



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
LOCAL PUBLIC HEALTH AGENCY
ANNUAL FINANCIAL REPORT

Agency Name:						Fiscal Year: 2016	
Agency Fiscal Year						Previous Year Ending Balance	
From:			Through:				
Month	Day	Year	Month	Day	Year		
Local Revenues			DHSS Revenues		Federal	State	Other
Local Taxes			Core Public Health				
Interest			MCH				
Vital Records			School Health				
Donations			WIC Administration				
Fees			Child Care Inspections				
Other Total (attach detail)		\$0.00	Child Care Nurse Consultant				
Total Local Revenue		\$0.00	AIDS Funding				
			PHEP				
Other Revenues			BCCCP/Show Me Healthy Women				
Medicaid/MC+ (non Home Health)			Chronic Disease Prevention				
Medicare (non Home Health)			Worksite Inventory				
Family Planning Title X, etc.			Immunizations/Vaccine				
Other MO Departments (DOC, DESE, etc.)			Other DHSS Total (attach detail)		\$0.00	\$0.00	\$0.00
Insurance Billing			Total DHSS Revenue		\$0.00	\$0.00	\$0.00
Other Public Health Revenue Total (attach detail)		\$0.00	Total DHSS Funding				\$0.00
Home Health (all pymt. Sources)			TOTAL REVENUES (from all sources)				\$0.00
Home Maker (all pymt. Sources)							
Other Non-Public Health Revenue Total (attach detail)		\$0.00					
Total Other Revenues		\$0.00	Accrual Basis Adjustment (+ -)				
Balance on hand as of the close of the fiscal year. (Balance at the end of previous fiscal year, plus revenues, minus expenditures)							\$0.00
Expenditures			Expenditures from Local Funds				
Salaries/Wages			Total Expenditures				\$0.00
Fringe Benefits			Less actual expenditure of DHSS funds.				\$0.00
Supplies/Equipment			Less actual expenditure of Other source funds.				\$0.00
Contracted Services			Less actual expenditure for Capital costs.				\$0.00
Travel							
Utilities/Rent							
Election Costs							
Capital Expenditures							
Other Total (attach detail)		\$0.00					
Total Expenditures		\$0.00	TOTAL LOCAL PUBLIC HEALTH EXPENDITURES				\$0.00

Report completed by (Name, Title)		Date:	
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INSTRUCTIONS

This report is due 60 days following the end of your fiscal or calendar year.

E-Mail to: CCF@HEALTH.MO.GOV

The electronic DH-37, is the only version of the Annual Financial Report that will be accepted. Please do not submit hard copy reports. An acknowledgement of receipt will be sent by e-mail.

Ending balance previous year--consists of cash, cash in bank, and investments.

Local Revenues

Local Taxes---includes taxes collected by a Chapter 205 health department, tax support by a county commission or city council health department, or tax support from cooperating government agencies for a Chapter 70 health department.

Interest---includes interest on CD's reinvested.

Vital Records---fees collected locally for the sale of birth and death records.

Fees---locally generated fees for public health services, permits, license, etc.

Other---reimbursement for services provided to other Local Public Health Agencies, (etc.)

DHSS Revenues

The breakdown of State, Federal and Other DHSS contracts is located on the Contract form DH-70 that is sent upon execution of a contract. Split funded contracts will identify the percentage of each fund.

Other Revenue

Public health revenue from Medicaid/MC+, Medicare, Other, etc., is listed separately from revenue for non-public health programs such as Home Health, Homemaker Programs, Primary Care Clinics. Use the lines on page 2 to break down public health and non-public health revenue from grants and other funding sources.

Total Revenues---Local Revenues, DHSS Revenues, and Other Revenues.

Accrual Basis Adjustment---prior years A/R, A/P, and accruals less current year A/R, A/P, accruals, and current year depreciation. This will be a net positive/negative adjustment.

Balance on hand as of the close of the fiscal year---cash, cash in bank, and investments at year end. Ending balance previous year plus total revenues less total expenses should be the same as the balance on hand at close of fiscal year.

Expenditures from Local Funds

Less actual expenditure of DHSS funds---DHSS revenues are assumed to equal DHSS expenditures.

Less actual expenditure of other source funds---other revenues equal other source funds.

Total local public health expenditures---total expenditures less each of the above.

Contact CLPHS at
(573) 751-6170 with questions