1,500	—	—	—	768	—
TOTAL OPERATING EXPENSES	\$17,596	—	\$100	\$265,214	\$1,768	—
PROFESSIONAL SERVICES	—	\$32,950	—	—	—	—
Other Charges	—	—	136,098	8,325,697	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	915	—	500	—
TOTAL OTHER CHARGES	—	—	\$137,013	\$8,325,697	\$500	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$45,000	\$32,950	\$182,250	\$8,610,846	\$14,757	\$283,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-generated Form ID 23979 STD	Fees & Self-generated Form ID 23980 TB CONTROL PREVENTION	Fees & Self-generated Form ID 23983 FEES & SELF GENERATED	Fees & Self-generated Form ID 23984 SAFE DRINKING WATER	Fees & Self-generated Form ID 23985 FOOD AND DRUG	Fees & Self-generated Form ID 23986 FEES & SELF GENERATED
Salaries	40,000	539,605	61,000	7,203,855	500,000	11,147
Other Compensation	—	—	1,000	200,000	—	—
Related Benefits	24,177	366,072	43,246	4,591,840	260,000	6,853
TOTAL PERSONAL SERVICES	\$64,177	\$905,677	\$105,246	\$11,995,695	\$760,000	\$18,000
Travel	—	—	1,500	500,000	—	—
Operating Services	—	—	4,254	3,100,000	—	—
Supplies	—	—	1,000	575,962	—	—
TOTAL OPERATING EXPENSES	—	—	\$6,754	\$4,175,962	—	—
PROFESSIONAL SERVICES	—	—	—	\$621,038	—	—
Other Charges	—	—	—	1,388,755	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	8,000	1,250,000	—	—
TOTAL OTHER CHARGES	—	—	\$8,000	\$2,638,755	—	—
Acquisitions	—	—	—	68,550	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	\$68,550	—	—
TOTAL EXPENDITURES	\$64,177	\$905,677	\$120,000	\$19,500,000	\$760,000	\$18,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-generated Form ID 23987 FEES & SELF GENERATED	Fees & Self-generated Form ID 23988 FEES & SELF GENERATED	Fees & Self-generated Form ID 23989 FEES & SELF GENERATED	Fees & Self-generated Form ID 23990 FEES & SELF GENERATED	Fees & Self-generated Form ID 23991 FEES & SELF GENERATED	Fees & Self-generated Form ID 23992 FEES & SELF GENERATED
Salaries	45,000	50,000	63,000	25,000	76,000	4,577,388
Other Compensation	—	—	—	—	3,000	80,000
Related Benefits	25,000	20,000	33,000	15,000	49,641	518,613
TOTAL PERSONAL SERVICES	\$70,000	\$70,000	\$96,000	\$40,000	\$128,641	\$5,176,001
Travel	—	—	—	—	1,500	141,929
Operating Services	—	—	—	—	1,500	14,630
Supplies	—	—	—	—	359	193,527
TOTAL OPERATING EXPENSES	—	—	—	—	\$3,359	\$350,086
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	4,000	373,913
TOTAL OTHER CHARGES	—	—	—	—	\$4,000	\$373,913
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$70,000	\$70,000	\$96,000	\$40,000	\$136,000	\$5,900,000

Total Request

Expenditures	Used as a Cash Match	Total Means of Financing By Expenditure	Total State General Fund	Interagency Transfers Form ID 23932 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 23935 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 23938 CSHCS
Salaries	1,629,182	87,831,905	24,145,845	—	12,000	2,000
Other Compensation	106,880	7,892,234	676,002	—	—	—
Related Benefits	1,006,125	59,553,572	17,184,162	—	7,344	930
TOTAL PERSONAL SERVICES	\$2,742,187	\$155,277,711	\$42,006,009	—	\$19,344	\$2,930
Travel	22,818	2,855,755	713,286	—	—	—
Operating Services	135,323	14,564,738	3,802,818	—	8,000	—
Supplies	286,800	19,427,729	8,448,933	—	3,000	—
TOTAL OPERATING EXPENSES	\$444,941	\$36,848,222	\$12,965,037	—	\$11,000	—
PROFESSIONAL SERVICES	\$2,234,169	\$70,973,495	\$3,137,979	—	—	—
Other Charges	352,500	522,663,864	7,008,407	400,000	64,656	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	6,000	27,889,276	8,052,619	—	5,000	—
TOTAL OTHER CHARGES	\$358,500	\$550,553,140	\$15,061,026	\$400,000	\$69,656	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,779,797	\$813,652,568	\$73,170,051	\$400,000	\$100,000	\$2,930

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 23857 FAMILY PLANNING	Federal Funds Form ID 23858 HUD LEAD	Federal Funds Form ID 23859 MCH BLOCK GRANT	Federal Funds Form ID 23860 LDH - COVID-19 CCP RSP	Federal Funds Form ID 23861 IMMUNIZATION GRANT	Federal Funds Form ID 23863 CHILD DEATH REVIEW
Salaries	346,096	100,000	500,000	2,300,000	1,500,000	—
Other Compensation	5,950	5,000	108,550	700,000	65,000	—
Related Benefits	56,979	64,263	171,440	1,836,074	963,831	—
TOTAL PERSONAL SERVICES	\$409,025	\$169,263	\$779,990	\$4,836,074	\$2,528,831	—
Travel	15,000	2,000	—	50,000	50,000	—
Operating Services	125,000	3,000	10	—	120,000	500
Supplies	74,975	1,000	—	—	10,000	—
TOTAL OPERATING EXPENSES	\$214,975	\$6,000	\$10	\$50,000	\$180,000	\$500
PROFESSIONAL SERVICES	—	—	—	—	\$185,836	\$49,000
Other Charges	—	172,737	—	10,613,926	72,400	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	2,000	—	500,000	40,000	500
TOTAL OTHER CHARGES	—	\$174,737	—	\$11,113,926	\$112,400	\$500
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$624,000	\$350,000	\$780,000	\$16,000,000	\$3,007,067	\$50,000

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 23864 FEDERAL	Federal Funds Form ID 23865 FEDERAL	Federal Funds Form ID 23867 FEDERAL	Federal Funds Form ID 23868 PRAMS	Federal Funds Form ID 23869 FEDERAL	Federal Funds Form ID 23872 SYSTEMS DEVELOPMENT
Salaries	35,000	30,000	5,000	—	5,001	1,000
Other Compensation	500	—	—	—	—	—
Related Benefits	21,727	18,361	3,060	—	3,323	612
TOTAL PERSONAL SERVICES	\$57,227	\$48,361	\$8,060	—	\$8,324	\$1,612
Travel	—	—	—	—	—	—
Operating Services	3,500	4,000	1,000	1,642	3,000	500
Supplies	417	1,000	—	14,000	—	—
TOTAL OPERATING EXPENSES	\$3,917	\$5,000	\$1,000	\$15,642	\$3,000	\$500
PROFESSIONAL SERVICES	\$261,942	\$300,239	\$84,540	\$158,358	\$262,940	\$97,388
Other Charges	—	—	—	—	26,036	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	7,000	2,000	2,000	1,000	1,000	500
TOTAL OTHER CHARGES	\$7,000	\$2,000	\$2,000	\$1,000	\$27,036	\$500
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$330,086	\$355,600	\$95,600	\$175,000	\$301,300	\$100,000

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 23873 FEDERAL	Federal Funds Form ID 23874 MCH BLOCK GRANT	Federal Funds Form ID 23875 FEDERAL	Federal Funds Form ID 23876 MCH BLOCK GRANT	Federal Funds Form ID 23877 FEDERAL	Federal Funds Form ID 23878 MCH BLOCK GRANT
Salaries	5,001	1,265,000	5,001	600,000	—	1,010,000
Other Compensation	—	250,000	—	—	—	120,000
Related Benefits	3,061	927,218	3,061	301,702	—	691,588
TOTAL PERSONAL SERVICES	\$8,062	\$2,442,218	\$8,062	\$901,702	—	\$1,821,588
Travel	—	5,000	—	21,182	—	25,000
Operating Services	500	150,000	5,000	—	—	105,000
Supplies	3,500	15,000	500	6,200	10,000	8,000
TOTAL OPERATING EXPENSES	\$4,000	\$170,000	\$5,500	\$27,382	\$10,000	\$138,000
PROFESSIONAL SERVICES	\$268,006	\$1,765,124	\$422,616	\$2,210,805	\$503,495	\$8,488,633
Other Charges	—	165	—	—	26,405	3,279
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	80,000	13,822	1,200,000	10,000	30,000
TOTAL OTHER CHARGES	—	\$80,165	\$13,822	\$1,200,000	\$36,405	\$33,279
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$280,068	\$4,457,507	\$450,000	\$4,339,889	\$549,900	\$10,481,500

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 23879 LDH - COVID-19 CCP RSP	Federal Funds Form ID 23880 RURAL HEALTH	Federal Funds Form ID 23881 STUDENT LOAN REPAYMENT	Federal Funds Form ID 23882 PRIMARY CARE GRANT	Federal Funds Form ID 23883 SHIP	Federal Funds Form ID 23885 WELL-AHEAD HEALTH GRANT
Salaries	10,000	200,000	56,025	109,000	65,000	4,999
Other Compensation	—	1,000	—	1,000	—	2,000
Related Benefits	6,120	122,000	34,289	67,516	39,782	4,284
TOTAL PERSONAL SERVICES	\$16,120	\$323,000	\$90,314	\$177,516	\$104,782	\$11,283
Travel	1,000	10,000	—	1,600	500	—
Operating Services	5,000	5,000	—	—	500	5,000
Supplies	2,000	1,000	—	492	100	2,438
TOTAL OPERATING EXPENSES	\$8,000	\$16,000	—	\$2,092	\$1,100	\$7,438
PROFESSIONAL SERVICES	\$214,880	\$300,000	—	—	—	\$316,779
Other Charges	200,000	230,890	681,686	1,300	555,718	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	6,000	23,750	—	1,821	4,000	2,000
TOTAL OTHER CHARGES	\$206,000	\$254,640	\$681,686	\$3,121	\$559,718	\$2,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$445,000	\$893,640	\$772,000	\$182,729	\$665,600	\$337,500

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 23886 CRITICAL ACCESS FLEX	Federal Funds Form ID 23887 ORAL HEALTH GRANT	Federal Funds Form ID 23888 ORAL HEALTH GRANT	Federal Funds Form ID 23889 BRFSS	Federal Funds Form ID 23890 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 23892 OPIOID OVERDOSE SURV
Salaries	150,000	110,000	100,000	105,000	260,000	139,999
Other Compensation	1,000	2,000	—	—	1,000	—
Related Benefits	92,416	68,547	61,202	64,263	159,738	85,683
TOTAL PERSONAL SERVICES	\$243,416	\$180,547	\$161,202	\$169,263	\$420,738	\$225,682
Travel	9,000	2,000	—	—	5,000	3,000
Operating Services	3,000	3,000	6,000	500	45,000	80,000
Supplies	2,000	1,000	1,600	500	1,000	2,000
TOTAL OPERATING EXPENSES	\$14,000	\$6,000	\$7,600	\$1,000	\$51,000	\$85,000
PROFESSIONAL SERVICES	\$255,033	\$39,293	\$290,351	\$13,263	\$71,054	\$840,000
Other Charges	1,013	80,504	—	398,026	32,208	169,663
Debt Service	—	—	—	—	—	—
Interagency Transfers	40,000	2,000	7,513	13,000	150,000	500,000
TOTAL OTHER CHARGES	\$41,013	\$82,504	\$7,513	\$411,026	\$182,208	\$669,663
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$553,462	\$308,344	\$466,666	\$594,552	\$725,000	\$1,820,345

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 23893 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 23894 WELL-AHEAD HEALTH GRANT	Federal Funds Form ID 23895 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 23896 TOBACCO CONTROL	Federal Funds Form ID 23897 FEDERAL	Federal Funds Form ID 23898 FEDERAL
Salaries	—	245,000	150,000	320,000	120,000	120,000
Other Compensation	—	1,000	10,000	50,000	5,000	—
Related Benefits	—	150,558	97,924	226,449	76,503	73,443
TOTAL PERSONAL SERVICES	—	\$396,558	\$257,924	\$596,449	\$201,503	\$193,443
Travel	—	12,400	3,750	8,111	1,000	3,100
Operating Services	—	2,300	9,000	23,880	1,500	7,500
Supplies	—	3,614	5,000	1,880	3,000	400
TOTAL OPERATING EXPENSES	—	\$18,314	\$17,750	\$33,871	\$5,500	\$11,000
PROFESSIONAL SERVICES	\$500,000	\$548,628	\$144,326	\$1,224,595	\$204,985	\$800,000
Other Charges	25,000	—	—	—	—	55,557
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	24,000	30,000	6,000	113,012	40,000
TOTAL OTHER CHARGES	\$25,000	\$24,000	\$30,000	\$6,000	\$113,012	\$95,557
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$525,000	\$987,500	\$450,000	\$1,860,915	\$525,000	\$1,100,000

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 23899 FEDERAL	Federal Funds Form ID 23901 FEDERAL	Federal Funds Form ID 23902 CSFP	Federal Funds Form ID 23903 WIC ADMINISTRATION	Federal Funds Form ID 23904 PEER COUNSELING GRANT	Federal Funds Form ID 23905 MCH BLOCK GRANT
Salaries	200,000	887,915	49,000	10,703,660	140,000	190,000
Other Compensation	—	242,912	—	1,100,000	10,000	4,500
Related Benefits	122,405	692,095	35,463	7,224,132	91,805	119,039
TOTAL PERSONAL SERVICES	\$322,405	\$1,822,922	\$84,463	\$19,027,792	\$241,805	\$313,539
Travel	5,053	214,886	3,000	500,000	500	1,000
Operating Services	8,071	1,169,318	5,000	1,100,000	60,000	1,898
Supplies	500	1,762,849	500	1,300,000	5,000	—
TOTAL OPERATING EXPENSES	\$13,624	\$3,147,053	\$8,500	\$2,900,000	\$65,500	\$2,898
PROFESSIONAL SERVICES	\$800,000	\$13,047,207	—	\$3,000,000	—	—
Other Charges	32,208	206,337,442	3,989,889	85,072,208	1,837,696	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	5,000	9,342,118	17,148	2,000,000	55,000	—
TOTAL OTHER CHARGES	\$37,208	\$215,679,560	\$4,007,037	\$87,072,208	\$1,892,696	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,173,237	\$233,696,742	\$4,100,000	\$112,000,000	\$2,200,001	\$316,437

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 23906 STD	Federal Funds Form ID 23907 STD	Federal Funds Form ID 23908 STD	Federal Funds Form ID 23909 TB CONTROL PREVENTION	Federal Funds Form ID 23910 TB CONTROL PREVENTION	Federal Funds Form ID 23911 BEACH MONITORING
Salaries	1,250,000	390,000	4,000	416,868	240,000	115,000
Other Compensation	150,000	20,000	—	—	20,000	2,500
Related Benefits	856,835	275,559	2,448	498,132	175,758	81,394
TOTAL PERSONAL SERVICES	\$2,256,835	\$685,559	\$6,448	\$915,000	\$435,758	\$198,894
Travel	20,000	20,000	—	—	25,000	2,000
Operating Services	200,000	140,000	—	—	32,000	50,000
Supplies	150,000	400,000	—	50,000	85,000	18,000
TOTAL OPERATING EXPENSES	\$370,000	\$560,000	—	\$50,000	\$142,000	\$70,000
PROFESSIONAL SERVICES	—	\$260,000	—	—	\$120,000	—
Other Charges	45,734	319,825	60,945	—	100,000	88,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	200,000	60,000	—	—	74,064	20,106
TOTAL OTHER CHARGES	\$245,734	\$379,825	\$60,945	—	\$174,064	\$108,106
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,872,569	\$1,885,384	\$67,393	\$965,000	\$871,822	\$377,000

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 23912 SAFE DRINKING WATER	Federal Funds Form ID 23913 SAFE DRINKING WATER	Federal Funds Form ID 23914 FEDERAL	Federal Funds Form ID 23915 OCCUPATIONAL INJURY	Federal Funds Form ID 23918 APPLETREE PROGRAM	Federal Funds Form ID 23919 PRIVATE WELL INITIATIVE
Salaries	755,000	—	—	200,000	98,000	59,000
Other Compensation	90,000	—	—	10,000	47,000	—
Related Benefits	517,161	—	—	128,525	88,744	36,109
TOTAL PERSONAL SERVICES	\$1,362,161	—	—	\$338,525	\$233,744	\$95,109
Travel	40,000	—	—	1,000	4,000	23,000
Operating Services	16,000	—	—	11,000	15,000	4,000
Supplies	20,000	674,038	—	—	500	2,000
TOTAL OPERATING EXPENSES	\$76,000	\$674,038	—	\$12,000	\$19,500	\$29,000
PROFESSIONAL SERVICES	\$100,000	\$178,962	—	\$40,000	—	—
Other Charges	391,839	600,000	164,063	112,381	47,754	7,585
Debt Service	—	—	—	—	—	—
Interagency Transfers	170,000	—	—	10,000	12,000	8,000
TOTAL OTHER CHARGES	\$561,839	\$600,000	\$164,063	\$122,381	\$59,754	\$15,585
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,100,000	\$1,453,000	\$164,063	\$512,906	\$312,998	\$139,694

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 23920 ENV PUBLIC HEALTH TRK	Federal Funds Form ID 23921 FOOD AND DRUG	Federal Funds Form ID 23922 MFD FOOD STANDARDS	Federal Funds Form ID 23923 COMMERCIAL SEAFOOD	Federal Funds Form ID 23924 VITAL RECORDS	Federal Funds Form ID 23925 VITAL RECORDS
Salaries	204,000	150,000	75,000	45,000	60,000	—
Other Compensation	65,000	—	2,000	—	5,000	—
Related Benefits	168,597	80,000	47,126	23,350	39,782	—
TOTAL PERSONAL SERVICES	\$437,597	\$230,000	\$124,126	\$68,350	\$104,782	—
Travel	20,000	10,000	2,000	—	10,000	—
Operating Services	32,000	10,000	1,000	—	40,000	—
Supplies	5,000	5,000	30,000	—	1,000	—
TOTAL OPERATING EXPENSES	\$57,000	\$25,000	\$33,000	—	\$51,000	—
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	65,403	43,576	65,826	—	200,572	398,574
Debt Service	—	—	—	—	—	—
Interagency Transfers	55,000	—	2,000	—	20,000	—
TOTAL OTHER CHARGES	\$120,403	\$43,576	\$67,826	—	\$220,572	\$398,574
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$615,000	\$298,576	\$224,952	\$68,350	\$376,354	\$398,574

Expenditures by Means of Financing

Total Request

Expenditures	Interagency Transfers Form ID 23939 MEDICAID	Interagency Transfers Form ID 23940 MEDICAID	Interagency Transfers Form ID 23941 MEDICAID	Interagency Transfers Form ID 23943 DCFS-TANF	Interagency Transfers Form ID 23944 MEDICAID	Interagency Transfers Form ID 23945 INTERAGENCY TRANSFERS
Salaries	180	13,000	500,000	412,484	17,000	—
Other Compensation	—	—	50,000	15,000	—	—
Related Benefits	60	6,549	200,000	225,811	10,404	—
TOTAL PERSONAL SERVICES	\$240	\$19,549	\$750,000	\$653,295	\$27,404	—
Travel	—	—	—	8,000	1,000	—
Operating Services	—	—	—	157,677	15,096	—
Supplies	—	—	—	18,800	1,500	—
TOTAL OPERATING EXPENSES	—	—	—	\$184,477	\$17,596	—
PROFESSIONAL SERVICES	—	—	—	\$2,031,812	—	—
Other Charges	—	—	337,183	7,491	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	100,000	—	182,000	148,000
TOTAL OTHER CHARGES	—	—	\$437,183	\$7,491	\$182,000	\$148,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$240	\$19,549	\$1,187,183	\$2,877,075	\$227,000	\$148,000

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 26011 HIV/AIDS PROGRAMS	Federal Funds Form ID 26047 INFECTIOUS DISEASE EPI	Federal Funds Form ID 26048 INFECTIOUS DISEASE EPI	Federal Funds Form ID 26049 INFECTIOUS DISEASE EPI	Federal Funds Form ID 26050 INFECTIOUS DISEASE EPI	Federal Funds Form ID 26055 MISC COLLECTIONS
Salaries	—	—	—	618,000	500,000	18,155
Other Compensation	—	—	—	—	—	—
Related Benefits	—	—	—	378,231	306,012	11,111
TOTAL PERSONAL SERVICES	—	—	—	\$996,231	\$806,012	\$29,266
Travel	—	—	—	30,000	—	—
Operating Services	—	—	—	500,000	115,310	—
Supplies	—	—	—	10,000	50,000	—
TOTAL OPERATING EXPENSES	—	—	—	\$540,000	\$165,310	—
PROFESSIONAL SERVICES	—	—	—	—	—	\$348,053
Other Charges	200,000	89,776	11,860	5,644,553	148,678	32,514
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$200,000	\$89,776	\$11,860	\$5,644,553	\$148,678	\$32,514
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$200,000	\$89,776	\$11,860	\$7,180,784	\$1,120,000	\$409,833

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 26056 SUICIDE PREVENTION	Federal Funds Form ID 26091 WELL-AHEAD HEALTH GRANT	Federal Funds Form ID 26108 MISC COLLECTIONS	Federal Funds Form ID 26150 WIC ADMINISTRATION	Federal Funds Form ID 26167 MISC COLLECTIONS	Federal Funds Form ID 26421 MINERAL REVENUES
Salaries	41,500	—	1,420,000	—	12,000	—
Other Compensation	—	—	996,419	—	—	—
Related Benefits	25,399	—	1,478,908	—	6,043	—
TOTAL PERSONAL SERVICES	\$66,899	—	\$3,895,327	—	\$18,043	—
Travel	1,300	3,823	105,000	—	—	29,323
Operating Services	—	328	70,000	—	—	128,282
Supplies	1,275	1,460	211,000	—	—	179,539
TOTAL OPERATING EXPENSES	\$2,575	\$5,611	\$386,000	—	—	\$337,144
PROFESSIONAL SERVICES	\$618,721	\$879,339	\$4,317,504	—	—	\$1,159,962
Other Charges	91,805	—	1,668,169	420,000	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	3,050	500,000	—	—	—
TOTAL OTHER CHARGES	\$91,805	\$3,050	\$2,168,169	\$420,000	—	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$780,000	\$888,000	\$10,767,000	\$420,000	\$18,043	\$1,497,106

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 26423 MISC COLLECTIONS	Federal Funds Form ID 26458 MISC COLLECTIONS	Federal Funds Form ID 27020 MISC COLLECTIONS	Fees & Self-generated Form ID 23928 Q08-OYSTER SANITATON	Fees & Self-generated Form ID 23929 H18-VITAL REC CONV FUND	Fees & Self-generated Form ID 23960 CSHCS
Salaries	—	—	1,113,486	—	82,500	70,000
Other Compensation	—	—	68,986	—	22,000	—
Related Benefits	—	—	781,571	—	63,866	31,397
TOTAL PERSONAL SERVICES	—	—	\$1,964,043	—	\$168,366	\$101,397
Travel	—	—	—	—	500	—
Operating Services	34,632	—	—	86,051	50,000	—
Supplies	253,436	—	—	100,000	100	—
TOTAL OPERATING EXPENSES	\$288,068	—	—	\$186,051	\$50,600	—
PROFESSIONAL SERVICES	\$202,612	—	—	—	—	—
Other Charges	13,408,429	(200,000)	—	—	192,218	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	24,742	—	—	—	14,220	—
TOTAL OTHER CHARGES	\$13,433,171	\$(200,000)	—	—	\$206,438	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$13,923,851	\$(200,000)	\$1,964,043	\$186,051	\$425,404	\$101,397

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 23961 EMERGENCY MEDICAL SVCS	Fees & Self-generated Form ID 23962 FEES & SELF GENERATED	Fees & Self-generated Form ID 23963 INFECTIOUS DISEASE EPI	Fees & Self-generated Form ID 23964 FAMILY PLANNING	Fees & Self-generated Form ID 23965 FAMILY PLANNING	Fees & Self-generated Form ID 23966 FEES & SELF GENERATED
Salaries	110,519	14,000	27,200	1,108,486	639,904	996,047
Other Compensation	—	—	4,800	—	15,150	7,144
Related Benefits	189,481	16,420	22,930	2,335,074	225,615	672,866
TOTAL PERSONAL SERVICES	\$300,000	\$30,420	\$54,930	\$3,443,560	\$880,669	\$1,676,057
Travel	—	—	—	21,000	—	8,000
Operating Services	—	—	—	68,814	—	55,148
Supplies	—	13,000	—	—	10,000	1,384,264
TOTAL OPERATING EXPENSES	—	\$13,000	—	\$89,814	\$10,000	\$1,447,412
PROFESSIONAL SERVICES	—	—	—	\$915,816	—	—
Other Charges	175,000	—	—	80,780	140,077	350,704
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	2,000	—	256,000	18,223	295,612
TOTAL OTHER CHARGES	\$175,000	\$2,000	—	\$336,780	\$158,300	\$646,316
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$475,000	\$45,420	\$54,930	\$4,785,970	\$1,048,969	\$3,769,785

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 23967 FEES & SELF GENERATED	Fees & Self-generated Form ID 23968 SPECIAL LAB	Fees & Self-generated Form ID 23969 CERTIFICATION	Fees & Self-generated Form ID 23971 FEES & SELF GENERATED	Fees & Self-generated Form ID 23973 FEES & SELF GENERATED	Fees & Self-generated Form ID 23976 FEES & SELF GENERATED
Salaries	400,000	16,000	—	12,500	—	—
Other Compensation	—	100	—	—	—	—
Related Benefits	359,461	9,854	—	7,000	—	—
TOTAL PERSONAL SERVICES	\$759,461	\$25,954	—	\$19,500	—	—
Travel	12,000	—	—	—	—	—
Operating Services	50,000	2,000	—	—	—	—
Supplies	50,000	3,046	—	—	—	—
TOTAL OPERATING EXPENSES	\$112,000	\$5,046	—	—	—	—
PROFESSIONAL SERVICES	\$98,769	—	\$41,000	—	\$32,950	—
Other Charges	186,457	—	—	—	—	9,038,547
Debt Service	—	—	—	—	—	—
Interagency Transfers	230,648	2,000	—	—	—	—
TOTAL OTHER CHARGES	\$417,105	\$2,000	—	—	—	\$9,038,547
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,387,335	\$33,000	\$41,000	\$19,500	\$32,950	\$9,038,547

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 23977 FEES & SELF GENERATED	Fees & Self-generated Form ID 23978 STD	Fees & Self-generated Form ID 23979 STD	Fees & Self-generated Form ID 23980 TB CONTROL PREVENTION	Fees & Self-generated Form ID 23983 FEES & SELF GENERATED	Fees & Self-generated Form ID 23984 SAFE DRINKING WATER
Salaries	7,400	180,000	40,000	539,605	61,000	7,203,855
Other Compensation	—	—	—	—	1,000	200,000
Related Benefits	5,089	103,000	24,177	366,072	43,246	4,591,840
TOTAL PERSONAL SERVICES	\$12,489	\$283,000	\$64,177	\$905,677	\$105,246	\$11,995,695
Travel	—	—	—	—	1,500	500,000
Operating Services	1,000	—	—	—	4,254	3,100,000
Supplies	768	—	—	—	1,000	575,962
TOTAL OPERATING EXPENSES	\$1,768	—	—	—	\$6,754	\$4,175,962
PROFESSIONAL SERVICES	—	—	—	—	—	\$621,038
Other Charges	—	—	—	—	—	1,457,305
Debt Service	—	—	—	—	—	—
Interagency Transfers	500	—	—	—	8,000	1,250,000
TOTAL OTHER CHARGES	\$500	—	—	—	\$8,000	\$2,707,305
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$14,757	\$283,000	\$64,177	\$905,677	\$120,000	\$19,500,000

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 23985 FOOD AND DRUG	Fees & Self-generated Form ID 23986 FEES & SELF GENERATED	Fees & Self-generated Form ID 23987 FEES & SELF GENERATED	Fees & Self-generated Form ID 23988 FEES & SELF GENERATED	Fees & Self-generated Form ID 23989 FEES & SELF GENERATED	Fees & Self-generated Form ID 23990 FEES & SELF GENERATED
Salaries	500,000	11,147	45,000	50,000	63,000	25,000
Other Compensation	—	—	—	—	—	—
Related Benefits	260,000	6,853	25,000	20,000	33,000	15,000
TOTAL PERSONAL SERVICES	\$760,000	\$18,000	\$70,000	\$70,000	\$96,000	\$40,000
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$760,000	\$18,000	\$70,000	\$70,000	\$96,000	\$40,000

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 23991 FEES & SELF GENERATED	Fees & Self-generated Form ID 23992 FEES & SELF GENERATED	Fees & Self-generated Form ID 23993 FEES & SELF GENERATED	Fees & Self-generated Form ID 23994 FEES & SELF GENERATED	Fees & Self-generated Form ID 23995 TANNING FACILITIES	Fees & Self-generated Form ID 23996 VITAL RECORDS
Salaries	76,000	4,577,388	70,000	1,000,000	19,000	1,885,045
Other Compensation	3,000	80,000	—	—	—	260,000
Related Benefits	49,641	518,613	30,000	600,000	11,000	1,329,645
TOTAL PERSONAL SERVICES	\$128,641	\$5,176,001	\$100,000	\$1,600,000	\$30,000	\$3,474,690
Travel	1,500	141,929	—	—	—	10,000
Operating Services	1,500	14,630	—	—	—	950,000
Supplies	359	193,527	—	—	—	80,000
TOTAL OPERATING EXPENSES	\$3,359	\$350,086	—	—	—	\$1,040,000
PROFESSIONAL SERVICES	—	—	—	—	—	\$50,000
Other Charges	—	—	—	—	—	359,910
Debt Service	—	—	—	—	—	—
Interagency Transfers	4,000	373,913	—	—	—	275,400
TOTAL OTHER CHARGES	\$4,000	\$373,913	—	—	—	\$635,310
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$136,000	\$5,900,000	\$100,000	\$1,600,000	\$30,000	\$5,200,000

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 26266 MISC COLLECTIONS	Fees & Self-generated Form ID 26421 MINERAL REVENUES	Fees & Self-generated Form ID 27020 MISC COLLECTIONS
Salaries	85,467	—	824,804
Other Compensation	—	—	51,101
Related Benefits	52,308	—	578,941
TOTAL PERSONAL SERVICES	\$137,775	—	\$1,454,846
Travel	5,000	17,082	—
Operating Services	1,600	103,694	—
Supplies	1,000	54,326	—
TOTAL OPERATING EXPENSES	\$7,600	\$175,102	—
PROFESSIONAL SERVICES	—	\$39,591	—
Other Charges	136,465	—	—
Debt Service	—	—	—
Interagency Transfers	8,160	—	—
TOTAL OTHER CHARGES	\$144,625	—	—
Acquisitions	—	—	—
Major Repairs	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—
TOTAL EXPENDITURES	\$290,000	\$214,693	\$1,454,846

Expenditures by Means of Financing

Total Request

Expenditures	Interagency Transfers Form ID 23946 DEPT OF EDUCATION(ED)	Interagency Transfers Form ID 23948 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 23949 GOHSEP	Interagency Transfers Form ID 23950 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 23951 DEPT OF EDUCATION(ED)	Interagency Transfers Form ID 23952 DCFS
Salaries	—	1,100	93,050	6,000	150,000	60,000
Other Compensation	—	—	—	11,000	—	—
Related Benefits	—	606	56,949	8,000	85,000	26,000
TOTAL PERSONAL SERVICES	—	\$1,706	\$149,999	\$25,000	\$235,000	\$86,000
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	2,400	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$2,400	—	—	—	—	—
PROFESSIONAL SERVICES	\$167,110	—	—	—	—	—
Other Charges	—	—	1	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	5,490	—	—	—	—	—
TOTAL OTHER CHARGES	\$5,490	—	\$1	—	—	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$175,000	\$1,706	\$150,000	\$25,000	\$235,000	\$86,000

Expenditures by Means of Financing

Total Request

Expenditures	Interagency Transfers Form ID 24101 INTER FUND TRANSFER IN	Interagency Transfers Form ID 26203 LDH-MVA	Interagency Transfers Form ID 26421 MINERAL REVENUES	Statutory Dedications Form ID 23926 E02-TELECOM DEAF FUND	Statutory Dedications Form ID 23927 H45-RURAL PC PHY DEV FD	Statutory Dedications Form ID 23930 Z13-LOUISIANA FUND
Salaries	—	—	—	252,500	—	—
Other Compensation	—	—	—	50,000	—	—
Related Benefits	—	—	—	184,875	—	—
TOTAL PERSONAL SERVICES	—	—	—	\$487,375	—	—
Travel	—	—	180	20,000	—	—
Operating Services	—	—	3,728	6,000	—	—
Supplies	—	—	545	20,000	—	—
TOTAL OPERATING EXPENSES	—	—	\$4,453	\$46,000	—	—
PROFESSIONAL SERVICES	—	\$734,083	\$132,848	\$4,778,469	—	—
Other Charges	80,845,160	—	—	159,095	2,673,634	500,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	40,000	—	—
TOTAL OTHER CHARGES	\$80,845,160	—	—	\$199,095	\$2,673,634	\$500,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$80,845,160	\$734,083	\$137,301	\$5,510,939	\$2,673,634	\$500,000

Expenditures by Means of Financing

Total Request

Expenditures	Statutory Dedications Form ID 23931 Z13-LOUISIANA FUND	Statutory Dedications Form ID 26185 MISC COLLECTIONS	Statutory Dedications Form ID 26187 MISC COLLECTIONS	Statutory Dedications Form ID 26421 MINERAL REVENUES	Federal Funds Form ID 23732 HIV/AIDS PROGRAMS	Federal Funds Form ID 23819 HIV/AIDS PROGRAMS
Salaries	—	—	—	—	5,000	400,000
Other Compensation	—	—	—	—	—	15,000
Related Benefits	—	—	—	—	3,060	253,990
TOTAL PERSONAL SERVICES	—	—	—	—	\$8,060	\$668,990
Travel	—	—	—	450	—	2,000
Operating Services	9,500	—	—	349	1,000	220,000
Supplies	500	—	—	461	—	1,000,000
TOTAL OPERATING EXPENSES	\$10,000	—	—	\$1,260	\$1,000	\$1,222,000
PROFESSIONAL SERVICES	\$276,671	\$280,329	\$2,994,487	\$187,424	—	\$1,400,000
Other Charges	5,737,636	16,624	—	—	872,135	2,757,142
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	5,000	84,664
TOTAL OTHER CHARGES	\$5,737,636	\$16,624	—	—	\$877,135	\$2,841,806
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$6,024,307	\$296,953	\$2,994,487	\$188,684	\$886,195	\$6,132,796

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 23820 HIV/AIDS PROGRAMS	Federal Funds Form ID 23821 HIV/AIDS PROGRAMS	Federal Funds Form ID 23822 HIV/AIDS PROGRAMS	Federal Funds Form ID 23824 HIV/AIDS PROGRAMS	Federal Funds Form ID 23825 HIV/AIDS PROGRAMS	Federal Funds Form ID 23826 HIV/AIDS PROGRAMS
Salaries	75,000	200,000	2,050,000	—	—	13,000
Other Compensation	—	—	425,000	—	—	—
Related Benefits	45,902	122,405	1,514,761	—	—	7,956
TOTAL PERSONAL SERVICES	\$120,902	\$322,405	\$3,989,761	—	—	\$20,956
Travel	1,000	2,000	7,000	—	—	—
Operating Services	85,000	170,000	137,000	—	—	—
Supplies	7,000	10,000	602,000	—	—	—
TOTAL OPERATING EXPENSES	\$93,000	\$182,000	\$746,000	—	—	—
PROFESSIONAL SERVICES	\$840,000	\$950,000	\$1,650,000	—	—	\$120,000
Other Charges	43,284	5,905,876	46,438,041	3,608,342	233,466	493,333
Debt Service	—	—	—	—	—	—
Interagency Transfers	15,000	60,000	320,000	57,295	—	15,000
TOTAL OTHER CHARGES	\$58,284	\$5,965,876	\$46,758,041	\$3,665,637	\$233,466	\$508,333
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,112,186	\$7,420,281	\$53,143,802	\$3,665,637	\$233,466	\$649,289

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 23828 HIV/AIDS PROGRAMS	Federal Funds Form ID 23829 HIV/AIDS PROGRAMS	Federal Funds Form ID 23836 BIOTERRORISM GRANT	Federal Funds Form ID 23838 NCIPC OPIOID CRISIS	Federal Funds Form ID 23841 FEDERAL	Federal Funds Form ID 23842 CSHCS
Salaries	34,000	30,000	1,960,025	—	2,000	1,000
Other Compensation	2,000	1,000	13,000	—	—	—
Related Benefits	22,033	18,973	1,749,299	—	1,224	612
TOTAL PERSONAL SERVICES	\$58,033	\$49,973	\$3,722,324	—	\$3,224	\$1,612
Travel	—	—	20,000	2,000	500	—
Operating Services	—	—	937,522	—	3,000	3,000
Supplies	120,000	—	250,000	—	—	—
TOTAL OPERATING EXPENSES	\$120,000	—	\$1,207,522	\$2,000	\$3,500	\$3,000
PROFESSIONAL SERVICES	\$109,000	\$200,000	\$100,000	—	\$143,264	\$105,000
Other Charges	42,893	3,329,559	3,789,602	4,503,340	—	44,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	10,000	50,000	100,000	—	10,000	6,386
TOTAL OTHER CHARGES	\$52,893	\$3,379,559	\$3,889,602	\$4,503,340	\$10,000	\$50,386
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$339,926	\$3,629,532	\$8,919,448	\$4,505,340	\$159,988	\$159,998

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 23843 CSHCS	Federal Funds Form ID 23844 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 23845 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 23846 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 23847 RAPE CRISIS PROGRAM	Federal Funds Form ID 23848 VIOLENCE AGAINST WOMEN
Salaries	1,578,000	190,000	2,000	4,000	—	80,000
Other Compensation	215,000	—	—	1,500	—	1,000
Related Benefits	1,036,010	89,481	1,224	3,366	—	49,574
TOTAL PERSONAL SERVICES	\$2,829,010	\$279,481	\$3,224	\$8,866	—	\$130,574
Travel	25,000	—	200	—	—	2,000
Operating Services	21,000	—	500	500	1,000	4,000
Supplies	150,000	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$196,000	—	\$700	\$500	\$1,000	\$6,000
PROFESSIONAL SERVICES	\$1,685,000	—	\$181,726	\$393,634	—	\$468,879
Other Charges	644,304	—	—	20,000	97,342	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	190,000	—	5,000	2,000	3,000	3,000
TOTAL OTHER CHARGES	\$834,304	—	\$5,000	\$22,000	\$100,342	\$3,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,544,314	\$279,481	\$190,650	\$425,000	\$101,342	\$608,453

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 23849 EPID LAB CAPACITY (ELC)	Federal Funds Form ID 23850 EPID LAB CAPACITY (ELC)	Federal Funds Form ID 23851 EPID LAB CAPACITY (ELC)	Federal Funds Form ID 23853 ANTIBIOTIC RES RET FOOD	Federal Funds Form ID 23855 FAMILY PLANNING	Federal Funds Form ID 23856 FAMILY PLANNING
Salaries	1,050,000	—	1,100,000	45,000	2,400,814	278,334
Other Compensation	190,000	—	1,000,000	6,000	400,000	13,120
Related Benefits	758,911	—	1,285,252	31,213	974,097	201,399
TOTAL PERSONAL SERVICES	\$1,998,911	—	\$3,385,252	\$82,213	\$3,774,911	\$492,853
Travel	10,000	—	—	1,500	21,600	—
Operating Services	7,000	—	—	15,000	3,686	—
Supplies	80,000	—	—	12,000	844,525	—
TOTAL OPERATING EXPENSES	\$97,000	—	—	\$28,500	\$869,811	—
PROFESSIONAL SERVICES	\$200,000	—	—	\$5,000	—	\$7,147
Other Charges	2,319,042	138,491	2,658,218	14,287	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	51,000	—	50,000	5,000	144,000	—
TOTAL OTHER CHARGES	\$2,370,042	\$138,491	\$2,708,218	\$19,287	\$144,000	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,665,953	\$138,491	\$6,093,470	\$135,000	\$4,788,722	\$500,000

REVENUE COLLECTIONS/INCOME

Interagency Transfers

003 - Interagency Transfers

Source	Commitment Item	Commitment Item Name	FY2022-2023 Actuals	FY-2024 Estimate	FY2024-2025 Projected	Over/Under Current Year Estimate
SOURCE						
LDH-OBH	4710059	MR-FROM STATE AGENCY	1,463,184	3,467,891	400,000	(3,067,891)
LDH-OBH	4710059	MR-FROM STATE AGENCY	111,048	950,000	—	(950,000)
MISC COLLECTIONS	4710059	MR-FROM STATE AGENCY	—	287,921	—	(287,921)
LDH-OS	4710059	MR-FROM STATE AGENCY	—	100,000	100,000	—
GOHSEP	4710059	MR-FROM STATE AGENCY	310,657,488	—	—	—
LDH-MVP	4710059	MR-FROM STATE AGENCY	—	2,930	2,930	—
MEDICAID	4710059	MR-FROM STATE AGENCY	—	240	240	—
MEDICAID	4710059	MR-FROM STATE AGENCY	—	19,549	19,549	—
MEDICAID	4710059	MR-FROM STATE AGENCY	1,876,501	4,145,548	1,187,183	(2,958,365)
DCFS-TANF	4710059	MR-FROM STATE AGENCY	2,155,419	2,877,075	2,877,075	—
MEDICAID	4710059	MR-FROM STATE AGENCY	99,033	227,000	227,000	—
LDH-OBH	4710059	MR-FROM STATE AGENCY	160,314	148,000	148,000	—
DEPT OF EDUCATION(ED)	4710059	MR-FROM STATE AGENCY	94,369	210,000	175,000	(35,000)
DEPT OF CORRECTIONS	4710059	MR-FROM STATE AGENCY	—	706	706	—
DOTD	4710059	MR-FROM STATE AGENCY	—	200	200	—
OFFICE OF THE GOVERNOR	4710059	MR-FROM STATE AGENCY	—	800	800	—
GOHSEP	4710059	MR-FROM STATE AGENCY	—	150,000	150,000	—
DAF	4710059	MR-FROM STATE AGENCY	—	25,000	25,000	—
DEPT OF EDUCATION(ED)	4710059	MR-FROM STATE AGENCY	109,210	235,000	235,000	—
DCFS	4710059	MR-FROM STATE AGENCY	—	81,000	81,000	—
MISC COLLECTIONS	4710059	MR-FROM STATE AGENCY	—	—	137,301	137,301
MISC RECEIPTS	4710059	MR-FROM STATE AGENCY	—	70,609,649	80,845,160	10,235,511
LDH-OBH	4710059	MR-FROM STATE AGENCY	278,816	—	—	—
LDH-MVA	4710059	MR-FROM STATE AGENCY	—	3,670,417	734,083	(2,936,334)

003 - Interagency Transfers *(continued)*

Source	Commitment Item	Commitment Item Name	FY2022-2023 Actuals	FY-2024 Estimate	FY2024-2025 Projected	Over/Under Current Year Estimate
LDH-OBH	4710059	MR-FROM STATE AGENCY	2,074	5,000	5,000	—
MISC COLLECTIONS	4710049	MR-ADJ-PY REVENUE	2,124	—	—	—
MISC COLLECTIONS	4710059	MR-FROM STATE AGENCY	141,822	—	—	—
MISC COLLECTIONS	4830012	INT FUND PY TRANS IN	421,722	—	—	—
MISC COLLECTIONS	4830014	INTRAFUND TRANSFER	11,191,848	—	—	—
MISC COLLECTIONS	4830022	LEGACY CASH CO	938,995	—	—	—
Total Collections/Income			\$329,703,967	\$87,213,926	\$87,351,227	\$137,301
TYPE						
Expenditures Source of Funding Form (BR-6)			54,090,295	87,213,926	87,351,227	137,301
Carryover			155,332,076	—	—	—
Transfer			120,281,596	—	—	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$329,703,967	\$87,213,926	\$87,351,227	\$137,301
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Fees & Self-generated

002 - Fees & Self-generated

Source	Commitment Item	Commitment Item Name	FY2022-2023 Actuals	FY-2024 Estimate	FY2024-2025 Projected	Over/Under Current Year Estimate
SOURCE						
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	74,620	60,000	—	(60,000)
MEDICAID	4710029	MR-PRIVATE SOURCES	206,306	101,397	101,397	—
EMERGENCY MEDICAL SVCS	4550030	LIC PERM & FEES-OTH	375,385	475,000	475,000	—
EMERGENCY MEDICAL SVCS	4550032	FEES-INELIG PATIENT	2,664	—	—	—
EMERGENCY MEDICAL SVCS	4710094	MR-INSURANCE RECOVER	740	—	—	—
EMERGENCY MEDICAL SVCS	4830011	INT FUND CY TRANS IN	135,920	—	—	—
MISC SELF-GEN REVENUE	4710029	MR-PRIVATE SOURCES	—	45,420	45,420	—
INFECTIOUS DISEASE EPI	4710029	MR-PRIVATE SOURCES	—	54,930	54,930	—
FAMILY PLANNING	4550030	LIC PERM & FEES-OTH	102	—	—	—
FAMILY PLANNING	4550032	FEES-INELIG PATIENT	19,820	—	—	—
FAMILY PLANNING	4710094	MR-INSURANCE RECOVER	6,121,438	4,785,970	4,785,970	—
FAMILY PLANNING	4710029	MR-PRIVATE SOURCES	—	1,048,969	1,048,969	—
MEDICAID	4650010	SALE NON ST-SERVICES	403,200	—	—	—
MEDICAID	4710029	MR-PRIVATE SOURCES	4,912,384	3,769,785	3,769,785	—
MEDICAID	4550032	FEES-INELIG PATIENT	69,190	—	—	—
MEDICAID	4710029	MR-PRIVATE SOURCES	260,788	1,387,335	1,387,335	—
MEDICAID	4710094	MR-INSURANCE RECOVER	19,542	—	—	—
SPECIAL LAB	4650010	SALE NON ST-SERVICES	49,667	33,000	33,000	—
CERTIFICATION	4550030	LIC PERM & FEES-OTH	24,690	41,000	41,000	—
PRAMS	4710029	MR-PRIVATE SOURCES	10,000	—	—	—
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	—	19,500	19,500	—
TOBACCO CONTROL	4710029	MR-PRIVATE SOURCES	11,100	45,000	—	(45,000)
SG-TEXAS A & M	4710029	MR-PRIVATE SOURCES	13,650	32,950	32,950	—
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	306,875	182,250	—	(182,250)
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	—	8,610,846	9,038,547	427,701
FOOD AND NUTRITION	4710029	MR-PRIVATE SOURCES	13	14,757	14,757	—

002 - Fees & Self-generated (continued)

Source	Commitment Item	Commitment Item Name	FY2022-2023 Actuals	FY-2024 Estimate	FY2024-2025 Projected	Over/Under Current Year Estimate
STD	4550030	LIC PERM & FEES-OTH	292,705	—	—	—
STD	4550032	FEES-INELIG PATIENT	15	283,000	283,000	—
STD	4710029	MR-PRIVATE SOURCES	10,010	64,177	64,177	—
TB CONTROL PREVENTION	4550032	FEES-INELIG PATIENT	60	—	—	—
TB CONTROL PREVENTION	4710094	MR-INSURANCE RECOVER	231,737	905,677	905,677	—
LICENSES PERMITS & FEES	4710029	MR-PRIVATE SOURCES	267,725	120,000	120,000	—
SAFE DRINKING WATER	4520014	FINE&PEN-OTHER	1,167	—	—	—
SAFE DRINKING WATER	4550030	LIC PERM & FEES-OTH	19,365,553	19,500,000	19,500,000	—
FOOD AND DRUG	4550030	LIC PERM & FEES-OTH	887,171	760,000	760,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	18,000	18,000	18,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	13,820	70,000	70,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	—	70,000	70,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	94,943	96,000	96,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	61,795	40,000	40,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	134,425	136,000	136,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	5,758,367	5,900,000	5,900,000	—
LICENSES PERMITS & FEES	4650010	SALE NON ST-SERVICES	25	—	—	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	48,568	100,000	100,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	1,184,686	1,600,000	1,600,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	33,020	30,000	30,000	—
VITAL RECORDS	4550030	LIC PERM & FEES-OTH	5,595,173	5,200,000	5,200,000	—
LDH - COVID-19 CCP RSP	4710029	MR-PRIVATE SOURCES	46,738	—	—	—
MISC SELF-GEN REVENUE	4710029	MR-PRIVATE SOURCES	—	—	209,369	209,369
HIV/AIDS PROGRAMS	4550030	LIC PERM & FEES-OTH	3,030	—	—	—
MISC COLLECTIONS	4550030	LIC PERM & FEES-OTH	91,745	—	—	—
MISC COLLECTIONS	4550030	LIC PERM & FEES-OTH	150,000	—	—	—
MISC COLLECTIONS	4550030	LIC PERM & FEES-OTH	—	290,000	290,000	—
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	—	219,001	—	(219,001)

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

Source	Commitment Item	Commitment Item Name	FY2022-2023 Actuals	FY-2024 Estimate	FY2024-2025 Projected	Over/Under Current Year Estimate
MISC COLLECTIONS	4090014	NFR-OTHER STATE	622,608	—	—	—
MISC COLLECTIONS	4430010	INTERESTON INVEST	1,384	—	—	—
MISC COLLECTIONS	4550030	LIC PERM & FEES-OTH	20,657	—	—	—
MISC COLLECTIONS	4550032	FEES-INELIG PATIENT	206	—	—	—
MISC COLLECTIONS	4710027	MR-CONV OF PROP	629,139	—	—	—
MISC COLLECTIONS	4710059	MR-FROM STATE AGENCY	14,230	—	—	—
MISC COLLECTIONS	4710091	MR-NON-CONSUMP.TRIPS	676	—	—	—
MISC COLLECTIONS	4710094	MR-INSURANCE RECOVER	189,587	—	—	—
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	—	—	1,454,846	1,454,846
Total Collections/Income			\$48,787,059	\$56,109,964	\$57,695,629	\$1,585,665
TYPE						
Expenditures Source of Funding Form (BR-6)			48,757,254	56,109,964	57,695,629	1,585,665
Transfer			29,805	—	—	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$48,787,059	\$56,109,964	\$57,695,629	\$1,585,665
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

H18 - Vital Records Conversion Fund

Source	Commitment Item	Commitment Item Name	FY2022-2023 Actuals	FY-2024 Estimate	FY2024-2025 Projected	Over/Under Current Year Estimate
SOURCE						
H18-VITAL REC CONV FUND	4830014	INTRAFUND TRANSFER	425,404	425,404	425,404	—
MISC COLLECTIONS	4830014	INTRAFUND TRANSFER	—	—	1,138	1,138
Total Collections/Income			\$425,404	\$425,404	\$426,542	\$1,138
TYPE						
Expenditures Source of Funding Form (BR-6)			425,404	425,404	426,542	1,138
Total Expenditures, Transfers and Carry Forwards to Next FY			\$425,404	\$425,404	\$426,542	\$1,138
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Q08 - Oyster Sanitation Fund

Source	Commitment Item	Commitment Item Name	FY2022-2023 Actuals	FY-2024 Estimate	FY2024-2025 Projected	Over/Under Current Year Estimate
SOURCE						
Q08-OYSTER SANITATON	4830014	INTRAFUND TRANSFER	95,402	186,051	186,051	—
MISC COLLECTIONS	4830014	INTRAFUND TRANSFER	—	—	4,186	4,186
Total Collections/Income			\$95,402	\$186,051	\$190,237	\$4,186
TYPE						
Expenditures Source of Funding Form (BR-6)			95,402	186,051	190,237	4,186
Total Expenditures, Transfers and Carry Forwards to Next FY			\$95,402	\$186,051	\$190,237	\$4,186
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	FY2022-2023 Actuals	FY-2024 Estimate	FY2024-2025 Projected	Over/Under Current Year Estimate
SOURCE						
E02-TELECOM DEAF FUND	4830014	INTRAFUND TRANSFER	3,881,398	5,510,939	5,510,939	—
MISC COLLECTIONS	4830014	INTRAFUND TRANSFER	—	—	108,551	108,551
Total Collections/Income			\$3,881,398	\$5,510,939	\$5,619,490	\$108,551
TYPE						
Expenditures Source of Funding Form (BR-6)			3,881,398	5,510,939	5,619,490	108,551
Total Expenditures, Transfers and Carry Forwards to Next FY			\$3,881,398	\$5,510,939	\$5,619,490	\$108,551
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

H45 - Rural Primary Care Physicians Developmen

Source	Commitment Item	Commitment Item Name	FY2022-2023 Actuals	FY-2024 Estimate	FY2024-2025 Projected	Over/Under Current Year Estimate
SOURCE						
H45-RURAL PC PHY DEV FD	4830014	INTRAFUND TRANSFER	124,897	2,673,634	2,673,634	—
Total Collections/Income			\$124,897	\$2,673,634	\$2,673,634	—
TYPE						
Expenditures Source of Funding Form (BR-6)			124,897	2,673,634	2,673,634	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$124,897	\$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	FY2022-2023 Actuals	FY-2024 Estimate	FY2024-2025 Projected	Over/Under Current Year Estimate
SOURCE						
Total Collections/Income			—	—	—	—
TYPE						
Expenditures Source of Funding Form (BR-6)			—	—	—	—
Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Z13 - Louisiana Fund

Source	Commitment Item	Commitment Item Name	FY2022-2023 Actuals	FY-2024 Estimate	FY2024-2025 Projected	Over/Under Current Year Estimate
SOURCE						
Z13-LOUISIANA FUND	4830014	INTRAFUND TRANSFER	—	500,000	500,000	—
Z13-LOUISIANA FUND	4830014	INTRAFUND TRANSFER	—	6,024,307	6,024,307	—
Z13-LOUISIANA FUND	4830014	INTRAFUND TRANSFER	5,985,004	2,994,487	2,994,487	—
Z13-LOUISIANA FUND	4830014	INTRAFUND TRANSFER	—	296,953	296,953	—
MISC COLLECTIONS	4830014	INTRAFUND TRANSFER	—	—	80,133	80,133
Total Collections/Income			\$5,985,004	\$9,815,747	\$9,895,880	\$80,133
TYPE						
Expenditures Source of Funding Form (BR-6)			5,985,004	9,815,747	9,895,880	80,133
Total Expenditures, Transfers and Carry Forwards to Next FY			\$5,985,004	\$9,815,747	\$9,895,880	\$80,133
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	FY2022-2023 Actuals	FY-2024 Estimate	FY2024-2025 Projected	Over/Under Current Year Estimate
SOURCE						
HIV/AIDS PROGRAMS	4060035	FR-OTHER	1,347,245	1,445,195	886,195	(559,000)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	4,609,059	6,338,354	6,132,796	(205,558)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	838,721	1,269,901	1,112,186	(157,715)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	25,986,086	7,420,281	7,420,281	—
HIV/AIDS PROGRAMS	4060035	FR-OTHER	36,298,572	57,143,802	53,143,802	(4,000,000)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	2,762,816	4,007,295	3,665,637	(341,658)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	17,148	391,192	233,466	(157,726)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	604,964	752,306	649,289	(103,017)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	259,111	440,926	339,926	(101,000)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	3,254,631	4,985,158	3,629,532	(1,355,626)
LDH - COVID-19 CCP RSP	4060035	FR-OTHER	9,291,960	15,541,052	—	(15,541,052)
BIOTERRORISM GRANT	4060035	FR-OTHER	8,605,939	16,506,987	—	(16,506,987)
BIOTERRORISM GRANT	4060035	FR-OTHER	10,256,819	11,519,291	8,919,448	(2,599,843)
NCIPC OPIOID CRISIS	4060035	FR-OTHER	3,659,847	4,680,340	4,505,340	(175,000)
LDH - COVID-19 CCP RSP	4060035	FR-OTHER	1,293,979	3,172,995	—	(3,172,995)
MISC FEDERAL GRANTS	4060035	FR-OTHER	178,309	159,988	159,988	—
CSHCS	4060035	FR-OTHER	138,854	159,998	159,998	—
CSHCS	4060035	FR-OTHER	6,671,041	5,544,314	5,544,314	—
EMERGENCY MEDICAL SVCS	4060035	FR-OTHER	512,809	279,481	279,481	—
EMERGENCY MEDICAL SVCS	4060035	FR-OTHER	78,438	190,650	190,650	—
EMERGENCY MEDICAL SVCS	4060035	FR-OTHER	258,736	425,000	425,000	—
RAPE CRISIS PROGRAM	4060035	FR-OTHER	50,036	131,342	101,342	(30,000)
VIOLENCE AGAINST WOMEN	4060035	FR-OTHER	701,758	608,453	608,453	—
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	2,181,965	4,665,953	4,665,953	—
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	1,982,855	1,661,888	138,491	(1,523,397)
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	22,318,265	59,500,000	6,093,470	(53,406,530)

006 - Federal Funds (continued)

Source	Commitment Item	Commitment Item Name	FY2022-2023 Actuals	FY-2024 Estimate	FY2024-2025 Projected	Over/Under Current Year Estimate
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	44,114,609	500,000	—	(500,000)
ANTIBIOTIC RES RET FOOD	4060035	FR-OTHER	130,583	135,000	135,000	—
FAMILY PLANNING	4060035	FR-OTHER	9,004,828	4,788,722	4,788,722	—
FAMILY PLANNING	4060035	FR-OTHER	487,610	500,000	500,000	—
FAMILY PLANNING	4060035	FR-OTHER	425,604	624,000	624,000	—
HUD LEAD	4060035	FR-OTHER	182,309	350,000	350,000	—
MCH BLOCK GRANT	4060035	FR-OTHER	491,677	780,000	780,000	—
LDH - COVID-19 CCP RSP	4060035	FR-OTHER	22,939,440	37,899,950	16,000,000	(21,899,950)
IMMUNIZATION GRANT	4060035	FR-OTHER	1,549,951	3,007,067	3,007,067	—
CHILD DEATH REVIEW	4060035	FR-OTHER	25,953	50,000	50,000	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	—	330,086	330,086	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	151,852	355,600	355,600	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	880,971	299,800	—	(299,800)
MISC FEDERAL GRANTS	4060035	FR-OTHER	70,834	95,600	95,600	—
PRAMS	4060035	FR-OTHER	147,342	175,000	175,000	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	158,220	475,000	301,300	(173,700)
SUICIDE PREVENTION	4060035	FR-OTHER	434,931	—	—	—
SYSTEMS DEVELOPMENT	4060035	FR-OTHER	34,430	100,000	100,000	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	149,377	280,068	280,068	—
MCH BLOCK GRANT	4060035	FR-OTHER	4,911,315	5,457,507	4,457,507	(1,000,000)
MISC FEDERAL GRANTS	4060035	FR-OTHER	337,095	450,000	450,000	—
MCH BLOCK GRANT	4060035	FR-OTHER	2,014,578	4,339,889	4,339,889	—
ARPA	4060035	FR-OTHER	130,668	2,396,469	549,900	(1,846,569)
MCH BLOCK GRANT	4060035	FR-OTHER	8,179,814	10,981,500	10,481,500	(500,000)
LDH - COVID-19 CCP RSP	4060035	FR-OTHER	327,002	897,862	445,000	(452,862)
RURAL HEALTH	4060035	FR-OTHER	268,711	323,068	893,640	570,572
STUDENT LOAN REPAYMENT	4060035	FR-OTHER	784,805	2,255,129	772,000	(1,483,129)
PRIMARY CARE GRANT	4060035	FR-OTHER	21,386	182,729	182,729	—

006 - Federal Funds (continued)

Source	Commitment Item	Commitment Item Name	FY2022-2023 Actuals	FY-2024 Estimate	FY2024-2025 Projected	Over/Under Current Year Estimate
SHIP	4060035	FR-OTHER	185,947	1,221,703	665,600	(556,103)
SHIP	4060035	FR-OTHER	2,350	—	—	—
WELL-AHEAD HEALTH GRANT	4060035	FR-OTHER	226,171	742,436	337,500	(404,936)
CRITICAL ACCESS FLEX	4060035	FR-OTHER	596,905	1,108,789	553,462	(555,327)
ORAL HEALTH GRANT	4060035	FR-OTHER	187,051	690,810	308,344	(382,466)
ORAL HEALTH GRANT	4060035	FR-OTHER	—	716,982	466,666	(250,316)
BRFSS	4060035	FR-OTHER	447,759	594,552	594,552	—
PREVENTIVE HEALTH GRNT	4060035	FR-OTHER	435,744	1,207,000	725,000	(482,000)
FEDERAL	4060035	FR-OTHER	25,379	9,636,754	10,767,000	1,130,246
OPIOID OVERDOSE SURV	4060035	FR-OTHER	1,088,404	1,820,345	1,820,345	—
PREVENTIVE HEALTH GRNT	4060035	FR-OTHER	407,334	775,000	525,000	(250,000)
WELL-AHEAD HEALTH GRANT	4060035	FR-OTHER	438,552	1,387,500	987,500	(400,000)
PREVENTIVE HEALTH GRNT	4060035	FR-OTHER	—	570,821	450,000	(120,821)
TOBACCO CONTROL	4060035	FR-OTHER	2,259,083	3,120,523	1,860,915	(1,259,608)
MISC FEDERAL GRANTS	4060035	FR-OTHER	290,332	1,537,723	525,000	(1,012,723)
MISC FEDERAL GRANTS	4060035	FR-OTHER	—	1,100,000	1,100,000	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	1,608,080	1,173,237	1,173,237	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	—	2,069,731	—	(2,069,731)
MISC COLLECTIONS	4060035	FR-OTHER	—	173,103,343	233,696,742	60,593,399
CSFP	4060035	FR-OTHER	7,570,813	4,172,331	4,100,000	(72,331)
WIC ADMINISTRATION	4060035	FR-OTHER	99,950,025	112,879,194	112,000,000	(879,194)
PEER COUNSELING GRANT	4060035	FR-OTHER	—	2,242,000	2,200,001	(41,999)
MCH BLOCK GRANT	4060035	FR-OTHER	210,457	316,437	316,437	—
STD	4060035	FR-OTHER	4,926,619	4,603,337	2,872,569	(1,730,768)
STD	4060035	FR-OTHER	2,021,727	2,645,201	1,885,384	(759,817)
STD	4060035	FR-OTHER	—	67,393	67,393	—
TB CONTROL PREVENTION	4060035	FR-OTHER	345,755	965,000	965,000	—
TB CONTROL PREVENTION	4060035	FR-OTHER	840,562	871,822	871,822	—

006 - Federal Funds (continued)

Source	Commitment Item	Commitment Item Name	FY2022-2023 Actuals	FY-2024 Estimate	FY2024-2025 Projected	Over/Under Current Year Estimate
BEACH MONITORING	4060035	FR-OTHER	136,144	377,000	377,000	—
SAFE DRINKING WATER	4060035	FR-OTHER	1,443,889	2,100,000	2,100,000	—
SAFE DRINKING WATER	4060035	FR-OTHER	920,073	1,453,000	1,453,000	—
SAFE DRINKING WATER	4060035	FR-OTHER	584,380	750,000	164,063	(585,937)
OCCUPATIONAL INJURY	4060035	FR-OTHER	355,558	512,906	512,906	—
OCCUPATIONAL INJURY	4060035	FR-OTHER	94	—	—	—
APPLETREE PROGRAM	4060035	FR-OTHER	316,573	312,998	312,998	—
PRIVATE WELL INITIATIVE	4060035	FR-OTHER	134,925	139,694	139,694	—
ENV PUBLIC HEALTH TRK	4060035	FR-OTHER	493,311	615,000	615,000	—
FOOD AND DRUG	4060035	FR-OTHER	188,888	298,576	298,576	—
MFD FOOD STANDARDS	4060035	FR-OTHER	87,156	224,952	224,952	—
COMMERCIAL SEAFOOD	4060035	FR-OTHER	120,847	68,350	68,350	—
VITAL RECORDS	4060035	FR-OTHER	—	376,354	376,354	—
VITAL RECORDS	4060035	FR-OTHER	184,801	398,574	398,574	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	210,148,752	—	—	—
MISC FEDERAL GRANTS	4710049	MR-ADJ-PY REVENUE	10,494	—	—	—
MISC FEDERAL GRANTS	4710910	ASTCONTRA-PSTCAP-FA	32,807	—	—	—
MISC FEDERAL GRANTS	4830022	LEGACY CASH CO	898,658	—	—	—
MISC FEDERAL GRANTS	4901999	GRANTS REV-HISTBAL	7,263	—	—	—
BREATH	4060035	FR-OTHER	9,771	—	—	—
SUICIDE PREVENTION	4060035	FR-OTHER	144,811	—	—	—
HIV/AIDS PROGRAMS	4060035	FR-OTHER	1,126	—	—	—
QUITLINE	4060035	FR-OTHER	278,085	—	—	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	—	—	15,420,957	15,420,957
HIV/AIDS PROGRAMS	4060035	FR-OTHER	—	208,333	200,000	(8,333)
BIOTERRORISM GRANT	4060035	FR-OTHER	2,681	660,878	—	(660,878)
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	26,091	142,317	11,860	(130,457)
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	186,220	1,077,315	89,776	(987,539)

Revenue Collections/Income

Federal Funds

006 - Federal Funds (continued)

Source	Commitment Item	Commitment Item Name	FY2022-2023 Actuals	FY-2024 Estimate	FY2024-2025 Projected	Over/Under Current Year Estimate
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	—	7,180,784	7,180,784	—
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	—	1,120,000	1,120,000	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	33,866	409,833	409,833	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	—	780,000	780,000	—
WELL-AHEAD HEALTH GRANT	4060035	FR-OTHER	—	1,300,000	888,000	(412,000)
WIC ADMINISTRATION	4060035	FR-OTHER	—	1,198,480	420,000	(778,480)
WIC ADMINISTRATION	4060035	FR-OTHER	—	750,000	—	(750,000)
MISC FEDERAL GRANTS	4060035	FR-OTHER	—	18,043	18,043	—
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	297,535	—	—	—
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	1,448,995	—	—	—
IMMUNIZATION GRANT	4060035	FR-OTHER	254,861	—	—	—
IMMUNIZATION GRANT	4060035	FR-OTHER	1,995,306	—	—	—
IMMUNIZATION GRANT	4060035	FR-OTHER	5,303	—	—	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	17,126	—	—	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	70,191	—	—	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	219,829	—	—	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	1,010,236	—	—	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	662,707	—	—	—
MISC COLLECTIONS	4060035	FR-OTHER	—	—	1,964,043	1,964,043
MISC COLLECTIONS	4060035	FR-OTHER	—	—	(200,000)	(200,000)
Total Collections/Income			\$589,310,260	\$640,785,539	\$576,629,878	\$(64,155,661)
TYPE						
Expenditures Source of Funding Form (BR-6)			387,776,587	640,785,539	576,629,878	(64,155,661)
Transfer			201,533,673	—	—	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$589,310,260	\$640,785,539	\$576,629,878	\$(64,155,661)
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Justification of Differences

Form 25146 — 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 25147 — 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 25148 — 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 25149 — 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 25150 — 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 25151 — 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 25153 — 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 25154 — 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 25161 — 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 25168 — 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 25169 — 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 25170 — 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 25171 — 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 25172 — 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 25173 — 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 25174 — 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 25175 — 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 25176 — 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 25177 — 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 25178 — 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 25179 — 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 25180 — 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 25181 — 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 25182 — 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 25183 — 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 25184 — 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 25185 — 326 ENV EPI Interagency Transfer

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

Form 25186 — 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 25187 — 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 25188 — 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 25189 — 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 25190 — 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 25191 — 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 25192 — 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 25193 — 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 25194 — 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 25195 — 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 25196 — 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 25197 — 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 25198 — 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 25199 — 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 25200 — 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 25201 — 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 25202 — 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 25203 — 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 25204 — 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 25205 — 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 25206 — 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 25207 — 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 25208 — 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 25209 — 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 25210 — 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 25211 — 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 25212 — 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 25213 — 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 25214 — 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 25215 — 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 25216 — 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 25217 — 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 25218 — 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 25219 — 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 25220 — 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 25221 — 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 25222 — 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 25223 — 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 25224 — 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 25225 — 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 25226 — 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 25227 — 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 25228 — 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 25229 — 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 25230 — 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 25231 — 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 25232 — 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 25233 — 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 25234 — 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 25235 — 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 25236 — 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 25237 — 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 25238 — 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 25239 — 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 25240 — 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 25241 — 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 25242 — 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 25243 — 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 25244 — 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 25245 — 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 25246 — 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 25247 — 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 25248 — 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 25249 — 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 25250 — 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 25251 — 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 25252 — 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 25253 — 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 25254 — 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 25255 — 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 25256 — 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 25257 — 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 25258 — 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 25259 — 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 25260 — 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 25261 — 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 25262 — 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 25263 — 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 25264 — 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 25265 — 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 25266 — 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 25267 — 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 25268 — 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 25269 — 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 25270 — 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 25271 — 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 25272 — 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 25273 — 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 25274 — 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 25275 — 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 25276 — 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 25277 — 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 25278 — 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 25279 — 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 25280 — 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 25281 — 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 25282 — 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 25283 — 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 25284 — 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 25285 — 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 25286 — 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 25287 — 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 25288 — 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 25289 — 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 25290 — 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 25291 — 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 25292 — 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 25293 — 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 25294 — 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 25295 — 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 25296 — 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 25297 — 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 25298 — 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 25299 — 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 25300 — 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 25301 — 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 25302 — 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 25303 — 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 25304 — 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 25305 — 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 25306 — 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 25307 — 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 25308 — 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 25309 — 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 25310 — 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 25311 — 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 25312 — 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 25313 — 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 25314 — 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 25315 — 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 25316 — 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 25317 — 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 25318 — 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 25319 — 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 25320 — 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 25321 — 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 25322 — 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 25323 — 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 25324 — 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 25325 — 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 25326 — 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 25327 — 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 25328 — 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 25329 — 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 25330 — 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 25331 — 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 25332 — 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 25333 — 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 25334 — 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 25335 — 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 25336 — 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 25337 — 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 25338 — 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 25339 — 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 25340 — 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 25341 — 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 25342 — 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 25343 — 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 25344 — 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 25345 — 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 25347 — 326 INFLATION 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 25348 — 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 25350 — 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 25351 — 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 25958 — 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 25979 — 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 25980 — 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 25981 — 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 25983 — 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 26034 — 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 26035 — 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 26037 — 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 26040 — 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 26043 — 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 26044 — 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 26086 — 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 26087 — 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 26088 — 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 26089 — 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 26092 — 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 26093 — 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 26094 — 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 26095 — 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 26096 — 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 26098 — 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 26100 — 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 26101 — 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 26102 — 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 26104 — 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 26106 — 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 26107 — 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 26110 — 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 26112 — 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 26113 — 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 26115 — 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 26116 — 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 26117 — 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 26118 — 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 27244 — 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 27264 — 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 27270 — 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.

SCHEDULE OF REQUESTED EXPENDITURES

3262 - Public Health Services

Travel

FY2024-2025 Request	Description
94,027	<p>\$62,027 System generated Inflation.</p> <p>\$32,000 New or Expanded Adjustments - Jump Start Your Heart Program</p>
1,059,311	<p>Conference travel costs for Parish Health Units, Regional, and Programmatic Offices, both in-state and out-of-state, including but not limited to:</p> <p>In-State \$396,315: The Louisiana Chapter Registry of Interpreters for the Deaf, Louisiana Public Health Association, Louisiana Chapter of National Institute of Governmental Purchasing, Louisiana Nutrition Forums, Louisiana Organizations Focusing on Emergency Response, Louisiana Engineering Society, Louisiana Sanitarian Services Forums.</p> <p>Out-State \$662,996: National Association of State Emergency Medical Services Officials, Association of Pharmacy Emergency Preparedness Response, Association of Rural Health Clinics Springs, Association of Public Health Laboratories, Association of State and Territorial Health Officials, National Preparedness Summit, National Women, Infants, and Children, National Association of County and City Health Officials, National Environmental Health Association, CDC Regional and Parish Health Unit Emergency and Operations Preparedness Summit, Southeast Regional Food Safety Seminar, Cannabis Regulators Association, Council of State & Territorial Epidemiologists, American Society for Quality, Southwest American Water Works Association, and Public Health Preparedness Summit.</p>
5,100	<p>In-State Board Member Travel costs for the Louisiana Commission for the Deaf, Genetics Sickle Cell activity, Emergency Medical Services program, Maternal and Child Health program, and Sexually Transmitted Diseases program.</p>
1,659,617	<p>In-State Field travel costs for Parish Health Units, Regional, and Programmatic offices.</p>
37,700	<p>In-State Information Technology travel costs for Nutrition Services and Sanitarian Services programmatic, and regional offices. Out-State IT Training for the Virology/Molecular/Bioterrorism Lab, Nutrition Section, Jefferson Parish Health Unit, and Metropolitan Regional.</p>
\$2,855,755	Total Travel

Operating Services

FY2024-2025 Request	Description
702,948	<p>\$311,800 - System generated inflation cost for Parish Health Units, Regional, and Programmatic Offices Operating Services.</p> <p>\$82,458 - Medical Inflation Factor</p> <p>\$600 - New or Expanded Adjustments - Jump Start Your Heart Program</p> <p>\$308,000 - CB-8 Adjustments - Medical Special Needs Shelters</p>
65,250	Auto maintenance includes fuel costs for all of the Office of Public Health fleet vehicles located in the Parish Health Units, Regional Offices, and Programmatic Offices around the state.
9,000	Building maintenance expenditures related to annual maintenance of Vital Records Sapphire Fire Suppression System, and building and grounds maintenance for Region 1 Regional Office and Jefferson Parish Health Unit.
6,317,527	Building rental costs for Parish Health Unit/Regional and Programmatic Offices, including but not limited to: Vital Records, Bureau of Community Preparedness, Nutrition Services, Infectious Disease Epidemiology, Pharmacy, Parish Health Unit/Regional Sanitarian Services, Engineering Services and Bureau of Emergency Medicine.
34,556	Cost associated with data lines circuits for Sanitarian Services Programmatic Office and Regions 1,2, 3, and 9 Parish Health Units. Data line circuit cost includes statewide telecommunications services, new data lines for staff, HVS telephone system upgrade in Parish Health Units, MiFi device related to Regional Nurse Family Partnership, scanning capability for copiers, repairs to existing data lines/ circuits and 2DSL lines.
196,950	Cost related to the printing of forms utilized by, but not limited to Vital Records, Sanitarian Services, HIV/AIDS and Genetic Disease, Parish Health Units, Regional, and Programmatic Offices.
3,300	Costs for lawn care service at Region 4 Parish Health Units and Laboratory and Sanitarian Services Programmatic Offices.
288,608	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 copies.
47,250	Credit card related expenditures include, but not limited to, the Permit Unit, and Parish Health Units.
211,724	Dues and fees for Region 6 Parish Health Units, Regions 1 and 6 Regional Offices, and Programmatic Offices including but not limited to Office of the Assistant Secretary, Engineering, and Primary Care and Rural Health Administration. Dues include memberships to professional organizations.
307,500	Electricity costs for Parish Health Units, Regional, and Programmatic Offices including but not limited to: Laboratory Services, Milk and Dairy Unit, and Regions 2, 4, 5, 6, 7 and 9.
1,515,705	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 other Regional Offices and Public Health Units. Equipment includes but is not limited to printers, copiers, telephones systems, and the recalibration of medical devices such as hearing aids.

Operating Services *(continued)*

FY2024-2025 Request	Description
21,550	Expenditures related to public information advertisement released by Programmatic Offices, including but not limited to the Bureau of Community Preparedness and HIV/AIDS Unit, and other Parish Health Units, Regional, and Programmatic Offices.
446,000	Expenses related to custodial services rendered in Regional Offices, Parish Health Units, and Programmatic Offices statewide.
36,100	Gas costs for Parish Health Units and Regional Offices including but not limited to Regions 2, 5, 6, 7, and 9.
24,334	Internet provider costs for Parish Health Units, Regional, and Programmatic Offices, including but not limited to Sanitarian Services, Bureau of Community Preparedness, and Regions 1 and 4 Administrative Offices. These costs include monthly cable and internet service charges.
2,164,250	Lab Fees cost for Parish Health Units, Regional, and Programmatic Offices, including but not limited to: Engineering, Tuberculosis, and Laboratory Services.
6,300	Laundry costs for Parish Health Units, Regional, and Programmatic Offices including but not limited to: Regions 3. Laundry costs include cleaning services for towels, floor mats, rugs, mop heads, etc.
439,721	Miscellaneous cost for Parish Health Units, Regional Offices, and Programmatic Offices including but not limited to: Vital Records and Bureau of Community Preparedness. Miscellaneous costs include couriers, shredding services, emergency operating expenses, coroner reimbursements, Kelly and Westaff temporary services, statewide operating expenses, academic accreditations, and the Homeland Security Programs alarm system.
14,325	Non-debit service fee for but not limited to Programmatic Office and Parish Health Units in Regions 3, 4, 7 and 9.
56,320	Other communications cost for charges outside of telephone services and data lines or circuits, at Parish Health Units, Regional, and Programmatic Offices including but not limited to: Immunization, Infectious Disease Epidemiology, and Region 1. Other communications cost includes radio paging and payments to Cox Communications, etc.
30,683	Other costs for Parish Health Units, Regional, and Programmatic Offices including but not limited to: Bureau of Community Preparedness, Laboratory Services, and Regions 5 and 7.
281,243	Other rental costs for Programmatic Offices including but not limited to 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.
11,820	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.
578,045	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.
105,770	Security cost for Sabine and Allen Parish Health Units, Metropolitan Region 1 Administrative Office, and Programmatic Offices including Office of the Assistant Secretary and New Orleans TB Control Unit. Security costs include wages for security officers.

Operating Services *(continued)*

FY2024-2025 Request	Description
62,617	Subscription cost 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, Blood Metal Proficiency Testing, Data Camp, Rural Recruitment and Retention Network and the Academy of Nutrition and Dietetics Pediatric Nutrition Care Manual.
413,022	Telephone cost for Programmatic Offices including but not limited to Sanitarian, Nutrition, Bureau of Community Preparedness, and Operation and Support, and Regional Offices and Parish Health Units. Telephone cost includes cellular services and travel charges, reimbursements for local and long-distance work-related calls, telephone conference calls, and zoom connections.
8,000	Uniform costs for Environmental Chemistry and Water Lab. These costs include, but are not limited to lab coats and laundry.
134,920	Waste disposal pick-up for all Parish Health Units, Programmatic and Regional Offices statewide.
29,400	Water costs for Parish Health Units, Regional, and Programmatic Offices including but not limited to Laboratory Services and Regions 2, 4, 6, 7, and 9 Parish Health Units. Costs include charges for water services paid to the City of Amite, Baton Rouge, Hammond, and Oakdale, etc.
\$14,564,738	Total Operating Services

Supplies

FY2024-2025 Request	Description
581,200	\$336,810 - System generated inflation for supplies \$469,326 - Medical Inflation Factor \$500 - New or Expanded Adjustments - Jump Start Your Heart Program \$3,600,000 -New or Expanded Adjustments - Parish Health Unit Immunization Service Expansion
146,900	Automotive expenditures such as fuel, tires, oil filters, batteries, wiper blades, etc. for Sanitarian Services, Bureau of Community Preparedness, Operations and Support Services, and other Programmatic Offices, Parish Health Units, and Regional Offices.
650	Building and grounds costs accrued by Avoyelles Parish Health Unit.
13,730	Expenditures related to nutritional food demonstrations using WIC food products for Parish Health Units. Snacks for patients to take meds or with low blood sugar and Ensure and Glucerna for Tuberculosis program for Regional Offices including but not limited to: Regions 1 and 3.
8,350,486	Medical expenditures include gowns, syringes, infectious disease testing, bandages, table covers, and other medical related supplies for Regions 1, 4, 6, and 9, Parish Health Units and other Regional and Programmatic Offices.

Supplies *(continued)*

FY2024-2025 Request	Description
1,591,320	Minor equipment maintenance expenditures for Parish Health Units, Regional, and Programmatic offices such as equipment repairs, educational-recreational, household, and other auto related supplies-not covered under the automotive expenditure category.
2,000	Other personal supplies for Parish Health Units and Regional Offices, including, but not limited to: Regions 4 not covered under other categories.
4,019,543	Pharmaceutical medications include metabolic formulas for Genetic Disease patients, contraceptive devices, STD treatment medications, and other medications for Programmatic Offices, including but not limited to Pharmacy, Genetic Disease, Family Planning, and Sexual Transmission Disease Control, along with other Regional Offices and Parish Health Units.
273,276	Required computer and IT related supply expenditures that ensure federal compliance and maintain effective operations of the Office of Public Health's state-wide data information system.
4,406,636	System generated inflation for supplies.
41,988	Uniform cost for Sanitarian Services and Engineering. These costs include but are not limited to shirts, boots, vests, and protective headgear.
\$19,427,729	Total Supplies

Professional Services

FY2024-2025 Request	Means of Financing	Description
1,961,500	Interagency Transfers	
\$1,961,500		Other Professional Services costs for Programmatic Offices including, but not limited to: School Based Health, Chronic Disease, and Primary Care and Rural Health.
		132,848 - Standard Inflation
3,631,395	Louisiana Fund	
\$3,631,395		Other Professional Services costs for the School Based Health programmatic office.
		79,908 - Standard Inflation

Professional Services *(continued)*

FY2024-2025 Request	Means of Financing	Description
4,885,985	Telecommunications for the Deaf Fund	
\$4,885,985		<p>Professional service costs for Programmatic Offices including, but not limited to Other Professional Services for the Louisiana Commission for the Deaf programmatic office.</p> <p>107,516 - Standard Inflation</p>
56,752,184	Federal Funds	
\$56,752,184		<p>Professional Services cost for Parish Health Units, Regional, and Programmatic Offices including, but not limited to: Management Consulting services for the HIV/ STD, Health Informatics, Maternal and Child Health and Nutrition Services programs; Medical and Dental services for the Emergency Medical Services, Genetics, Tuberculosis and Children's Special Health Services programs; Other Professional Services for the Family Planning, Chronic Disease, Nutrition Services, and Bureau of Community Preparedness programs.</p> <p>202,612 - Medical Inflation Factor</p> <p>1,159,962 - Standard Inflation</p>
409,533	Fees & Self-generated	
\$409,533		<p>Professional Services costs for Programmatic Offices including, but not limited to: Management Consulting services for the AIDS Surveillance activity and STD program; Engineering and Architectural services for the Engineering program's Safe Drinking Water activity; Medical and Dental services for the Genetics program.</p> <p>39,591 - Standard Inflation</p>

Professional Services *(continued)*

FY2024-2025 Request	Means of Financing	Description
3,332,898	State General Fund	
\$3,332,898		<p>Professional Services costs for Programmatic Offices including, but not limited to: Management Consulting services for the Environmental Epidemiology program; Medical and Dental services for the Children Special Health Services, Genetics, Maternal and Child Health, Immunization, Environmental Epidemiology, Retail Food, Molluscan Shellfish, Health Informatics, and Vital Records programs.</p> <p>38,592 - Medical Inflation Factor</p> <p>479,649 - CB-8 Adjustments - Medical Special Needs Shelters</p> <p>150,000 - CB-8 Adjustments - Commodity Supp Food Program</p> <p>50,902 - Standard Inflation</p> <p>\$156,515 - New or Expanded Service - Hepatitis C Elimination Plan</p>
\$70,973,495	Total Professional Services	

Other Charges

FY2024-2025 Request	Means of Financing	Description
411,143,394	Federal Funds	
\$411,143,394		<p>OPH Other Charges cost for Parish Health Units, Regional, and Programmatic Offices including, but not limited to: Other Charges Operating Services for the HIV/STD, Immunization, Engineering Services, Chronic Disease, Infectious Epidemiology, and Bureau of Community Preparedness programs. Other Charges- Supplies for the Primary Care and Rural Health Administration, Immunization, HIV/AIDS Unit, Nutrition Services, and OPH Administrative Laboratory; Other Charges Professional Services-Medical for the Newborn Screening Laboratory, Environmental Epidemiology Program, Infectious Epidemiology, Chronic Disease, Maternal and Child Health Services, Engineering Services, and Tuberculosis programs; Other Charges- Contractual Services for the Nutrition Services programs.</p> <p>\$13,408,428.60 - Medical Inflation Factor</p> <p>\$80,000,000.00 CB-4 Non Recurring - COVID-19 FEDERAL GRANTS.</p>
13,667,281	Fees & Self-generated	
\$13,667,281		<p>Other Charges costs for Programmatic Offices including, but not limited to: Education services for the Emergency Medical Services, Molluscan Shellfish Program, Seafood Sanitation Unit, and Safe Drinking Water programs; Other Charges- Supplies for the Immunization program; Other Charges Professional Services Medical for the Family Planning, and STD; Other Charges Professional Service (IT) for the Cannabis Program.</p> <p>\$319,248.30 - Medical Inflation Factor</p>

Other Charges *(continued)*

FY2024-2025 Request	Means of Financing	Description
3,814,491	State General Fund	
\$3,814,491		Other Charges costs for Programmatic Offices including, but not limited to: Other Charges Operating Service for the HIV Housing activity, Bureau of Community Preparedness, and Immunization program; Other Charges Professional Services for Environmental Epidemiology program and Lab Certification activity. \$159,624.15 - Medical Inflation Factor
84,759,491	Interagency Transfers	
\$84,759,491		Other Charges costs for Programmatic Offices including, but not limited to: Other Charges Operating Services for the Immunization program. Other Charges Professional Services for Vital Records program, and COVID response activity. \$2,075,113.95 - Medical Inflation Factor
6,254,260	Louisiana Fund	
\$6,254,260		Other Charges costs for the School Based Health and Tobacco programmatic offices.
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 Developmen	
\$2,673,634		Other Professional Services- Medical costs for the Bureau of Chronic Disease and Healthcare Access programmatic office.
192,218	Vital Records Conversion Fund	
\$192,218		Other Professional Services- Medical costs for the Vital Records programmatic office.
\$522,663,864	Total Other Charges	

Interagency Transfers

FY2024-2025 Request	Means of Financing	Receiving Agency	Description
343,658	Federal Funds		
\$343,658		STATE CIVIL SERVICE	Interagency transfer for Civil Service and Comprehensive Public Training Program (CPTP). This transfer will cover OPH's pro rata share of State Civil Service and CPTP costs. The total IAT amount is \$592,513.00 and consists of the following funding breakdown: \$165,903.00 in State Funds, \$59,251.00 in Self-Generated Fees, \$23,701.00 in IAT Funds, and \$343,658.00 in Federal Funds.
59,251	Fees & Self-generated		
165,903	State General Fund		
\$225,154		STATE CIVIL SERVICE	Interagency Transfers for State Civil Service and Comprehensive Public Training Program (CPTP).
318,067	Interagency Transfers		
\$318,067		DOA-OFFICE OF TECHNOLOGY SVCS	Interagency Transfers to OTS for statewide IT services for the OPH; Metric Software System used to identify Certificates of Analysis for the Cannabis Program.
208,572	Fees & Self-generated		
\$208,572		MISCELLANEOUS STATE AID	Interagency transfer to Imperial Calcasieu Human Services Authority from Region 5 National Association of City and County Health Official (NACCHO) in the amount of \$208,572 in Self Gen Fund.
150,400	Fees & Self-generated		
\$150,400		HEALTH & HOSP OFF OF SECRETARY	Interagency transfer to LDH Legal for salary and benefits for an Attorney 4 for the Safe Drinking Water Program in the amount of \$150,400 in Self-Generated Funds.

Interagency Transfers *(continued)*

FY2024-2025 Request	Means of Financing	Receiving Agency	Description
680,000	Federal Funds		
\$680,000		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 \$680,000.00 in Federal Funds.
10,000	Federal Funds		
\$10,000		HEALTH & HOSP OFF OF SECRETARY	Interagency transfer to the Bureau of Minority Health. This transfer covers Tribal outreach activities supported by the Public Health Emergency Response (PHEP) grant in the Office of Public Health. The total IAT amount is \$10,000.00 in Federal Funds.
1,119,658	Federal Funds		
\$1,119,658		CAPITAL AREA HUMAN SRV DSTRCT	Interagency transfer to the Capital Area Human Services District. The purpose of this IAT is to cover cost contracts. These contracts will provide nurse home visitors to decrease the infant mortality rate and decrease disparities in the targeted regions. The total IAT amount is \$1,119,658.00 in Federal Funds.
189,035	Federal Funds		
\$189,035		AGRICULTURE AND FORESTRY	Interagency transfer to the Department of Agriculture & Forestry. This transfer covers the costs for emergency response storage of antiviral medical caches. The total IAT amount is \$189,035.00 in federal funds.
174,608	Federal Funds		
\$174,608		HEALTH & HOSP OFF OF SECRETARY	Interagency transfer to the Department of Health and Hospitals-Office of the Secretary for training equipment and supplies for the Employee Engagement and Training Section. The total IAT amount is \$174,608.00 in Federal Funds.

Interagency Transfers *(continued)*

FY2024-2025 Request	Means of Financing	Receiving Agency	Description
60,000	Federal Funds		
\$60,000		CORRECTIONS-ADMINISTRATION	Interagency Transfer to the Department of Public Safety and Corrections for Opioid Overdose Prevention activities. Total amount is \$60,000.00 in Federal Fund.
18,280	Interagency Transfers		
127,962	State General Fund		
\$146,242		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 \$379,957.00 and consists of the following funding breakdown: \$125,385.00 in State Funds, \$30,397.00 in Self-Generated Fees, \$11,399.00 in IAT Funds, and \$212,776.00 in Federal Funds.
265,064	Federal Funds		
\$265,064		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 \$457,007.00 and consists of the following funding breakdown: \$127,962.00 in State Funds, \$45,701.00 in Self-Generated Fees, \$18,280.00 in IAT Funds, and \$265,064.00 in Federal Funds.
10,000	State General Fund		
\$10,000		DOA-ADMINISTRATIVE SUPPORT	Interagency transfer to the Division of Administration for GPS tracking of OPH state vehicles. Total is \$10,000.00 in State Gen Fund.

Interagency Transfers *(continued)*

FY2024-2025 Request	Means of Financing	Receiving Agency	Description
566,404	Federal Funds		
\$566,404		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 \$3,872,098.00 and consists of the following funding breakdown: \$3,114,799.00 in State Funds, \$97,625.00 in Self-Generated Fees, \$39,050.00 in IAT Funds, \$566,404.00 in Federal Funds, \$40,000.00 in LA Telecom for the Deaf Funds, and 14,220.00 in Vital Records Conversion Fund.
7,985,767	Federal Funds		
\$7,985,767		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 \$13,306,817.00 and consists of the following funding breakdown: \$3,199,385.00 in State Funds, \$1,803,598.00 in Self-Generated Fees, \$318,067.00 in IAT Funds, and \$7,985,767.00 in Federal Funds.
16,322	Federal Funds		
\$16,322		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 \$28,141.00 and consists of the following funding breakdown: \$7,879.00 in State Funds, \$2,814.00 in Self-Generated Fees, \$1,126.00 in IAT Funds, and \$16,322.00 in Federal Funds.

Interagency Transfers *(continued)*

FY2024-2025 Request	Means of Financing	Receiving Agency	Description
1,126	Interagency Transfers		
7,879	State General Fund		
\$9,005		DOA-ADMINISTRATIVE SUPPORT	Interagency transfer to the Division of Administrative Law. The purpose of this IAT is to cover costs associated with legal services provided to the Office of Public Health. The total IAT amount is \$34,281.00 and consists of the following funding breakdown: \$11,313.00 in State Funds, \$2,742.00 in Self-Generated Fees, \$1,028.00 in IAT Funds, and \$19,198.00 in Federal Funds.
938,312	Federal Funds		
\$938,312		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 \$938,312.00.
40,000	Federal Funds		
\$40,000		OFFICE OF AGING & ADULT SRVS	Interagency transfer to the Office of Aging and Adult Services. This transfer covers contract services related to providing subject matter expertise on Louisiana's aging and adult population. The total IAT is \$35,000.00 and is 100% federal funds.
747,909	Federal Funds		
\$747,909		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 \$1,289,499.00 and consists of the following funding breakdown: \$361,060.00 in State Funds, \$128,950.00 in Self-Generated Fees, \$51,580.00 in IAT Funds, and \$747,909.00 in Federal Funds.

Interagency Transfers *(continued)*

FY2024-2025 Request	Means of Financing	Receiving Agency	Description
374,040	State General Fund		
\$374,040		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 \$374,040.00 in State General Funds.
48,060	Federal Funds		
\$48,060		UNIFORM PAYROLL OFFICE	Interagency transfer to the Office of Statewide Uniform Payroll. The purpose of this IAT is to cover pro rata share of processed payroll checks/EFTs. Total IAT amount is \$82,862.00. The IAT funding breakdown consists of \$23,201.00 in State Funds, \$8,286.00 in Self-Generated Fees, \$3,315.00 in IAT Funds, and \$48,060.00 in Federal Funds.
302,763	Federal Funds		
\$302,763		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 \$522,004.00 and consists of the following funding breakdown: \$146,161.00 in State Funds, \$52,200.00 in Self-Generated Fees, \$20,880.00 in IAT Funds, and \$302,763.00 in Federal Funds.

Interagency Transfers *(continued)*

FY2024-2025 Request	Means of Financing	Receiving Agency	Description
599,337	Federal Funds		
\$599,337		OFF. TELECOMMUNICATIONS MGMT	Interagency transfer to the Office of Telecommunications Management for statewide phone, data line, computer line service. Total of \$1,033,340 funded as follows: \$289,335 State Gen Fund \$103,334 Fees Self Gen Fund \$41,334 Interagency Transfer Fund \$599,337 Federal Fund
103,334	Fees & Self-generated		
41,334	Interagency Transfers		
\$144,668		OFF. TELECOMMUNICATIONS MGMT	Interagency transfer to the Office of Telecommunications. This transfer covers statewide costs related to local and long-distance telephone calls, fax, and conference calling services. The total IAT is \$1,896,375.00 and includes \$625,804.00 in State Funds, \$151,710.00 in Self-Generated Fees, \$56,891.00 in IAT Funds, and \$1,061,970.00 in Federal Funds.
85,000	Federal Funds		
\$85,000		LEGISLATIVE AUDITOR	Interagency transfer to the Office of the Legislative Auditor. This transfer will cover the Drinking Water Revolving Loan Fund auditing services. The total IAT amount is \$85,000.00 in Federal Funds.

Interagency Transfers (continued)

FY2024-2025 Request	Means of Financing	Receiving Agency	Description
9,396	Federal Funds		
\$9,396		ST TREASURER OPERATING	Interagency transfer to the Office of the State Treasurer. The purpose of this transfer is to cover central depository banking services costs. The total IAT amount is \$16,200.00 and consists of the following funding breakdown: \$4,536.00 in State Funds, \$1,620.00 in Self-Generated Fees, \$648.00 in IAT Funds, and \$9,396.00 in Federal Funds.
255,400	Federal Funds		
\$255,400		OFFICE ON WOMENS HEALTH	Interagency transfer to the Office of Women's Health to strengthen and manage community partnerships and enhance cultural competency. \$255,400 in Federal Funds.
40,000	Federal Funds		
\$40,000		HEALTH & HOSP OFF OF SECRETARY	Interagency Transfer with LDH - Legal for services to the Bureau of Emergency Medical Services (BEMS) in the amount of \$40,000.00 in Federal Funds.
24,742	Federal Funds		
17,917	State General Fund		
\$42,659		MISCELLANEOUS STATE AID	Medical Inflation.
20,385	State General Fund		
\$20,385		MISCELLANEOUS STATE AID	Misc. interagency transfer to be determined for the Section of Environmental Epidemiology (SEET) for outsourcing soil samples for testing.
1,428,456	Federal Funds		
\$1,428,456		MISCELLANEOUS STATE AID	Misc. state agencies to be determined upon receipt of Interagency Agreements. Funding as follows: \$63,020 Self Generated \$609, 194 Interagency Transfers \$1,428,456 Federal
97,625	Fees & Self-generated		

Interagency Transfers *(continued)*

FY2024-2025 Request	Means of Financing	Receiving Agency	Description
2,814	Fees & Self-generated		
39,050	Interagency Transfers		
3,114,799	State General Fund		
40,000	Telecommunications for the Deaf Fund		
14,220	Vital Records Conversion Fund		
1,803,598	Fees & Self-generated		
52,200	Fees & Self-generated		
20,880	Interagency Transfers		
3,199,385	State General Fund		
146,161	State General Fund		
63,020	Fees & Self-generated		
45,701	Fees & Self-generated		
609,194	Interagency Transfers		
190,056	State General Fund		
128,950	Fees & Self-generated		
51,580	Interagency Transfers		
361,060	State General Fund		
289,335	State General Fund		
23,701	Interagency Transfers		
1,620	Fees & Self-generated		
648	Interagency Transfers		
4,536	State General Fund		
8,286	Fees & Self-generated		
3,315	Interagency Transfers		
23,201	State General Fund		
\$10,334,935		DOA-ADMINISTRATIVE SUPPORT	
\$27,889,276	Total Interagency Transfers		



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Continuation Budget Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	Existing Operating Budget as of 10/01/2023	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2024-2025 Requested Continuation Level
STATE GENERAL FUND (Direct)	60,167,535	—	3,117,881	3,855,342	—	1,403,855	68,544,613
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	87,213,926	—	137,301	—	—	—	87,351,227
FEES & SELF-GENERATED	56,721,419	(78,550)	214,693	1,454,846	—	—	58,312,408
STATUTORY DEDICATIONS	18,000,320	—	188,684	—	—	—	18,189,004
FEDERAL FUNDS	640,785,539	(81,340,661)	15,420,957	1,964,043	—	(200,000)	576,629,878
TOTAL MEANS OF FINANCING	\$862,888,739	\$(81,419,211)	\$19,079,516	\$7,274,231	—	\$1,203,855	\$809,027,130

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2023	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2024-2025 Requested Continuation Level
Fees & Self-generated	56,109,964	(78,550)	209,369	1,454,846	—	—	57,695,629
Oyster Sanitation Fund	186,051	—	4,186	—	—	—	190,237
Vital Records Conversion Fund	425,404	—	1,138	—	—	—	426,542
Total:	\$56,721,419	\$(78,550)	\$214,693	\$1,454,846	—	—	\$58,312,408

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2023	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2024-2025 Requested Continuation Level
Louisiana Fund	9,815,747	—	80,133	—	—	—	9,895,880
Rural Primary Care Physicians Development	2,673,634	—	—	—	—	—	2,673,634
Telecommunications for the Deaf Fund	5,510,939	—	108,551	—	—	—	5,619,490
Total:	\$18,000,320	—	\$188,684	—	—	—	\$18,189,004

Expenditures and Positions

Description	Existing Operating Budget as of 10/01/2023	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2024-2025 Requested Continuation Level
Salaries	82,472,253	—	—	4,124,021	—	786,557	87,382,831
Other Compensation	7,792,731	—	—	255,503	—	(156,000)	7,892,234
Related Benefits	55,244,407	—	—	2,894,707	—	1,217,765	59,356,879
TOTAL PERSONAL SERVICES	\$145,509,391	—	—	\$7,274,231	—	\$1,848,322	\$154,631,944
Travel	2,756,728	—	62,027	—	—	5,000	2,823,755
Operating Services	13,861,790	—	394,348	—	—	308,000	14,564,138
Supplies	14,969,327	—	806,136	—	—	51,766	15,827,229
TOTAL OPERATING EXPENSES	\$31,587,845	—	\$1,262,511	—	—	\$364,766	\$33,215,122
PROFESSIONAL SERVICES	\$69,810,042	—	\$1,811,931	—	—	\$(804,993)	\$70,816,980
Other Charges	586,905,689	(80,000,000)	15,962,415	—	—	(204,240)	522,663,864
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	27,656,561	—	42,659	—	—	—	27,699,220
TOTAL OTHER CHARGES	\$614,562,250	\$(80,000,000)	\$16,005,074	—	—	\$(204,240)	\$550,363,084
Acquisitions	1,419,211	(1,419,211)	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$1,419,211	\$(1,419,211)	—	—	—	—	—
TOTAL EXPENDITURES	\$862,888,739	\$(81,419,211)	\$19,079,516	\$7,274,231	—	\$1,203,855	\$809,027,130
Classified	1,213	—	—	—	—	5	1,218
Unclassified	14	—	—	—	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,227	—	—	—	—	5	1,232
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	105	—	—	—	—	—	105

CONTINUATION BUDGET ADJUSTMENTS - SUMMARIZED

Form 25888 — 326 Non Recurring Adjustment - COVID-19 Federal Grants

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(80,000,000)
TOTAL MEANS OF FINANCING	\$(80,000,000)

Positions

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

Expenditures

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

Continuation Budget Adjustments - Summarized

Total Agency
Request Type: NON-RECUR

Form 25992 — FY24-25 Non-Recurring Acquisitions and Major Repairs
Means of Financing

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	(78,550)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(1,340,661)
TOTAL MEANS OF FINANCING	\$(1,419,211)

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	(1,419,211)
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	\$(1,419,211)
TOTAL EXPENDITURES	\$(1,419,211)

Positions

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

Form 25994 — FY24-25 Standard Inflation Adjustment

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	243,670
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	137,301
FEES & SELF-GENERATED	214,693
STATUTORY DEDICATIONS	188,684
FEDERAL FUNDS	1,497,106
TOTAL MEANS OF FINANCING	\$2,281,454

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	62,027
Operating Services	311,890
Supplies	336,810
TOTAL OPERATING EXPENSES	\$710,727
PROFESSIONAL SERVICES	\$1,570,727
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$2,281,454

Positions

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

Form 26197 — 326 Medical Inflation
Means of Financing

	Amount
STATE GENERAL FUND (Direct)	2,874,211
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	13,923,851
TOTAL MEANS OF FINANCING	\$16,798,062

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	82,458
Supplies	469,326
TOTAL OPERATING EXPENSES	\$551,784
PROFESSIONAL SERVICES	\$241,204
Other Charges	15,962,415
Debt Service	—
Interagency Transfers	42,659
TOTAL OTHER CHARGES	\$16,005,074
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$16,798,062

Positions

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

Form 26967 — 326 Salary and Related Benefits Base Adjustment
Means of Financing

	Amount
STATE GENERAL FUND (Direct)	3,855,342
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	1,454,846
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	1,964,043
TOTAL MEANS OF FINANCING	\$7,274,231

Expenditures

	Amount
Salaries	4,124,021
Other Compensation	255,503
Related Benefits	2,894,707
TOTAL PERSONAL SERVICES	\$7,274,231
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$7,274,231

Positions

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

**Form 25898 — 326 Central Laboratory - Env. Chemistry-Trace Metals
Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	266,206
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$266,206

Expenditures

	Amount
Salaries	175,136
Other Compensation	—
Related Benefits	91,070
TOTAL PERSONAL SERVICES	\$266,206
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	\$266,206

Positions

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

Form 25905 — 326 - Commodity Supp Food Program Inventory Management System

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

Positions

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

Expenditures

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

**Form 25908 — 326- Medical Special Needs Shelters and Warehouse
Means of Financing**

	Amount
STATE GENERAL FUND (Direct)	787,649
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$787,649

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	308,000
Supplies	—
TOTAL OPERATING EXPENSES	\$308,000
PROFESSIONAL SERVICES	\$479,649
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$787,649

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 25986 — 326 - Community Outreach

Means of Financing

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

Form 25998 — 326 - Conversion of 2 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	—
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	2
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	2
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Form 27699 — 326-IAT SOURCE OF FUNDING REALIGNMENT BY EXP CATEGORY

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	—

Positions

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

Expenditures

	Amount
Salaries	(238,885)
Other Compensation	—
Related Benefits	123,245
TOTAL PERSONAL SERVICES	\$(115,640)
Travel	1,000
Operating Services	15,096
Supplies	1,500
TOTAL OPERATING EXPENSES	\$17,596
PROFESSIONAL SERVICES	\$(2,971,334)
Other Charges	3,756,063
Debt Service	—
Interagency Transfers	(686,685)
TOTAL OTHER CHARGES	\$3,069,378
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	—

Form 27700 — 326-SELF GENERATED SOURCE OF FUNDING RELIGNMENT BY EXP CATE

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	—

Positions

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

Expenditures

	Amount
Salaries	(64,935)
Other Compensation	—
Related Benefits	(27,541)
TOTAL PERSONAL SERVICES	\$(92,476)
Travel	(57,773)
Operating Services	(223,637)
Supplies	(1,500)
TOTAL OPERATING EXPENSES	\$(282,910)
PROFESSIONAL SERVICES	—
Other Charges	376,301
Debt Service	—
Interagency Transfers	(915)
TOTAL OTHER CHARGES	\$375,386
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	—

Form 27701 — 326-FEDERAL SOURCE OF FUNDING REALIGNMENT BY EXP CATEGORY

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	—

Positions

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

Expenditures

	Amount
Salaries	915,241
Other Compensation	(156,000)
Related Benefits	1,030,991
TOTAL PERSONAL SERVICES	\$1,790,232
Travel	61,773
Operating Services	208,541
Supplies	51,766
TOTAL OPERATING EXPENSES	\$322,080
PROFESSIONAL SERVICES	\$1,536,692
Other Charges	(4,336,604)
Debt Service	—
Interagency Transfers	687,600
TOTAL OTHER CHARGES	\$(3,649,004)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	—

PROGRAM SUMMARY STATEMENT

3262 - Public Health Services

Means of Financing

Description	Existing Operating Budget as of 10/01/2023	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2024-2025 Requested Continuation Level
STATE GENERAL FUND (Direct)	60,167,535	—	3,117,881	3,855,342	—	1,403,855	68,544,613
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	87,213,926	—	137,301	—	—	—	87,351,227
FEES & SELF-GENERATED	56,721,419	(78,550)	214,693	1,454,846	—	—	58,312,408
STATUTORY DEDICATIONS	18,000,320	—	188,684	—	—	—	18,189,004
FEDERAL FUNDS	640,785,539	(81,340,661)	15,420,957	1,964,043	—	(200,000)	576,629,878
TOTAL MEANS OF FINANCING	\$862,888,739	\$(81,419,211)	\$19,079,516	\$7,274,231	—	\$1,203,855	\$809,027,130

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2023	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2024-2025 Requested Continuation Level
Fees & Self-generated	56,109,964	(78,550)	209,369	1,454,846	—	—	57,695,629
Oyster Sanitation Fund	186,051	—	4,186	—	—	—	190,237
Vital Records Conversion Fund	425,404	—	1,138	—	—	—	426,542
Total:	\$56,721,419	\$(78,550)	\$214,693	\$1,454,846	—	—	\$58,312,408

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2023	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2024-2025 Requested Continuation Level
Louisiana Fund	9,815,747	—	80,133	—	—	—	9,895,880
Rural Primary Care Physicians Development	2,673,634	—	—	—	—	—	2,673,634
Telecommunications for the Deaf Fund	5,510,939	—	108,551	—	—	—	5,619,490
Total:	\$18,000,320	—	\$188,684	—	—	—	\$18,189,004

Expenditures and Positions

Description	Existing Operating Budget as of 10/01/2023	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2024-2025 Requested Continuation Level
Salaries	82,472,253	—	—	4,124,021	—	786,557	87,382,831
Other Compensation	7,792,731	—	—	255,503	—	(156,000)	7,892,234
Related Benefits	55,244,407	—	—	2,894,707	—	1,217,765	59,356,879
TOTAL PERSONAL SERVICES	\$145,509,391	—	—	\$7,274,231	—	\$1,848,322	\$154,631,944
Travel	2,756,728	—	62,027	—	—	5,000	2,823,755
Operating Services	13,861,790	—	394,348	—	—	308,000	14,564,138
Supplies	14,969,327	—	806,136	—	—	51,766	15,827,229
TOTAL OPERATING EXPENSES	\$31,587,845	—	\$1,262,511	—	—	\$364,766	\$33,215,122
PROFESSIONAL SERVICES	\$69,810,042	—	\$1,811,931	—	—	\$(804,993)	\$70,816,980
Other Charges	586,905,689	(80,000,000)	15,962,415	—	—	(204,240)	522,663,864
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	27,656,561	—	42,659	—	—	—	27,699,220
TOTAL OTHER CHARGES	\$614,562,250	\$(80,000,000)	\$16,005,074	—	—	\$(204,240)	\$550,363,084
Acquisitions	1,419,211	(1,419,211)	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$1,419,211	\$(1,419,211)	—	—	—	—	—
TOTAL EXPENDITURES	\$862,888,739	\$(81,419,211)	\$19,079,516	\$7,274,231	—	\$1,203,855	\$809,027,130
Classified	1,213	—	—	—	—	5	1,218
Unclassified	14	—	—	—	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,227	—	—	—	—	5	1,232
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	105	—	—	—	—	—	105

CONTINUATION BUDGET ADJUSTMENTS - BY PROGRAM

Form 25992 — FY24-25 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	(78,550)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(1,340,661)
TOTAL MEANS OF FINANCING	\$(1,419,211)

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	(1,419,211)
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	\$(1,419,211)
TOTAL EXPENDITURES	\$(1,419,211)

Positions

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

Fees and Self-Generated

	Amount
Fees & Self-generated	(78,550)
Total:	\$(78,550)

Statutory Dedications

	Amount
Total:	—

Supporting Detail
Means of Financing

Description	Amount
Federal Funds	(1,340,661)
Fees & Self-generated	(78,550)
Total:	\$(1,419,211)

Acquisitions

Commitment item	Name	Amount
5700000	TOTAL ACQUISITIONS	(1,419,211)
Total:		\$(1,419,211)

Form 25994 — FY24-25 Standard Inflation Adjustment

3262 - Public Health Services

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	243,670
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	137,301
FEES & SELF-GENERATED	214,693
STATUTORY DEDICATIONS	188,684
FEDERAL FUNDS	1,497,106
TOTAL MEANS OF FINANCING	\$2,281,454

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	62,027
Operating Services	311,890
Supplies	336,810
TOTAL OPERATING EXPENSES	\$710,727
PROFESSIONAL SERVICES	\$1,570,727
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$2,281,454

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	209,369
Oyster Sanitation Fund	4,186
Vital Records Conversion Fund	1,138
Total:	\$214,693

Statutory Dedications

	Amount
Louisiana Fund	80,133
Telecommunications for the Deaf Fund	108,551
Total:	\$188,684

Supporting Detail

Means of Financing

Description	Amount
Federal Funds	1,497,106
Fees & Self-generated	209,369
Interagency Transfers	137,301
Louisiana Fund	80,133
Oyster Sanitation Fund	4,186
State General Fund	243,670
Telecommunications for the Deaf Fund	108,551
Vital Records Conversion Fund	1,138
Total:	\$2,281,454

Travel

Commitment item	Name	Amount
5200000	TOTAL TRAVEL	62,027
Total:		\$62,027

Operating Services

Commitment item	Name	Amount
5300000	TOTAL OPERATING SERV	311,890
Total:		\$311,890

Supplies

Commitment item	Name	Amount
5400000	TOTAL SUPPLIES	336,810
Total:		\$336,810

Professional Services

Commitment item	Name	Amount
5500000	TOTAL PROF SERVICES	1,570,727
Total:		\$1,570,727

Form 25888 — 326 Non Recurring Adjustment - COVID-19 Federal Grants

3262 - Public Health Services

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	—
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	(80,000,000)
TOTAL MEANS OF FINANCING	\$(80,000,000)

AUTHORIZED POSITIONS

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

EXPENDITURES

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

Question	Narrative Response
Explain the need for this request.	This request will non recur \$80,000,000 in federal budget authority that is tied to COVID-19 federal grants that will be expended in SFY24.
Cite performance indicators for the adjustment.	There are no performance adjustments associated with this request.
What would the impact be if this is not funded?	Failure to approve this request will result in the agency having excess budget authority for COVID-19 federal grants that will be expended in SFY24.
Is revenue a fixed amount or can it be adjusted?	The revenue is fixed based on federal COVID-19 grants that will be expended in SFY24.
Is the expenditure of these revenues restricted?	Not applicable.
Additional information or comments.	Not applicable.

Form 26197 — 326 Medical Inflation

3262 - Public Health Services

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	2,874,211
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	13,923,851
TOTAL MEANS OF FINANCING	\$16,798,062

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	82,458
Supplies	469,326
TOTAL OPERATING EXPENSES	\$551,784
PROFESSIONAL SERVICES	\$241,204
Other Charges	15,962,415
Debt Service	—
Interagency Transfers	42,659
TOTAL OTHER CHARGES	\$16,005,074
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$16,798,062

AUTHORIZED POSITIONS

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

Statutory Dedications

	Amount
Total:	—

Question	Narrative Response
Explain the need for this request.	This request is for Medical Inflation @ 3.81% per Division of Administration guidelines for FY2024-2025 Budget Request.
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?	Not applicable.
Is revenue a fixed amount or can it be adjusted?	The revenue is fixed based on estimated expenditures.
Is the expenditure of these revenues restricted?	Not applicable.
Additional information or comments.	Not applicable.

Form 26967 — 326 Salary and Related Benefits Base Adjustment

3262 - Public Health Services

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	3,855,342
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	1,454,846
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	1,964,043
TOTAL MEANS OF FINANCING	\$7,274,231

EXPENDITURES

	Amount
Salaries	4,124,021
Other Compensation	255,503
Related Benefits	2,894,707
TOTAL PERSONAL SERVICES	\$7,274,231
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$7,274,231

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	1,454,846
Total:	\$1,454,846

Statutory Dedications

	Amount
Total:	—

Question	Narrative Response
Explain the need for this request.	This request is to fund the Market Rate Adjustments, and Salary Base Adjustments, and Related Benefits 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 for Personnel Services in FY 2024 - 2025.
Is revenue a fixed amount or can it be adjusted?	The revenue amount is fixed based on projected expenditures.
Is the expenditure of these revenues restricted?	No.
Additional information or comments.	Not applicable.

Form 25898 — 326 Central Laboratory - Env. Chemistry-Trace Metals

3262 - Public Health Services

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	266,206
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$266,206

AUTHORIZED POSITIONS

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

EXPENDITURES

	Amount
Salaries	175,136
Other Compensation	—
Related Benefits	91,070
TOTAL PERSONAL SERVICES	\$266,206
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	\$266,206

Question	Narrative Response
Explain the need for this request.	This request is for three (3) state funded TO positions (one Public Health Lab Scientist 3 and two Lab Technician 3s) necessary to expand the analytical capacity of the Trace Metals Laboratory in response to the federal revised Lead and Copper Rule (LCR). The positions require chemistry laboratory experience, preferably experience working within the quality system required for laboratories certified by the U.S. Environmental Protection Agency. If there is no opportunity for permanent status, qualified applicants may forgo the positions. In addition, if employees are hired in a manner other than through TO, it is likely that the laboratory would lose those employees after a significant investment of time, training, and materials.
Cite performance indicators for the adjustment.	Number of lab tests/specimens tested.
What would the impact be if this is not funded?	Failure to approve this request will result in the Office of Public Health's Laboratory not being able to fund the three Laboratory positions. These positions are critical for Environmental Chemistry Trace Metals testing. This expansion is required for the analytical capacity in response to the federal revised Lead and Copper Rule (LCR).
Is revenue a fixed amount or can it be adjusted?	The request is a fixed amount based on the personnel costs of the three positions required to operate the Trace Metals Laboratory.
Is the expenditure of these revenues restricted?	The revenue is restricted for personnel cost for Environmental Chemistry Trace Metals testing.
Additional information or comments.	Not applicable.

Form 25905 — 326 - Commodity Supp Food Program Inventory Management System

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

AUTHORIZED POSITIONS

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

EXPENDITURES

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

Question	Narrative Response
<p>Explain the need for this request.</p>	<p>This request is for the Louisiana Commodity Supplemental Food Program (LA CSFP) that 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 Office of Public Health (OPH) Bureau of Nutrition Services (BONS) is one of fifty (50) 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 since 1986, but BONS is currently working on the first ever Request For Proposal (RFP) to expand local services to additional agencies. This RFP has been a priority for both the United States Department of Agriculture (USDA) and Louisiana Department of Health (LDH) for some time. Procuring a centralized inventory management system to manage the USDA donated foods across multiple agencies will be critical for OPH BONS to ensure the CSFP food inventory is managed in the most effective and efficient way. Currently, LA CSFP uses an outdated, cumbersome, manual process to manage the USDA donated food inventory. This process will be extremely difficult to manage with additional local agencies. The BONS data specialist has investigated existing inventory management systems used in both CSFP and other USDA food programs by other states and has also considered creating our own system to replace our current outdated process. We anticipate a need of \$150,000 to fund the new CSFP inventory management system. The CSFP federal grant is very limited with regulations requiring the vast majority of the federal funds be passed down to the local agencies so BONS does not have the ability to utilize federal funds for an inventory management system. With the expansion of local agencies and the implementation of a new inventory management system, OPH BONS anticipates expanding our reach and serving more participants (utilizing a higher percentage of our allocated CSFP caseload). Utilizing a higher percentage of our allocated caseload will help with securing additional federal funding. An initial investment of SGF to establish a modern and innovative system for tracking, transferring, and monitoring USDA donated foods would be incredibly helpful and will support the long-term goals of expanding the CSFP Program and supporting the mission of OPH to protect and promote the health and wellness of all individuals and communities in Louisiana.</p>
<p>Cite performance indicators for the adjustment.</p>	<p>Number of monthly Commodity Supplemental Food Program participants served.</p>
<p>What would the impact be if this is not funded?</p>	<p>Failure to fund this initiative will result in a decrease in accountability and will hinder the LDH's ability to successfully monitor the OPH CSFP local agency contracts.</p>
<p>Is revenue a fixed amount or can it be adjusted?</p>	<p>The requested amount is fixed based on pricing received from LINK 2 FEED who has developed a food inventory management system used for CSFP and other USDA food programs.</p>
<p>Is the expenditure of these revenues restricted?</p>	<p>The expenditures will be restricted to professional services.</p>
<p>Additional information or comments.</p>	<p>This request is based on our research into already existing inventory database/management systems that are in use by other organizations that operate USDA Supplemental Food Programs, such as CSFP. We determined that there are three software platforms that support CSFP: Oasis, Link2Feed, and FreshTrak. The \$150,000 request is based on the iPremium Link2Feed package at \$200/month, assuming 64 sites (1 per parish).</p>

Form 25908 — 326- Medical Special Needs Shelters and Warehouse

3262 - Public Health Services

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	787,649
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$787,649

AUTHORIZED POSITIONS

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

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	308,000
Supplies	—
TOTAL OPERATING EXPENSES	\$308,000
PROFESSIONAL SERVICES	\$479,649
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$787,649

Question	Narrative Response
Explain the need for this request.	This request for staffing and wrap around services contracts are needed for the Bureau of Community Preparedness (BCP) to respond adequately and timely during an emergency. If not funded, this would impede BCP's ability to plan for support of Medical Special Needs shelters and to utilize warehouse personnel and resources to assist with emergency preparedness and response efforts. In addition, the request for the new lease space will cost approximately an additional \$100,000 more annually and there is no longer IAT funding from the LDH Office of the Secretary Emergency Preparedness Office Hospital Preparedness Plan (HPP) grant to fund the cost of this lease. Please see additional information below regarding contract and warehouse lease information.
Cite performance indicators for the adjustment.	Not applicable.
What would the impact be if this is not funded?	If this activity is not funded, the state would not be able to respond adequately during an emergency. The lack of funding would impede the Office of Public Health's ability to plan for support of Medical Special Needs shelters and to utilize warehouse personnel and resources to assist with emergency preparedness and response efforts.
Is revenue a fixed amount or can it be adjusted?	This revenue is a fixed amount. The expenditures are restricted to the activities as listed in the contract for readiness and warehouse support.
Is the expenditure of these revenues restricted?	The expenditure should be restricted to this line item only as it is necessary to continue the agreement with the four selected vendors emergency response readiness efforts. The warehouse long-term support is necessary to fulfill the logistical needs of the LDH EOC and the Bureau.
Additional information or comments.	The staffing contracts are as follows: 1) AMI Federal Services - \$9,734; 2) BCFS Health and Human Services - \$79,272; 3) Innovative Emergency Management (IEM) - \$240,913 and; 4) SLSCO, LTD - \$149,730. This request for staffing and wrap around services contracts are needed for the Bureau of Community Preparedness (BCP) to be able to respond adequately and timely during an emergency. If not funded, this would impede BCP's ability to plan for support of Medical Special Needs shelters (MSNS) and to utilize warehouse personnel and resources to assist with emergency preparedness and response efforts. In addition, the request for the new lease space will cost approximately an additional \$100,000 more annually as there is no longer IAT funding from the LDH Office of the Secretary Emergency Preparedness Office Hospital Preparedness Plan (HPP) grant to fund the cost of this lease. There is no federal funding source available to support and sustain the warehouse lease.

Form 25986 — 326 - Community Outreach

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	(200,000)
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.	This request will fulfill the Office of Public Health's 's mission of promoting health and wellness of individuals and communities. Community outreach accomplishes this mission through education and promotion of healthy lifestyles and disease prevention. If approved, this request will provide a dedicated flexible funding source for Parish Health Unit (PHU) staff to participate in statewide community outreach events where federal or state grant funding is not permitted to be used. These services will primarily benefit all communities and individuals served by PHU staff.
Cite performance indicators for the adjustment.	There are no performance adjustments associated with this request.
What would the impact be if this is not funded?	Failure to approve this request will result in the agency not being able to expand community outreach in parish health units throughout the state. This would result in not being able to provide diabetes screenings, high blood pressure checks, and other community wellness activities where federal grant dollars are not available.
Is revenue a fixed amount or can it be adjusted?	The revenue is fixed based on the projected level of expenditures.
Is the expenditure of these revenues restricted?	Not applicable.
Additional information or comments.	Not applicable.

Form 25998 — 326 - Conversion of 2 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	—
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	2
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	2
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Statutory Dedications

	Amount
Total:	—

Question	Narrative Response
Explain the need for this request.	This request is to convert two (2) Job Appointments that are expiring in FY25 to Authorized T.O. These Job Appointments need to be extended indefinitely and in accordance with Civil Service guidelines, it is more appropriate to convert these Non-T.O. to Authorized T.O. The positions include (1) Immunization Program Consultant and (1) Sanitarian 2.
Cite performance indicators for the adjustment.	This request will allow the Office of Public Health to continue to operate efficiently as they serve the citizens of Louisiana. It will ensure OPH is in compliance with Civil Service guidelines.
What would the impact be if this is not funded?	Failure to fund this request will 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.
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 27699 — 326-IAT SOURCE OF FUNDING REALIGNMENT BY EXP CATEGORY

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	—

AUTHORIZED POSITIONS

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

EXPENDITURES

	Amount
Salaries	(238,885)
Other Compensation	—
Related Benefits	123,245
TOTAL PERSONAL SERVICES	\$(115,640)
Travel	1,000
Operating Services	15,096
Supplies	1,500
TOTAL OPERATING EXPENSES	\$17,596
PROFESSIONAL SERVICES	\$(2,971,334)
Other Charges	3,756,063
Debt Service	—
Interagency Transfers	(686,685)
TOTAL OTHER CHARGES	\$3,069,378
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	—

Question	Narrative Response
Explain the need for this request.	This request is for a FY25 IAT realignment of funding sources by expenditure categories.
Cite performance indicators for the adjustment.	There are no performance adjustments associated with this request.
What would the impact be if this is not funded?	If this adjustment is not approved OPH's funding sources by expenditure category would not be aligned properly.
Is revenue a fixed amount or can it be adjusted?	Fixed.
Is the expenditure of these revenues restricted?	No.
Additional information or comments.	Not Applicable.

Form 27700 — 326-SELF GENERATED SOURCE OF FUNDING RELIGNMENT BY EXP CATE

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	(64,935)
Other Compensation	—
Related Benefits	(27,541)
TOTAL PERSONAL SERVICES	\$(92,476)
Travel	(57,773)
Operating Services	(223,637)
Supplies	(1,500)
TOTAL OPERATING EXPENSES	\$(282,910)
PROFESSIONAL SERVICES	—
Other Charges	376,301
Debt Service	—
Interagency Transfers	(915)
TOTAL OTHER CHARGES	\$375,386
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	—

Statutory Dedications

	Amount
Total:	—

Question	Narrative Response
Explain the need for this request.	This request is for a FY25 Self-Generated realignment of funding sources by expenditure categories.
Cite performance indicators for the adjustment.	There are no performance adjustments associated with this request.
What would the impact be if this is not funded?	If this adjustment is not approved OPH's funding sources by expenditure category would not be aligned properly.
Is revenue a fixed amount or can it be adjusted?	Fixed.
Is the expenditure of these revenues restricted?	No.
Additional information or comments.	Not applicable.

Form 27701 — 326-FEDERAL SOURCE OF FUNDING REALIGNMENT BY EXP CATEGORY

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	—

AUTHORIZED POSITIONS

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

EXPENDITURES

	Amount
Salaries	915,241
Other Compensation	(156,000)
Related Benefits	1,030,991
TOTAL PERSONAL SERVICES	\$1,790,232
Travel	61,773
Operating Services	208,541
Supplies	51,766
TOTAL OPERATING EXPENSES	\$322,080
PROFESSIONAL SERVICES	\$1,536,692
Other Charges	(4,336,604)
Debt Service	—
Interagency Transfers	687,600
TOTAL OTHER CHARGES	\$(3,649,004)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	—

Question	Narrative Response
Explain the need for this request.	This request is for a FY25 Federal realignment of funding sources by expenditure categories.
Cite performance indicators for the adjustment.	There are no performance adjustments associated with this request.
What would the impact be if this is not funded?	If this adjustment is not approved OPH's funding sources by expenditure category would not be aligned properly.
Is revenue a fixed amount or can it be adjusted?	Fixed.
Is the expenditure of these revenues restricted?	No.
Additional information or comments.	Not applicable.

Technical and Other Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing	Existing Operating Budget as of 10/01/2023	FY2024-2025 Requested Continuation Adjustment	FY2024-2025 Requested in this Adjustment Package	FY2024-2025 Requested Realignment
STATE GENERAL FUND (Direct)	60,167,535	8,377,078	—	68,544,613
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	87,213,926	137,301	—	87,351,227
FEES & SELF-GENERATED	56,721,419	1,590,989	—	58,312,408
STATUTORY DEDICATIONS	18,000,320	188,684	—	18,189,004
FEDERAL FUNDS	640,785,539	(64,155,661)	—	576,629,878
TOTAL MEANS OF FINANCING	\$862,888,739	\$(53,861,609)	—	\$809,027,130
Salaries	82,472,253	4,910,578	—	87,382,831
Other Compensation	7,792,731	99,503	—	7,892,234
Related Benefits	55,244,407	4,112,472	—	59,356,879
TOTAL PERSONAL SERVICES	\$145,509,391	\$9,122,553	—	\$154,631,944
Travel	2,756,728	67,027	—	2,823,755
Operating Services	13,861,790	702,348	—	14,564,138
Supplies	14,969,327	857,902	—	15,827,229
TOTAL OPERATING EXPENSES	\$31,587,845	\$1,627,277	—	\$33,215,122
PROFESSIONAL SERVICES	\$69,810,042	\$1,006,938	—	\$70,816,980
Other Charges	586,905,689	(64,241,825)	—	522,663,864
Debt Service	—	—	—	—
Interagency Transfers	27,656,561	42,659	—	27,699,220
TOTAL OTHER CHARGES	\$614,562,250	\$(64,199,166)	—	\$550,363,084
Acquisitions	1,419,211	(1,419,211)	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$1,419,211	\$(1,419,211)	—	—
TOTAL EXPENDITURES	\$862,888,739	\$(53,861,609)	—	\$809,027,130
Classified	1,213	5	—	1,218
Unclassified	14	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,227	5	—	1,232
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	105	—	—	105

PROGRAM BREAKOUT

Means of Financing	Requested in this Adjustment Package	3262 Public Health Services
STATE GENERAL FUND (Direct)	—	—
STATE GENERAL FUND BY:	—	—
INTERAGENCY TRANSFERS	—	—
FEES & SELF-GENERATED	—	—
STATUTORY DEDICATIONS	—	—
FEDERAL FUNDS	—	—
TOTAL MEANS OF FINANCING	—	—
Salaries	—	—
Other Compensation	—	—
Related Benefits	—	—
TOTAL SALARIES	—	—
Travel	—	—
Operating Services	—	—
Supplies	—	—
TOTAL OPERATING EXPENSES	—	—
PROFESSIONAL SERVICES	—	—
Other Charges	—	—
Debt Service	—	—
Interagency Transfers	—	—
TOTAL OTHER CHARGES	—	—
Acquisitions	—	—
Major Repairs	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—
TOTAL EXPENDITURES & REQUEST	—	—
Classified	—	—
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 10/01/2023	FY2024-2025 Requested Continuation Adjustment	FY2024-2025 Requested in this Adjustment Package	FY2024-2025 Requested Realignment
STATE GENERAL FUND (Direct)	60,167,535	8,377,078	—	68,544,613
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	87,213,926	137,301	—	87,351,227
FEES & SELF-GENERATED	56,721,419	1,590,989	—	58,312,408
STATUTORY DEDICATIONS	18,000,320	188,684	—	18,189,004
FEDERAL FUNDS	640,785,539	(64,155,661)	—	576,629,878
TOTAL MEANS OF FINANCING	\$862,888,739	\$(53,861,609)	—	\$809,027,130
Salaries	82,472,253	4,910,578	—	87,382,831
Other Compensation	7,792,731	99,503	—	7,892,234
Related Benefits	55,244,407	4,112,472	—	59,356,879
TOTAL PERSONAL SERVICES	\$145,509,391	\$9,122,553	—	\$154,631,944
Travel	2,756,728	67,027	—	2,823,755
Operating Services	13,861,790	702,348	—	14,564,138
Supplies	14,969,327	857,902	—	15,827,229
TOTAL OPERATING EXPENSES	\$31,587,845	\$1,627,277	—	\$33,215,122
PROFESSIONAL SERVICES	\$69,810,042	\$1,006,938	—	\$70,816,980
Other Charges	586,905,689	(64,241,825)	—	522,663,864
Debt Service	—	—	—	—
Interagency Transfers	27,656,561	42,659	—	27,699,220
TOTAL OTHER CHARGES	\$614,562,250	\$(64,199,166)	—	\$550,363,084
Acquisitions	1,419,211	(1,419,211)	—	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$1,419,211	\$(1,419,211)	—	—
TOTAL EXPENDITURES	\$862,888,739	\$(53,861,609)	—	\$809,027,130
Classified	1,213	5	—	1,218
Unclassified	14	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,227	5	—	1,232
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	105	—	—	105

New or Expanded Requests

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing and Expenditures	Existing Operating Budget as of 10/01/2023	FY2024-2025 Requested Continuation Adjustment	FY2024-2025 Requested in Technical/Other Package	FY2024-2025 Requested New/Expanded	FY2024-2025 Requested Realignment
STATE GENERAL FUND (Direct)	60,167,535	8,377,078	—	4,625,438	73,170,051
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	87,213,926	137,301	—	—	87,351,227
FEES & SELF-GENERATED	56,721,419	1,590,989	—	—	58,312,408
STATUTORY DEDICATIONS	18,000,320	188,684	—	—	18,189,004
FEDERAL FUNDS	640,785,539	(64,155,661)	—	—	576,629,878
TOTAL MEANS OF FINANCING	\$862,888,739	\$(53,861,609)	—	\$4,625,438	\$813,652,568
Salaries	82,472,253	4,910,578	—	449,074	87,831,905
Other Compensation	7,792,731	99,503	—	—	7,892,234
Related Benefits	55,244,407	4,112,472	—	196,693	59,553,572
TOTAL PERSONAL SERVICES	\$145,509,391	\$9,122,553	—	\$645,767	\$155,277,711
Travel	2,756,728	67,027	—	32,000	2,855,755
Operating Services	13,861,790	702,348	—	600	14,564,738
Supplies	14,969,327	857,902	—	3,600,500	19,427,729
TOTAL OPERATING EXPENSES	\$31,587,845	\$1,627,277	—	\$3,633,100	\$36,848,222
PROFESSIONAL SERVICES	\$69,810,042	\$1,006,938	—	\$156,515	\$70,973,495
Other Charges	586,905,689	(64,241,825)	—	—	522,663,864
Debt Service	—	—	—	—	—
Interagency Transfers	27,656,561	42,659	—	190,056	27,889,276
TOTAL OTHER CHARGES	\$614,562,250	\$(64,199,166)	—	\$190,056	\$550,553,140
Acquisitions	1,419,211	(1,419,211)	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$1,419,211	\$(1,419,211)	—	—	—
TOTAL EXPENDITURES	\$862,888,739	\$(53,861,609)	—	\$4,625,438	\$813,652,568
Classified	1,213	5	—	4	1,222
Unclassified	14	—	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,227	5	—	4	1,236
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	105	—	—	—	105

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2023	FY2024-2025 Requested Continuation Adjustment	FY2024-2025 Requested in Technical/Other Package	FY2024-2025 Requested New/Expanded	FY2024-2025 Requested Realignment
Fees & Self-generated	56,109,964	1,585,665	—	—	57,695,629
Oyster Sanitation Fund	186,051	4,186	—	—	190,237
Vital Records Conversion Fund	425,404	1,138	—	—	426,542
Total:	\$56,721,419	\$1,590,989	—	—	\$58,312,408

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2023	FY2024-2025 Requested Continuation Adjustment	FY2024-2025 Requested in Technical/Other Package	FY2024-2025 Requested New/Expanded	FY2024-2025 Requested Realignment
Louisiana Fund	9,815,747	80,133	—	—	9,895,880
Rural Primary Care Physicians Developmen	2,673,634	—	—	—	2,673,634
Telecommunications for the Deaf Fund	5,510,939	108,551	—	—	5,619,490
Total:	\$18,000,320	\$188,684	—	—	\$18,189,004

PROGRAM SUMMARY STATEMENT

3262 - Public Health Services

Means of Financing and Expenditures	Existing Operating Budget as of 10/01/2023	FY2024-2025 Requested Continuation Adjustment	FY2024-2025 Requested in Technical/Other Package	FY2024-2025 Requested New/Expanded	FY2024-2025 Requested Realignment
STATE GENERAL FUND (Direct)	60,167,535	8,377,078	—	4,625,438	73,170,051
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	87,213,926	137,301	—	—	87,351,227
FEES & SELF-GENERATED	56,721,419	1,590,989	—	—	58,312,408
STATUTORY DEDICATIONS	18,000,320	188,684	—	—	18,189,004
FEDERAL FUNDS	640,785,539	(64,155,661)	—	—	576,629,878
TOTAL MEANS OF FINANCING	\$862,888,739	\$(53,861,609)	—	\$4,625,438	\$813,652,568
Salaries	82,472,253	4,910,578	—	449,074	87,831,905
Other Compensation	7,792,731	99,503	—	—	7,892,234
Related Benefits	55,244,407	4,112,472	—	196,693	59,553,572
TOTAL PERSONAL SERVICES	\$145,509,391	\$9,122,553	—	\$645,767	\$155,277,711
Travel	2,756,728	67,027	—	32,000	2,855,755
Operating Services	13,861,790	702,348	—	600	14,564,738
Supplies	14,969,327	857,902	—	3,600,500	19,427,729
TOTAL OPERATING EXPENSES	\$31,587,845	\$1,627,277	—	\$3,633,100	\$36,848,222
PROFESSIONAL SERVICES	\$69,810,042	\$1,006,938	—	\$156,515	\$70,973,495
Other Charges	586,905,689	(64,241,825)	—	—	522,663,864
Debt Service	—	—	—	—	—
Interagency Transfers	27,656,561	42,659	—	190,056	27,889,276
TOTAL OTHER CHARGES	\$614,562,250	\$(64,199,166)	—	\$190,056	\$550,553,140
Acquisitions	1,419,211	(1,419,211)	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$1,419,211	\$(1,419,211)	—	—	—
TOTAL EXPENDITURES	\$862,888,739	\$(53,861,609)	—	\$4,625,438	\$813,652,568
Classified	1,213	5	—	4	1,222
Unclassified	14	—	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,227	5	—	4	1,236
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	105	—	—	—	105

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2023	FY2024-2025 Requested Continuation Adjustment	FY2024-2025 Requested in Technical/Other Package	FY2024-2025 Requested New/Expanded	FY2024-2025 Requested Realignment
Fees & Self-generated	56,109,964	1,585,665	—	—	57,695,629
Oyster Sanitation Fund	186,051	4,186	—	—	190,237
Vital Records Conversion Fund	425,404	1,138	—	—	426,542
Total:	\$56,721,419	\$1,590,989	—	—	\$58,312,408

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2023	FY2024-2025 Requested Continuation Adjustment	FY2024-2025 Requested in Technical/Other Package	FY2024-2025 Requested New/Expanded	FY2024-2025 Requested Realignment
Louisiana Fund	9,815,747	80,133	—	—	9,895,880
Rural Primary Care Physicians Developmen	2,673,634	—	—	—	2,673,634
Telecommunications for the Deaf Fund	5,510,939	108,551	—	—	5,619,490
Total:	\$18,000,320	\$188,684	—	—	\$18,189,004

Form 25932 — 326 - New/Expanded - Parish Health Immunization Service Expa

3262 - Public Health Services

Means of Financing and Expenditures

	Existing Operating Budget as of 10/01/2023	FY2024-2025 Requested	FY2025-2026 Requested	FY2026-2027 Requested	FY2027-2028 Requested
STATE GENERAL FUND (Direct)	—	3,600,000	—	—	—
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—
TOTAL MEANS OF FINANCING	—	3,600,000	—	—	—
Salaries	—	—	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	—	—	—	—
TOTAL SALARIES	—	—	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	3,600,000	—	—	—
TOTAL OPERATING EXPENSES	—	3,600,000	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	—	—	—	—	—
Debt Service	—	—	—	—	—
Interagency Transfers	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	—	3,600,000	—	—	—
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.	The Immunization Program currently has federal funding which will only support vaccinations for VFC-eligible clients. The program will use these funds to support Parish Health Units (PHU) to expand immunization services for non-VFC clients. At present, the Immunization Program does not provide Pediatric vaccines (ActHib, Menquadfi, Infanrix, Ipol, Havrix, Recombivax, Gardasil 9, MMR, Tenvac, Rotateq, Pneumovax 23) or Adult vaccines (Vaqta, Engerix B, Menveo, Tdvax, Shingrix) to Non-VFC clients at the PHUs.
How will it help fulfill the program's mission?	This will support the overall mission of the Immunization program to increase vaccination coverage statewide for private pay and non-Vaccine for Children(VFC) clients.
Who will be the principal users?	Non-Vaccine for Children(VFC) clients.
Who will primarily benefit from the service?	Private pay and non-VFC eligible PHU clients will primarily benefit from these expanded services.
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.	Strategic (Long range): The number of vaccinations provided to non-VFC PHU clients each year.
If no objective exists, create one-operational.	Operational (1-Year): the number of vaccinations provided to non-VFC PHU clients in FY25.
Explain the Strategies needed to implement.	Vaccine provision to non-VFC eligible clients will be integrated into the existing parish health unit clinic flow to effectively address existing demand for these services.
Additional information or comments.	Not applicable.

Form 25936 — 326 - New/Expanded - Jump Start Your Heart Program

3262 - Public Health Services

Means of Financing and Expenditures

	Existing Operating Budget as of 10/01/2023	FY2024-2025 Requested	FY2025-2026 Requested	FY2026-2027 Requested	FY2027-2028 Requested
STATE GENERAL FUND (Direct)	—	662,767	—	—	—
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—
TOTAL MEANS OF FINANCING	—	662,767	—	—	—
Salaries	—	293,074	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	146,537	—	—	—
TOTAL SALARIES	—	439,611	—	—	—
Travel	—	32,000	—	—	—
Operating Services	—	600	—	—	—
Supplies	—	500	—	—	—
TOTAL OPERATING EXPENSES	—	33,100	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—
Other Charges	—	—	—	—	—
Debt Service	—	—	—	—	—
Interagency Transfers	—	190,056	—	—	—
TOTAL OTHER CHARGES	—	190,056	—	—	—
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	—	662,767	—	—	—
Classified	—	4	—	—	—
Unclassified	—	—	—	—	—
TOTAL AUTHORIZED T.O. POSITIONS	—	4	—	—	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	—	—	—	—	—

Question	Narrative Response
Explain need for the new or expanded service.	As a result of Act 234, OPH Bureau of Emergency Medical Services is required to monitor 4,000 schools for Automated External Defibrillator (AED) compliance. In order to comply with this act, it will require a minimum of four additional T.O. which will include a Program Monitor Supervisor and three (3) Program Monitors. In addition, the National Registry of EMTs will eliminate the Aesthetic Medical Educators Training (AEMT) and Paramedic psychomotor exams on July 1, 2024. As a result, this will require monitoring of these educational programs to ensure that students have met minimum competencies before taking the National Registry of Emergency Medical Technicians (NREMT) cognitive exam to ensure that individuals are entry level competent.
How will it help fulfill the program's mission?	Adding three Program Monitors and a Program Monitor Supervisor will allow for the Bureau of Emergency Medical Services (BEMS) to be in compliance with Act 234 of the 2023 Regular Legislative Session.
Who will be the principal users?	Louisiana schools that will be monitored for Automated External Defibrillator (AED) compliance.
Who will primarily benefit from the service?	Students in Louisiana schools statewide.
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.	Strategic (Long range): Each year, a % of schools will be monitored for compliance of Act 234 and will be provided an AED inspection tag illustrating compliance.
If no objective exists, create one-operational.	Operational (1-Year): Hire incumbents for all four positions and implement a plan of action to monitor the 4,000 schools .
Explain the Strategies needed to implement.	Hire 3 Program Monitors and a Program Monitor Supervisor. That will be responsible for monitoring schools for compliance of Act 234.
Additional information or comments.	Not applicable.

Form 26006 — 326 - Hepatitis C Virus Elimination Plan

3262 - Public Health Services

Means of Financing and Expenditures

	Existing Operating Budget as of 10/01/2023	FY2024-2025 Requested	FY2025-2026 Requested	FY2026-2027 Requested	FY2027-2028 Requested
STATE GENERAL FUND (Direct)	—	362,671	—	—	—
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	—	—	—	—	—
FEES & SELF-GENERATED	—	—	—	—	—
STATUTORY DEDICATIONS	—	—	—	—	—
FEDERAL FUNDS	—	—	—	—	—
TOTAL MEANS OF FINANCING	—	362,671	—	—	—
Salaries	—	156,000	—	—	—
Other Compensation	—	—	—	—	—
Related Benefits	—	50,156	—	—	—
TOTAL SALARIES	—	206,156	—	—	—
Travel	—	—	—	—	—
Operating Services	—	—	—	—	—
Supplies	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—
PROFESSIONAL SERVICES	—	156,515	—	—	—
Other Charges	—	—	—	—	—
Debt Service	—	—	—	—	—
Interagency Transfers	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—
Acquisitions	—	—	—	—	—
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—
TOTAL EXPENDITURES	—	362,671	—	—	—
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.	This request is to provide continued support for Louisiana's comprehensive Hepatitis C Virus Elimination Plan (HCV).
How will it help fulfill the program's mission?	By providing key staffing positions to oversee and implement the various strategies, namely around treatment and linkage too care.
Who will be the principal users?	Persons incarcerated in Louisiana correction facilities.
Who will primarily benefit from the service?	Persons incarcerated in Louisiana correction facilities.
What strategic objectives are affected?	Strategic (Long range): Reduce HCV cases in Louisiana by 80% by 2025.
What operational objectives are affected?	Operational (1-Year): Identify (by providing and increasing testing) and also provide treatment to 10,000 HCV infections within 12 months.
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.	Not applicable.
Explain the Strategies needed to implement.	Continue support to oversee the HCV Elimination Plan and to provide support for fully implementing various strategies.
Additional information or comments.	Bot applicable.



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Total Request Summary

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Requested Continuation Adjustments	FY2024-2025 Requested in Technical/Other Adjustments	FY2024-2025 Requested New or Expanded Adjustments	FY2024-2025 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	60,778,362	60,167,535	8,377,078	—	4,625,438	73,170,051	13,002,516
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	54,090,295	87,213,926	137,301	—	—	87,351,227	137,301
FEES & SELF-GENERATED	49,278,060	56,721,419	1,590,989	—	—	58,312,408	1,590,989
STATUTORY DEDICATIONS	9,991,300	18,000,320	188,684	—	—	18,189,004	188,684
FEDERAL FUNDS	382,854,004	640,785,539	(64,155,661)	—	—	576,629,878	(64,155,661)
TOTAL MEANS OF FINANCING	\$556,992,020	\$862,888,739	\$(53,861,609)	—	\$4,625,438	\$813,652,568	\$(49,236,171)

Statutory Dedications

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Requested Continuation Adjustments	FY2024-2025 Requested in Technical/Other Adjustments	FY2024-2025 Requested New or Expanded Adjustments	FY2024-2025 Total Request	Over/Under EOB
Louisiana Fund	5,985,004	9,815,747	80,133	—	—	9,895,880	80,133
Rural Primary Care Physicians Developmen	124,897	2,673,634	—	—	—	2,673,634	—
Telecommunications for the Deaf Fund	3,881,398	5,510,939	108,551	—	—	5,619,490	108,551
Total:	\$9,991,300	\$18,000,320	\$188,684	—	—	\$18,189,004	\$188,684

Expenditures and Positions

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Requested Continuation Adjustments	FY2024-2025 Requested in Technical/Other Adjustments	FY2024-2025 Requested New or Expanded Adjustments	FY2024-2025 Total Request	Over/Under EOB
Salaries	81,165,768	82,472,253	4,910,578	—	449,074	87,831,905	5,359,652
Other Compensation	7,609,797	7,792,731	99,503	—	—	7,892,234	99,503
Related Benefits	52,175,581	55,244,407	4,112,472	—	196,693	59,553,572	4,309,165
TOTAL PERSONAL SERVICES	\$140,951,146	\$145,509,391	\$9,122,553	—	\$645,767	\$155,277,711	\$9,768,320
Travel	2,390,151	2,756,728	67,027	—	32,000	2,855,755	99,027
Operating Services	12,838,635	13,861,790	702,348	—	600	14,564,738	702,948
Supplies	14,665,717	14,969,327	857,902	—	3,600,500	19,427,729	4,458,402
TOTAL OPERATING EXPENSES	\$29,894,502	\$31,587,845	\$1,627,277	—	\$3,633,100	\$36,848,222	\$5,260,377
PROFESSIONAL SERVICES	\$45,780,837	\$69,810,042	\$1,006,938	—	\$156,515	\$70,973,495	\$1,163,453
Other Charges	313,370,334	586,905,689	(64,241,825)	—	—	522,663,864	(64,241,825)
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	26,995,011	27,656,561	42,659	—	190,056	27,889,276	232,715
TOTAL OTHER CHARGES	\$340,365,345	\$614,562,250	\$(64,199,166)	—	\$190,056	\$550,553,140	\$(64,009,110)
Acquisitions	190	1,419,211	(1,419,211)	—	—	—	(1,419,211)
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$190	\$1,419,211	\$(1,419,211)	—	—	—	\$(1,419,211)
TOTAL EXPENDITURES	\$556,992,020	\$862,888,739	\$(53,861,609)	—	\$4,625,438	\$813,652,568	\$(49,236,171)
Classified	1,216	1,213	5	—	4	1,222	9
Unclassified	14	14	—	—	—	14	—
TOTAL AUTHORIZED T.O. POSITIONS	1,230	1,227	5	—	4	1,236	9
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	105	105	—	—	—	105	—

PROGRAM SUMMARY STATEMENT

3262 - Public Health Services

Means of Financing

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Requested Continuation Adjustments	FY2024-2025 Requested in Technical/Other Adjustments	FY2024-2025 Requested New or Expanded Adjustments	FY2024-2025 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	60,778,362	60,167,535	8,377,078	—	4,625,438	73,170,051	13,002,516
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	54,090,295	87,213,926	137,301	—	—	87,351,227	137,301
FEES & SELF-GENERATED	49,278,060	56,721,419	1,590,989	—	—	58,312,408	1,590,989
STATUTORY DEDICATIONS	9,991,300	18,000,320	188,684	—	—	18,189,004	188,684
FEDERAL FUNDS	382,854,004	640,785,539	(64,155,661)	—	—	576,629,878	(64,155,661)
TOTAL MEANS OF FINANCING	\$556,992,020	\$862,888,739	\$(53,861,609)	—	\$4,625,438	\$813,652,568	\$(49,236,171)

Statutory Dedications

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Requested Continuation Adjustments	FY2024-2025 Requested in Technical/Other Adjustments	FY2024-2025 Requested New or Expanded Adjustments	FY2024-2025 Total Request	Over/Under EOB
Louisiana Fund	5,985,004	9,815,747	80,133	—	—	9,895,880	80,133
Rural Primary Care Physicians Developmen	124,897	2,673,634	—	—	—	2,673,634	—
Telecommunications for the Deaf Fund	3,881,398	5,510,939	108,551	—	—	5,619,490	108,551
Total:	\$9,991,300	\$18,000,320	\$188,684	—	—	\$18,189,004	\$188,684

Expenditures and Positions

Description	FY2022-2023 Actuals	Existing Operating Budget as of 10/01/2023	FY2024-2025 Requested Continuation Adjustments	FY2024-2025 Requested in Technical/Other Adjustments	FY2024-2025 Requested New or Expanded Adjustments	FY2024-2025 Total Request	Over/Under EOB
Salaries	81,165,768	82,472,253	4,910,578	—	449,074	87,831,905	5,359,652
Other Compensation	7,609,797	7,792,731	99,503	—	—	7,892,234	99,503
Related Benefits	52,175,581	55,244,407	4,112,472	—	196,693	59,553,572	4,309,165
TOTAL PERSONAL SERVICES	\$140,951,146	\$145,509,391	\$9,122,553	—	\$645,767	\$155,277,711	\$9,768,320
Travel	2,390,151	2,756,728	67,027	—	32,000	2,855,755	99,027
Operating Services	12,838,635	13,861,790	702,348	—	600	14,564,738	702,948
Supplies	14,665,717	14,969,327	857,902	—	3,600,500	19,427,729	4,458,402
TOTAL OPERATING EXPENSES	\$29,894,502	\$31,587,845	\$1,627,277	—	\$3,633,100	\$36,848,222	\$5,260,377
PROFESSIONAL SERVICES	\$45,780,837	\$69,810,042	\$1,006,938	—	\$156,515	\$70,973,495	\$1,163,453
Other Charges	313,370,334	586,905,689	(64,241,825)	—	—	522,663,864	(64,241,825)
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	26,995,011	27,656,561	42,659	—	190,056	27,889,276	232,715
TOTAL OTHER CHARGES	\$340,365,345	\$614,562,250	\$(64,199,166)	—	\$190,056	\$550,553,140	\$(64,009,110)
Acquisitions	190	1,419,211	(1,419,211)	—	—	—	(1,419,211)
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$190	\$1,419,211	\$(1,419,211)	—	—	—	\$(1,419,211)
TOTAL EXPENDITURES	\$556,992,020	\$862,888,739	\$(53,861,609)	—	\$4,625,438	\$813,652,568	\$(49,236,171)
Classified	1,216	1,213	5	—	4	1,222	9
Unclassified	14	14	—	—	—	14	—
TOTAL AUTHORIZED T.O. POSITIONS	1,230	1,227	5	—	4	1,236	9
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	105	105	—	—	—	105	—



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Addenda

GENERAL ADDENDA

INTERAGENCY AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between LDH Office of Public Health (#326) and LDH Office of the Secretary (#307)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2024 - 2025, LDH Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from LDH Office of the Secretary (#307) by Interagency Transfer for the following reason(s)
(Agency Name and #)

The reason for the Interagency Agreement is :	\$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.	

Martina Stribling	<small>Digitally signed by Martina Stribling Date: 2023.10.06 14:56:05 -05'00'</small>	10/06/2023
Recipient Agency Fiscal Officer		Date
		10.09.23
Sending Agency Fiscal Officer		Date

NOTE:
It is the Receiving Agency's responsibility to ensure the execution of this Agreement.
Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

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INTERAGENCY AGREEMENT

BR-19B
(08/18)

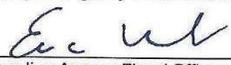
Interagency Agreement Between Department of Health - Office of Public Health (#326) and
(Recipient Agency and #)

Department of Children and Family Services (#360)
(Sending Agency and #)

For Fiscal Year 2024 - 2025, 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 :	\$2,877,075
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.	

Martina Stribling	<small>Digitally signed by Martina Stribling Date: 2023.10.06 13:50:22 -05'00'</small>	_____
Recipient Agency Fiscal Officer	Date	10/06/2023
	_____	_____
Sending Agency Fiscal Officer	Date	10.9.23

NOTE:
It is the Receiving Agency's responsibility to ensure the execution of this Agreement.
Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

Page _____

INTERAGENCY AGREEMENT

BR-19B
(08/18)

Interagency Agreement Between the Office of Public Health (#326) and LDH - Office of Behavioral Health (#330)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2024 - 2025, the Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from LDH - Office of Behavioral Health (#330) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :	\$148,000
The purpose of this funding is to support the Tobacco Control statewide QUITLINE.	

Martina Stribling	Digitally signed by Martina Stribling Date: 2023.10.06 14:01:48 -05'00'	<u>10/06/2023</u>
Recipient Agency Fiscal Officer	Date	
Lauri Hatlelid	Digitally signed by Lauri Hatlelid Date: 2023.10.10 06:10:54 -05'00'	
Sending Agency Fiscal Officer	Date	

NOTE:
It is the Receiving Agency's responsibility to ensure the execution of this Agreement.
Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

INTERAGENCY AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between LDH Office of Public Health (#326) and the Louisiana Department of Education (#678)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2024 - 2025, 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 : **\$175,000**
To implement federal CDC grant activities to conduct school-based surveillance on youth risk behaviors and school health policies and practices.

Martina Stribling	<small>Digitally signed by Martina Stribling Date: 2023.10.06 13:58:13 +05'00'</small>	10/06/2023
Recipient Agency Fiscal Officer		Date
Natashia M. Carter	<small>Digitally signed by Natashia M. Carter DN: cn=Natashia M. Carter, ou=Louisiana Department of Education - School System Financial Services, email=natashia.carter@doe.louisiana.gov, c=US DnW: 2023.10.12 14:32:45 -0500'</small>	
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).

Page _____

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 2024 - 2025, LDH Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from the Department of Transportation and Development (#276) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :	\$200
This funding will provide testing of water systems at various rest areas statewide.	

Martina Stribling	Digitally signed by Martina Stribling Date: 2023.10.06 13:56:13 -05'00'	10/06/2023
_____ Recipient Agency Fiscal Officer		_____ Date
		10/9/2023
_____ Sending Agency Fiscal Officer		_____ Date

NOTE:
It is the Receiving Agency's responsibility to ensure the execution of this Agreement.
Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

INTERAGENCY AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between LDH Office of Public Health (#326) and the Department of Public Safety and Corrections (#400)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2024 - 2025, 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.	

Martina Stribling
Digitally signed by Martina Stribling
Date: 2023.10.06 13:57:16 -0500

Recipient Agency Fiscal Officer Date 10/06/2023

Scott Bobin

Sending Agency Fiscal Officer Date 10-9-23

NOTE:
It is the Receiving Agency's responsibility to ensure the execution of this Agreement.
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Page ____

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 2024 - 2025, 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 :	\$800
This funding will provide testing of water systems at various state parks.	

Martina Stribling	Digitally signed by Martina Stribling Date: 2023.10.06 14:06:14 -05'00'	10/06/2023
Recipient Agency Fiscal Officer		Date
<i>Nancy Watkins</i>		10/9/2023
Sending Agency Fiscal Officer		Date

NOTE:
It is the Receiving Agency's responsibility to ensure the execution of this Agreement.
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Page _____

INTERAGENCY AGREEMENT

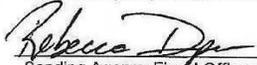
BR-19B
(08/20)

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 2024 - 2025, 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.	

Martina Stribling	Digitally signed by Martina Stribling Date: 2023.10.06 14:30:20 -05'00'	10/06/2023
_____ Recipient Agency Fiscal Officer		_____ Date
		10/9/23
_____ Sending Agency Fiscal Officer		_____ Date

NOTE:
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Page _____

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 2024 - 2025, 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 :	\$235,000
This funding is to conduct summer feeding site inspections as part of the USDA requirement.	

Martina Stribling	Digitally signed by Martina Stribling Date: 2023.10.06 14:02:38 -05'00'	10/06/2023
Recipient Agency Natashia M. Carter	Digitally signed by Natashia M. Carter DN: cn=Natashia M. Carter, o=Louisiana Department of Education, email=nm3001 System Financial Services, email=natashia.carter@doe.louisiana.gov Date: 2023.10.17 14:31:51 -05'00'	Date
Sending Agency Fiscal Officer		Date

NOTE:
It is the Receiving Agency's responsibility to ensure the execution of this Agreement.
Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

INTERAGENCY AGREEMENT

BR-19B
(08/18)

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 2024 - 2025, 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.	

Martina Stribling
Digitally signed by
Martina Stribling
Date: 2023.10.06
14:07:36 -05'00'
 Recipient Agency Fiscal Officer Date 10/06/2023

[Signature] 10.9.23
 Sending Agency Fiscal Officer Date

NOTE:
 It is the Receiving Agency's responsibility to ensure the execution of this Agreement.
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Page _____

INTERAGENCY AGREEMENT

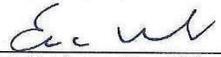
BR-19B
(08/18)

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 2024 - 2025, 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 :	\$32,000
Provide Vital Records documents for the purposes of adoptions and foster care.	

Martina Stribling	<small>Digitally signed by Martina Stribling Date: 2023.10.06 13:55:14 +05'00'</small>	10/06/2023
_____ Recipient Agency Fiscal Officer		_____ Date
		10.9.23
_____ Sending Agency Fiscal Officer		_____ Date

NOTE:
It is the Receiving Agency's responsibility to ensure the execution of this Agreement.
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Page _____

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 2024 - 2025, 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 :	\$5,000	Provide
Vital Record documents for individuals transitioning out of nursing home facilities.		

Martina Stribling	Digitally signed by Martina Stribling Date: 2023.10.06 14:03:40 -05'00'	10/06/2023
Recipient Agency Fiscal Officer	Date	
Lauri Hatlelid	Digitally signed by Lauri Hatlelid Date: 2023.10.10 06:09:20 -05'00'	
Sending Agency Fiscal Officer	Date	

NOTE:
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Page _____

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 2024 - 2025, Department of Health - Office of Public Health (#326) is budgeted to receive the following revenue \$734,083
(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: **\$734,083**
Bureau of Health Informatics (BHI) will be procuring/contracting for a new electronic health records system in the parish health units in SFY25.
The program has submitted a request to CMS through the Implementation Advance Planning Document Update for Medicaid Enterprise Systems to provide partial funding for this procurement/contract.

Martina Digitally signed by Martina Stribling Date 2023.10.20 16:46:00 -05'00' 10/20/2023
Recipient Agency Fiscal Officer Date

Rachel B Newman 10/20/23
Sending Agency Fiscal Officer Date

NOTE:
It is the Receiving Agency's responsibility to ensure the execution of this Agreement.
Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T. expense).

INTERAGENCY AGREEMENT

BR-19B
(08/18)

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 2024 - 2025, Department of Health - Office of Public Health (#326) is budgeted to receive the following revenue \$1,436,902
(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:	\$1,436,902
	Children's Special Health Services: \$2,930	
	Family Planning: \$240	
	Genetic Diseases: \$19,549	
	Immunization: \$1,187,183	
	Tobacco Control: \$227,000	

Martina Stribling	<small>Digitally signed by Martina Stribling Date: 2023.10.20 16:29:30 -05'00'</small>	10/23/2023
_____ Recipient Agency Fiscal Officer		_____ Date
<i>Rachel B Newman</i>		10/20/23
_____ Sending Agency Fiscal Officer		_____ Date

NOTE:
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Page _____

INTERAGENCY AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between LDH Office of Public Health (#326) and Governor's Office of Homeland Security and Emergency Preparedness (#111)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2024 - 2025, LDH Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from Governor's Office of Homeland Security and Emergency Preparedness (#111) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :	\$150,000	To
provide support and management in conjunction with the Water Sector Program by delivering funding recommendations to the Water Sector Commission, providing reporting on construction progress on projects and coordinating application review by the working panel.		

Martina Stribling
Digitally signed by Martina Stribling
Date: 2023.10.06 14:08:56 -05'00'

10/06/2023

 Recipient Agency Fiscal Officer Date

 Sending Agency Fiscal Officer Date

NOTE:
It is the Receiving Agency's responsibility to ensure the execution of this Agreement.
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Page _____

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 2024 - 2025, 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 :	\$400,000
The Office of Behavioral Health (OBH) will partner with the Office of Public Health (OPH) in the implementation of the State Opioid Response (SOR) 3.0 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). Additional IAT is provided by OBH for APRA.	

Martina Stribling Digitally signed by Martina Stribling
Date: 2023.10.06 14:01:00 -05'00' 10/06/2023
 Recipient Agency Fiscal Officer Date

 Sending Agency Fiscal Officer Date

NOTE:
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AGRICULTURE & FORESTRY
OFFICE OF MANAGEMENT AND FINANCE
INTERAGENCY AGREEMENT

BR-19B
(09/23)

FISCAL YEAR 2024-2025

Interagency Agreement Between Louisiana Department of Agriculture & Forestry (160) and Louisiana Department of Health (326)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2024 - 2025, 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 of State Antiviral Cache of Medications	
TOTAL	\$ 189,035

Rebecca D... 10/4/23
Recipient Agency Fiscal Officer Date

Martina Strubling 10/16/2023
Sending Agency Fiscal Officer Date

NOTE:
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INTERAGENCY TRANSFER AGREEMENT

BR-19B
(08/20)

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 2024-2025, LDH - OFFICE OF THE SECRETARY (09-307) is budgeted to receive the following revenue
(Agency Name and #)

from Louisiana Department 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 guidances to the Bureau of EMS (BEMS) Director, Deputy Director, and staff. \$20,000

Kevin Squire
Recipient Agency Fiscal Officer (Print)

Kevin Squire
Recipient Agency Fiscal Officer (Signature)

10.17.23
Date

Martina Stribling
Sending Agency Fiscal Officer (Print)

Martina Stribling
Sending Agency Fiscal Officer (Signature)

10/16/2023
Date

NOTE:
It is the Receiving Agency's responsibility to ensure the execution of this Agreement.
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INTERAGENCY AGREEMENT

BR-19B
(09/21)

Interagency Agreement Between LDH-Capital Area Human Services District and LDH-Office of Public Health
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2024 - 2025, LDH-Capital Area Human Services District is budgeted to receive the following revenue from
(Agency Name and #)

LDH-Office of Public Health by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :	
To perform the functions of Case Management/Nurse Home Visiting for families at risk for low birth weight, poor health maintenance, child abuse and neglect in the seven parishes which comprise the Capital Area Human Services District.	\$1,050,505.80
To perform the functions of Infant Mental Health in the seven parishes which comprise the Capital Area Human Services District.	\$69,152.20
Total	\$1,119,658.00

Janzlean Laughinghouse Digitally signed by Janzlean Laughinghouse
Date: 2023.10.18 10:32:46 -06'00'

Recipient Agency Fiscal Officer Date

Martina Stribling Digitally signed by Martina Stribling
Date: 2023.10.19 09:36:46 -05'00'

Sending Agency Fiscal Officer Date

NOTE:
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INTERAGENCY AGREEMENT

BR-19B
(09/23)

Interagency Agreement Between LDH-OFFICE ON WOMEN'S HEALTH AND COMMUNITY HEALTH (09-350) and LDH-OFFICE OF PUBLIC HEALTH (09-326)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2024-2025, LDH-OFFICE ON WOMEN'S HEALTH AND COMMUNITY HEALTH (09-350) is budgeted to receive the following revenue
(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 request 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. \$372,483

Lashawn Gaines . 10/20/2023
Recipient Agency Fiscal Officer Date

Martina Stribling Digitally signed by Martina Stribling
Date: 2023.10.23 16:03:57 -05'00'
Sending Agency Fiscal Officer Date

NOTE:
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