

Agency Budget Request

FISCAL YEAR 2025–2026



Louisiana Department of Health
326 — Office of Public Health



This page has been intentionally left blank

Signature Page	1
Operational Plan	3
Budget Request Overview	33
Agency Summary Statement	34
Total Agency	34
Program Summary Statement	47
3262 - Public Health Services	47
Source of Funding Summary	60
Agency Overview	60
Source of Funding Detail	68
Interagency Transfers	68
Statutory Dedications	134
Federal Funds	152
Fees & Self-generated	428
Expenditures by Means of Financing	544
Existing Operating Budget	544
Total Request	571
Revenue Collections/Income	598
Interagency Transfers	598
Fees & Self-generated	600
Statutory Dedications	604
Federal Funds	606
Justification of Differences	611
Schedule of Requested Expenditures	670
3262 - Public Health Services	670
Continuation Budget Adjustments	689
Agency Summary Statement	690
Total Agency	690
Continuation Budget Adjustments - Summarized	693
Program Summary Statement	705
3262 - Public Health Services	705

Continuation Budget Adjustments - by Program	708
Form 37213 — NR - Carryforwards	708
Form 37214 — NR - Acquisitions and Major Repairs	710
Form 37216 — Inflation Factor	712
Form 38295 — 326 Non-Recurring Adjustment - COVID-19 Federal Grants	714
Form 37353 — 326 Medical Inflation Factor	716
Form 36955 — 326 Salary and Related Benefits Base Adjustment	718
Form 37219 — 326 Bureau of Community Preparedness Warehouse Space	720
Form 37220 — 326 Conversion of 5 Job Appointments to T.O.	722
Form 37226 — 326 Language Translator Devices for OPH Public Health Units	724
Form 37251 — 326 Lead and Copper Rule Revision	726
Form 37325 — 326 Acquisitions - IT and Non IT Equipment	729
Form 39765 — 326 - MOF Swap - TANF Nurse Family Partnership	739
Technical and Other Adjustments	741
Agency Summary Statement	742
Total Agency	742
Program Breakout	743
Program Summary Statement	744
3262 - Public Health Services	744
New or Expanded Requests	745
Agency Summary Statement	746
Total Agency	746
Program Summary Statement	748
3262 - Public Health Services	748
Total Request Summary	751
Agency Summary Statement	752
Total Agency	752
Program Summary Statement	755
3262 - Public Health Services	755
Addenda	759
Interagency Transfers	760

Signature Page


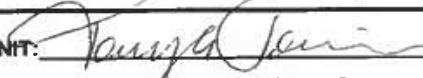
BUDGET REQUEST

Fiscal Year Ending June 30,2026

NAME OF DEPARTMENT / AGENCY: Louisiana Department of Health/OPH
BUDGET UNIT: OFFICE OF PUBLIC HEALTH
SCHEDULE NUMBER: 09-326
TELEPHONE NUMBER: (225)342-8098

PHYSICAL ADDRESS: 628 NORTH FOURTH STREET
BATON ROUGE
ZIP CODE: 70821
WEB ADDRESS: www.ldh.la.gov

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

HEAD OF DEPARTMENT: <u></u> PRINTED NAME/TITLE: <u>Michael Harrington, MBA, MA - Secretary I</u> DATE: <u>10/28/24</u> EMAIL ADDRESS: <u>michael.harrington@la.gov</u>	HEAD OF BUDGET UNIT: <u></u> PRINTED NAME/TITLE: <u>Tonya Joiner, OPH Assistant Secretary</u> DATE: <u>10/24/24</u> EMAIL ADDRESS: <u>tonya.joiner@la.gov</u>
--	---

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>
--	--

Operational Plan

STATE OF LOUISIANA
Operational Plan Form
Department Goals

DEPARTMENT NUMBER AND NAME: OPH - OPH

DEPARTMENT MISSION:

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

DEPARTMENT GOALS:

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

STATE OF LOUISIANA
Operational Plan Form
Agency Goals

AGENCY NUMBER AND NAME: 326 - Office of Public Health

AGENCY MISSION:

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

AGENCY GOALS:

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

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

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

The Office of Public Health is dedicated to the development, implementation and management of public health services for the citizens of Louisiana. The agency will continue to deliver Maternal Child Health Services, Nutrition Services (Women, Infants and Children, WIC Services), Family Planning Services, Children Special Health Services, 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

PROGRAM NUMBER AND NAME: 3262 - Public Health Services

PROGRAM AUTHORIZATION:

Statutory Authority for Public Health Services: Statutory Authority is inclusive of programs within the five operating areas: Vital Records and Statistics R.S. 40:32 et. seq, R.S. 40:37, Data Release R.S. 40:41, Registration of Vital Events R.S. 40:34 et. seq., Marriage Licenses R.S. 9:201 et. seq. Putative Father Registry R.S. 9:400 et. seq.; Maternal and Child Health Services Chapter 8, Part I L.R.S. 46:971-972; R.S. 17:2111-2112, R.S. 33:1563, Hearing Impairment R.S. 46; 2261-2267, Adolescent Pregnancy R.S. 46:973-974 (Maternal and Child Health Services Block Grant, Title V of the Social Security Act); Omnibus Budget Reconciliation Acts of 1981 and 1989; P.L. 101-239; Social Security Act – Maternal and child health block Grant 42 U.S.C. 701§501, Personal Responsibility and Work Opportunity Reconciliation act of 1996 – Temporary Assistance to Needy Families Block Grant Federal Pub.L. 104-193, Patient Protection and Affordable Care Act of 2010 42 U.S.C. 701 § Section 511(b), Medicaid Targeted Case Management 42 U.S.C. 701 § 1905(a)(19), §1915(g), LAC Title 50 Part XV Subpart 7, Violent Crime Control and Law Enforcement Act of 1994 Federal H.R. 3355, Pub.L. 103-322, Child Death Investigation L.S.A. RS 40:2019; Family Planning Title X of the Public Health Service Act, 42 U.S.C. 300 et. seq., 42 CFR part 59, subpart A, Subpart B, 42 CFR part 50 subpart B; 42 CFR 59.1; OPA 99-1: Compliance with State reporting laws: FY 1999 Omnibus Appropriations bill P.L. 105-277 § 219; Louisiana Children Code Art. 609A; Abortion Alternatives R.S.40.1299.35' Title XIX of the Social Security Act, as amended (42 CFR), R.S. 40:1299 thru 1299.5, Child Nutrition Act of 1966 As Amended Through P.L. 110–246, Effective October 1, 2008, R.S. 46:447.1; Title V Maternal and Child Health; § 502; Social Security Act Title XIX (P.L. 95-613); (P.L. 95-91); (P.L. 95-83); Title X, 42 U.S.C. 701:42 U.S.C. 3000. R.S. 40:5; Act 16; 42 U.S.C. 241(a), 243(b), 247(c); Health Omnibus Programs Extension (HOPE) Act; Title XXV; Public Law 100-607; Comprehensive AIDS Resources Emergency Act of 1990 (Title XXVI), R.S. 40:4,5; RS 17:170; 42 U.S.C. 2476 (Section 317 of the Public Health Act), R.S. 40:5; RS 40:1061-1068; RS 40:3.1; Sexually Transmitted Disease, RS 40:1061 thru 1068 and 1091 thru 1093, LRS 40:4(A)(2) and RS 40:5(10); Vaccines for Children, Section 1928 of the Social Security Act, Vaccine Adverse Event Reporting System 42 U.S.C. §300aa-25; Women Infants and Children §17 of the Child Nutrition Act of 1966, WIC Breastfeeding Peer Counseling, Child Nutrition and Reauthorization Act of 2004; Health, Hunger Free Kids Act of 2010; Commodity Supplemental Food Program Section 4(a) of the Agriculture and Consumer Protection Act of 1973; State Sanitary Code, Chapter II, 42 U.S.C., 247c (Public Health Service Act 318); Public Law 95-626, R.S. 40:4.5. 40:28-29; RS 40:17, R.S. 40: 5,7, 18; RS 40:1275 thru 1278; 42 U.S.C. 246; State Sanitary Code, Chapter II, 42 U.S.C., 247c (Public Health Service Act 318); Public Law 95-626, R.S. 40:4.5. 40:28-29; RS 40:17, R.S. 40: 5,7, 18; RS 40:1275 thru 1278; 42 U.S.C. 246, Louisiana State Sanitary Code, Chapters I, II, XII, XIV, XXIII, XXIV. Children's Special Health Services R.S.40:1299.111-120 (Children's Special Health Services). Title 48; Public Health General; Part V; subpart 17; §§4901-5903 /LAC:48:V.4901-5903; Title V of the Social Security Act sections 701-710, subchapter V chapter VII, title 42; Birth Defects LAC Title 48:V.Chapters 161 and 163; Newborn Screening: RS 40:1299 – 1299.4, 1299:6, Hemophilia: RS 40:1299.5; LAC 48.V.7101, Childhood Lead Poisoning Prevention: RS 40:1299.21-29; LAC 51:IV.101-111), LAC Title 48:V.§ 7005; Newborn Heel Stick RS 40:1299-1299.4, 1299.6, LAC title 48.V.6303; Hearing, Speech and Vision R.S. 46:2261 et. seq. LAC Title 48, Public Health General, Part V, subpart 7, Chapter 22; Section 399M of the Public Health Service Act 42 USC section 280g-1; Early Hearing Detection and Intervention Act of 2010; Individuals with Disabilities Education Act (IDEA), Part C, Early Intervention Program for Infants and Toddlers with Disabilities, final regulations 2011, 34 CFR Part 303 RIN 1820-AB 59; Infectious Disease Epidemiology LAC Title 51, Part II. The Control of Diseases 105, LAC Title 51 Part III. The Control of Rabies and other Zoonotic Diseases 101-111; Tuberculosis, LA R.S. 40:3, 40:4, 40:5 Public Health Sanitary Code, (LAC TITLE 51): Chapter II, '115, '117, '119, '121, '125, '503, '505; Adolescent School Health Initiative, LA, R.S. 40:31.3; R.S. 40:1, et seq., R.S.4-6, R.S. 8- 9 et seq., 1141-51, 1152-1156, 2701-19, 2817 et. Seq; Commercial Body Art Regulation Act (Act 393 of 1999) R.S. 40:2831 - 40:2834, LAC 51 (Public Health – Sanitary Code - Parts 1-28); Chapter 32 of Title 40 of the Louisiana Revised Statutes of 1950, as amended (La. R.S. 40:2821 - 2826); Safe Drinking Water Program, L.R.S. 40:4.A(7),(8)&(11)); 40:4.B; 40:4.11, 40:4.12; 40:5(5),(6)&(20); 40:5.6-9; 40:6; 40:8; Safe Drinking Water Administration Fee R.S. 40:31.33.LAC 51: Part I and Parts XII (Water Supplies), XIV (Plumbing), XXIV (Swimming Pools); and LA R.S. 40:32 et seq., LA R.S. 40:1299.80 et seq; Building and Premises RS36:258; Commercial Seafood LAC Title 51: Part IX; LRS 40:5.3, National Shellfish Sanitation Program, USFDA Interstate Certified Shellfish Shippers List; Infectious Waste RS 40:4 (b)(i); Milk and Dairy LAC Title 51, Part 7, U.S. Food and Drug Administration Pasteurized Milk Ordinance, 2011 Revision; Retail Food LAC Title 51Part XXIII Chapter 307, Chapter 501; Food and Drug R.S. 40:601 et. sep., 2701-2719, and 2831 et seq, RS 40:717; Operator Certification RS 40:1141-1151, Title 48, Part V, Chapter 73, 42 U.S.C. 300f, et seq. 40 CFR Parts 141-143; Emergency Medical Services, R.S. 40:1231-1236., R.S. 40:1300.102-105; Emergency Preparedness sections 319C-1 and 319C-2 of the Public Health Service (PHS) Act as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006, Presidential Policy Directive 8: National Preparedness; Medicare Rural Hospital Flexibility Balanced Budget Act of 1997, Section 4201, P.L. 105-33, LA Act 162 of 2002; Primary Care Office and Health Professional Workforce Public Health Act, Title III, § 333D, Section 220§ of the Immigration and Nationality Technical Corrections Act of 1994, Public Health Services Act, Title III, § 339 (O), 338I, and 338 and 338B(g)(1); Health Professional Shortage Area 42 CFR, Chapter 1, Part 5, §215 of the Public Health Service Act, 58 Stat. 690, 42 U.S.C.

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

PROGRAM MISSION:

STATE OF LOUISIANA

Operational Plan Form

Program Goals

PROGRAM NUMBER AND NAME: 3262 - Public Health Services

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

- Improve the Health of Louisiana's residents by promoting healthy lifestyles, providing preventive health education and data necessary to enable individuals and communities to assume responsibility for their own health, and assuring the availability of essential preventive health services.
- Operating a centralized vital event registry that provides efficient access to, collection and archival of vital event records.
- Collecting, analyzing, and reporting statistics needed to determine and improve population health status.
- Protecting the health of Louisiana citizens and its visitors by providing the educational resources, regulatory oversight and preventive measures necessary to reduce the incidence of food/waterborne illnesses and other preventable diseases/conditions most commonly associated with unsafe food, water, milk, seafood, molluscan shellfish, drugs, cosmetics, onsite wastewater, biomedical waste, public institutions, commercial body art, commercial tanning, and beach recreational waters.
- Preventing illness and death that can occur from waterborne disease outbreaks or exposure to contaminated drinking water or raw sewage.
- Improving the health of Louisiana citizens by assisting public water systems with delivering safe and affordable drinking water.

PROGRAM GOALS:

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

PROGRAM ACTIVITY:

Maternal, Child and Family Health

Maternal, child and family health 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.

STATE OF LOUISIANA

Operational Plan Form

Program Goals

PROGRAM NUMBER AND NAME: 3262 - Public Health Services

Nutrition Services

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

Infectious Diseases

STD/HIV/Hepatitis Program consists of several initiatives and services designed to prevent sexually transmitted diseases, HIV, and Hepatitis. The program ensures the availability of quality medical and social services for people living with or affected by HIV, and 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 Program prevents and controls tuberculosis through identification of cases, contacts, and those infected with TB, treatment of TB disease and infection, compliance monitoring, contact tracing, education, consultation with health professionals and other community partners, and implementation of quarantine measures. The TB Categorical Grant Sum is the federal funding source for these TB services. Program 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 testing for biological and chemical threat agents. Testing is provided for correctional institutions, faith and community based organizations and school based health clinics that are participating in various health programs. The OPH Laboratories' testing is organized into two major subject matter areas: Clinical and Environmental Operations with testing specialties in Microbiology, Chemistry, Newborn Screening, Immunology, Molecular Biology and Virology.

Family Planning/Pharmacy

STATE OF LOUISIANA

Operational Plan Form

Program Goals

PROGRAM NUMBER AND NAME: 3262 - Public Health Services

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

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.

STATE OF LOUISIANA

Operational Plan Form

Program Goals

PROGRAM NUMBER AND NAME: 3262 - Public Health Services

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.

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

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

Vital Records & Statistics

The Bureau of Vital Records and Statistics registers, issues, and maintains records of all births, deaths, and Orleans parish marriages; collects marriage and divorce data for the state and issues burial transit permits to licensed funeral directors. The Bureau has a Vital Records Quality Management Unit which involves educating and training community partners and assisting initiators of vital event records with capturing data accurately and timely. The Bureau of Vital Records and Statistics promotes public health by providing data and statistical analysis of vital records and public health records to individuals and organizations at local, state, and national levels. The Vital Stats Co-op is utilized under this arm of the Vital Records program. The co-op is a cooperative agreement through which the National Center for Health Statistics purchases Louisiana vital statistics data without identifiers.

Sanitarian Services

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

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

STATE OF LOUISIANA

Operational Plan Form

Program Goals

PROGRAM NUMBER AND NAME: 3262 - Public Health Services

processing plants.

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

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

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

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

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

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

The Cannabis Program regulates the state's therapeutic marijuana program and consumable hemp program.

The therapeutic marijuana program ensures that patients who have debilitating conditions as listed in La. R.S. 40: 1046 are able

to access high-quality therapeutics produced from marijuana in accordance with state laws and regulations. The program currently regulates marijuana manufacturers and will be tasked in 2025 with regulating dispensaries as well. The consumable hemp program registers all topical and ingestible products made from legal hemp produced under the U.S. Farm Bill and also inspects manufacturers and distributors of those products for compliance with sanitary regulations.

Drinking Water and Revolving Loan Fund (DWRLF)

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

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

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.

STATE OF LOUISIANA

Operational Plan Form

Program Goals

PROGRAM NUMBER AND NAME: 3262 - Public Health Services

under the SDWP. The DWRLF program provides funding from time to time for purchasing equipment, books, etc. for the operator certification program, depending on their funding level from other sources.

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

Environmental Epidemiology and Toxicology (SEET)

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

Infectious Diseases Epidemiology (IDEpi)

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

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

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

Reproductive health services A90:A94

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
Program Goals

PROGRAM NUMBER AND NAME: 3262 - Public Health Services

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 326 - Office of Public Health

PROGRAM ID: 3262 - Public Health Services

PM OBJECTIVE: 3262-01 - Public Health Services, through its Vital Records and statistics activity, will process Louisiana vital event records and requests for certified copies of document services annually through June 30, 2028.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
2547	S	Percentage of walk-in customers served within 30 minutes	P	85	0	85	85	85	0	0
2548	S	Percent of mail requests filled within two weeks	P	90	0	90	90	90	0	0
2549	S	Percentage of emergency document service requests filled within 24 hours	P	98	0	98	98	98	0	0

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2019 - 2020	Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024
11227	G	Birth record intake	N	59,062	57,611	56,268	57,909	55,361
11229	G	Death record intake	N	50,763	56,806	57,068	50,583	50,217
11231	G	Marriage record intake	N	31,408	32,421	31,257	3,845	33,888
11232	G	Divorce record intake	N	11,374	11,248	11,785	6,147	6,769
11234	G	Abortion record intake	N	7,557	7,458	7,868	725	1
11235	G	Fetal death record intake	N	416	517	449	444	479
11236	G	Total number of birth, death, fetal death, marriage, divorce, abortion and still birth certificates accepted	N	160,580	166,061	164,695	119,653	146,715
20430	G	Total number of birth, death, fetal death, marriage, divorce, abortion and still birth certificates sold	N	538,485	536,499	552,461	178,838	590,021

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 326 - Office of Public Health

PROGRAM ID: 3262 - Public Health Services

PM OBJECTIVE: 3262-02 - Public Health Services, through its Emergency Medical Services (EMS) activity, will mobilize partnerships, develop policies and plans, enforce laws and regulations, and assure that EMS practitioners and providers comply with current statues through June 30, 2028.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
26613	K	Percentage of EMS education programs that have undergone quality control measures	P	10	0	Not Applicable	10	10	0	0
26614	K	Percentage of EMS provider licenses renewed within 30 days of expiration	P	100	0	Not Applicable	100	100	0	0
26615	K	Percentage of telecommunicators registering completion of required training in the Information Management System	P	90	0	Not Applicable	90	90	0	0
26616	K	Percentage of affirmative criminal background investigations initiated within 2 days of application submission	P	100	0	Not Applicable	100	100	0	0
3262001	K	Percentage of EMS practitioner applications processed within 2 business days of submission	P	90	0	Not Applicable	90	90	0	0
3262002	K	Percentage of National Registry Psychomotor Exam applications processed within 2 days of submission	P	100	0	Not Applicable	100	100	0	0

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 326 - Office of Public Health

PROGRAM ID: 3262 - Public Health Services

PM OBJECTIVE: 3262-03 - Public Health Services, through its Community Preparedness activity, will develop effective public health emergency management and response programs statewide that will decrease morbidity and mortality during emergencies and disaster events as well as develop effective public health emergency management and response programs each year through June 30, 2028.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
24158	S	Obtain a minimum of 75% of Established rating on the CDC Public Health Emergency Preparedness (PHEP) Operational Readiness Review (ORR)	P	75	Not Applicable	Not Applicable	75	75	0	0

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2019 - 2020	Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024
3262003	G	Number of Emergency Operation Center activations	N	12	28	3	6	5
3262004	G	Number of resource request fulfilled	N	0	3,288	816	680	39
3262005	G	Number of exercises/drills conducted	N		0	0	0	0
3262006	G	Number of trainings completed	N	68	28	9	27	65
3262007	G	Number of community partners	N	540	560	173	186	186

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 326 - Office of Public Health

PROGRAM ID: 3262 - Public Health Services

PM OBJECTIVE: 3262-04 - Public Health Services, through its Bureau of Family Health will promote optimal health for all Louisiana women, children, teens and families each year through June 30, 2028.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
20139	K	Number of Maternal, Infant & Early Childhood home visits, including Nurse-Family Partnership (NFP) and Parents as Teachers	N	38,000	0	38,000	38,000	38,000	0	0
24162	K	Number of students with access to School Based Health Center services	N	46,000	0	32,068	32,068	32,068	0	0
26132	S	Percentage of patients receiving a preventive health visit at least once in the last measurement year	P	30	0	30	30	30	0	0
26345	K	Percentage of students who receive an annual risk assessment	P	55	0	55	55	55	0	0

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 326 - Office of Public Health

PROGRAM ID: 3262 - Public Health Services

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2019 - 2020	Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024
13744	G	Number of patient visits to Adolescent School-Based Health Centers	N	217,638	196,894	126,915	151,343	131,650
13749	G	Percentage of infants born to mothers beginning prenatal care in the first trimester	P	70.8	72	71	71.81	72.1
2368	G	Number of adolescent School-Based Health Centers	N	60	58	58	57	57
24164	G	Percentage of children with special health care needs receiving care in a Medical Home	P	50	51.1	44.2	39.7	39.9
26617	G	Percentage of adolescent school-based health centers (SBHCs) that demonstrate progress with a documented continuous quality improvement (CQI) plan	P	Not Applicable	0	0	0	100
26618	G	Percentage of students age 12 years with a screening for clinical depression	P	Not Available	61	62.2	70	77.7
26619	G	Percentage of students with a BMI greater than 85% receiving nutritional and physical activity counseling	P	Not Available	Not Available	84.9	91	85.8

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 326 - Office of Public Health

PROGRAM ID: 3262 - Public Health Services

PM OBJECTIVE: 3262-05 - Public Health Services, through its Immunization Program activity, will control or eliminate preventable diseases by providing vaccine to susceptible persons each year through June 30, 2028.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
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	70	0	75	75	75	0	0
24166	K	Percentage of kindergartners up to date with 4 DTaP, 3 Polio, 3 HBV, 2 MMR and 2 VAR	P	95	0	95	95	95	0	0
24167	S	Percentage of sixth graders, 11-12 years of age, up to date with 1 Tdap, 2 MMR, 2 VAR, 3 HBV, 1 MCV4	P	80	0	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	0	70	70	70	0	0

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2019 - 2020	Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024
26770	G	Percentage of 11th Graders or those 16 years of age with 2 MenACWY	P	Not Applicable	Not Applicable	63	63.31	67.11
26771	G	Percentage of persons 6 months of age and older with Flu vaccination last flu season	P	Not Applicable	Not Applicable	44.2	43.1	43.7

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 326 - Office of Public Health

PROGRAM ID: 3262 - Public Health Services

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

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
2384	K	Number of monthly WIC Participants	N	95,000	0	98,500	98,500	101,000	0	0
24168	S	Number of monthly Commodity Supplemental Food Program participants served	N	40,000	0	39,500	39,500	39,015	0	0
25608	S	Percentage of postpartum women enrolled in WIC who breastfeed	P	33	0	36	36	40	0	0

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2019 - 2020	Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024
10857	G	Percentage of WIC eligible clients served	P	47	49.5	48.9	38	37
10858	G	Number of WIC vendor fraud investigations	N	0	16	20	38	29

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 326 - Office of Public Health

PROGRAM ID: 3262 - Public Health Services

PM OBJECTIVE: 3262-07 - Public Health Services, through its Infectious Diseases Control activities, will prevent the spread of communicable diseases, including but not limited to, HIV/AIDS, tuberculosis (TB), gonorrhea, Chlamydia, and syphilis, through screening, education, health promotion, outreach, surveillance, prevention, case management and treatment each year through June 30, 2028.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
24170	K	Percentage of TB infected contacts who complete treatment	P	72	0	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	0	76	76	78	0	0
25609	S	Percentage of culture confirmed cases completing treatment within 12 months	P	90	0	90	90	90	0	0
25610	S	Percentage of pulmonary culture confirmed cases converting sputum culture within two months	P	60	0	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	0	70	70	70	0	0
25612	S	Percentage of primary and secondary syphilis cases treated within 14 days of specimen collection	P	85	0	85	85	85	0	0

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 326 - Office of Public Health

PROGRAM ID: 3262 - Public Health Services

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2019 - 2020	Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024
2325	G	Number of HIV tests conducted at publicly-funded sites	N	88,498	80,498	100,018	94,250	95,880
25613	G	Number of primary and secondary syphilis cases	N	607	841	876	1,188	1,031
25614	G	Number of people living with HIV in Louisiana	N	21,667	21,651	22,679	22,955	23,375
25615	G	Number of new HIV diagnosis in Louisiana	N	786	907	936	908	879
26621	G	Number of new confirmed Hepatitis C diagnosis in Louisiana	N	Not Available	4,965	2,914	2,829	2,546

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 326 - Office of Public Health

PROGRAM ID: 3262 - Public Health Services

PM OBJECTIVE: 3262-08 - Public Health Services, through the Infectious Disease Epidemiology (IDePi) activity, will conduct surveillance of infectious diseases to decrease the burden of infectious diseases (excluding TB, STD and HIV), conduct outbreak investigations and maintain public health preparedness against infectious diseases each year through June 30, 2028.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
24201	K	Yearly mortality count attributed to unsafe water, food and sewage	N	0	0	0	0	0	0	0
26622	S	Initiate investigation within 10 working days of report to IDePi	P	90	0	90	90	90	0	0
26623	S	Completed case investigation within 10 working days of starting investigation	P	90	0	90	90	90	0	0
26624	S	Percent of outbreaks with determined etiology	P	90	0	90	90	90	0	0

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 326 - Office of Public Health

PROGRAM ID: 3262 - Public Health Services

PM OBJECTIVE: 3262-09 - Public Health Services, through its Laboratory Services activity, will assure timely testing and reporting of laboratory results of specimens to monitor for pollutants, contaminants in water, food, drugs, and environmental materials each year through June 30, 2028.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
26380	S	At least 95% of specimens submitted to the OPH Laboratory meet acceptance criteria for testing	P	95	0	95	95	95	0	0
Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information						
				Performance Indicator Values						
				Prior Year Actual FY2019 - 2020	Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024		
17387	G	Number of lab tests/specimens tested	N	260,062	308,477	233,799	212,569	228,473		

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 326 - Office of Public Health

PROGRAM ID: 3262 - Public Health Services

PM OBJECTIVE: 3262-10 - Public Health Services, through its Environmental Epidemiology and Toxicology activity (SEET), will identify toxic chemicals in the environment; evaluate the extent of human exposure and the adverse health effects caused by them; make recommendations to prevent and reduce exposure to hazardous chemicals; promote public understanding of the health effects of chemicals in the environment each year through June 30, 2028.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
24198	S	Number of health consults and technical assists	N	500	0	500	500	500	0	0
24199	S	Number of emergency reports screened from the Louisiana State Police and National Response Center	N	9,000	0	9,000	9,000	9,000	0	0
Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information						
				Performance Indicator Values						
				Prior Year Actual FY2019 - 2020	Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024		
24196	G	Number of Indoor Air Quality phone consults	N	492	209	427	330	103		

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 326 - Office of Public Health

PROGRAM ID: 3262 - Public Health Services

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

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
12219	K	Number of National Health Services Corp providers practicing in Louisiana	N	180	0	180	180	180	0	0
25619	S	Number of providers that have received education through conferences or BCDPHA provided trainings	N	325	0	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	0	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	0	100	100	100	0	0

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 326 - Office of Public Health

PROGRAM ID: 3262 - Public Health Services

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2019 - 2020	Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024
12218	G	Number of parishes and/or areas designated as Health Professional Shortage Areas by the Federal government	N	64	39	96	61	57
25860	G	Number of critical access hospitals (CAHs) reporting HCAHPS data	N	21	21	42	19	25
26672	G	Percent of Federally Qualified Health Centers (FQHCs) receiving technical assistance (TA)	P	Not Available	Not Available	17	17	15
26773	G	Percent of Rural Health Clinics (RHCs) receiving technical assistance (TA)	P	Not Available	Not Available	21	27	12

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 326 - Office of Public Health

PROGRAM ID: 3262 - Public Health Services

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

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
25624	S	Number of registered callers to the Louisiana Tobacco Quitline	N	2,500	0	2,500	2,500	2,500	0	0

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2019 - 2020	Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024
26774	G	Percentage of organizations designated as "WellSpots" reporting implementation of comprehensive tobacco or smoke-free workplace policies	P	Not Available	380	92	88	99.4
26775	G	Percentage of organizations designated as "WellSpots" reporting implementation of a worksite wellness program	P	Not Available	96	40	35	74.4
26776	G	Percentage of School Districts receiving professional development and technical assistance on comprehensive school wellness best practices	P	Not Available	260	19	34	34

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 326 - Office of Public Health

PROGRAM ID: 3262 - Public Health Services

PM OBJECTIVE: 3262-13 - Public Health Services, through its sanitarian services activity, will protect public health through regulatory oversight and preventative measures which include education of the public, plans review, inspection, sampling, and enforcement activities each year through June 30, 2028.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
24202	K	Percentage of permitted facilities in compliance quarterly due to inspections	P	90	0	90	90	90	0	0
24204	S	Percentage of sewerage systems properly installed	P	100	0	100	100	100	0	0
24207	S	Percentage of required samples in compliance	P	95	0	95	95	95	0	0
Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information						
				Performance Indicator Values						
				Prior Year Actual FY2019 - 2020	Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024		
11215	G	Food related complaints received from the public	N	277	459	772	1,017	1,039		
11886	G	Percentage of establishments/facilities in compliance	P	93	91	94	89	89		
24205	G	Number of plans reviewed	N	4,567	798	5,447	6,205	6,820		
24206	G	Number of samples taken	N	8,024	18,776	8,296	7,352	7,852		
24208	G	Number of new sewage systems properly installed	N	5,086	8,285	9,751	9,067	8,238		
24209	G	Number of existing sewage systems inspections	N	6,637	7,154	8,247	9,823	9,271		
24210	G	Number of sewage system applications taken	N	416	12,652	12,182	10,124	10,381		
24211	G	Number of food, water, sewage-borne illnesses reported	N	423	0	1,564	0	3,068		
2485	G	Number of inspections of permitted establishments/facilities	N	6,482	37,303	104,602	95,758	94,412		

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 326 - Office of Public Health

PROGRAM ID: 3262 - Public Health Services

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 326 - Office of Public Health

PROGRAM ID: 3262 - Public Health Services

PM OBJECTIVE: 3262-14 - 'Public Health Services, through its engineering and loan activities, will provide a regulatory framework to assure that the public is not exposed to contaminated drinking water or to raw sewage by contact or inhalation, which can cause mass illness or deaths each year through June 30, 2028.

Children's Budget Link:

Human Resource Policies Beneficial to Women and Families Link:

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

Explanatory Notes:

Performance Indicator	Level	Performance Indicator Name	Unit	Performance Indicator Values						
				Year End Performance Standard 2023 - 2024	Actual Year End Performance 2023 - 2024	Performance Standard as Initially Appropriated 2024 - 2025	Existing Performance Standard 2024 - 2025	Performance at Continuation Budget Level 2025 - 2026	Performance at Executive Budget Level 2025 - 2026	Performance Standard as Initially Appropriated 2025 - 2026
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	0	98	98	98	0	0
24523	S	Number of Louisiana public water systems provided financial and technical assistance	N	500	0	500	500	500	0	0
2497	K	Percentage of the population served by community water systems that receive drinking water that meets all applicable health-based drinking water standards.	P	90	0	90	90	90	0	0
25629	S	Percentage of water and sewer plans reviewed within 60 days of receipt of submittal	P	98	0	98	98	98	0	0

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

DEPARTMENT ID: 09 - LDH

AGENCY ID: 326 - Office of Public Health

PROGRAM ID: 3262 - Public Health Services

Performance Indicator	Level	Performance Indicator Name	Unit	General Performance Information				
				Performance Indicator Values				
				Prior Year Actual FY2019 - 2020	Prior Year Actual FY2020 - 2021	Prior Year Actual FY2021 - 2022	Prior Year Actual FY2022 - 2023	Prior Year Actual FY2023 - 2024
11225	G	Number of public water systems in Louisiana	N	1,304	1,293	1,277	1,271	1,263
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	33,149	26,703	59,615	41,089	42,273
24524	G	Number of low-interest loans made	N	11	13	7	12	5
24525	G	Number of public water systems provided technical assistance	N	424	380	306	406	0
24526	G	Number of water systems provided capacity development technical assistance	N	227	253	306	270	270

Budget Request Overview

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	58,767,535	61,846,578	69,288,682	7,442,104	12.03%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	15,283,995	87,005,926	84,265,540	(2,740,386)	(3.15)%
FEES & SELF-GENERATED	52,088,032	56,728,876	58,663,445	1,934,569	3.41%
STATUTORY DEDICATIONS	13,383,108	18,000,320	18,188,165	187,845	1.04%
FEDERAL FUNDS	354,379,389	552,284,082	409,954,989	(142,329,093)	(25.77)%
TOTAL MEANS OF FINANCING	\$493,902,060	\$775,865,782	\$640,360,821	\$(135,504,961)	(17.47)%

Fees and Self-Generated

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated	51,563,830	56,052,364	58,046,689	1,994,325	3.56%
Vital Records Conversion Dedicated Fund Account	403,208	425,404	426,537	1,133	0.27%
Oyster Sanitation Dedicated Fund Account	120,994	251,108	190,219	(60,889)	(24.25)%
Total:	\$52,088,032	\$56,728,876	\$58,663,445	\$1,934,569	3.41%

Statutory Dedications

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
Telecommunications for the Deaf Fund	3,228,339	5,510,939	5,619,007	108,068	1.96%
Rural Primary Care Physicians Development Fund	705,147	2,673,634	2,673,634	—	—
Louisiana Fund	9,449,623	9,815,747	9,895,524	79,777	0.81%
Total:	\$13,383,108	\$18,000,320	\$18,188,165	\$187,845	1.04%

Agency Expenditures

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
Salaries	81,751,995	85,166,367	89,923,713	4,757,346	5.59%
Other Compensation	6,807,894	7,792,731	7,949,930	157,199	2.02%
Related Benefits	53,962,734	51,511,138	54,477,000	2,965,862	5.76%
TOTAL PERSONAL SERVICES	\$142,522,622	\$144,470,236	\$152,350,643	\$7,880,407	5.45%
Travel	2,445,914	2,756,728	2,818,478	61,750	2.24%
Operating Services	12,657,242	13,861,790	14,412,978	551,188	3.98%
Supplies	11,303,343	14,969,327	16,120,313	1,150,986	7.69%
TOTAL OPERATING EXPENSES	\$26,406,499	\$31,587,845	\$33,351,769	\$1,763,924	5.58%
PROFESSIONAL SERVICES	\$47,318,703	\$61,279,572	\$63,053,577	\$1,774,005	2.89%
Other Charges	251,504,193	509,336,159	361,607,197	(147,728,962)	(29.00)%
Debt Service	—	—	—	—	—
Interagency Transfers	25,126,879	29,105,963	29,129,903	23,940	0.08%
TOTAL OTHER CHARGES	\$276,631,072	\$538,442,122	\$390,737,100	\$(147,705,022)	(27.43)%
Acquisitions	1,023,164	86,007	867,732	781,725	908.91%
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$1,023,164	\$86,007	\$867,732	\$781,725	908.91%
TOTAL EXPENDITURES	\$493,902,060	\$775,865,782	\$640,360,821	\$(135,504,961)	(17.47)%

Agency Positions

Classified	1,213	1,215	1,224	9	0.74%
Unclassified	14	14	14	—	—
TOTAL AUTHORIZED T.O. POSITIONS	1,227	1,229	1,238	9	0.73%
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	105	103	103	—	—
TOTAL POSITIONS	1,332	1,332	1,341	9	0.68%

Cost Detail

Means of Financing

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
State General Fund	58,767,535	61,846,578	69,288,682	7,442,104
Interagency Transfers	15,283,995	87,005,926	84,265,540	(2,740,386)
Fees & Self-generated	51,563,830	56,052,364	58,046,689	1,994,325
Vital Records Conversion Dedicated Fund Account	403,208	425,404	426,537	1,133
Oyster Sanitation Dedicated Fund Account	120,994	251,108	190,219	(60,889)
Telecommunications for the Deaf Fund	3,228,339	5,510,939	5,619,007	108,068
Rural Primary Care Physicians Development Fund	705,147	2,673,634	2,673,634	—
Louisiana Fund	9,449,623	9,815,747	9,895,524	79,777
Federal Funds	354,379,389	552,284,082	409,954,989	(142,329,093)
Total:	\$493,902,060	\$775,865,782	\$640,360,821	\$(135,504,961)

Salaries

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5110000	TOTAL SALARIES	—	—	4,757,346	4,757,346
5110010	SAL-CLASS-TO-REG	78,909,959	83,307,085	83,307,085	—
5110015	SAL-CLASS-TO-OT	208,711	—	—	—
5110020	SAL-CLASS-TO-TERM	685,202	—	—	—
5110025	SAL-UNCLASS-TO-REG	1,863,993	1,859,282	1,859,282	—
5110030	SAL-UNCLASS-TO-OT	19,657	—	—	—
5110035	SAL-UNCLASS-TO-TERM	64,473	—	—	—
Total Salaries:		\$81,751,995	\$85,166,367	\$89,923,713	\$4,757,346

Other Compensation

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5120000	TOTAL OTHER COMP	—	—	157,199	157,199
5120010	COMPENSATION/WAGES	6,700,474	7,467,039	7,467,039	—
5120035	STUDENT LABOR	54,697	325,692	325,692	—

Other Compensation (continued)

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5120105	COMP-CL-NON TO-OT	10,699	—	—	—
5120110	COMP-CL-NON TO-TERM	42,024	—	—	—
Total Other Compensation:		\$6,807,894	\$7,792,731	\$7,949,930	\$157,199

Related Benefits

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5130000	TOTAL RELATED BENF	—	—	2,965,862	2,965,862
5130010	RET CONTR-STATE EMP	33,640,384	31,372,311	31,372,311	—
5130020	RET CONTR-TEACHERS	361,380	—	—	—
5130050	POSTRET BENEFITS	8,924,342	8,700,000	8,700,000	—
5130055	FICA TAX (OASDI)	103,634	130,056	130,056	—
5130060	MEDICARE TAX	1,190,526	1,364,105	1,364,105	—
5130065	UNEMPLOYMENT BENEFIT	5,316	30,000	30,000	—
5130070	GRP INS CONTRIBUTION	9,727,707	9,914,666	9,914,666	—
5130085	OTH RELATED BENEFIT	369	—	—	—
5130090	TAXABLE FRINGE BEN	9,075	—	—	—
Total Related Benefits:		\$53,962,734	\$51,511,138	\$54,477,000	\$2,965,862

Travel

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5200000	TOTAL TRAVEL	—	2,756,728	2,818,478	61,750
5210010	IN-STATE TRAVEL-ADM	7,973	—	—	—
5210015	IN-STATE TRAVEL-CONF	220,487	—	—	—
5210020	IN-STATE TRAV-FIELD	1,695,981	—	—	—
5210025	IN-STATE TRV-BD MEM	3,163	—	—	—
5210030	IN-STATE TRV-IT/TRN	24,013	—	—	—
5210032	IN-STATE TRV-IT TRN	2,594	—	—	—

Travel (continued)

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5210050	OUT-OF-STATE TRV-ADM	1,503	—	—	—
5210055	OUT-OF-STTRV-CONF	429,506	—	—	—
5210060	OUT-OF-STTRV-FIELD	36,440	—	—	—
5210065	OUT-OF-STTRV-BD MEM	271	—	—	—
5210070	OUT-OF-STTRV-IT/TRN	395	—	—	—
5210105	STAFF TRAINING	13,189	—	—	—
5210110	CONFERENCE REG FEES	10,400	—	—	—
Total Travel:		\$2,445,914	\$2,756,728	\$2,818,478	\$61,750

Operating Services

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5300000	TOTAL OPERATING SERV	—	13,861,790	14,412,978	551,188
5310001	SERV-ADVERTISING	1,821	—	—	—
5310003	SERV-MARKETING	1,400	—	—	—
5310005	SERV-PRINTING	4,237	—	—	—
5310009	SERV-MOVING SERVICES	871	—	—	—
5310010	SERV-DUES & OTHER	133,036	—	—	—
5310011	SERV-SUBSCRIPTIONS	25,564	—	—	—
5310013	SERV-LAB FEES	1,544,053	—	—	—
5310015	SERV-SECURITY	86,221	—	—	—
5310017	SERV-DOC DESTRUCTION	4,264	—	—	—
5310018	SERV-TEMP STAFFING	38,884	—	—	—
5310019	SERV-FREIGHT	1,191	—	—	—
5310025	SERV-LOCKSMITH	1,633	—	—	—
5310030	SERV-ADMIN FEES	155	—	—	—
5310031	SER-CRDT CRD TRN FEE	2,573	—	—	—
5310033	SERV-OTH LAB-VET	36,438	—	—	—

Operating Services (continued)

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5310037	SERV - TRAINING	22,761	—	—	—
5310040	SERV-BANK (NON-DEBT)	13,897	—	—	—
5310047	SERV-PRINTING	265	—	—	—
5310049	SERV-DUES & OTHER	24,698	—	—	—
5310050	SERV-DUES & OTHER	80	—	—	—
5310052	SERV-REGISTRATIONS	2,934	—	—	—
5310400	SERV-MISC	516,111	—	—	—
5330001	MAINT-BUILDINGS	61,846	—	—	—
5330003	MAINT-PESTCONTROL	10,822	—	—	—
5330004	MAINT-GARBAGE DISP	52,436	—	—	—
5330005	MAINT-WSTDISP-SHRED	13,338	—	—	—
5330006	MAINT-HAZ WASTE DISP	55,206	—	—	—
5330007	MAINT-PROPERTY	1,761	—	—	—
5330008	MAINT-EQUIPMENT	1,242,606	—	—	—
5330011	MAINT-COMMUNICTN EQP	113,185	—	—	—
5330012	MAINT-JANITORIAL	517,855	—	—	—
5330013	MAINT-CLEANING SERV	22,332	—	—	—
5330014	MAINT-GROUNDS	3,582	—	—	—
5330016	MAINT-DATA PROC EQP	688	—	—	—
5330018	MAINT-AUTO REPAIRS	87,557	—	—	—
5330025	MAINT-HOSTING SVCS	250	—	—	—
5340010	RENT-REAL ESTATE	5,240,237	—	—	—
5340015	RENT-OPER COST-BLDG	958,255	—	—	—
5340020	RENT-EQUIPMENT	267,330	—	—	—
5340070	RENT-OTHER	131,387	—	—	—
5340075	RENT-UNIFORM/CLOTHNG	7,816	—	—	—
5350001	UTIL-INTERNET PROVID	35,821	—	—	—

Operating Services *(continued)*

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5350002	UTIL-DATA LINE/CIRCT	5,432	—	—	—
5350003	UTIL-DATA PROCESSING	94	—	—	—
5350004	UTIL-TELEPHONE SERV	514,139	—	—	—
5350005	UTIL-OTHER COMM SERV	29,474	—	—	—
5350006	UTIL-MAIL/DEL/POST	221,633	—	—	—
5350007	UTIL-POSTAGE DUE	2,451	—	—	—
5350008	UTIL-DEL UPS/FED EXP	38,119	—	—	—
5350009	UTIL-GAS	29,525	—	—	—
5350010	UTIL-ELECTRICITY	358,568	—	—	—
5350011	UTIL-WATER	11,624	—	—	—
5350012	UTIL-CABLE	4,430	—	—	—
5350015	UTIL-COAL	35	—	—	—
5350016	UTIL-SERVICES	216	—	—	—
5350017	UTIL-OPR SER-LAUNDRY	5,658	—	—	—
5350018	UTIL-MAIL/DEL/POST	146,083	—	—	—
5350020	UTIL-MAIL/DEL/POST	637	—	—	—
5350021	UTIL-SEWER	657	—	—	—
5350400	UTIL-OTHER	1,070	—	—	—
Total Operating Services:		\$12,657,242	\$13,861,790	\$14,412,978	\$551,188

Supplies

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5400000	TOTAL SUPPLIES	—	14,969,327	16,120,313	1,150,986
5410001	SUP-OFFICE SUPPLIES	461,534	—	—	—
5410002	SUP-TELEPH & ACCESS	1,150	—	—	—
5410004	SUP-SECURITY/LAW ENF	92	—	—	—

Supplies (continued)

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5410005	SUP-PHARMACEUTICAL	3,527,977	—	—	—
5410006	SUP-COMPUTER	273,177	—	—	—
5410007	SUP-CLOTHING/UNIFORM	7,828	—	—	—
5410008	SUP-MEDICAL	127,291	—	—	—
5410009	SUP-EDUCATION & REC	407,666	—	—	—
5410010	SUP-TEXTBOOKS	9,597	—	—	—
5410013	SUP-FOOD & BEVERAGE	5,748	—	—	—
5410015	SUP-AUTO	11,841	—	—	—
5410016	SUP-BLD	8,942	—	—	—
5410017	SUP-JANITORIAL	94,155	—	—	—
5410018	SUP-FARM	2,939	—	—	—
5410019	SUP-CHEMICAL/GAS MAT	171,361	—	—	—
5410020	SUP-COMMUNICATIONS	4,452	—	—	—
5410021	SUP-ELECTRONICS/ELEC	12,282	—	—	—
5410024	SUP-INDUSTMAN/PROC	318	—	—	—
5410025	SUP-LAB SUPPLIES	4,479,309	—	—	—
5410027	SUP-OTHER MEDICAL	1,019,962	—	—	—
5410028	SUP-STORAGE/PACKAGNG	2,663	—	—	—
5410030	SUP-TOOLS	(5,547)	—	—	—
5410032	SUP-REP/MNT SUP-OTHR	864	—	—	—
5410035	SUP-SOFTWARE	8,592	—	—	—
5410036	SUP-FUELTRAC	185,004	—	—	—
5410041	SUP-OYST.CULTCH MAT	128	—	—	—
5410042	SUP-SCIENT.SAMPLING	18,286	—	—	—
5410048	SUP-FACILITIES	66	—	—	—
5410053	SUP-PROT APP & EQUIP	1,284	—	—	—
5410054	SUP-STORES INCREASE	94,588	—	—	—

Supplies (continued)

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5410055	SUP-STORES DECREASE	(70,525)	—	—	—
5410060	SUP-POOL SUPPLIES	112	—	—	—
5410400	SUP-OTHER	440,207	—	—	—
Total Supplies:		\$11,303,343	\$14,969,327	\$16,120,313	\$1,150,986

Professional Services

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5500000	TOTAL PROF SERVICES	—	61,279,572	63,053,577	1,774,005
5510002	PROF SERV-BANK/FIN	16,350	—	—	—
5510003	PROF SERV-MGT CONSUL	9,684,245	—	—	—
5510004	PROF SERV-ENG/ARCHIT	552,850	—	—	—
5510005	PROF SERV-LEGAL	1,838	—	—	—
5510007	PROF SERV-MED/DEN	6,528,615	—	—	—
5510020	PROF SERV-BLD/CONSTR	17,376	—	—	—
5510021	PROF SERV-ENVIRONMTL	74,999	—	—	—
5510023	PROF SERV-INDUSTCLN	(5,118)	—	—	—
5510025	PROF SRV-PUB SAFETY	1,328	—	—	—
5510027	PROF SERV-TRANS/STOR	653,983	—	—	—
5510028	PROF SERV-ADV/PRINT	122	—	—	—
5510400	PROF SERV-OTHER	29,792,116	—	—	—
Total Professional Services:		\$47,318,703	\$61,279,572	\$63,053,577	\$1,774,005

Other Charges

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	509,336,159	361,607,197	(147,728,962)
5610001	LOC AID-LOCL SCHL BD	11,949	—	—	—
5610013	LOC AID-PUB ASST-EDU	424,661	—	—	—

Other Charges (continued)

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5610015	LOC AID-MEDICAID PMT	67,721,560	—	—	—
5610016	LOC AID-NON MEDI PMT	365,428	—	—	—
5610020	PUBLIC ASST-HEALTH	9,302	—	—	—
5620025	MISC-TUITION-LEAS-IN	311,919	—	—	—
5620038	MISC-RECOVERIES	33,803	—	—	—
5620044	MISC-RECOUP STEE PY	(5)	—	—	—
5620056	MISC-CONTRACTUAL SRV	13,840,402	—	—	—
5620063	MISC-OPERATNG SVCS	2,708,442	—	—	—
5620064	MISC-PROF SVCS	43,772,307	—	—	—
5620065	MISC-SUPPLIES OTHER	24,942,596	—	—	—
5620066	MISC-TRVL IN STATE	543,085	—	—	—
5620067	MISC-TR OUT OF STATE	24,262	—	—	—
5620068	MISC-ACQ/MAJ REP OTH	471,527	—	—	—
5620069	MISC-INTERAGENCY OTH	4,770,205	—	—	—
5620076	MISC-OC-WAGES	12,180	—	—	—
5620082	MISC-OC-MEDICARE TAX	179	—	—	—
5620127	MISC-BOOTH FEE	3,040	—	—	—
5620128	MISC-PROMO ITEMS	3,693	—	—	—
5620135	MISC-TRANSCRIPTS	262,779	—	—	—
5620137	MISC-OC-PS-MEDICAL	91,153,881	—	—	—
5620142	MISC-OC-MAJOR REPAIR	116,999	—	—	—
Total Other Charges:		\$251,504,193	\$509,336,159	\$361,607,197	\$(147,728,962)

Interagency Transfers

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	29,105,963	29,129,903	23,940
5950001	IAT-COMMODITY/SERV	1,268,656	—	—	—
5950005	IAT-DUES AND SUBSCRIP	400	—	—	—
5950006	IAT-ADVERTISING	8	—	—	—
5950007	IAT-PRINTING	329,449	—	—	—
5950008	IAT-POSTAGE	145,937	—	—	—
5950013	IAT-TEL-LANET DATA	1,628,872	—	—	—
5950017	IAT-INSURANCE	1,287,582	—	—	—
5950026	IAT-RENTALS	3,958,093	—	—	—
5950030	IAT-MEDICAL SERVICES	1,149,010	—	—	—
5950032	IAT-ADMIN IND COST	—	—	—	—
5950033	IAT-INTER AGY TRANS	2,771,123	—	—	—
5950034	IAT-OFFICE SUPPLIES	638	—	—	—
5950035	IAT-MEDICAL SUPPLIES	167	—	—	—
5950038	IAT-OTHER OPER SERV	7,409,390	—	—	—
5950043	IAT-ACQ-EQUIP	750	—	—	—
5950058	IAT-TECH SVCS	291,004	—	—	—
5950059	IAT-ST PROCUREMENT	4,885,800	—	—	—
Total Interagency Transfers:		\$25,126,879	\$29,105,963	\$29,129,903	\$23,940

Acquisitions

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5700000	TOTAL ACQUISITIONS	—	86,007	867,732	781,725
5710221	ACQ-COMP HARDWARE	76,584	—	—	—
5710224	ACQ-OFFICE FURN&EQP	179,285	—	—	—
5710225	ACQ-JANI EQUIP	878	—	—	—

Acquisitions (continued)

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5710227	ACQ-MEDICAL EQUIP	426,560	—	—	—
5710229	ACQ-SEC/LAW ENFOR EQ	24,725	—	—	—
5710230	ACQ-ED/REC EQUIP	4,518	—	—	—
5710233	ACQ-LIBRARY	2,619	—	—	—
5710235	ACQ-DATA NETWK EQUIP	50,271	—	—	—
5710236	ACQ-OTHER	177,795	—	—	—
5710251	ACQ-BOATS	45,124	—	—	—
5710927	MEDICAL EQUIP-MA	34,805	—	—	—
Total Acquisitions:		\$1,023,164	\$86,007	\$867,732	\$781,725
Total Agency Expenditures:		\$493,902,060	\$775,865,782	\$640,360,821	\$(135,504,961)

PROGRAM SUMMARY STATEMENT

3262 - Public Health Services

Means of Financing

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
STATE GENERAL FUND (Direct)	58,767,535	61,846,578	69,288,682	7,442,104	12.03%
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	15,283,995	87,005,926	84,265,540	(2,740,386)	(3.15)%
FEES & SELF-GENERATED	52,088,032	56,728,876	58,663,445	1,934,569	3.41%
STATUTORY DEDICATIONS	13,383,108	18,000,320	18,188,165	187,845	1.04%
FEDERAL FUNDS	354,379,389	552,284,082	409,954,989	(142,329,093)	(25.77)%
TOTAL MEANS OF FINANCING	\$493,902,060	\$775,865,782	\$640,360,821	\$(135,504,961)	(17.47)%

Fees and Self-Generated

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
Fees & Self-generated	51,563,830	56,052,364	58,046,689	1,994,325	3.56%
Vital Records Conversion Dedicated Fund Account	403,208	425,404	426,537	1,133	0.27%
Oyster Sanitation Dedicated Fund Account	120,994	251,108	190,219	(60,889)	(24.25)%
Total:	\$52,088,032	\$56,728,876	\$58,663,445	\$1,934,569	3.41%

Statutory Dedications

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
Telecommunications for the Deaf Fund	3,228,339	5,510,939	5,619,007	108,068	1.96%
Rural Primary Care Physicians Development Fund	705,147	2,673,634	2,673,634	—	—
Louisiana Fund	9,449,623	9,815,747	9,895,524	79,777	0.81%
Total:	\$13,383,108	\$18,000,320	\$18,188,165	\$187,845	1.04%

Program Expenditures

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Percent Change
Salaries	81,751,995	85,166,367	89,923,713	4,757,346	5.59%
Other Compensation	6,807,894	7,792,731	7,949,930	157,199	2.02%
Related Benefits	53,962,734	51,511,138	54,477,000	2,965,862	5.76%
TOTAL PERSONAL SERVICES	\$142,522,622	\$144,470,236	\$152,350,643	\$7,880,407	5.45%
Travel	2,445,914	2,756,728	2,818,478	61,750	2.24%
Operating Services	12,657,242	13,861,790	14,412,978	551,188	3.98%
Supplies	11,303,343	14,969,327	16,120,313	1,150,986	7.69%
TOTAL OPERATING EXPENSES	\$26,406,499	\$31,587,845	\$33,351,769	\$1,763,924	5.58%
PROFESSIONAL SERVICES	\$47,318,703	\$61,279,572	\$63,053,577	\$1,774,005	2.89%
Other Charges	251,504,193	509,336,159	361,607,197	(147,728,962)	(29.00)%
Debt Service	—	—	—	—	—
Interagency Transfers	25,126,879	29,105,963	29,129,903	23,940	0.08%
TOTAL OTHER CHARGES	\$276,631,072	\$538,442,122	\$390,737,100	\$(147,705,022)	(27.43)%
Acquisitions	1,023,164	86,007	867,732	781,725	908.91%
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$1,023,164	\$86,007	\$867,732	\$781,725	908.91%
TOTAL EXPENDITURES	\$493,902,060	\$775,865,782	\$640,360,821	\$(135,504,961)	(17.47)%

Program Positions

Classified	1,213	1,215	1,224	9	0.74%
Unclassified	14	14	14	—	—
TOTAL AUTHORIZED T.O. POSITIONS	1,227	1,229	1,238	9	0.73%
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	105	103	103	—	—
TOTAL POSITIONS	1,332	1,332	1,341	9	0.68%

Cost Detail

Means of Financing

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
State General Fund	58,767,535	61,846,578	69,288,682	7,442,104
Interagency Transfers	15,283,995	87,005,926	84,265,540	(2,740,386)
Fees & Self-generated	51,563,830	56,052,364	58,046,689	1,994,325
Vital Records Conversion Dedicated Fund Account	403,208	425,404	426,537	1,133
Oyster Sanitation Dedicated Fund Account	120,994	251,108	190,219	(60,889)
Telecommunications for the Deaf Fund	3,228,339	5,510,939	5,619,007	108,068
Rural Primary Care Physicians Development Fund	705,147	2,673,634	2,673,634	—
Louisiana Fund	9,449,623	9,815,747	9,895,524	79,777
Federal Funds	354,379,389	552,284,082	409,954,989	(142,329,093)
Total:	\$493,902,060	\$775,865,782	\$640,360,821	\$(135,504,961)

Salaries

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5110000	TOTAL SALARIES	—	—	4,757,346	4,757,346
5110010	SAL-CLASS-TO-REG	78,909,959	83,307,085	83,307,085	—
5110015	SAL-CLASS-TO-OT	208,711	—	—	—
5110020	SAL-CLASS-TO-TERM	685,202	—	—	—
5110025	SAL-UNCLASS-TO-REG	1,863,993	1,859,282	1,859,282	—
5110030	SAL-UNCLASS-TO-OT	19,657	—	—	—
5110035	SAL-UNCLASS-TO-TERM	64,473	—	—	—
Total Salaries:		\$81,751,995	\$85,166,367	\$89,923,713	\$4,757,346

Other Compensation

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5120000	TOTAL OTHER COMP	—	—	157,199	157,199
5120010	COMPENSATION/WAGES	6,700,474	7,467,039	7,467,039	—
5120035	STUDENT LABOR	54,697	325,692	325,692	—

Other Compensation *(continued)*

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5120105	COMP-CL-NON TO-OT	10,699	—	—	—
5120110	COMP-CL-NON TO-TERM	42,024	—	—	—
Total Other Compensation:		\$6,807,894	\$7,792,731	\$7,949,930	\$157,199

Related Benefits

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5130000	TOTAL RELATED BENF	—	—	2,965,862	2,965,862
5130010	RET CONTR-STATE EMP	33,640,384	31,372,311	31,372,311	—
5130020	RET CONTR-TEACHERS	361,380	—	—	—
5130050	POSTRET BENEFITS	8,924,342	8,700,000	8,700,000	—
5130055	FICA TAX (OASDI)	103,634	130,056	130,056	—
5130060	MEDICARE TAX	1,190,526	1,364,105	1,364,105	—
5130065	UNEMPLOYMENT BENEFIT	5,316	30,000	30,000	—
5130070	GRP INS CONTRIBUTION	9,727,707	9,914,666	9,914,666	—
5130085	OTH RELATED BENEFIT	369	—	—	—
5130090	TAXABLE FRINGE BEN	9,075	—	—	—
Total Related Benefits:		\$53,962,734	\$51,511,138	\$54,477,000	\$2,965,862

Travel

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5200000	TOTAL TRAVEL	—	2,756,728	2,818,478	61,750
5210010	IN-STATE TRAVEL-ADM	7,973	—	—	—
5210015	IN-STATE TRAVEL-CONF	220,487	—	—	—
5210020	IN-STATE TRAV-FIELD	1,695,981	—	—	—
5210025	IN-STATE TRV-BD MEM	3,163	—	—	—
5210030	IN-STATE TRV-IT/TRN	24,013	—	—	—
5210032	IN-STATE TRV-IT TRN	2,594	—	—	—

Travel (continued)

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5210050	OUT-OF-STATE TRV-ADM	1,503	—	—	—
5210055	OUT-OF-STTRV-CONF	429,506	—	—	—
5210060	OUT-OF-STTRV-FIELD	36,440	—	—	—
5210065	OUT-OF-STTRV-BD MEM	271	—	—	—
5210070	OUT-OF-STTRV-IT/TRN	395	—	—	—
5210105	STAFF TRAINING	13,189	—	—	—
5210110	CONFERENCE REG FEES	10,400	—	—	—
Total Travel:		\$2,445,914	\$2,756,728	\$2,818,478	\$61,750

Operating Services

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5300000	TOTAL OPERATING SERV	—	13,861,790	14,412,978	551,188
5310001	SERV-ADVERTISING	1,821	—	—	—
5310003	SERV-MARKETING	1,400	—	—	—
5310005	SERV-PRINTING	4,237	—	—	—
5310009	SERV-MOVING SERVICES	871	—	—	—
5310010	SERV-DUES & OTHER	133,036	—	—	—
5310011	SERV-SUBSCRIPTIONS	25,564	—	—	—
5310013	SERV-LAB FEES	1,544,053	—	—	—
5310015	SERV-SECURITY	86,221	—	—	—
5310017	SERV-DOC DESTRUCTION	4,264	—	—	—
5310018	SERV-TEMP STAFFING	38,884	—	—	—
5310019	SERV-FREIGHT	1,191	—	—	—
5310025	SERV-LOCKSMITH	1,633	—	—	—
5310030	SERV-ADMIN FEES	155	—	—	—
5310031	SER-CRDT CRD TRN FEE	2,573	—	—	—
5310033	SERV-OTH LAB-VET	36,438	—	—	—

Operating Services (continued)

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5310037	SERV - TRAINING	22,761	—	—	—
5310040	SERV-BANK (NON-DEBT)	13,897	—	—	—
5310047	SERV-PRINTING	265	—	—	—
5310049	SERV-DUES & OTHER	24,698	—	—	—
5310050	SERV-DUES & OTHER	80	—	—	—
5310052	SERV-REGISTRATIONS	2,934	—	—	—
5310400	SERV-MISC	516,111	—	—	—
5330001	MAINT-BUILDINGS	61,846	—	—	—
5330003	MAINT-PESTCONTROL	10,822	—	—	—
5330004	MAINT-GARBAGE DISP	52,436	—	—	—
5330005	MAINT-WSTDISP-SHRED	13,338	—	—	—
5330006	MAINT-HAZ WASTE DISP	55,206	—	—	—
5330007	MAINT-PROPERTY	1,761	—	—	—
5330008	MAINT-EQUIPMENT	1,242,606	—	—	—
5330011	MAINT-COMMUNICTN EQP	113,185	—	—	—
5330012	MAINT-JANITORIAL	517,855	—	—	—
5330013	MAINT-CLEANING SERV	22,332	—	—	—
5330014	MAINT-GROUNDS	3,582	—	—	—
5330016	MAINT-DATA PROC EQP	688	—	—	—
5330018	MAINT-AUTO REPAIRS	87,557	—	—	—
5330025	MAINT-HOSTING SVCS	250	—	—	—
5340010	RENT-REAL ESTATE	5,240,237	—	—	—
5340015	RENT-OPER COST-BLDG	958,255	—	—	—
5340020	RENT-EQUIPMENT	267,330	—	—	—
5340070	RENT-OTHER	131,387	—	—	—
5340075	RENT-UNIFORM/CLOTHNG	7,816	—	—	—
5350001	UTIL-INTERNET PROVID	35,821	—	—	—

Operating Services *(continued)*

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5350002	UTIL-DATA LINE/CIRCT	5,432	—	—	—
5350003	UTIL-DATA PROCESSING	94	—	—	—
5350004	UTIL-TELEPHONE SERV	514,139	—	—	—
5350005	UTIL-OTHER COMM SERV	29,474	—	—	—
5350006	UTIL-MAIL/DEL/POST	221,633	—	—	—
5350007	UTIL-POSTAGE DUE	2,451	—	—	—
5350008	UTIL-DEL UPS/FED EXP	38,119	—	—	—
5350009	UTIL-GAS	29,525	—	—	—
5350010	UTIL-ELECTRICITY	358,568	—	—	—
5350011	UTIL-WATER	11,624	—	—	—
5350012	UTIL-CABLE	4,430	—	—	—
5350015	UTIL-COAL	35	—	—	—
5350016	UTIL-SERVICES	216	—	—	—
5350017	UTIL-OPR SER-LAUNDRY	5,658	—	—	—
5350018	UTIL-MAIL/DEL/POST	146,083	—	—	—
5350020	UTIL-MAIL/DEL/POST	637	—	—	—
5350021	UTIL-SEWER	657	—	—	—
5350400	UTIL-OTHER	1,070	—	—	—
Total Operating Services:		\$12,657,242	\$13,861,790	\$14,412,978	\$551,188

Supplies

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5400000	TOTAL SUPPLIES	—	14,969,327	16,120,313	1,150,986
5410001	SUP-OFFICE SUPPLIES	461,534	—	—	—
5410002	SUP-TELEPH & ACCESS	1,150	—	—	—
5410004	SUP-SECURITY/LAW ENF	92	—	—	—

Supplies (continued)

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5410005	SUP-PHARMACEUTICAL	3,527,977	—	—	—
5410006	SUP-COMPUTER	273,177	—	—	—
5410007	SUP-CLOTHING/UNIFORM	7,828	—	—	—
5410008	SUP-MEDICAL	127,291	—	—	—
5410009	SUP-EDUCATION & REC	407,666	—	—	—
5410010	SUP-TEXTBOOKS	9,597	—	—	—
5410013	SUP-FOOD & BEVERAGE	5,748	—	—	—
5410015	SUP-AUTO	11,841	—	—	—
5410016	SUP-BLD	8,942	—	—	—
5410017	SUP-JANITORIAL	94,155	—	—	—
5410018	SUP-FARM	2,939	—	—	—
5410019	SUP-CHEMICAL/GAS MAT	171,361	—	—	—
5410020	SUP-COMMUNICATIONS	4,452	—	—	—
5410021	SUP-ELECTRONICS/ELEC	12,282	—	—	—
5410024	SUP-INDUSTMAN/PROC	318	—	—	—
5410025	SUP-LAB SUPPLIES	4,479,309	—	—	—
5410027	SUP-OTHER MEDICAL	1,019,962	—	—	—
5410028	SUP-STORAGE/PACKAGNG	2,663	—	—	—
5410030	SUP-TOOLS	(5,547)	—	—	—
5410032	SUP-REP/MNT SUP-OTHR	864	—	—	—
5410035	SUP-SOFTWARE	8,592	—	—	—
5410036	SUP-FUELTRAC	185,004	—	—	—
5410041	SUP-OYST.CULTCH MAT	128	—	—	—
5410042	SUP-SCIENT.SAMPLING	18,286	—	—	—
5410048	SUP-FACILITIES	66	—	—	—
5410053	SUP-PROT APP & EQUIP	1,284	—	—	—
5410054	SUP-STORES INCREASE	94,588	—	—	—

Supplies (continued)

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5410055	SUP-STORES DECREASE	(70,525)	—	—	—
5410060	SUP-POOL SUPPLIES	112	—	—	—
5410400	SUP-OTHER	440,207	—	—	—
Total Supplies:		\$11,303,343	\$14,969,327	\$16,120,313	\$1,150,986

Professional Services

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5500000	TOTAL PROF SERVICES	—	61,279,572	63,053,577	1,774,005
5510002	PROF SERV-BANK/FIN	16,350	—	—	—
5510003	PROF SERV-MGT CONSUL	9,684,245	—	—	—
5510004	PROF SERV-ENG/ARCHIT	552,850	—	—	—
5510005	PROF SERV-LEGAL	1,838	—	—	—
5510007	PROF SERV-MED/DEN	6,528,615	—	—	—
5510020	PROF SERV-BLD/CONSTR	17,376	—	—	—
5510021	PROF SERV-ENVIRONMTL	74,999	—	—	—
5510023	PROF SERV-INDUSTCLN	(5,118)	—	—	—
5510025	PROF SRV-PUB SAFETY	1,328	—	—	—
5510027	PROF SERV-TRANS/STOR	653,983	—	—	—
5510028	PROF SERV-ADV/PRINT	122	—	—	—
5510400	PROF SERV-OTHER	29,792,116	—	—	—
Total Professional Services:		\$47,318,703	\$61,279,572	\$63,053,577	\$1,774,005

Other Charges

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5600000	TOTAL OTHER CHARGES	—	509,336,159	361,607,197	(147,728,962)
5610001	LOC AID-LOCL SCHL BD	11,949	—	—	—
5610013	LOC AID-PUB ASST-EDU	424,661	—	—	—

Other Charges (continued)

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5610015	LOC AID-MEDICAID PMT	67,721,560	—	—	—
5610016	LOC AID-NON MEDI PMT	365,428	—	—	—
5610020	PUBLIC ASST-HEALTH	9,302	—	—	—
5620025	MISC-TUITION-LEAS-IN	311,919	—	—	—
5620038	MISC-RECOVERIES	33,803	—	—	—
5620044	MISC-RECOUP STEE PY	(5)	—	—	—
5620056	MISC-CONTRACTUAL SRV	13,840,402	—	—	—
5620063	MISC-OPERATNG SVCS	2,708,442	—	—	—
5620064	MISC-PROF SVCS	43,772,307	—	—	—
5620065	MISC-SUPPLIES OTHER	24,942,596	—	—	—
5620066	MISC-TRVL IN STATE	543,085	—	—	—
5620067	MISC-TR OUT OF STATE	24,262	—	—	—
5620068	MISC-ACQ/MAJ REP OTH	471,527	—	—	—
5620069	MISC-INTERAGENCY OTH	4,770,205	—	—	—
5620076	MISC-OC-WAGES	12,180	—	—	—
5620082	MISC-OC-MEDICARE TAX	179	—	—	—
5620127	MISC-BOOTH FEE	3,040	—	—	—
5620128	MISC-PROMO ITEMS	3,693	—	—	—
5620135	MISC-TRANSCRIPTS	262,779	—	—	—
5620137	MISC-OC-PS-MEDICAL	91,153,881	—	—	—
5620142	MISC-OC-MAJOR REPAIR	116,999	—	—	—
Total Other Charges:		\$251,504,193	\$509,336,159	\$361,607,197	\$(147,728,962)

Interagency Transfers

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5950000	TOTAL IAT	—	29,105,963	29,129,903	23,940
5950001	IAT-COMMODITY/SERV	1,268,656	—	—	—
5950005	IAT-DUES AND SUBSCRIP	400	—	—	—
5950006	IAT-ADVERTISING	8	—	—	—
5950007	IAT-PRINTING	329,449	—	—	—
5950008	IAT-POSTAGE	145,937	—	—	—
5950013	IAT-TEL-LANET DATA	1,628,872	—	—	—
5950017	IAT-INSURANCE	1,287,582	—	—	—
5950026	IAT-RENTALS	3,958,093	—	—	—
5950030	IAT-MEDICAL SERVICES	1,149,010	—	—	—
5950032	IAT-ADMIN IND COST	0	—	—	—
5950033	IAT-INTER AGY TRANS	2,771,123	—	—	—
5950034	IAT-OFFICE SUPPLIES	638	—	—	—
5950035	IAT-MEDICAL SUPPLIES	167	—	—	—
5950038	IAT-OTHER OPER SERV	7,409,390	—	—	—
5950043	IAT-ACQ-EQUIP	750	—	—	—
5950058	IAT-TECH SVCS	291,004	—	—	—
5950059	IAT-ST PROCUREMENT	4,885,800	—	—	—
Total Interagency Transfers:		\$25,126,879	\$29,105,963	\$29,129,903	\$23,940

Acquisitions

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5700000	TOTAL ACQUISITIONS	—	86,007	867,732	781,725
5710221	ACQ-COMP HARDWARE	76,584	—	—	—
5710224	ACQ-OFFICE FURN&EQP	179,285	—	—	—
5710225	ACQ-JANI EQUIP	878	—	—	—

Acquisitions (continued)

Commitment Item	Name	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB
5710227	ACQ-MEDICAL EQUIP	426,560	—	—	—
5710229	ACQ-SEC/LAW ENFOR EQ	24,725	—	—	—
5710230	ACQ-ED/REC EQUIP	4,518	—	—	—
5710233	ACQ-LIBRARY	2,619	—	—	—
5710235	ACQ-DATA NETWK EQUIP	50,271	—	—	—
5710236	ACQ-OTHER	177,795	—	—	—
5710251	ACQ-BOATS	45,124	—	—	—
5710927	MEDICAL EQUIP-MA	34,805	—	—	—
Total Acquisitions:		\$1,023,164	\$86,007	\$867,732	\$781,725
Total Expenditures for Program 3262		\$493,902,060	\$775,865,782	\$640,360,821	\$(135,504,961)
Total Agency Expenditures:		\$493,902,060	\$775,865,782	\$640,360,821	\$(135,504,961)

SOURCE OF FUNDING SUMMARY

Agency Overview

Interagency Transfers

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Form ID
MCH BLOCK GRANT	—	—	—	—	34289
INTERAGENCY TRANSFERS	2,844,146	4,962,010	2,474,631	(2,487,379)	34343
INTERAGENCY TRANSFERS	1,169,127	632,762	—	(632,762)	34344
INTERAGENCY TRANSFERS	—	—	—	—	34345
INTERAGENCY TRANSFERS	145,425	100,000	100,000	—	34346
INTERAGENCY TRANSFERS	45,837,153	800,000	—	(800,000)	34347
INTERAGENCY TRANSFERS	—	—	—	—	34348
CSHCS	—	3,409	3,409	—	34349
MEDICAID	36,797	7,955	7,955	—	34350
MEDICAID	—	28,835	28,835	—	34351
MEDICAID	29,645	2,020,129	2,020,129	—	34352
INTERAGENCY TRANSFERS	—	55,000	—	(55,000)	34353
DCFS-TANF	2,876,445	2,877,075	877,075	(2,000,000)	34354
MEDICAID	95,110	227,000	227,000	—	34355
INTERAGENCY TRANSFERS	126,003	140,000	140,000	—	34356
DEPT OF EDUCATION(ED)	134,168	220,520	220,520	—	34357
MEDICAID	—	—	—	—	34358
INTERAGENCY TRANSFERS	—	1,728	1,728	—	34359
GOHSEP	—	150,000	150,000	—	34360
INTERAGENCY TRANSFERS	—	25,000	25,000	—	34361
DEPT OF EDUCATION(ED)	94,703	235,000	94,703	(140,297)	34362
DCFS	50,241	81,000	81,000	—	34363
INTER FUND TRANSFER IN	—	—	—	—	34503
INTER FUND TRANSFER IN	—	70,788,503	80,553,941	9,765,438	34504
LDH-MVA	—	3,600,000	—	(3,600,000)	34715
MINERAL REVENUES	—	—	136,689	136,689	34724
LDH-OBH	183,553	—	—	—	34757
LDH-OBH	—	—	—	—	34758
MISC COLLECTIONS	—	—	—	—	34759
MISC COLLECTIONS	(38,338,520)	—	—	—	34771
INTERAGENCY TRANSFERS	—	50,000	—	(50,000)	36735

Interagency Transfers *(continued)*

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Form ID
MISC COLLECTIONS	—	—	—	—	39013
DCFS-TANF	—	—	(2,877,075)	(2,877,075)	39777
Total Interagency Transfers	\$15,283,996	\$87,005,926	\$84,265,540	\$(2,740,386)	

Fees & Self-generated

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Form ID
Q08-OYSTER SANITATON	120,994	251,108	186,051	(65,057)	34339
H18-VITAL REC CONV FUND	403,208	425,404	425,404	—	34340
HIV/AIDS PROGRAMS	103,769	74,709	74,350	(359)	34369
CSHCS	324,577	125,000	125,000	—	34370
EMERGENCY MEDICAL SVCS	434,998	475,000	475,000	—	34371
FEES & SELF GENERATED	—	45,420	45,420	—	34372
INFECTIOUS DISEASE EPI	—	54,930	54,930	—	34373
FAMILY PLANNING	2,461,323	6,048,000	6,048,000	—	34374
FAMILY PLANNING	—	1,063,726	1,063,726	—	34375
FEES & SELF GENERATED	533,484	4,719,825	4,720,000	175	34376
FEES & SELF GENERATED	350,073	1,185,251	1,230,658	45,407	34377
SPECIAL LAB	49,630	45,920	45,920	—	34378
CERTIFICATION	33,450	34,000	34,000	—	34379
PRAMS	29,998	—	—	—	34380
FEES & SELF GENERATED	—	—	—	—	34381
TOBACCO CONTROL	72,011	—	—	—	34382
FEES & SELF GENERATED	15,509	32,950	32,950	—	34383
FEES & SELF GENERATED	—	—	—	—	34384
FEES & SELF GENERATED	22,219	—	—	—	34385
FEES & SELF GENERATED	—	6,677,057	6,704,006	26,949	34386
FEES & SELF GENERATED	2,003,393	—	—	—	34387
STD	5,482	452,000	452,000	—	34388
STD	5,500	64,177	64,177	—	34389
TB CONTROL PREVENTION	18,979	905,677	905,677	—	34390
FEES & SELF GENERATED	242,900	200,000	200,000	—	34393
SAFE DRINKING WATER	19,534,034	19,500,000	19,500,000	—	34394
FOOD AND DRUG	565,196	790,000	790,000	—	34395
FEES & SELF GENERATED	22,400	20,000	20,000	—	34396
FEES & SELF GENERATED	30,638	90,950	70,000	(20,950)	34397

Fees & Self-generated (continued)

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Form ID
FEES & SELF GENERATED	—	70,000	70,000	—	34398
FEES & SELF GENERATED	135,895	96,000	96,000	—	34399
FEES & SELF GENERATED	71,680	40,000	40,000	—	34400
FEES & SELF GENERATED	148,456	136,000	136,000	—	34401
FEES & SELF GENERATED	5,407,333	5,900,000	5,900,000	—	34402
FEES & SELF GENERATED	78,965	100,000	100,000	—	34403
FEES & SELF GENERATED	1,073,315	1,400,000	1,400,000	—	34404
TANNING FACILITIES	39,300	60,000	60,000	—	34405
VITAL RECORDS	6,751,330	5,200,000	5,200,000	—	34406
FEES & SELF GENERATED	—	—	—	—	34446
FEES & SELF GENERATED	—	—	—	—	34447
FEES & SELF GENERATED	—	—	—	—	34448
FEES & SELF GENERATED	—	—	—	—	34450
FEES & SELF GENERATED	592	—	—	—	34452
FEES & SELF GENERATED	—	—	—	—	34455
FEDERAL	8,665,699	—	—	—	34472
FEES & SELF GENERATED	—	—	—	—	34506
HIV/AIDS PROGRAMS	447,588	—	—	—	34682
MISC COLLECTIONS	193,819	72,172	—	(72,172)	34719
MISC COLLECTIONS	168,555	373,600	373,600	—	34723
MINERAL REVENUES	—	—	241,032	241,032	34724
MISC COLLECTIONS	—	—	1,507,634	1,507,634	34742
HIV/AIDS PROGRAMS	—	—	—	—	34761
MISC SELF-GEN REVENUE	—	—	—	—	34763
SAFE DRINKING WATER	—	—	—	—	34764
DISASTER RECOVERY	1,126	—	—	—	34765
MISC SELF-GEN REVENUE	1,520,614	—	—	—	34766
MISC SELF-GEN REVENUE	—	—	271,910	271,910	38997
MISC SELF-GEN REVENUE	—	—	—	—	39002
Total Fees & Self-generated	\$52,088,032	\$56,728,876	\$58,663,445	\$1,934,569	

Statutory Dedications

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Form ID
E02-TELECOM DEAF FUND	3,228,339	5,510,939	5,510,939	—	34337
H45-RURAL PC PHY DEV FD	705,147	2,673,634	2,673,634	—	34338
Z13-LOUISIANA FUND	482,946	500,000	500,000	—	34341
Z13-LOUISIANA FUND	5,563,013	6,321,260	6,321,260	—	34342
MISC COLLECTIONS	—	—	—	—	34425
MISC COLLECTIONS	—	—	—	—	34426
MISC COLLECTIONS	—	—	—	—	34427
MISC COLLECTIONS	3,403,664	2,994,487	2,994,487	—	34713
MINERAL REVENUES	—	—	187,845	187,845	34724
Total Statutory Dedications	\$13,383,109	\$18,000,320	\$18,188,165	\$187,845	

Federal Funds

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Form ID
HIV/AIDS PROGRAMS	753,387	1,313,328	843,301	(470,027)	34163
HIV/AIDS PROGRAMS	5,614,467	5,436,290	6,283,548	847,258	34240
HIV/AIDS PROGRAMS	941,043	1,059,020	1,150,824	91,804	34241
HIV/AIDS PROGRAMS	29,039,548	7,420,281	7,420,281	—	34242
HIV/AIDS PROGRAMS	—	72,103,802	58,783,802	(13,320,000)	34243
HIV/AIDS PROGRAMS	757,043	4,759,765	4,119,939	(639,826)	34244
HIV/AIDS PROGRAMS	253,158	351,507	234,247	(117,260)	34245
HIV/AIDS PROGRAMS	884,207	728,980	693,822	(35,158)	34246
HIV/AIDS PROGRAMS	485,789	437,414	339,926	(97,488)	34248
HIV/AIDS PROGRAMS	7,997,911	3,711,715	3,687,612	(24,103)	34249
LDH - COVID-19 CCP RSP	16,514,522	6,866,753	—	(6,866,753)	34250
BIOTERRORISM GRANT	12,236,288	7,801,094	—	(7,801,094)	34252
BIOTERRORISM GRANT	6,750,566	11,681,494	8,919,448	(2,762,046)	34255
NCIPC OPIOID CRISIS	3,039,877	5,302,867	3,497,917	(1,804,950)	34257
LDH - COVID-19 CCP RSP	671,191	2,116,345	—	(2,116,345)	34259
FEDERAL	229,976	310,000	235,000	(75,000)	34260
CSHCS	368,547	364,293	169,000	(195,293)	34261
CSHCS	5,696,129	6,181,392	6,181,392	—	34262
EMERGENCY MEDICAL SVCS	213,569	279,481	279,481	—	34263
EMERGENCY MEDICAL SVCS	—	190,650	190,650	—	34264
EMERGENCY MEDICAL SVCS	90,820	100,000	—	(100,000)	34265
RAPE CRISIS PROGRAM	98,507	97,246	101,342	4,096	34266

Federal Funds (continued)

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Form ID
VIOLENCE AGAINST WOMEN	770,721	622,453	561,455	(60,998)	34267
EPID LAB CAPACITY (ELC)	110,864	4,199,447	4,199,447	—	34268
EPID LAB CAPACITY (ELC)	5,483,986	557,903	557,903	—	34269
EPID LAB CAPACITY (ELC)	17,314,583	39,519,882	39,519,882	—	34270
EPID LAB CAPACITY (ELC)	8,446,122	—	—	—	34271
ANTIBIOTIC RES RET FOOD	179,354	135,000	135,000	—	34272
FAMILY PLANNING	4,902,771	4,788,722	4,788,722	—	34273
FAMILY PLANNING	437,731	500,000	500,000	—	34274
FAMILY PLANNING	1,905,116	1,124,000	1,124,000	—	34275
HUD LEAD	508,731	515,000	515,000	—	34276
MCH BLOCK GRANT	1,676,386	780,000	780,000	—	34277
LDH - COVID-19 CCP RSP	37,155,545	11,942,997	—	(11,942,997)	34278
IMMUNIZATION GRANT	1,739,419	5,537,049	5,537,049	—	34279
CHILD DEATH REVIEW	60,919	50,000	50,000	—	34280
FEDERAL	—	530,086	330,086	(200,000)	34281
FEDERAL	310,139	255,600	255,600	—	34282
FEDERAL	467,208	998,772	798,772	(200,000)	34283
FEDERAL	123,795	95,600	95,600	—	34284
PRAMS	220,072	175,000	175,000	—	34285
FEDERAL	371,705	401,300	301,300	(100,000)	34286
SYSTEMS DEVELOPMENT	120,600	118,939	100,000	(18,939)	34287
FEDERAL	271,030	309,833	280,067	(29,766)	34288
MCH BLOCK GRANT	3,393,017	6,255,375	6,255,375	—	34289
FEDERAL	501,725	480,000	450,000	(30,000)	34290
MCH BLOCK GRANT	2,488,765	1,200,000	1,200,000	—	34291
FEDERAL	2,240,031	575,000	—	(575,000)	34292
MCH BLOCK GRANT	12,902,087	11,929,766	11,929,766	—	34293
LDH - COVID-19 CCP RSP	378,410	805,000	805,000	—	34294
RURAL HEALTH	—	130,972	130,972	—	34295
STUDENT LOAN REPAYMENT	945,634	772,000	772,000	—	34296
PRIMARY CARE GRANT	266,763	180,850	180,850	—	34297
SHIP	926,974	665,600	665,600	—	34298
WELL-AHEAD HEALTH GRANT	423,054	375,000	375,000	—	34299
CRITICAL ACCESS FLEX	678,474	649,128	649,128	—	34300
ORAL HEALTH GRANT	514,568	399,999	399,999	—	34301

Federal Funds (continued)

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Form ID
ORAL HEALTH GRANT	315,382	431,666	370,000	(61,666)	34302
BRFSS	331,335	564,667	564,667	—	34303
PREVENTIVE HEALTH GRNT	1,298,076	725,000	700,904	(24,096)	34304
OPIOID OVERDOSE SURV	1,420,771	1,220,888	1,220,888	—	34305
PREVENTIVE HEALTH GRNT	707,958	525,000	505,000	(20,000)	34306
WELL-AHEAD HEALTH GRANT	554,867	796,144	696,144	(100,000)	34307
PREVENTIVE HEALTH GRNT	378,403	—	858,719	858,719	34308
TOBACCO CONTROL	1,598,268	1,635,699	1,635,699	—	34309
FEDERAL	884,721	500,000	500,000	—	34310
FEDERAL	—	1,100,000	1,100,000	—	34311
FEDERAL	956,749	1,173,237	1,173,237	—	34312
FEDERAL	697,868	2,069,731	1,173,237	(896,494)	34313
FEDERAL	—	150,443,191	201,855,765	51,412,574	34314
CSFP	3,333,610	3,990,388	4,000,000	9,612	34315
WIC ADMINISTRATION	104,792,164	115,210,589	116,000,000	789,411	34316
PEER COUNSELING GRANT	1,448,533	1,736,638	1,216,638	(520,000)	34317
MCH BLOCK GRANT	367,063	316,000	316,000	—	34318
STD	1,740,903	919,553	—	(919,553)	34319
STD	2,095,447	2,182,878	1,821,000	(361,878)	34320
STD	—	67,393	67,393	—	34321
TB CONTROL PREVENTION	1,243,355	965,000	945,000	(20,000)	34322
TB CONTROL PREVENTION	725,796	789,358	789,358	—	34323
BEACH MONITORING	435,009	381,000	375,000	(6,000)	34324
SAFE DRINKING WATER	1,422,852	2,090,927	2,090,927	—	34325
SAFE DRINKING WATER	1,266,741	1,453,000	1,453,000	—	34326
FEDERAL	393,884	578,063	660,000	81,937	34327
OCCUPATIONAL INJURY	643,881	512,902	512,902	—	34328
APPLETREE PROGRAM	302,428	312,998	312,998	—	34329
PRIVATE WELL INITIATIVE	—	146,694	146,694	—	34330
ENV PUBLIC HEALTH TRK	916,079	615,000	615,000	—	34331
FOOD AND DRUG	—	207,928	207,928	—	34332
MFD FOOD STANDARDS	97,261	220,975	220,975	—	34333
COMMERCIAL SEAFOOD	—	55,463	55,463	—	34334
VITAL RECORDS	178,300	376,354	376,354	—	34335
VITAL RECORDS	2,330,436	491,000	491,000	—	34336

Federal Funds (continued)

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Form ID
FEDERAL	—	—	—	—	34472
PREVENTIVE HEALTH GRNT	—	—	—	—	34474
OPIOID OVERDOSE SURV	—	—	—	—	34475
FEDERAL	—	—	—	—	34476
BREATH	—	450,000	275,000	(175,000)	34477
SUICIDE PREVENTION	—	1,088,000	784,000	(304,000)	34479
HIV/AIDS PROGRAMS	26,009	—	—	—	34480
QUITLINE	319,130	—	—	—	34481
SHIP	—	—	—	—	34482
CHILD DEATH REVIEW	—	—	—	—	34483
CORE SVIPP	—	—	—	—	34484
FEDERAL	—	—	—	—	34502
HIV/AIDS PROGRAMS	—	—	—	—	34682
BIOTERRORISM GRANT	257,387	334,771	—	(334,771)	34693
INFECTIOUS DISEASE EPI	726,003	404,826	404,826	—	34697
INFECTIOUS DISEASE EPI	179	—	—	—	34698
INFECTIOUS DISEASE EPI	990,964	—	—	—	34699
INFECTIOUS DISEASE EPI	634,459	—	—	—	34700
MISC COLLECTIONS	476,277	—	—	—	34702
SUICIDE PREVENTION	743,061	—	—	—	34703
WELL-AHEAD HEALTH GRANT	—	888,000	888,000	—	34704
MISC COLLECTIONS	4,476,381	16,575,781	16,575,781	—	34705
WIC ADMINISTRATION	—	1,198,480	778,480	(420,000)	34706
WIC ADMINISTRATION	494,819	317,310	—	(317,310)	34707
MISC COLLECTIONS	—	—	—	—	34711
MINERAL REVENUES	—	—	5,039,781	5,039,781	34724
MISC COLLECTIONS	—	—	—	—	34725
MISC COLLECTIONS	—	—	—	—	34726
MISC COLLECTIONS	—	—	2,035,304	2,035,304	34742
MISC COLLECTIONS	(1,825,526)	—	—	—	34759
OCCUPATIONAL INJURY	25,859	—	—	—	34770
MISC COLLECTIONS	—	—	—	—	34771
INFECTIOUS DISEASE EPI	641,216	—	—	—	34772
EPID LAB CAPACITY (ELC)	9,672,050	—	—	—	34773
IMMUNIZATION GRANT	249,273	—	—	—	34774

Federal Funds *(continued)*

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Total Request	Over/Under EOB	Form ID
IMMUNIZATION GRANT	1,630,813	—	—	—	34775
IMMUNIZATION GRANT	—	—	—	—	34776
MISC COLLECTIONS	126,062	—	—	—	34777
BRFSS	—	—	—	—	34778
OPIOID SURV - ENHANCED	—	—	—	—	34779
MISC COLLECTIONS	73,278	—	—	—	34780
MISC COLLECTIONS	890,711	—	—	—	34781
COMMERCIAL SEAFOOD	—	31,600	—	(31,600)	36731
MISC SELF-GEN REVENUE	—	—	595,822	595,822	38997
FEDERAL	—	—	(150,000,000)	(150,000,000)	39135
FEDERAL	—	—	—	—	39331
Total Federal Funds	\$354,379,389	\$552,284,082	\$409,954,989	\$(142,329,093)	
Total Sources of Funding:	\$435,134,526	\$714,019,204	\$571,072,139	\$(142,947,065)	

SOURCE OF FUNDING DETAIL

Interagency Transfers

Form 34289 — 326-Maternal Child Health Services-MCH Block Grant

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34289 — 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 34343 — 326-HIV Louisiana State Opioid Response 2.0

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	4,962,010	—	—	2,474,631	—	—	2,474,631	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$4,962,010	—	—	\$2,474,631	—	—	\$2,474,631	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,962,010	—	—	\$2,474,631	—	—	\$2,474,631	—	—

Form 34343 — 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 34344 — 326 HIV Syringe Service Program

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	632,762	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$632,762	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$632,762	—	—	—	—	—	—	—	—

Form 34344 — 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 34345 — 326-HIV Screening, Brief Intervention, Referral to Treatment

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34345 — 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 34346 — 326-BT Alternate Care Site

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	47,500	—	—	47,500	—	—	47,500	—	—
Other Compensation	13,988	—	—	13,988	—	—	13,988	—	—
Related Benefits	38,512	—	—	38,512	—	—	38,512	—	—
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 34346 — 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 34347 — 326-FEMA Reimbursements

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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	800,000	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$800,000	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$800,000	—	—	—	—	—	—	—	—

Form 34347 — 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 34348 — 326-FEMA COVID-19

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34348 — 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 34349 — 326-Childrens Special Health Services

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	1,409	—	—	1,409	—	—	1,409	—	—
TOTAL PERSONAL SERVICES	\$3,409	—	—	\$3,409	—	—	\$3,409	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$3,409	—	—	\$3,409	—	—	\$3,409	—	—

Form 34349 — 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 34350 — 326- Family Planning

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	7,955	180	—	7,955	—	—	7,955	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$7,955	\$180	—	\$7,955	—	—	\$7,955	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$7,955	\$180	—	\$7,955	—	—	\$7,955	—	—

Form 34350 — 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 34351 — 326-Genetic Disease

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	18,835	—	—	18,835	—	—	18,835	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	10,000	—	—	10,000	—	—	10,000	—	—
TOTAL PERSONAL SERVICES	\$28,835	—	—	\$28,835	—	—	\$28,835	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$28,835	—	—	\$28,835	—	—	\$28,835	—	—

Form 34351 — 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 34352 — 326-Immunization

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	649,380	—	—	649,380	—	—	649,380	—	—
Other Compensation	46,284	—	—	46,284	—	—	46,284	—	—
Related Benefits	143,961	—	—	143,961	—	—	143,961	—	—
TOTAL PERSONAL SERVICES	\$839,625	—	—	\$839,625	—	—	\$839,625	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	\$201,695	—	—	\$201,695	—	—	\$201,695	—	—
Other Charges	505,255	—	—	505,255	—	—	505,255	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	473,554	—	—	473,554	—	—	473,554	—	—
TOTAL OTHER CHARGES	\$978,809	—	—	\$978,809	—	—	\$978,809	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,020,129	—	—	\$2,020,129	—	—	\$2,020,129	—	—

Form 34352 — 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 34353 — 326-Perinatal Quality Collaborative

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	\$55,000	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$55,000	—	—	—	—	—	—	—	—

Form 34353 — 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 34354 — 326-MCH Nurse Family Partnership

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	—	—	112,970	—	—	112,970	—	—
TOTAL PERSONAL SERVICES	\$540,454	—	—	\$540,454	—	—	\$540,454	—	—
Travel	6,973	—	—	6,973	—	—	6,973	—	—
Operating Services	142,626	—	—	142,626	—	—	142,626	—	—
Supplies	20,300	—	—	20,300	—	—	20,300	—	—
TOTAL OPERATING EXPENSES	\$169,899	—	—	\$169,899	—	—	\$169,899	—	—
PROFESSIONAL SERVICES	\$1,816,580	—	—	\$166,722	—	—	\$166,722	—	—
Other Charges	20,332	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	329,810	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$350,142	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,877,075	—	—	\$877,075	—	—	\$877,075	—	—

Form 34354 — 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 34355 — 326-Tobacco Control

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	20,000	—	—	20,000	—	—	20,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	11,083	—	—	11,083	—	—	11,083	—	—
TOTAL PERSONAL SERVICES	\$31,083	—	—	\$31,083	—	—	\$31,083	—	—
Travel	1,000	—	—	1,000	—	—	1,000	—	—
Operating Services	15,096	—	—	15,096	—	—	15,096	—	—
Supplies	1,500	—	—	1,500	—	—	1,500	—	—
TOTAL OPERATING EXPENSES	\$17,596	—	—	\$17,596	—	—	\$17,596	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	178,321	—	—	178,321	—	—	178,321	—	—
TOTAL OTHER CHARGES	\$178,321	—	—	\$178,321	—	—	\$178,321	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$227,000	—	—	\$227,000	—	—	\$227,000	—	—

Form 34355 — 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 34356 — 326-Quitline

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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	140,000	—	—	140,000	—	—	140,000	—	—
TOTAL OTHER CHARGES	\$140,000	—	—	\$140,000	—	—	\$140,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$140,000	—	—	\$140,000	—	—	\$140,000	—	—

Form 34356 — 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 34357 — 326-School Based Health

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-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	\$212,630	—	—	\$212,630	—	—	\$212,630	—	—
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	\$220,520	—	—	\$220,520	—	—	\$220,520	—	—

Form 34357 — 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 34358 — 326-Tuberculosis

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34358 — 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 34359 — 326-Safe Drinking Water

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	728	—	—	728	—	—	728	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$1,728	—	—	\$1,728	—	—	\$1,728	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,728	—	—	\$1,728	—	—	\$1,728	—	—

Form 34359 — 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 34360 — 326- American Rescue Plan

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	96,500	—	—	96,500	—	—	96,500	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	53,473	—	—	53,473	—	—	53,473	—	—
TOTAL PERSONAL SERVICES	\$149,973	—	—	\$149,973	—	—	\$149,973	—	—
Travel	27	—	—	27	—	—	27	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$27	—	—	\$27	—	—	\$27	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$150,000	—	—	\$150,000	—	—	\$150,000	—	—

Form 34360 — 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 34361 — 326-Environmental Epidemiology

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	18,000	—	—	18,000	—	—	18,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	7,000	—	—	7,000	—	—	7,000	—	—
TOTAL PERSONAL SERVICES	\$25,000	—	—	\$25,000	—	—	\$25,000	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$25,000	—	—	\$25,000	—	—	\$25,000	—	—

Form 34361 — 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 34362 — 326-Retail Food

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	—	—	60,000	—	—	60,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	85,000	—	—	34,703	—	—	34,703	—	—
TOTAL PERSONAL SERVICES	\$235,000	—	—	\$94,703	—	—	\$94,703	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
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	—	—	\$94,703	—	—	\$94,703	—	—

Form 34362 — 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 34363 — 326-Vital Records

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	55,000	—	—	55,000	—	—	55,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	26,000	—	—	26,000	—	—	26,000	—	—
TOTAL PERSONAL SERVICES	\$81,000	—	—	\$81,000	—	—	\$81,000	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$81,000	—	—	\$81,000	—	—	\$81,000	—	—

Form 34363 — 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 34503 — 326-Inflation

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34503 — 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 34504 — 326-Unallotted

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	447,484	—	—	447,484	—	—
Other Compensation	—	—	—	15,000	—	—	15,000	—	—
Related Benefits	—	—	—	127,970	—	—	127,970	—	—
TOTAL PERSONAL SERVICES	—	—	—	\$590,454	—	—	\$590,454	—	—
Travel	—	—	—	6,973	—	—	6,973	—	—
Operating Services	—	—	—	142,626	—	—	142,626	—	—
Supplies	—	—	—	20,300	—	—	20,300	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$169,899	—	—	\$169,899	—	—
PROFESSIONAL SERVICES	\$18,434	—	—	\$5,416,580	—	—	\$5,416,580	—	—
Other Charges	70,770,069	—	—	74,047,198	—	—	74,047,198	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	329,810	—	—	329,810	—	—
TOTAL OTHER CHARGES	\$70,770,069	—	—	\$74,377,008	—	—	\$74,377,008	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$70,788,503	—	—	\$80,553,941	—	—	\$80,553,941	—	—

Form 34504 — 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 34715 — ELECTRONIC HEALTH RECORDS

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	\$3,600,000	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$3,600,000	—	—	—	—	—	—	—	—

Form 34715 — 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 34724 — INFLATION

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	179	—	—	179	—	—
Operating Services	—	—	—	3,711	—	—	3,711	—	—
Supplies	—	—	—	542	—	—	542	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$4,432	—	—	\$4,432	—	—
PROFESSIONAL SERVICES	—	—	—	\$132,257	—	—	\$132,257	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$136,689	—	—	\$136,689	—	—

Form 34724 — 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 34757 — 326-STATE OPIOD RESPONSE-MCH

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34757 — 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 34758 — 326-VITAL RECORDS

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34758 — 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 34759 — 326-MISC COLLEC, CASH CARRYOVER, INTRAFUND TRANFERS ETC. FED

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34759 — 326-MISC COLLEC, CASH CARRYOVER, INTRAFUND TRANFERS ETC. FED

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

Form 34771 — 326-MISC PRIOR YR PAYBACK, CARRYOVER, PRIOR REVENUE ETC. IAT

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34771 — 326-MISC PRIOR YR PAYBACK, CARRYOVER, PRIOR REVENUE ETC. IAT

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

Form 36735 — 326- Commercial Seafood DWLF

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	15,000	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$50,000	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$50,000	—	—	—	—	—	—	—	—

Form 36735 — 326- Commercial Seafood DWLF

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are for testing of imported seafood to Louisiana. The source of funding is from the Department of Wildlife and Fisheries. There is no legal citation associated with these funds.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	The amount is only for the existing year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 39013 — 326-IAT Requested Year Realignment

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	90,000	—	—	90,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	50,297	—	—	50,297	—	—
TOTAL PERSONAL SERVICES	—	—	—	\$140,297	—	—	\$140,297	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	\$73,434	—	—	\$73,434	—	—
Other Charges	—	—	—	(213,731)	—	—	(213,731)	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	\$(213,731)	—	—	\$(213,731)	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	—	—	—	—	—	—

Form 39013 — 326-IAT Requested Year Realignment

Question	Narrative Response
State the purpose, source and legal citation.	This is a FY26 Requested Year IAT realignment within expenditure categories. There is no legal citation associated with this request.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	This adjustment is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 39777 — 326-Means of Finance Swap DCFS TANF

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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)	—	—	—	—	—
Other Compensation	—	—	—	(15,000)	—	—	—	—	—
Related Benefits	—	—	—	(112,970)	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	\$(540,454)	—	—	—	—	—
Travel	—	—	—	(6,973)	—	—	—	—	—
Operating Services	—	—	—	(142,626)	—	—	—	—	—
Supplies	—	—	—	(20,300)	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$(169,899)	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	\$(166,722)	—	—	—	—	—
Other Charges	—	—	—	(2,000,000)	—	—	(2,877,075)	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	\$(2,000,000)	—	—	\$(2,877,075)	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$(2,877,075)	—	—	\$(2,877,075)	—	—

Form 39777 — 326-Means of Finance Swap DCFS TANF

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

Statutory Dedications

Form 34337 — 326-Louisiana Commission for the Deaf

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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 34337 — 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 34338 — 326-Rural Primary Care Physician Development Fund

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34338 — 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 34341 — 326-Louisiana Fund Tobacco Control

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34341 — 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 34342 — 326-Louisiana Fund School Based Health

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	9,500	—	—	9,500	—	—	9,500	—	—
Supplies	500	—	—	500	—	—	500	—	—
TOTAL OPERATING EXPENSES	\$10,000	—	—	\$10,000	—	—	\$10,000	—	—
PROFESSIONAL SERVICES	\$557,000	—	—	\$557,000	—	—	\$557,000	—	—
Other Charges	5,754,260	—	—	5,754,260	—	—	5,754,260	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$5,754,260	—	—	\$5,754,260	—	—	\$5,754,260	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$6,321,260	—	—	\$6,321,260	—	—	\$6,321,260	—	—

Form 34342 — 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 34425 — 326 Louisiana Fund - Maternal Child Health

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34425 — 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 34426 — 326 Louisiana Fund Children's Special Health Services

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34426 — 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 34427 — 326 Louisiana Fund Genetic Disease

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34427 — 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 34713 — 326- LOUISIANA FUND GENETICS

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34713 — 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 34724 — INFLATION

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	448	—	—	448	—	—
Operating Services	—	—	—	347	—	—	347	—	—
Supplies	—	—	—	459	—	—	459	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$1,254	—	—	\$1,254	—	—
PROFESSIONAL SERVICES	—	—	—	\$186,591	—	—	\$186,591	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$187,845	—	—	\$187,845	—	—

Form 34724 — 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 34163 — 326 - HIV Behavioral Surveillance

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	10,000	—	—	10,000	—	—	10,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	5,541	—	—	5,541	—	—	5,541	—	—
TOTAL PERSONAL SERVICES	\$15,541	—	—	\$15,541	—	—	\$15,541	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	1,000	—	—	1,000	—	—	1,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$1,000	—	—	\$1,000	—	—	\$1,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	1,291,787	—	—	821,760	—	—	821,760	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OTHER CHARGES	\$1,296,787	—	—	\$826,760	—	—	\$826,760	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,313,328	—	—	\$843,301	—	—	\$843,301	—	—

Form 34163 — 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 34240 — 326-HIV AIDS Prevention

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	10,000	—	—	10,000	—	—	10,000	—	—
Related Benefits	221,651	—	—	221,651	—	—	221,651	—	—
TOTAL PERSONAL SERVICES	\$621,651	—	—	\$621,651	—	—	\$621,651	—	—
Travel	4,000	—	—	4,000	—	—	4,000	—	—
Operating Services	220,000	—	—	220,000	—	—	220,000	—	—
Supplies	1,000,000	—	—	1,000,000	—	—	1,000,000	—	—
TOTAL OPERATING EXPENSES	\$1,224,000	—	—	\$1,224,000	—	—	\$1,224,000	—	—
PROFESSIONAL SERVICES	\$1,400,000	—	—	\$1,400,000	—	—	\$1,400,000	—	—
Other Charges	2,100,639	—	—	2,947,897	—	—	2,947,897	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	90,000	—	—	90,000	—	—	90,000	—	—
TOTAL OTHER CHARGES	\$2,190,639	—	—	\$3,037,897	—	—	\$3,037,897	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,436,290	—	—	\$6,283,548	—	—	\$6,283,548	—	—

Form 34240 — 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 34241 — 326-AIDS Surveillance

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	80,000	—	—	80,000	—	—	80,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	44,330	—	—	44,330	—	—	44,330	—	—
TOTAL PERSONAL SERVICES	\$124,330	—	—	\$124,330	—	—	\$124,330	—	—
Travel	500	—	—	500	—	—	500	—	—
Operating Services	83,000	—	—	83,000	—	—	83,000	—	—
Supplies	6,500	—	—	6,500	—	—	6,500	—	—
TOTAL OPERATING EXPENSES	\$90,000	—	—	\$90,000	—	—	\$90,000	—	—
PROFESSIONAL SERVICES	\$832,000	—	—	\$832,000	—	—	\$832,000	—	—
Other Charges	2,690	—	—	94,494	—	—	94,494	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	10,000	—	—	10,000	—	—	10,000	—	—
TOTAL OTHER CHARGES	\$12,690	—	—	\$104,494	—	—	\$104,494	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,059,020	—	—	\$1,150,824	—	—	\$1,150,824	—	—

Form 34241 — 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 34242 — 326-HIV Care

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	160,000	—	—	160,000	—	—	200,000	—	—
Other Compensation	7,000	—	—	7,000	—	—	7,000	—	—
Related Benefits	92,539	—	—	92,539	—	—	92,539	—	—
TOTAL PERSONAL SERVICES	\$259,539	—	—	\$259,539	—	—	\$299,539	—	—
Travel	1,000	—	—	1,000	—	—	1,000	—	—
Operating Services	160,000	—	—	160,000	—	—	160,000	—	—
Supplies	8,000	—	—	8,000	—	—	8,000	—	—
TOTAL OPERATING EXPENSES	\$169,000	—	—	\$169,000	—	—	\$169,000	—	—
PROFESSIONAL SERVICES	\$950,000	—	—	\$1,950,000	—	—	\$1,950,000	—	—
Other Charges	5,961,742	—	—	4,961,742	—	—	4,961,742	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	80,000	—	—	80,000	—	—	80,000	—	—
TOTAL OTHER CHARGES	\$6,041,742	—	—	\$5,041,742	—	—	\$5,041,742	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$7,420,281	—	—	\$7,420,281	—	—	\$7,460,281	—	—

Form 34242 — 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 34243 — 326-HIV ADAP (HIV CARE B AIDS Drug ASSISTANCE) REBATE

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	2,500,000	—	—	2,500,000	—	—	2,500,000	—	—
Other Compensation	370,000	—	—	370,000	—	—	370,000	—	—
Related Benefits	1,590,344	—	—	1,590,344	—	—	1,590,344	—	—
TOTAL PERSONAL SERVICES	\$4,460,344	—	—	\$4,460,344	—	—	\$4,460,344	—	—
Travel	7,000	—	—	7,000	—	—	7,000	—	—
Operating Services	137,000	—	—	137,000	—	—	137,000	—	—
Supplies	603,000	—	—	603,000	—	—	603,000	—	—
TOTAL OPERATING EXPENSES	\$747,000	—	—	\$747,000	—	—	\$747,000	—	—
PROFESSIONAL SERVICES	\$1,624,000	—	—	\$1,624,000	—	—	\$1,624,000	—	—
Other Charges	64,677,458	—	—	51,357,458	—	—	51,357,458	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	595,000	—	—	595,000	—	—	595,000	—	—
TOTAL OTHER CHARGES	\$65,272,458	—	—	\$51,952,458	—	—	\$51,952,458	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$72,103,802	—	—	\$58,783,802	—	—	\$58,783,802	—	—

Form 34243 — 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 34244 — 326-HIV Housing Opportunities for Persons With AIDS

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	4,759,765	—	—	4,119,939	—	—	4,119,939	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$4,759,765	—	—	\$4,119,939	—	—	\$4,119,939	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,759,765	—	—	\$4,119,939	—	—	\$4,119,939	—	—

Form 34244 — 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 34245 — 326-Louisiana Assessments of Persons Presenting With HIV

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	\$100,000	—	—	\$100,000	—	—	\$100,000	—	—
Other Charges	251,507	—	—	134,247	—	—	134,247	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$251,507	—	—	\$134,247	—	—	\$134,247	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$351,507	—	—	\$234,247	—	—	\$234,247	—	—

Form 34245 — 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 34246 — 326-HIV-AIDS Personal Responsibility and Education Program

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	15,000	—	—	15,000	—	—	15,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	8,312	—	—	8,312	—	—	8,312	—	—
TOTAL PERSONAL SERVICES	\$23,312	—	—	\$23,312	—	—	\$23,312	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	\$120,000	—	—	\$120,000	—	—	\$120,000	—	—
Other Charges	570,668	—	—	535,510	—	—	535,510	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	15,000	—	—	15,000	—	—	15,000	—	—
TOTAL OTHER CHARGES	\$585,668	—	—	\$550,510	—	—	\$550,510	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$728,980	—	—	\$693,822	—	—	\$693,822	—	—

Form 34246 — 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 34248 — 326-HIV AIDS Hepatitis B and C Detection, Care and Treatment

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	34,000	—	—	34,000	—	—	34,000	—	—
Other Compensation	2,001	—	—	2,001	—	—	2,001	—	—
Related Benefits	19,949	—	—	19,949	—	—	19,949	—	—
TOTAL PERSONAL SERVICES	\$55,950	—	—	\$55,950	—	—	\$55,950	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	120,000	—	—	120,000	—	—	120,000	—	—
TOTAL OPERATING EXPENSES	\$120,000	—	—	\$120,000	—	—	\$120,000	—	—
PROFESSIONAL SERVICES	\$210,000	—	—	\$153,976	—	—	\$153,976	—	—
Other Charges	41,464	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	10,000	—	—	10,000	—	—	10,000	—	—
TOTAL OTHER CHARGES	\$51,464	—	—	\$10,000	—	—	\$10,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$437,414	—	—	\$339,926	—	—	\$339,926	—	—

Form 34248 — 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 34249 — 326-HIV AIDS Ending the HIV Epidemic

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	30,000	—	—	30,000	—	—	30,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	17,178	—	—	17,178	—	—	17,178	—	—
TOTAL PERSONAL SERVICES	\$48,178	—	—	\$48,178	—	—	\$48,178	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OPERATING EXPENSES	\$5,000	—	—	\$5,000	—	—	\$5,000	—	—
PROFESSIONAL SERVICES	\$350,000	—	—	\$350,000	—	—	\$350,000	—	—
Other Charges	3,248,537	—	—	3,224,434	—	—	3,224,434	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	60,000	—	—	60,000	—	—	60,000	—	—
TOTAL OTHER CHARGES	\$3,308,537	—	—	\$3,284,434	—	—	\$3,284,434	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$3,711,715	—	—	\$3,687,612	—	—	\$3,687,612	—	—

Form 34249 — 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 34250 — 326-COVID-19 Health Disparities

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	—	—	—	—	—	—	—	—
Other Compensation	185,912	—	—	—	—	—	—	—	—
Related Benefits	324,670	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$910,582	—	—	—	—	—	—	—	—
Travel	27,800	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$27,800	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	3,770,526	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,157,845	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$5,928,371	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$6,866,753	—	—	—	—	—	—	—	—

Form 34250 — 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 34252 — 326-COVID-19 Public Health Workforce

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,600,000	—	—	—	—	—	—	—	—
Other Compensation	500,000	—	—	—	—	—	—	—	—
Related Benefits	1,163,667	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$3,263,667	—	—	—	—	—	—	—	—
Travel	20,000	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$20,000	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	4,372,427	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	145,000	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$4,517,427	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$7,801,094	—	—	—	—	—	—	—	—

Form 34252 — 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 34255 — 326-Public Health Emergency Preparedness and Response

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	2,842,004	—	—	2,842,004	—	—	2,842,004	—	—
Other Compensation	119,000	—	—	119,000	—	—	119,000	—	—
Related Benefits	1,855,771	—	—	1,855,771	—	—	1,855,771	—	—
TOTAL PERSONAL SERVICES	\$4,816,775	—	—	\$4,816,775	—	—	\$4,816,775	—	—
Travel	17,000	—	—	17,000	—	—	17,000	—	—
Operating Services	892,500	—	—	892,500	—	—	892,500	—	—
Supplies	212,500	—	—	212,000	—	—	212,000	—	—
TOTAL OPERATING EXPENSES	\$1,122,000	—	—	\$1,121,500	—	—	\$1,121,500	—	—
PROFESSIONAL SERVICES	\$510,000	—	—	\$500,000	—	—	\$500,000	—	—
Other Charges	4,467,719	—	—	1,716,173	—	—	1,716,173	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	765,000	—	—	765,000	—	—	765,000	—	—
TOTAL OTHER CHARGES	\$5,232,719	—	—	\$2,481,173	—	—	\$2,481,173	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$11,681,494	—	—	\$8,919,448	—	—	\$8,919,448	—	—

Form 34255 — 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 34257 — 326-OPIOID Prevention (NCIPC)

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	—	—	350,000	—	—	350,000	—	—
Other Compensation	—	—	—	300,000	—	—	300,000	—	—
Related Benefits	83,119	—	—	360,182	—	—	360,182	—	—
TOTAL PERSONAL SERVICES	\$233,119	—	—	\$1,010,182	—	—	\$1,010,182	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$2,000	—	—	\$2,000	—	—	\$2,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	4,867,748	—	—	2,285,735	—	—	2,285,735	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	200,000	—	—	200,000	—	—	200,000	—	—
TOTAL OTHER CHARGES	\$5,067,748	—	—	\$2,485,735	—	—	\$2,485,735	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,302,867	—	—	\$3,497,917	—	—	\$3,497,917	—	—

Form 34257 — 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 34259 — 326- Community Health Workers For Public Health Response

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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	2,116,345	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$2,116,345	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,116,345	—	—	—	—	—	—	—	—

Form 34259 — 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 34260 — 326-Universal Newborn Screening

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	16,624	—	—	16,624	—	—	16,624	—	—
TOTAL PERSONAL SERVICES	\$46,624	—	—	\$46,624	—	—	\$46,624	—	—
Travel	500	—	—	500	—	—	500	—	—
Operating Services	3,000	—	—	3,000	—	—	3,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$3,500	—	—	\$3,500	—	—	\$3,500	—	—
PROFESSIONAL SERVICES	\$247,876	—	—	\$172,876	—	—	\$172,876	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	12,000	—	—	12,000	—	—	12,000	—	—
TOTAL OTHER CHARGES	\$12,000	—	—	\$12,000	—	—	\$12,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$310,000	—	—	\$235,000	—	—	\$235,000	—	—

Form 34260 — 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 34261 — 326-Early Hearing Detection Intervention Tracking, Research,

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	16,624	—	—	16,624	—	—	16,624	—	—
TOTAL PERSONAL SERVICES	\$46,624	—	—	\$46,624	—	—	\$46,624	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	3,000	—	—	3,000	—	—	3,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$3,000	—	—	\$3,000	—	—	\$3,000	—	—
PROFESSIONAL SERVICES	\$254,669	—	—	\$109,376	—	—	\$109,376	—	—
Other Charges	50,000	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	10,000	—	—	10,000	—	—	10,000	—	—
TOTAL OTHER CHARGES	\$60,000	—	—	\$10,000	—	—	\$10,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$364,293	—	—	\$169,000	—	—	\$169,000	—	—

Form 34261 — 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 34262 — 326-Children's Special Health Services-MCH Block Grant

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,900,000	—	118,000	1,900,000	—	118,000	1,900,000	—	118,000
Other Compensation	160,000	—	—	160,000	—	—	160,000	—	—
Related Benefits	993,759	—	212,159	993,759	—	212,159	993,759	—	212,159
TOTAL PERSONAL SERVICES	\$3,053,759	—	\$330,159	\$3,053,759	—	\$330,159	\$3,053,759	—	\$330,159
Travel	2,432	—	27,568	2,432	—	27,568	2,432	—	27,568
Operating Services	60,000	—	15,000	60,000	—	15,000	60,000	—	15,000
Supplies	150,000	—	25,000	150,000	—	25,000	150,000	—	25,000
TOTAL OPERATING EXPENSES	\$212,432	—	\$67,568	\$212,432	—	\$67,568	\$212,432	—	\$67,568
PROFESSIONAL SERVICES	\$1,723,809	—	\$76,191	\$1,723,809	—	\$76,191	\$1,723,809	—	\$76,191
Other Charges	1,001,193	—	160,000	1,001,193	—	160,000	1,001,193	—	160,000
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	190,199	—	59,801	190,199	—	59,801	190,199	—	59,801
TOTAL OTHER CHARGES	\$1,191,392	—	\$219,801	\$1,191,392	—	\$219,801	\$1,191,392	—	\$219,801
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$6,181,392	—	\$693,719	\$6,181,392	—	\$693,719	\$6,181,392	—	\$693,719

Form 34262 — 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 34263 — 326-Emergency Medical Services-Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	11,000	—	—	11,000	—	—	11,000	—	—
Related Benefits	30,000	—	—	30,000	—	—	30,000	—	—
TOTAL PERSONAL SERVICES	\$91,000	—	—	\$91,000	—	—	\$91,000	—	—
Travel	5,000	—	—	5,000	—	—	5,000	—	—
Operating Services	15,000	—	—	15,000	—	—	15,000	—	—
Supplies	10,000	—	—	10,000	—	—	10,000	—	—
TOTAL OPERATING EXPENSES	\$30,000	—	—	\$30,000	—	—	\$30,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	19,481	—	—	19,481	—	—	19,481	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	139,000	—	—	139,000	—	—	139,000	—	—
TOTAL OTHER CHARGES	\$158,481	—	—	\$158,481	—	—	\$158,481	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$279,481	—	—	\$279,481	—	—	\$279,481	—	—

Form 34263 — 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 34264 — 326-Emergency Medical Services for Children

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	2,075	—	—	2,075	—	—	2,075	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	1,150	—	—	1,150	—	—	1,150	—	—
TOTAL PERSONAL SERVICES	\$3,225	—	—	\$3,225	—	—	\$3,225	—	—
Travel	200	—	—	200	—	—	200	—	—
Operating Services	500	—	—	500	—	—	500	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$700	—	—	\$700	—	—	\$700	—	—
PROFESSIONAL SERVICES	\$181,725	—	—	\$181,725	—	—	\$181,725	—	—
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 34264 — 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 34265 — 326-Emergency Medical Services for Children Targeted Issue

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	—	—	—	—	—	—	—	—
Other Compensation	1,500	—	—	—	—	—	—	—	—
Related Benefits	3,048	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$8,548	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	500	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$500	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	\$88,952	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,000	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$2,000	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$100,000	—	—	—	—	—	—	—	—

Form 34265 — 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 34266 — 326-Rape Crisis-Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	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	93,246	—	—	97,342	—	—	97,342	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	3,000	—	—	3,000	—	—	3,000	—	—
TOTAL OTHER CHARGES	\$96,246	—	—	\$100,342	—	—	\$100,342	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$97,246	—	—	\$101,342	—	—	\$101,342	—	—

Form 34266 — 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 34267 — 326-Violence Against Women

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	92,000	—	—	92,000	—	—	92,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	51,534	—	—	51,534	—	—	51,534	—	—
TOTAL PERSONAL SERVICES	\$144,534	—	—	\$144,534	—	—	\$144,534	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	8,000	—	—	8,000	—	—	8,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$10,000	—	—	\$10,000	—	—	\$10,000	—	—
PROFESSIONAL SERVICES	\$462,919	—	—	\$401,921	—	—	\$401,921	—	—
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	\$622,453	—	—	\$561,455	—	—	\$561,455	—	—

Form 34267 — 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 34268 — 326-Epidemiology Laboratory Surveillance

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	938,449	—	—	938,449	—	—	938,449	—	—
Other Compensation	95,000	—	—	95,000	—	—	95,000	—	—
Related Benefits	572,662	—	—	572,662	—	—	572,662	—	—
TOTAL PERSONAL SERVICES	\$1,606,111	—	—	\$1,606,111	—	—	\$1,606,111	—	—
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	2,096,336	—	—	2,096,336	—	—	2,096,336	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	200,000	—	—	200,000	—	—	200,000	—	—
TOTAL OTHER CHARGES	\$2,296,336	—	—	\$2,296,336	—	—	\$2,296,336	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,199,447	—	—	\$4,199,447	—	—	\$4,199,447	—	—

Form 34268 — 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 34269 — 326-Epidemiology Laboratory Surveillance -COVID-19

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	10,000	—	—	10,000	—	—	10,000	—	—
Related Benefits	33,248	—	—	33,248	—	—	33,248	—	—
TOTAL PERSONAL SERVICES	\$93,248	—	—	\$93,248	—	—	\$93,248	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$2,000	—	—	\$2,000	—	—	\$2,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	462,655	—	—	462,655	—	—	462,655	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$462,655	—	—	\$462,655	—	—	\$462,655	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$557,903	—	—	\$557,903	—	—	\$557,903	—	—

Form 34269 — 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 34270 — 326-Epidemiology Laboratory Surveillance CV-19 Expanded Supp

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,400,000	—	—	3,000,000	—	—	3,000,000	—	—
Other Compensation	1,100,000	—	—	1,400,000	—	—	1,400,000	—	—
Related Benefits	1,385,317	—	—	2,438,158	—	—	2,438,158	—	—
TOTAL PERSONAL SERVICES	\$3,885,317	—	—	\$6,838,158	—	—	\$6,838,158	—	—
Travel	50,000	—	—	50,000	—	—	50,000	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$50,000	—	—	\$50,000	—	—	\$50,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	33,484,565	—	—	27,872,907	—	—	27,872,907	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,100,000	—	—	4,758,817	—	—	4,758,817	—	—
TOTAL OTHER CHARGES	\$35,584,565	—	—	\$32,631,724	—	—	\$32,631,724	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$39,519,882	—	—	\$39,519,882	—	—	\$39,519,882	—	—

Form 34270 — 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 34271 — 326-Epidemiology Lab Surveillance CV-19 Reopening Schools

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34271 — 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 34272 — 326-Antibiotic Resistance Surveillance in Retail Food

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	46,900	—	—	46,900	—	—	46,900	—	—
Other Compensation	6,000	—	—	6,000	—	—	6,000	—	—
Related Benefits	29,313	—	—	29,313	—	—	29,313	—	—
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	15,000	—	—	15,000	—	—	15,000	—	—
TOTAL OPERATING EXPENSES	\$31,500	—	—	\$31,500	—	—	\$31,500	—	—
PROFESSIONAL SERVICES	\$5,000	—	—	\$5,000	—	—	\$5,000	—	—
Other Charges	8,287	—	—	8,287	—	—	8,287	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	8,000	—	—	8,000	—	—	8,000	—	—
TOTAL OTHER CHARGES	\$16,287	—	—	\$16,287	—	—	\$16,287	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$135,000	—	—	\$135,000	—	—	\$135,000	—	—

Form 34272 — 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 34273 — 326-Family Planning Title X

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,732,445	—	—	1,732,445	—	—	1,732,445	—	—
Other Compensation	149,595	—	—	149,595	—	—	149,595	—	—
Related Benefits	200,405	—	—	200,405	—	—	200,405	—	—
TOTAL PERSONAL SERVICES	\$2,082,445	—	—	\$2,082,445	—	—	\$2,082,445	—	—
Travel	30,000	—	—	30,000	—	—	30,000	—	—
Operating Services	100,000	—	—	100,000	—	—	100,000	—	—
Supplies	1,167,555	—	—	1,167,555	—	—	1,167,555	—	—
TOTAL OPERATING EXPENSES	\$1,297,555	—	—	\$1,297,555	—	—	\$1,297,555	—	—
PROFESSIONAL SERVICES	\$1,300,000	—	—	\$1,300,000	—	—	\$1,300,000	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	108,722	—	—	108,722	—	—	108,722	—	—
TOTAL OTHER CHARGES	\$108,722	—	—	\$108,722	—	—	\$108,722	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,788,722	—	—	\$4,788,722	—	—	\$4,788,722	—	—

Form 34273 — 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 34274 — 326-Family Planning MCH Block Grant

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	293,550	—	221,450	293,550	—	221,450	293,550	—	221,450
Other Compensation	11,400	—	8,600	11,400	—	8,600	11,400	—	8,600
Related Benefits	168,981	—	127,477	168,981	—	127,477	168,981	—	127,477
TOTAL PERSONAL SERVICES	\$473,931	—	\$357,527	\$473,931	—	\$357,527	\$473,931	—	\$357,527
Travel	1,140	—	860	1,140	—	860	1,140	—	860
Operating Services	10,260	—	7,740	10,260	—	7,740	10,260	—	7,740
Supplies	1,026	—	774	1,026	—	774	1,026	—	774
TOTAL OPERATING EXPENSES	\$12,426	—	\$9,374	\$12,426	—	\$9,374	\$12,426	—	\$9,374
PROFESSIONAL SERVICES	\$5,700	—	\$4,300	\$5,700	—	\$4,300	\$5,700	—	\$4,300
Other Charges	993	—	749	993	—	749	993	—	749
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	6,950	—	3,050	6,950	—	3,050	6,950	—	3,050
TOTAL OTHER CHARGES	\$7,943	—	\$3,799	\$7,943	—	\$3,799	\$7,943	—	\$3,799
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$500,000	—	\$375,000	\$500,000	—	\$375,000	\$500,000	—	\$375,000

Form 34274 — 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 34275 — 326-Family Planning -Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	250,000	—	—	250,000	—	—	250,000	—	—
TOTAL PERSONAL SERVICES	\$750,000	—	—	\$750,000	—	—	\$750,000	—	—
Travel	7,000	—	—	7,000	—	—	7,000	—	—
Operating Services	50,000	—	—	50,000	—	—	50,000	—	—
Supplies	25,000	—	—	25,000	—	—	25,000	—	—
TOTAL OPERATING EXPENSES	\$82,000	—	—	\$82,000	—	—	\$82,000	—	—
PROFESSIONAL SERVICES	\$135,000	—	—	\$135,000	—	—	\$135,000	—	—
Other Charges	120,880	—	—	120,880	—	—	120,880	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	36,120	—	—	36,120	—	—	36,120	—	—
TOTAL OTHER CHARGES	\$157,000	—	—	\$157,000	—	—	\$157,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,124,000	—	—	\$1,124,000	—	—	\$1,124,000	—	—

Form 34275 — 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 34276 — 326-Childhood Lead Prevention

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	125,000	—	—	125,000	—	—	125,000	—	—
Other Compensation	5,001	—	—	5,001	—	—	5,001	—	—
Related Benefits	72,037	—	—	72,037	—	—	72,037	—	—
TOTAL PERSONAL SERVICES	\$202,038	—	—	\$202,038	—	—	\$202,038	—	—
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	\$304,962	—	—	—	—	—	—	—	—
Other Charges	—	—	—	304,962	—	—	304,962	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OTHER CHARGES	\$2,000	—	—	\$306,962	—	—	\$306,962	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$515,000	—	—	\$515,000	—	—	\$515,000	—	—

Form 34276 — 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 34277 — 326-Genetic Disease-MCH Block Grant

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	780,000	—	585,000	780,000	—	585,000	780,000	—	585,000
TOTAL OPERATING EXPENSES	\$780,000	—	\$585,000	\$780,000	—	\$585,000	\$780,000	—	\$585,000
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 34277 — 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 34278 — 326-Immunization COVID-19 Outbreak Response

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,350,000	—	—	—	—	—	—	—	—
Other Compensation	400,000	—	—	—	—	—	—	—	—
Related Benefits	969,722	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$2,719,722	—	—	—	—	—	—	—	—
Travel	50,000	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$50,000	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	8,673,275	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	500,000	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$9,173,275	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$11,942,997	—	—	—	—	—	—	—	—

Form 34278 — 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 34279 — 326-Immunization

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,460,000	—	—	1,460,000	—	—	1,460,000	—	—
Other Compensation	65,000	—	—	65,000	—	—	65,000	—	—
Related Benefits	1,027,520	—	—	1,027,520	—	—	1,027,520	—	—
TOTAL PERSONAL SERVICES	\$2,552,520	—	—	\$2,552,520	—	—	\$2,552,520	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	120,000	—	—	120,000	—	—	120,000	—	—
Supplies	10,000	—	—	10,000	—	—	10,000	—	—
TOTAL OPERATING EXPENSES	\$130,000	—	—	\$130,000	—	—	\$130,000	—	—
PROFESSIONAL SERVICES	\$185,836	—	—	\$185,836	—	—	\$185,836	—	—
Other Charges	2,228,693	—	—	2,228,693	—	—	2,228,693	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	440,000	—	—	440,000	—	—	440,000	—	—
TOTAL OTHER CHARGES	\$2,668,693	—	—	\$2,668,693	—	—	\$2,668,693	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,537,049	—	—	\$5,537,049	—	—	\$5,537,049	—	—

Form 34279 — 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 34280 — 326-Child Death Review-MCH Block Grant

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	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 34280 — 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 34281 — 326-National Violent Death Reporting System

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	45,000	—	—	45,000	—	—	45,000	—	—
Other Compensation	2,000	—	—	2,000	—	—	2,000	—	—
Related Benefits	26,044	—	—	26,044	—	—	26,044	—	—
TOTAL PERSONAL SERVICES	\$73,044	—	—	\$73,044	—	—	\$73,044	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	3,500	—	—	3,500	—	—	3,500	—	—
Supplies	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OPERATING EXPENSES	\$5,500	—	—	\$5,500	—	—	\$5,500	—	—
PROFESSIONAL SERVICES	\$444,542	—	—	\$244,542	—	—	\$244,542	—	—
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	\$530,086	—	—	\$330,086	—	—	\$330,086	—	—

Form 34281 — 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 34282 — 326-Early Childhood Comprehensive System

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	31,000	—	—	31,000	—	—	31,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	17,178	—	—	17,178	—	—	17,178	—	—
TOTAL PERSONAL SERVICES	\$48,178	—	—	\$48,178	—	—	\$48,178	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	4,000	—	—	4,000	—	—	4,000	—	—
Supplies	500	—	—	500	—	—	500	—	—
TOTAL OPERATING EXPENSES	\$4,500	—	—	\$4,500	—	—	\$4,500	—	—
PROFESSIONAL SERVICES	\$199,922	—	—	\$199,922	—	—	\$199,922	—	—
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	\$255,600	—	—	\$255,600	—	—	\$255,600	—	—

Form 34282 — 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 34283 — 326-Maternal Depression

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	60,000	—	—	60,000	—	—	60,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	33,802	—	—	33,802	—	—	33,802	—	—
TOTAL PERSONAL SERVICES	\$94,802	—	—	\$94,802	—	—	\$94,802	—	—
Travel	500	—	—	500	—	—	500	—	—
Operating Services	7,000	—	—	7,000	—	—	7,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$7,500	—	—	\$7,500	—	—	\$7,500	—	—
PROFESSIONAL SERVICES	\$886,470	—	—	\$686,470	—	—	\$686,470	—	—
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	\$998,772	—	—	\$798,772	—	—	\$798,772	—	—

Form 34283 — 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 34284 — 326-Maternal Child Health Mortality Surveillance

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	5,000	—	—	5,000	—	—	5,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	2,771	—	—	2,771	—	—	2,771	—	—
TOTAL PERSONAL SERVICES	\$7,771	—	—	\$7,771	—	—	\$7,771	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	1,000	—	—	1,000	—	—	1,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$1,000	—	—	\$1,000	—	—	\$1,000	—	—
PROFESSIONAL SERVICES	\$84,829	—	—	\$84,829	—	—	\$84,829	—	—
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 34284 — 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 34285 — 326-Pregnancy Risk Assessment Monitoring System

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	3,500	—	—	3,500	—	—	3,500	—	—
Supplies	16,000	—	—	16,000	—	—	16,000	—	—
TOTAL OPERATING EXPENSES	\$19,500	—	—	\$19,500	—	—	\$19,500	—	—
PROFESSIONAL SERVICES	\$147,500	—	—	\$147,500	—	—	\$147,500	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	8,000	—	—	8,000	—	—	8,000	—	—
TOTAL OTHER CHARGES	\$8,000	—	—	\$8,000	—	—	\$8,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$175,000	—	—	\$175,000	—	—	\$175,000	—	—

Form 34285 — 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 34286 — 326-Perinatal Quality Collaborative

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	3,033	—	—	3,033	—	—	3,033	—	—
TOTAL PERSONAL SERVICES	\$8,033	—	—	\$8,033	—	—	\$8,033	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	3,000	—	—	3,000	—	—	3,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$3,000	—	—	\$3,000	—	—	\$3,000	—	—
PROFESSIONAL SERVICES	\$387,267	—	—	\$287,267	—	—	\$287,267	—	—
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	\$401,300	—	—	\$301,300	—	—	\$301,300	—	—

Form 34286 — 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 34287 — 326-System Development

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	554	—	—	554	—	—	554	—	—
TOTAL PERSONAL SERVICES	\$1,554	—	—	\$1,554	—	—	\$1,554	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	1,000	—	—	1,000	—	—	1,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$1,000	—	—	\$1,000	—	—	\$1,000	—	—
PROFESSIONAL SERVICES	\$115,385	—	—	\$96,446	—	—	\$96,446	—	—
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	\$118,939	—	—	\$100,000	—	—	\$100,000	—	—

Form 34287 — 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 34288 — 326-Maternal Death Due to Violence

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	—	—	1,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	5,541	—	—	5,541	—	—	5,541	—	—
TOTAL PERSONAL SERVICES	\$15,541	—	—	\$15,541	—	—	\$6,541	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	1,000	—	—	1,000	—	—	1,000	—	—
Supplies	4,000	—	—	4,000	—	—	4,000	—	—
TOTAL OPERATING EXPENSES	\$5,000	—	—	\$5,000	—	—	\$5,000	—	—
PROFESSIONAL SERVICES	\$286,292	—	—	\$256,526	—	—	\$256,526	—	—
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	\$309,833	—	—	\$280,067	—	—	\$271,067	—	—

Form 34288 — 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 34289 — 326-Maternal Child Health Services-MCH Block Grant

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,375,000	—	—	1,466,000	—	—	1,466,000	—	—
Other Compensation	250,000	—	—	250,000	—	—	250,000	—	—
Related Benefits	900,456	—	—	950,882	—	—	950,882	—	—
TOTAL PERSONAL SERVICES	\$2,525,456	—	—	\$2,666,882	—	—	\$2,666,882	—	—
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	\$3,105,124	—	—	\$2,963,698	—	—	\$2,963,698	—	—
Other Charges	154,795	—	—	154,795	—	—	154,795	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	300,000	—	—	300,000	—	—	300,000	—	—
TOTAL OTHER CHARGES	\$454,795	—	—	\$454,795	—	—	\$454,795	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$6,255,375	—	—	\$6,255,375	—	—	\$6,255,375	—	—

Form 34289 — 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 34290 — 326-Maternal Child Health Mortality Review

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	—	—	6,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	3,325	—	—	3,325	—	—	3,325	—	—
TOTAL PERSONAL SERVICES	\$9,325	—	—	\$9,325	—	—	\$9,325	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	5,000	—	—	5,000	—	—	5,000	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$6,000	—	—	\$6,000	—	—	\$6,000	—	—
PROFESSIONAL SERVICES	\$449,675	—	—	\$419,675	—	—	\$419,675	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	15,000	—	—	15,000	—	—	15,000	—	—
TOTAL OTHER CHARGES	\$15,000	—	—	\$15,000	—	—	\$15,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$480,000	—	—	\$450,000	—	—	\$450,000	—	—

Form 34290 — 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 34291 — 326-Nurse Family Partnership -MCH Block Grant

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	437,516	—	850,000	437,516	—	850,000	437,516	—	850,000
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	237,358	—	600,000	237,358	—	600,000	237,358	—	600,000
TOTAL PERSONAL SERVICES	\$674,874	—	\$1,450,000	\$674,874	—	\$1,450,000	\$674,874	—	\$1,450,000
Travel	25,000	—	18,027	25,000	—	18,027	25,000	—	18,027
Operating Services	42,374	—	90,000	42,374	—	90,000	42,374	—	90,000
Supplies	1,000	—	3,700	1,000	—	3,700	1,000	—	3,700
TOTAL OPERATING EXPENSES	\$68,374	—	\$111,727	\$68,374	—	\$111,727	\$68,374	—	\$111,727
PROFESSIONAL SERVICES	\$15,000	—	\$509,835	\$15,000	—	\$509,835	\$15,000	—	\$509,835
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	441,752	—	528,438	441,752	—	528,438	441,752	—	528,438
TOTAL OTHER CHARGES	\$441,752	—	\$528,438	\$441,752	—	\$528,438	\$441,752	—	\$528,438
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,200,000	—	\$2,600,000	\$1,200,000	—	\$2,600,000	\$1,200,000	—	\$2,600,000

Form 34291 — 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 34292 — 326-COVID-19 American Resue Plan Act Funding for Home Visiti

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-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	\$528,595	—	—	—	—	—	—	—	—
Other Charges	26,405	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	10,000	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$36,405	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$575,000	—	—	—	—	—	—	—	—

Form 34292 — 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 34293 — 326-Maternal Infant and Childhood Home Visiting Direct & Inf

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,000,000	—	—	1,300,000	—	—	1,300,000	—	—
Other Compensation	120,000	—	—	128,412	—	—	128,412	—	—
Related Benefits	620,622	—	—	791,522	—	—	791,522	—	—
TOTAL PERSONAL SERVICES	\$1,740,622	—	—	\$2,219,934	—	—	\$2,219,934	—	—
Travel	25,000	—	—	37,800	—	—	37,800	—	—
Operating Services	105,000	—	—	105,000	—	—	105,000	—	—
Supplies	8,000	—	—	41,636	—	—	41,636	—	—
TOTAL OPERATING EXPENSES	\$138,000	—	—	\$184,436	—	—	\$184,436	—	—
PROFESSIONAL SERVICES	\$8,988,633	—	—	\$8,822,395	—	—	\$8,822,395	—	—
Other Charges	562,511	—	—	203,001	—	—	203,001	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	500,000	—	—	500,000	—	—	500,000	—	—
TOTAL OTHER CHARGES	\$1,062,511	—	—	\$703,001	—	—	\$703,001	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$11,929,766	—	—	\$11,929,766	—	—	\$11,929,766	—	—

Form 34293 — 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 34294 — 326-CV-19 American Rescue Plan Act For Pediatric Mental Hea

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	10,000	—	—	10,000	—	—	10,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	5,541	—	—	5,541	—	—	5,541	—	—
TOTAL PERSONAL SERVICES	\$15,541	—	—	\$15,541	—	—	\$15,541	—	—
Travel	1,000	—	—	1,000	—	—	1,000	—	—
Operating Services	5,000	—	—	5,000	—	—	5,000	—	—
Supplies	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OPERATING EXPENSES	\$8,000	—	—	\$8,000	—	—	\$8,000	—	—
PROFESSIONAL SERVICES	\$486,459	—	\$149,000	\$586,459	—	\$149,000	\$586,459	—	\$149,000
Other Charges	235,000	—	—	135,000	—	—	135,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	60,000	—	—	60,000	—	—	60,000	—	—
TOTAL OTHER CHARGES	\$295,000	—	—	\$195,000	—	—	\$195,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$805,000	—	\$149,000	\$805,000	—	\$149,000	\$805,000	—	\$149,000

Form 34294 — 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 34295 — 326-Rural Health

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	\$130,972	—	—	\$130,972	—	—	\$130,972	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$130,972	—	—	\$130,972	—	—	\$130,972	—	—

Form 34295 — 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 34296 — 326-Student Loan Repayment Plan

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	31,045	—	—	31,045	—	—	31,045	—	—
TOTAL PERSONAL SERVICES	\$87,070	—	—	\$87,070	—	—	\$87,070	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	684,930	—	202,265	684,930	—	202,265	684,930	—	202,265
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$684,930	—	\$202,265	\$684,930	—	\$202,265	\$684,930	—	\$202,265
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$772,000	—	\$202,265	\$772,000	—	\$202,265	\$772,000	—	\$202,265

Form 34296 — 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 34297 — 326-Primary Care

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	100,500	—	—	100,500	—	—	100,500	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	59,826	—	—	59,826	—	—	59,826	—	—
TOTAL PERSONAL SERVICES	\$161,326	—	—	\$161,326	—	—	\$161,326	—	—
Travel	1,600	—	—	1,600	—	—	1,600	—	—
Operating Services	3,000	—	—	3,000	—	—	3,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$4,600	—	—	\$4,600	—	—	\$4,600	—	—
PROFESSIONAL SERVICES	\$5,000	—	—	\$5,000	—	—	\$5,000	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	9,924	—	—	9,924	—	—	9,924	—	—
TOTAL OTHER CHARGES	\$9,924	—	—	\$9,924	—	—	\$9,924	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$180,850	—	—	\$180,850	—	—	\$180,850	—	—

Form 34297 — 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 34298 — 326-Small Hospital Improvements

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	36,018	—	—	36,018	—	—	36,018	—	—
TOTAL PERSONAL SERVICES	\$101,018	—	—	\$101,018	—	—	\$101,018	—	—
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	548,482	—	—	548,482	—	—	548,482	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	15,000	—	—	15,000	—	—	15,000	—	—
TOTAL OTHER CHARGES	\$563,482	—	—	\$563,482	—	—	\$563,482	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$665,600	—	—	\$665,600	—	—	\$665,600	—	—

Form 34298 — 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 34299 — 326-Bold Well Ahead

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	3,878	—	—	3,878	—	—	3,878	—	—
TOTAL PERSONAL SERVICES	\$10,877	—	—	\$10,877	—	—	\$10,877	—	—
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	\$334,685	—	—	\$334,685	—	—	\$334,685	—	—
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	\$375,000	—	—	\$375,000	—	—	\$375,000	—	—

Form 34299 — 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 34300 — 326-Critical Care Access(FLEX)

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	1,500	—	—	1,500	—	—	1,500	—	—
Related Benefits	83,950	—	—	83,950	—	—	83,950	—	—
TOTAL PERSONAL SERVICES	\$235,450	—	—	\$235,450	—	—	\$235,450	—	—
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	\$339,678	—	—	\$339,678	—	—	\$339,678	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	60,000	—	—	60,000	—	—	60,000	—	—
TOTAL OTHER CHARGES	\$60,000	—	—	\$60,000	—	—	\$60,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$649,128	—	—	\$649,128	—	—	\$649,128	—	—

Form 34300 — 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 34301 — 326-Oral Health CDC

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	10,000	—	—	10,000	—	—	10,000	—	—
Other Compensation	2,000	—	—	2,000	—	—	2,000	—	—
Related Benefits	2,062	—	—	2,062	—	—	2,062	—	—
TOTAL PERSONAL SERVICES	\$14,062	—	—	\$14,062	—	—	\$14,062	—	—
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	\$367,937	—	\$160,000	\$367,937	—	\$160,000	\$367,937	—	\$160,000
Other Charges	10,000	—	—	10,000	—	—	10,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OTHER CHARGES	\$12,000	—	—	\$12,000	—	—	\$12,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$399,999	—	\$160,000	\$399,999	—	\$160,000	\$399,999	—	\$160,000

Form 34301 — 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 34302 — 326-Oral Health Workforce

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	104,000	—	—	104,000	—	—	104,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	57,629	—	—	57,629	—	—	57,629	—	—
TOTAL PERSONAL SERVICES	\$161,629	—	—	\$161,629	—	—	\$161,629	—	—
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	\$254,924	—	—	\$193,258	—	—	\$193,258	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	7,513	—	—	7,513	—	—	7,513	—	—
TOTAL OTHER CHARGES	\$7,513	—	—	\$7,513	—	—	\$7,513	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$431,666	—	—	\$370,000	—	—	\$370,000	—	—

Form 34302 — 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 34303 — 326-Behavioral Risk Factor Surveillance System(BRFSS)

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	58,183	—	—	58,183	—	—	58,183	—	—
TOTAL PERSONAL SERVICES	\$163,183	—	—	\$163,183	—	—	\$163,183	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	500	—	—	500	—	—	500	—	—
Supplies	500	—	—	500	—	—	500	—	—
TOTAL OPERATING EXPENSES	\$1,000	—	—	\$1,000	—	—	\$1,000	—	—
PROFESSIONAL SERVICES	\$160,000	—	—	\$160,000	—	—	\$160,000	—	—
Other Charges	220,484	—	—	220,484	—	—	220,484	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	20,000	—	—	20,000	—	—	20,000	—	—
TOTAL OTHER CHARGES	\$240,484	—	—	\$240,484	—	—	\$240,484	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$564,667	—	—	\$564,667	—	—	\$564,667	—	—

Form 34303 — 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 34304 — 326-Performance Improvement-Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	300,000	—	—	300,000	—	—	300,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	166,792	—	—	166,792	—	—	166,792	—	—
TOTAL PERSONAL SERVICES	\$467,792	—	—	\$467,792	—	—	\$467,792	—	—
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	\$120,000	—	—	\$95,904	—	—	\$95,904	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	86,208	—	—	86,208	—	—	86,208	—	—
TOTAL OTHER CHARGES	\$86,208	—	—	\$86,208	—	—	\$86,208	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$725,000	—	—	\$700,904	—	—	\$700,904	—	—

Form 34304 — 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 34305 — 326-Overdose Surveillance

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	83,119	—	—	83,119	—	—	83,119	—	—
TOTAL PERSONAL SERVICES	\$233,119	—	—	\$233,119	—	—	\$233,119	—	—
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	\$482,769	—	—	\$482,769	—	—	\$482,769	—	—
Other Charges	20,000	—	—	20,000	—	—	20,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	400,000	—	—	400,000	—	—	400,000	—	—
TOTAL OTHER CHARGES	\$420,000	—	—	\$420,000	—	—	\$420,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,220,888	—	—	\$1,220,888	—	—	\$1,220,888	—	—

Form 34305 — 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 34306 — 326-Public Health Informatics Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	9,000	—	—	9,000	—	—	9,000	—	—
Related Benefits	54,807	—	—	54,807	—	—	54,807	—	—
TOTAL PERSONAL SERVICES	\$128,807	—	—	\$128,807	—	—	\$128,807	—	—
Travel	700	—	—	700	—	—	700	—	—
Operating Services	32,675	—	—	32,675	—	—	32,675	—	—
Supplies	1,500	—	—	1,500	—	—	1,500	—	—
TOTAL OPERATING EXPENSES	\$34,875	—	—	\$34,875	—	—	\$34,875	—	—
PROFESSIONAL SERVICES	\$300,000	—	—	\$300,000	—	—	\$300,000	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	61,318	—	—	41,318	—	—	41,318	—	—
TOTAL OTHER CHARGES	\$61,318	—	—	\$41,318	—	—	\$41,318	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$525,000	—	—	\$505,000	—	—	\$505,000	—	—

Form 34306 — 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 34307 — 326-Well Ahead -Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	136,315	—	—	136,315	—	—	136,315	—	—
TOTAL PERSONAL SERVICES	\$382,315	—	—	\$382,315	—	—	\$382,315	—	—
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	\$341,515	—	\$135,000	\$241,515	—	\$135,000	\$241,515	—	\$135,000
Other Charges	30,000	—	—	30,000	—	—	30,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	24,000	—	—	24,000	—	—	24,000	—	—
TOTAL OTHER CHARGES	\$54,000	—	—	\$54,000	—	—	\$54,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$796,144	—	\$135,000	\$696,144	—	\$135,000	\$696,144	—	\$135,000

Form 34307 — 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 34308 — 326-Primary Care and Rural Health -Prevntive Health Block

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	308,000	—	—	308,000	—	—
Other Compensation	—	—	—	150,000	—	—	150,000	—	—
Related Benefits	—	—	—	253,790	—	—	253,790	—	—
TOTAL PERSONAL SERVICES	—	—	—	\$711,790	—	—	\$711,790	—	—
Travel	—	—	—	10,000	—	—	10,000	—	—
Operating Services	—	—	—	40,000	—	—	40,000	—	—
Supplies	—	—	—	10,000	—	—	10,000	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$60,000	—	—	\$60,000	—	—
PROFESSIONAL SERVICES	—	—	—	\$50,000	—	—	\$50,000	—	—
Other Charges	—	—	—	901	—	—	901	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	36,028	—	—	36,028	—	—
TOTAL OTHER CHARGES	—	—	—	\$36,929	—	—	\$36,929	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$858,719	—	—	\$858,719	—	—

Form 34308 — 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 34309 — 326-Tobacco Control

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	350,000	—	—	350,000	—	—	350,000	—	—
Other Compensation	50,000	—	—	50,000	—	—	50,000	—	—
Related Benefits	221,651	—	—	221,651	—	—	221,651	—	—
TOTAL PERSONAL SERVICES	\$621,651	—	—	\$621,651	—	—	\$621,651	—	—
Travel	8,000	—	—	8,000	—	—	8,000	—	—
Operating Services	23,000	—	—	23,000	—	—	23,000	—	—
Supplies	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OPERATING EXPENSES	\$33,000	—	—	\$33,000	—	—	\$33,000	—	—
PROFESSIONAL SERVICES	\$938,048	—	\$500,000	\$938,048	—	—	\$938,048	—	—
Other Charges	13,000	—	—	13,000	—	—	13,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	30,000	—	—	30,000	—	—	30,000	—	—
TOTAL OTHER CHARGES	\$43,000	—	—	\$43,000	—	—	\$43,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,635,699	—	\$500,000	\$1,635,699	—	—	\$1,635,699	—	—

Form 34309 — 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 34310 — 326-Wisewoman

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	69,266	—	—	69,266	—	—	69,266	—	—
TOTAL PERSONAL SERVICES	\$194,266	—	—	\$194,266	—	—	\$194,266	—	—
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	\$270,234	—	\$166,667	\$270,234	—	\$166,667	\$270,234	—	\$166,667
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	30,000	—	—	30,000	—	—	30,000	—	—
TOTAL OTHER CHARGES	\$30,000	—	—	\$30,000	—	—	\$30,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$500,000	—	\$166,667	\$500,000	—	\$166,667	\$500,000	—	\$166,667

Form 34310 — 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 34311 — 326-Heart and Stroke

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	130,000	—	—	130,000	—	—	130,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	72,036	—	—	72,036	—	—	72,036	—	—
TOTAL PERSONAL SERVICES	\$202,036	—	—	\$202,036	—	—	\$202,036	—	—
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	26,964	—	—	26,964	—	—	26,964	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	60,000	—	—	60,000	—	—	60,000	—	—
TOTAL OTHER CHARGES	\$86,964	—	—	\$86,964	—	—	\$86,964	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,100,000	—	—	\$1,100,000	—	—	\$1,100,000	—	—

Form 34311 — 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 34312 — 326-Heart Disease and Stroke

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	209,500	—	—	209,500	—	—	209,500	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	116,090	—	—	116,090	—	—	116,090	—	—
TOTAL PERSONAL SERVICES	\$325,590	—	—	\$325,590	—	—	\$325,590	—	—
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	\$814,023	—	—	\$814,023	—	—	\$814,023	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	20,000	—	—	20,000	—	—	20,000	—	—
TOTAL OTHER CHARGES	\$20,000	—	—	\$20,000	—	—	\$20,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,173,237	—	—	\$1,173,237	—	—	\$1,173,237	—	—

Form 34312 — 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 34313 — 326-Diabetes Prevention

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	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	—	—	5,000	—	—	5,000	—	—
Supplies	1,100	—	—	1,100	—	—	1,100	—	—
TOTAL OPERATING EXPENSES	\$6,100	—	—	\$6,100	—	—	\$6,100	—	—
PROFESSIONAL SERVICES	\$1,266,355	—	—	\$666,355	—	—	\$666,355	—	—
Other Charges	787,276	—	—	490,782	—	—	490,782	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	10,000	—	—	10,000	—	—	10,000	—	—
TOTAL OTHER CHARGES	\$797,276	—	—	\$500,782	—	—	\$500,782	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,069,731	—	—	\$1,173,237	—	—	\$1,173,237	—	—

Form 34313 — 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 34314 — 326-Unallotted

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	170,614	—	—	225,590	—	—	225,590	—	—
Operating Services	1,518,056	—	—	1,518,056	—	—	1,518,056	—	—
Supplies	1,498,784	—	—	1,933,899	—	—	1,933,899	—	—
TOTAL OPERATING EXPENSES	\$3,187,454	—	—	\$3,677,545	—	—	\$3,677,545	—	—
PROFESSIONAL SERVICES	—	—	—	\$869,655	—	—	\$869,655	—	—
Other Charges	146,128,536	—	—	196,181,364	—	—	196,181,364	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	1,127,201	—	—	1,127,201	—	—	1,127,201	—	—
TOTAL OTHER CHARGES	\$147,255,737	—	—	\$197,308,565	—	—	\$197,308,565	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$150,443,191	—	—	\$201,855,765	—	—	\$201,855,765	—	—

Form 34314 — 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 34315 — 326-Commodity Supplemental Food Program

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	119,000	—	—	119,000	—	—	119,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	65,941	—	—	65,941	—	—	65,941	—	—
TOTAL PERSONAL SERVICES	\$184,941	—	—	\$184,941	—	—	\$184,941	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	4,264	—	—	4,264	—	—	4,264	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$7,264	—	—	\$7,264	—	—	\$7,264	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	3,775,388	—	—	3,785,000	—	—	3,785,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	22,795	—	—	22,795	—	—	22,795	—	—
TOTAL OTHER CHARGES	\$3,798,183	—	—	\$3,807,795	—	—	\$3,807,795	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$3,990,388	—	—	\$4,000,000	—	—	\$4,000,000	—	—

Form 34315 — 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 34316 — 326-Women Infants and Children

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	10,617,553	—	—	11,117,553	—	—	11,117,553	—	—
Other Compensation	1,100,000	—	—	1,300,000	—	—	1,300,000	—	—
Related Benefits	6,469,447	—	—	6,857,336	—	—	6,857,336	—	—
TOTAL PERSONAL SERVICES	\$18,187,000	—	—	\$19,274,889	—	—	\$19,274,889	—	—
Travel	500,000	—	—	600,000	—	—	600,000	—	—
Operating Services	1,085,000	—	—	1,085,000	—	—	1,085,000	—	—
Supplies	1,300,000	—	—	1,300,000	—	—	1,300,000	—	—
TOTAL OPERATING EXPENSES	\$2,885,000	—	—	\$2,985,000	—	—	\$2,985,000	—	—
PROFESSIONAL SERVICES	\$3,000,000	—	—	\$3,690,281	—	—	\$3,690,281	—	—
Other Charges	89,023,295	—	—	87,684,536	—	—	87,684,536	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,115,294	—	—	2,365,294	—	—	2,365,294	—	—
TOTAL OTHER CHARGES	\$91,138,589	—	—	\$90,049,830	—	—	\$90,049,830	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$115,210,589	—	—	\$116,000,000	—	—	\$116,000,000	—	—

Form 34316 — 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 34317 — 326-Peer Counseling

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	10,000	—	—	10,000	—	—	10,000	—	—
Related Benefits	83,119	—	—	116,367	—	—	116,367	—	—
TOTAL PERSONAL SERVICES	\$233,119	—	—	\$326,367	—	—	\$326,367	—	—
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	1,338,019	—	—	724,771	—	—	724,771	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	100,000	—	—	100,000	—	—	100,000	—	—
TOTAL OTHER CHARGES	\$1,438,019	—	—	\$824,771	—	—	\$824,771	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,736,638	—	—	\$1,216,638	—	—	\$1,216,638	—	—

Form 34317 — 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 34318 — 326-School Based Health MCH Block Grant

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	114,000	—	86,000	134,000	—	86,000	134,000	—	86,000
Other Compensation	2,800	—	2,200	2,800	—	2,200	2,800	—	2,200
Related Benefits	65,000	—	48,596	76,083	—	48,596	76,083	—	48,596
TOTAL PERSONAL SERVICES	\$181,800	—	\$136,796	\$212,883	—	\$136,796	\$212,883	—	\$136,796
Travel	570	—	430	570	—	430	570	—	430
Operating Services	1,140	—	860	1,140	—	860	1,140	—	860
Supplies	1,140	—	860	1,140	—	860	1,140	—	860
TOTAL OPERATING EXPENSES	\$2,850	—	\$2,150	\$2,850	—	\$2,150	\$2,850	—	\$2,150
PROFESSIONAL SERVICES	\$131,350	—	\$98,382	—	—	—	—	—	—
Other Charges	—	—	—	100,267	—	98,382	100,267	—	98,382
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	\$100,267	—	\$98,382	\$100,267	—	\$98,382
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$316,000	—	\$237,328	\$316,000	—	\$237,328	\$316,000	—	\$237,328

Form 34318 — 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 34319 — 326-Sexually Transmitted Diseases (STD) DIS Workforce

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	475,000	—	—	—	—	—	—	—	—
Other Compensation	50,000	—	—	—	—	—	—	—	—
Related Benefits	290,917	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$815,917	—	—	—	—	—	—	—	—
Travel	25,000	—	—	—	—	—	—	—	—
Operating Services	40,000	—	—	—	—	—	—	—	—
Supplies	28,636	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$93,636	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	10,000	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$10,000	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$919,553	—	—	—	—	—	—	—	—

Form 34319 — 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 34320 — 326-Sexual Transmitted Diseases Case Finding

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	—	—	770,000	—	—	770,000	—	—
Other Compensation	15,000	—	—	15,000	—	—	15,000	—	—
Related Benefits	580,000	—	—	452,551	—	—	452,551	—	—
TOTAL PERSONAL SERVICES	\$1,595,000	—	—	\$1,237,551	—	—	\$1,237,551	—	—
Travel	15,000	—	—	15,000	—	—	15,000	—	—
Operating Services	135,000	—	—	135,000	—	—	135,000	—	—
Supplies	290,000	—	—	290,000	—	—	290,000	—	—
TOTAL OPERATING EXPENSES	\$440,000	—	—	\$440,000	—	—	\$440,000	—	—
PROFESSIONAL SERVICES	\$29,000	—	—	\$29,000	—	—	\$29,000	—	—
Other Charges	59,000	—	—	54,571	—	—	54,571	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	59,878	—	—	59,878	—	—	59,878	—	—
TOTAL OTHER CHARGES	\$118,878	—	—	\$114,449	—	—	\$114,449	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,182,878	—	—	\$1,821,000	—	—	\$1,821,000	—	—

Form 34320 — 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 34321 — 326-LA Strengthening STD Prevention and Control for Health D

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	4,001	—	—	4,001	—	—	4,001	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	2,217	—	—	2,217	—	—	2,217	—	—
TOTAL PERSONAL SERVICES	\$6,218	—	—	\$6,218	—	—	\$6,218	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	61,175	—	—	61,175	—	—	61,175	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$61,175	—	—	\$61,175	—	—	\$61,175	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$67,393	—	—	\$67,393	—	—	\$67,393	—	—

Form 34321 — 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 34322 — 326-Tuberculosis - Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	405,193	—	—	465,193	—	—	465,193	—	—
Other Compensation	34,836	—	—	34,836	—	—	34,836	—	—
Related Benefits	205,164	—	—	238,412	—	—	238,412	—	—
TOTAL PERSONAL SERVICES	\$645,193	—	—	\$738,441	—	—	\$738,441	—	—
Travel	10,000	—	—	10,000	—	—	10,000	—	—
Operating Services	45,000	—	—	45,000	—	—	45,000	—	—
Supplies	50,000	—	—	50,000	—	—	50,000	—	—
TOTAL OPERATING EXPENSES	\$105,000	—	—	\$105,000	—	—	\$105,000	—	—
PROFESSIONAL SERVICES	\$97,807	—	—	\$97,807	—	—	\$97,807	—	—
Other Charges	65,000	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	52,000	—	—	3,752	—	—	3,752	—	—
TOTAL OTHER CHARGES	\$117,000	—	—	\$3,752	—	—	\$3,752	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$965,000	—	—	\$945,000	—	—	\$945,000	—	—

Form 34322 — 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 34323 — 326-Tuberculosis Prevention

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	360,000	—	—	360,000	—	—	360,000	—	—
Other Compensation	15,000	—	—	15,000	—	—	15,000	—	—
Related Benefits	200,000	—	—	200,000	—	—	200,000	—	—
TOTAL PERSONAL SERVICES	\$575,000	—	—	\$575,000	—	—	\$575,000	—	—
Travel	20,000	—	—	20,000	—	—	20,000	—	—
Operating Services	20,000	—	—	20,000	—	—	20,000	—	—
Supplies	45,000	—	—	45,000	—	—	45,000	—	—
TOTAL OPERATING EXPENSES	\$85,000	—	—	\$85,000	—	—	\$85,000	—	—
PROFESSIONAL SERVICES	\$10,000	—	—	\$10,000	—	—	\$10,000	—	—
Other Charges	30,064	—	—	30,064	—	—	30,064	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	89,294	—	—	89,294	—	—	89,294	—	—
TOTAL OTHER CHARGES	\$119,358	—	—	\$119,358	—	—	\$119,358	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$789,358	—	—	\$789,358	—	—	\$789,358	—	—

Form 34323 — 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 34324 — 326-Beach Monitoring

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	130,000	—	—	130,000	—	—	130,000	—	—
Other Compensation	4,500	—	—	4,500	—	—	4,500	—	—
Related Benefits	76,154	—	—	76,154	—	—	76,154	—	—
TOTAL PERSONAL SERVICES	\$210,654	—	—	\$210,654	—	—	\$210,654	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	25,000	—	—	25,000	—	—	25,000	—	—
Supplies	18,000	—	—	18,000	—	—	18,000	—	—
TOTAL OPERATING EXPENSES	\$45,000	—	—	\$45,000	—	—	\$45,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	115,346	—	—	109,346	—	—	109,346	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	10,000	—	—	10,000	—	—	10,000	—	—
TOTAL OTHER CHARGES	\$125,346	—	—	\$119,346	—	—	\$119,346	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$381,000	—	—	\$375,000	—	—	\$375,000	—	—

Form 34324 — 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 34325 — 326-Drinking Water Revolving Loan Fund

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	790,000	—	—	790,000	—	—	790,000	—	—
Other Compensation	85,000	—	—	85,000	—	—	85,000	—	—
Related Benefits	484,861	—	—	484,861	—	—	484,861	—	—
TOTAL PERSONAL SERVICES	\$1,359,861	—	—	\$1,359,861	—	—	\$1,359,861	—	—
Travel	30,000	—	—	30,000	—	—	30,000	—	—
Operating Services	18,000	—	—	18,000	—	—	18,000	—	—
Supplies	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OPERATING EXPENSES	\$50,000	—	—	\$50,000	—	—	\$50,000	—	—
PROFESSIONAL SERVICES	\$100,000	—	—	\$100,000	—	—	\$100,000	—	—
Other Charges	381,066	—	—	381,066	—	—	381,066	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	200,000	—	—	200,000	—	—	200,000	—	—
TOTAL OTHER CHARGES	\$581,066	—	—	\$581,066	—	—	\$581,066	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,090,927	—	—	\$2,090,927	—	—	\$2,090,927	—	—

Form 34325 — 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 34326 — 326-Safe Drinking Water

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	517,000	—	—	329,937	—	—	329,937	—	—
Other Compensation	15,000	—	—	15,000	—	—	15,000	—	—
Related Benefits	270,798	—	—	547,861	—	—	547,861	—	—
TOTAL PERSONAL SERVICES	\$802,798	—	—	\$892,798	—	—	\$892,798	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	115,156	—	—	115,156	—	—	115,156	—	—
Supplies	163,844	—	—	163,844	—	—	163,844	—	—
TOTAL OPERATING EXPENSES	\$279,000	—	—	\$279,000	—	—	\$279,000	—	—
PROFESSIONAL SERVICES	\$53,000	—	—	\$53,000	—	—	\$53,000	—	—
Other Charges	90,000	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	228,202	—	—	228,202	—	—	228,202	—	—
TOTAL OTHER CHARGES	\$318,202	—	—	\$228,202	—	—	\$228,202	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,453,000	—	—	\$1,453,000	—	—	\$1,453,000	—	—

Form 34326 — 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 34327 — 326-Water Infrastructure Improvement for the Nation

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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	578,063	—	60,276	660,000	—	60,276	660,000	—	60,276
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$578,063	—	\$60,276	\$660,000	—	\$60,276	\$660,000	—	\$60,276
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$578,063	—	\$60,276	\$660,000	—	\$60,276	\$660,000	—	\$60,276

Form 34327 — 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 34328 — 326-Occupational Health and Injury Surveillance

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	208,000	—	—	208,000	—	—	208,000	—	—
Other Compensation	10,000	—	—	10,000	—	—	10,000	—	—
Related Benefits	120,800	—	—	120,800	—	—	120,800	—	—
TOTAL PERSONAL SERVICES	\$338,800	—	—	\$338,800	—	—	\$338,800	—	—
Travel	1,000	—	—	1,000	—	—	1,000	—	—
Operating Services	11,000	—	—	11,000	—	—	11,000	—	—
Supplies	40,000	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$52,000	—	—	\$12,000	—	—	\$12,000	—	—
PROFESSIONAL SERVICES	\$112,102	—	—	\$40,000	—	—	\$40,000	—	—
Other Charges	—	—	—	112,102	—	—	112,102	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	10,000	—	—	10,000	—	—	10,000	—	—
TOTAL OTHER CHARGES	\$10,000	—	—	\$122,102	—	—	\$122,102	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$512,902	—	—	\$512,902	—	—	\$512,902	—	—

Form 34328 — 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 34329 — 326-Partnership to Promote Local Efforts to Reduce Env Expo

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	40,000	—	—	40,000	—	—	40,000	—	—
Related Benefits	83,119	—	—	83,119	—	—	83,119	—	—
TOTAL PERSONAL SERVICES	\$233,119	—	—	\$233,119	—	—	\$233,119	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	15,000	—	—	15,000	—	—	15,000	—	—
Supplies	500	—	—	500	—	—	500	—	—
TOTAL OPERATING EXPENSES	\$17,500	—	—	\$17,500	—	—	\$17,500	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	48,379	—	—	48,379	—	—	48,379	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	14,000	—	—	14,000	—	—	14,000	—	—
TOTAL OTHER CHARGES	\$62,379	—	—	\$62,379	—	—	\$62,379	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$312,998	—	—	\$312,998	—	—	\$312,998	—	—

Form 34329 — 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 34330 — 326-Private Well

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	65,500	—	—	65,500	—	—	65,500	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	36,295	—	—	36,295	—	—	36,295	—	—
TOTAL PERSONAL SERVICES	\$101,795	—	—	\$101,795	—	—	\$101,795	—	—
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	7,899	—	—	7,899	—	—	7,899	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	8,000	—	—	8,000	—	—	8,000	—	—
TOTAL OTHER CHARGES	\$15,899	—	—	\$15,899	—	—	\$15,899	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$146,694	—	—	\$146,694	—	—	\$146,694	—	—

Form 34330 — 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 34331 — 326-Environmental Public Health Tracking

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	65,000	—	—	65,000	—	—	65,000	—	—
Related Benefits	152,256	—	—	152,256	—	—	152,256	—	—
TOTAL PERSONAL SERVICES	\$417,256	—	—	\$417,256	—	—	\$417,256	—	—
Travel	20,000	—	—	20,000	—	—	20,000	—	—
Operating Services	29,000	—	—	29,000	—	—	29,000	—	—
Supplies	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OPERATING EXPENSES	\$54,000	—	—	\$54,000	—	—	\$54,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	40,406	—	—	40,406	—	—	40,406	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	103,338	—	—	103,338	—	—	103,338	—	—
TOTAL OTHER CHARGES	\$143,744	—	—	\$143,744	—	—	\$143,744	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$615,000	—	—	\$615,000	—	—	\$615,000	—	—

Form 34331 — 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 34332 — 326-Food and Drug

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	107,000	—	—	107,000	—	—	107,000	—	—
Other Compensation	5,000	—	—	5,000	—	—	5,000	—	—
Related Benefits	60,928	—	—	60,928	—	—	60,928	—	—
TOTAL PERSONAL SERVICES	\$172,928	—	—	\$172,928	—	—	\$172,928	—	—
Travel	2,800	—	—	2,800	—	—	2,800	—	—
Operating Services	4,800	—	—	4,800	—	—	4,800	—	—
Supplies	800	—	—	800	—	—	800	—	—
TOTAL OPERATING EXPENSES	\$8,400	—	—	\$8,400	—	—	\$8,400	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	18,600	—	—	18,600	—	—	18,600	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	8,000	—	—	8,000	—	—	8,000	—	—
TOTAL OTHER CHARGES	\$26,600	—	—	\$26,600	—	—	\$26,600	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$207,928	—	—	\$207,928	—	—	\$207,928	—	—

Form 34332 — 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 34333 — 326-Manufactured Food Standards

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	73,000	—	—	73,000	—	—	73,000	—	—
Other Compensation	2,001	—	—	2,001	—	—	2,001	—	—
Related Benefits	41,560	—	—	41,560	—	—	41,560	—	—
TOTAL PERSONAL SERVICES	\$116,561	—	—	\$116,561	—	—	\$116,561	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	1,000	—	—	1,000	—	—	1,000	—	—
Supplies	32,000	—	—	32,000	—	—	32,000	—	—
TOTAL OPERATING EXPENSES	\$35,000	—	—	\$35,000	—	—	\$35,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	66,414	—	—	66,414	—	—	66,414	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	3,000	—	—	3,000	—	—	3,000	—	—
TOTAL OTHER CHARGES	\$69,414	—	—	\$69,414	—	—	\$69,414	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$220,975	—	—	\$220,975	—	—	\$220,975	—	—

Form 34333 — 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 34334 — 326-Commercial Seafood

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	38,000	—	—	38,000	—	—	38,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	17,463	—	—	17,463	—	—	17,463	—	—
TOTAL PERSONAL SERVICES	\$55,463	—	—	\$55,463	—	—	\$55,463	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$55,463	—	—	\$55,463	—	—	\$55,463	—	—

Form 34334 — 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 34335 — 326-Vital Records Co-Op

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	36,018	—	—	36,018	—	—	36,018	—	—
TOTAL PERSONAL SERVICES	\$101,018	—	—	\$101,018	—	—	\$101,018	—	—
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	204,336	—	—	204,336	—	—	204,336	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	20,000	—	—	20,000	—	—	20,000	—	—
TOTAL OTHER CHARGES	\$224,336	—	—	\$224,336	—	—	\$224,336	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$376,354	—	—	\$376,354	—	—	\$376,354	—	—

Form 34335 — 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 34336 — 326-COVID ELC Data Modernization

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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	491,000	—	—	491,000	—	—	491,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$491,000	—	—	\$491,000	—	—	\$491,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$491,000	—	—	\$491,000	—	—	\$491,000	—	—

Form 34336 — 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 34472 — 326 Administrative Clearing

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34472 — 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 34474 — 326 Policy and Planning Preventive Health Block Grant

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34474 — 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 34475 — 326 Opioid Surveillance Department of Justice

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34475 — 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 34476 — 326 Strengthening Environmental Hlth Capacity

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34476 — 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 34477 — 326 BREATH Environmental Epidemiology

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	15,000	—	—	15,000	—	—	15,000	—	—
Other Compensation	5,001	—	—	5,001	—	—	5,001	—	—
Related Benefits	11,083	—	—	11,083	—	—	11,083	—	—
TOTAL PERSONAL SERVICES	\$31,084	—	—	\$31,084	—	—	\$31,084	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	2,000	—	—	2,000	—	—	2,000	—	—
Supplies	500	—	—	500	—	—	500	—	—
TOTAL OPERATING EXPENSES	\$4,500	—	—	\$4,500	—	—	\$4,500	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	413,416	—	—	238,416	—	—	238,416	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OTHER CHARGES	\$414,416	—	—	\$239,416	—	—	\$239,416	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$450,000	—	—	\$275,000	—	—	\$275,000	—	—

Form 34477 — 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 34479 — 326 Non Fatal Suicide Prevention Inf Dis Epi

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	10,000	—	—	10,000	—	—	10,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	6,095	—	—	6,095	—	—	6,095	—	—
TOTAL PERSONAL SERVICES	\$17,095	—	—	\$17,095	—	—	\$17,095	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	1,070,905	—	—	766,905	—	—	766,905	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$1,070,905	—	—	\$766,905	—	—	\$766,905	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,088,000	—	—	\$784,000	—	—	\$784,000	—	—

Form 34479 — 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 34480 — 326 HOPWA COVID-19 HIV AIDS

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34480 — 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 34481 — 326 QUILINE

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34481 — 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 34482 — 326 Small Hospital Improvement Program COVID 19

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34482 — 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 34483 — 326 Child Death Review

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34483 — 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 34484 — 326 Core Injury VIPP

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34484 — 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 34502 — 326-Inflation

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34502 — 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 34682 — 326-HIV TELEPREP

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34682 — 326-HIV TELEPREP

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to evaluate telehealth navigation and coordination models to provide best practices for the body of knowledge for HIV care.
Agency discretion or Federal requirement?	Line Items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 34693 — MONKEY POX RESPONSE

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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	334,771	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$334,771	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$334,771	—	—	—	—	—	—	—	—

Form 34693 — 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 34697 — 326-EPID LAB CAPACITY COVID-19 IPC TRAINING

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	5,000	—	—	5,000	—	—	5,000	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$5,000	—	—	\$5,000	—	—	\$5,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	399,826	—	—	399,826	—	—	399,826	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$399,826	—	—	\$399,826	—	—	\$399,826	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$404,826	—	—	\$404,826	—	—	\$404,826	—	—

Form 34697 — 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 34698 — 326-EPID LAB CAPACITY COVID-19 TRAVELERS HEALTH

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34698 — 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 34699 — 326-EPID CONFINEMENT FACILITIES FOR COVID-19 RESPONSE

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34699 — 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 34700 — 326-EPID LAB CAPACITY HOMELESS SITES

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34700 — 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 34702 — SLTT REDUCE MATERNAL DEATHS DUE TO VIOLENCE

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34702 — 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 34703 — 326-SUICIDE PREVENTION PLAN

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34703 — 326-SUICIDE PREVENTION PLAN

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to implement and evaluate a comprehensive public health approach to suicide prevention in order to reduce suicide morbidity and mortality. 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 34704 — 326-WELL AHEAD STATE PHYSICAL ACTIVITY AND NUTRITION PROGRAM

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means 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	\$879,339	—	—	\$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	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$888,000	—	—	\$888,000	—	—	—	\$888,000	—

Form 34704 — 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 34705 — 326-PUBLIC HEALTH INFRASTRUCTURE

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,800,000	—	—	2,000,000	—	—	2,000,000	—	—
Other Compensation	1,000,000	—	—	1,000,000	—	—	1,000,000	—	—
Related Benefits	1,551,555	—	—	1,662,381	—	—	1,662,381	—	—
TOTAL PERSONAL SERVICES	\$4,351,555	—	—	\$4,662,381	—	—	\$4,662,381	—	—
Travel	105,000	—	—	105,000	—	—	105,000	—	—
Operating Services	80,000	—	—	80,000	—	—	80,000	—	—
Supplies	211,000	—	—	211,000	—	—	211,000	—	—
TOTAL OPERATING EXPENSES	\$396,000	—	—	\$396,000	—	—	\$396,000	—	—
PROFESSIONAL SERVICES	\$4,317,504	—	—	\$4,817,504	—	—	\$4,817,504	—	—
Other Charges	6,510,722	—	—	5,699,896	—	—	5,699,896	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	1,000,000	—	—	1,000,000	—	—	1,000,000	—	—
TOTAL OTHER CHARGES	\$7,510,722	—	—	\$6,699,896	—	—	\$6,699,896	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$16,575,781	—	—	\$16,575,781	—	—	\$16,575,781	—	—

Form 34705 — 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 34706 — 326-WIC MODERNIZATION

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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	—	—	778,480	—	—	778,480	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$1,198,480	—	—	\$778,480	—	—	\$778,480	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,198,480	—	—	\$778,480	—	—	\$778,480	—	—

Form 34706 — 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 34707 — 326-WIC SHOPPING EXPERIENCE

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	5,000	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$5,000	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	312,310	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$312,310	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$317,310	—	—	—	—	—	—	—	—

Form 34707 — 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 34711 — 326-MILK & DAIRY

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34711 — 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 34724 — INFLATION

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	29,192	—	—	29,192	—	—
Operating Services	—	—	—	197,973	—	—	197,973	—	—
Supplies	—	—	—	531,893	—	—	531,893	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$759,058	—	—	\$759,058	—	—
PROFESSIONAL SERVICES	—	—	—	\$1,292,825	—	—	\$1,292,825	—	—
Other Charges	—	—	—	2,968,267	—	—	2,968,267	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	19,631	—	—	19,631	—	—
TOTAL OTHER CHARGES	—	—	—	\$2,987,898	—	—	\$2,987,898	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$5,039,781	—	—	\$5,039,781	—	—

Form 34724 — 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 34725 — 326-MEDICAL INFLATION

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34725 — 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 34726 — 326-COMMUNITY OUTREACH

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34726 — 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 34742 — 326 -SALARY AND RELATED BENEFITS BASE ADJUSTMENTS

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	1,223,689	—	—	1,223,689	—	—
Other Compensation	—	—	—	42,444	—	—	42,444	—	—
Related Benefits	—	—	—	769,171	—	—	769,171	—	—
TOTAL PERSONAL SERVICES	—	—	—	\$2,035,304	—	—	\$2,035,304	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$2,035,304	—	—	\$2,035,304	—	—

Form 34742 — 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 34759 — 326-MISC COLLEC, CASH CARRYOVER, INTRAFUND TRANFERS ETC. FED

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34759 — 326-MISC COLLEC, CASH CARRYOVER, INTRAFUND TRANFERS ETC. FED

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

Form 34770 — 326-OCCUPATIONAL INJURY COVID-19

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34770 — 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 34771 — 326-MISC PRIOR YR PAYBACK, CARRYOVER, PRIOR REVENUE ETC. IAT

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34771 — 326-MISC PRIOR YR PAYBACK, CARRYOVER, PRIOR REVENUE ETC. IAT

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

Form 34772 — 326-EPIDEMIOLOGY ACA ELECTRONIC CASE DETECTION

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34772 — 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 34773 — 326-EPIDEMIOLOGY LAB CAPACITY COVID-19 DETECTION AND MITIGATION

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34773 — 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 34774 — 326 IMMUNIZATION PANDEMIC INFLUENZA

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34774 — 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 34775 — 326- IMMUNIZATION PREVENT HEALTH FUND

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34775 — 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 34776 — 326-IMMUNIZATION UKRAINIAN VACCINE

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34776 — 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 34777 — 326-MATERNAL CHILD HEALTH ARPHA EXPANSION

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34777 — 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 34778 — 326-BEHAVIORAL RISK FACTOR SURVEILANCE SYSTEM COVID-19

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34778 — 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 34779 — 326-OPIOID ENHANCED SURVEILLANCE

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34779 — 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 34780 — 326-DIABETES DOMAIN 4

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34780 — 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 34781 — 326-CONTROL DIABTES PLUS

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34781 — 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.	

Form 36731 — 326-Molluscan Shellfish AFDO Education Supply & Travel

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	20,000	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	11,600	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	\$31,600	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$31,600	—	—	—	—	—	—	—	—

Form 36731 — 326-Molluscan Shellfish AFDO Education Supply & Travel

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to support ongoing education and training for the Molluscan Shellfish Program. The source of funding is from the Association of Food and Drug Officials (AFDO). There is no legal citation associated with these funds.
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	The amount is only for the existing year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 38997 — 326 Acquisitions

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	595,822	—	—	595,822	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	\$595,822	—	—	\$595,822	—	—
TOTAL EXPENDITURES	—	—	—	\$595,822	—	—	\$595,822	—	—

Form 38997 — 326 Acquisitions

Question	Narrative Response
State the purpose, source and legal citation.	This adjustment is associated with a CB-8 document for Acquisitions. There is no legal citation.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	This amount is for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 39135 — NON-Recurring Adjustment-COVID - 19 Federal Grant

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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	—	—	—	(150,000,000)	—	—	150,000,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	\$(150,000,000)	—	—	\$150,000,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$(150,000,000)	—	—	\$150,000,000	—	—

Form 39135 — NON-Recurring Adjustment-COVID - 19 Federal Grant

Question	Narrative Response
State the purpose, source and legal citation.	This adjustment is associated with a CB-4 document. There is no legal citation.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	The amount is for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 39331 — 326-Federal Requested Year Realignment

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	927,063	—	—	927,063	—	—
Other Compensation	—	—	—	179,000	—	—	179,000	—	—
Related Benefits	—	—	—	232,696	—	—	232,696	—	—
TOTAL PERSONAL SERVICES	—	—	—	\$1,338,759	—	—	\$1,338,759	—	—
Travel	—	—	—	(54,976)	—	—	(54,976)	—	—
Operating Services	—	—	—	500	—	—	500	—	—
Supplies	—	—	—	(394,615)	—	—	(394,615)	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$(449,091)	—	—	\$(449,091)	—	—
PROFESSIONAL SERVICES	—	—	—	\$(64,529)	—	—	\$(64,529)	—	—
Other Charges	—	—	—	(773,387)	—	—	(773,387)	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	(51,752)	—	—	(51,752)	—	—
TOTAL OTHER CHARGES	—	—	—	\$(825,139)	—	—	\$(825,139)	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	—	—	—	—	—	—

Form 39331 — 326-Federal Requested Year Realignment

Question	Narrative Response
State the purpose, source and legal citation.	This is a FY26 Requested Year realignment within expenditure categories for FEDERAL. There is no legal citation associated with this request.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	This adjustment is for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Fees & Self-generated

Form 34339 — 326-Oyster Sanitation Fund

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	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	65,057	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$65,057	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$251,108	—	—	\$186,051	—	—	\$186,051	—	—

Form 34339 — 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 34340 — 326-Vital Records Conversion Fund

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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 34340 — 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 34369 — 326-HIV AIDS

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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	74,709	—	—	74,350	—	—	74,350	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$74,709	—	—	\$74,350	—	—	\$74,350	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$74,709	—	—	\$74,350	—	—	\$74,350	—	—

Form 34369 — 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 34370 — 326-Childrens Special Health Services-Healthy Louisiana Pla

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	80,000	—	—	80,000	—	—	80,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	45,000	—	—	45,000	—	—	45,000	—	—
TOTAL PERSONAL SERVICES	\$125,000	—	—	\$125,000	—	—	\$125,000	—	—
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	\$125,000	—	—	\$125,000	—	—	\$125,000	—	—

Form 34370 — 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 34371 — 326-Emergency Medical Services

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	300,000	—	—	300,000	—	—	300,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	175,000	—	—	175,000	—	—	175,000	—	—
TOTAL PERSONAL SERVICES	\$475,000	—	—	\$475,000	—	—	\$475,000	—	—
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	\$475,000	—	—	\$475,000	—	—	\$475,000	—	—

Form 34371 — 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 34372 — 326-Rabies-Local Funds

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	30,000	—	—	30,000	—	—	30,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	15,420	—	—	15,420	—	—	15,420	—	—
TOTAL PERSONAL SERVICES	\$45,420	—	—	\$45,420	—	—	\$45,420	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$45,420	—	—	\$45,420	—	—	\$45,420	—	—

Form 34372 — 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 34373 — 326-Epidemiology-Local Funds

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	32,000	—	—	32,000	—	—	32,000	—	—
Other Compensation	4,930	—	—	4,930	—	—	4,930	—	—
Related Benefits	18,000	—	—	18,000	—	—	18,000	—	—
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 34373 — 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 34374 — 326-Family Planning-Healthy Louisiana Plan

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	3,000,000	—	—	3,000,000	—	—	3,000,000	—	—
Other Compensation	200,405	—	—	200,405	—	—	200,405	—	—
Related Benefits	1,599,595	—	—	1,599,595	—	—	1,599,595	—	—
TOTAL PERSONAL SERVICES	\$4,800,000	—	—	\$4,800,000	—	—	\$4,800,000	—	—
Travel	48,000	—	—	48,000	—	—	48,000	—	—
Operating Services	500,000	—	—	500,000	—	—	500,000	—	—
Supplies	100,000	—	—	100,000	—	—	100,000	—	—
TOTAL OPERATING EXPENSES	\$648,000	—	—	\$648,000	—	—	\$648,000	—	—
PROFESSIONAL SERVICES	\$400,000	—	—	\$400,000	—	—	\$400,000	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	200,000	—	—	200,000	—	—	200,000	—	—
TOTAL OTHER CHARGES	\$200,000	—	—	\$200,000	—	—	\$200,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$6,048,000	—	—	\$6,048,000	—	—	\$6,048,000	—	—

Form 34374 — 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 34375 — 326-Family Planning (Local Funds)

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	250,000	—	—	250,000	—	—	250,000	—	—
TOTAL PERSONAL SERVICES	\$800,000	—	—	\$800,000	—	—	\$800,000	—	—
Travel	3,726	—	—	3,726	—	—	3,726	—	—
Operating Services	50,000	—	—	50,000	—	—	50,000	—	—
Supplies	50,000	—	—	50,000	—	—	50,000	—	—
TOTAL OPERATING EXPENSES	\$103,726	—	—	\$103,726	—	—	\$103,726	—	—
PROFESSIONAL SERVICES	\$50,000	—	—	\$50,000	—	—	\$50,000	—	—
Other Charges	66,120	—	—	66,120	—	—	66,120	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	43,880	—	—	43,880	—	—	43,880	—	—
TOTAL OTHER CHARGES	\$110,000	—	—	\$110,000	—	—	\$110,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,063,726	—	—	\$1,063,726	—	—	\$1,063,726	—	—

Form 34375 — 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 34376 — 326-Genetic Diseases-Healthy Louisiana Plan, Formula and For

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,831,165	—	—	1,831,165	—	—	1,831,165	—	—
Other Compensation	120,000	—	—	120,000	—	—	120,000	—	—
Related Benefits	1,081,630	—	—	1,081,630	—	—	1,081,630	—	—
TOTAL PERSONAL SERVICES	\$3,032,795	—	—	\$3,032,795	—	—	\$3,032,795	—	—
Travel	10,000	—	—	10,000	—	—	10,000	—	—
Operating Services	700,000	—	—	700,000	—	—	700,000	—	—
Supplies	489,060	—	—	489,235	—	—	489,235	—	—
TOTAL OPERATING EXPENSES	\$1,199,060	—	—	\$1,199,235	—	—	\$1,199,235	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	72,970	—	—	72,970	—	—	72,970	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	415,000	—	—	415,000	—	—	415,000	—	—
TOTAL OTHER CHARGES	\$487,970	—	—	\$487,970	—	—	\$487,970	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,719,825	—	—	\$4,720,000	—	—	\$4,720,000	—	—

Form 34376 — 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 34377 — 326-Immunization-Healthy Louisiana Plan and Local Funds

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	750,000	—	—	870,000	—	—	870,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	350,000	—	—	275,407	—	—	275,407	—	—
TOTAL PERSONAL SERVICES	\$1,100,000	—	—	\$1,145,407	—	—	\$1,145,407	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	85,251	—	—	85,251	—	—	85,251	—	—
TOTAL OPERATING EXPENSES	\$85,251	—	—	\$85,251	—	—	\$85,251	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,185,251	—	—	\$1,230,658	—	—	\$1,230,658	—	—

Form 34377 — 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 34378 — 326-Special Lab Testing

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	—	—	17,000	—	—
Other Compensation	100	—	—	100	—	—	100	—	—
Related Benefits	9,476	—	—	9,476	—	—	9,476	—	—
TOTAL PERSONAL SERVICES	\$26,576	—	—	\$26,576	—	—	\$26,576	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	3,000	—	—	3,000	—	—	3,000	—	—
Supplies	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OPERATING EXPENSES	\$8,000	—	—	\$8,000	—	—	\$8,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	9,344	—	—	9,344	—	—	9,344	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OTHER CHARGES	\$11,344	—	—	\$11,344	—	—	\$11,344	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$45,920	—	—	\$45,920	—	—	\$45,920	—	—

Form 34378 — 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 34379 — 326-Lab Certification

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	\$34,000	—	—	\$34,000	—	—	\$34,000	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$34,000	—	—	\$34,000	—	—	\$34,000	—	—

Form 34379 — 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 34380 — 326-Pregnancy Risk Assessment Monitoring System

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34380 — 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 34381 — 326-Public Health Informatics

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34381 — 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 34382 — 326-Tobacco Control

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34382 — 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 34383 — 326-Texas Tech University Telehealth (TEXLA)

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34383 — 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 34384 — 326-Healthy Kids

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34384 — 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 34385 — 326-Building Resilient Inclusive Communities (BRIC)

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34385 — 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 34386 — 326-Unallotted

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	54,976	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	395,115	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$450,091	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	\$144,425	—	—	—	—	—	—	—	—
Other Charges	6,082,541	—	—	6,704,006	—	—	6,704,006	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$6,082,541	—	—	\$6,704,006	—	—	\$6,704,006	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$6,677,057	—	—	\$6,704,006	—	—	\$6,704,006	—	—

Form 34386 — 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 34387 — 326-Nutrition Services

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34387 — 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 34388 — 326-Sexually Transmitted Diseases (STD)-TelePrep

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	15,001	—	—	15,001	—	—	15,001	—	—
Related Benefits	76,844	—	—	76,844	—	—	76,844	—	—
TOTAL PERSONAL SERVICES	\$211,845	—	—	\$211,845	—	—	\$211,845	—	—
Travel	2,000	—	—	2,000	—	—	2,000	—	—
Operating Services	100,000	—	—	100,000	—	—	100,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$102,000	—	—	\$102,000	—	—	\$102,000	—	—
PROFESSIONAL SERVICES	\$78,155	—	—	\$78,155	—	—	\$78,155	—	—
Other Charges	10,000	—	—	10,000	—	—	10,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	50,000	—	—	50,000	—	—	50,000	—	—
TOTAL OTHER CHARGES	\$60,000	—	—	\$60,000	—	—	\$60,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$452,000	—	—	\$452,000	—	—	\$452,000	—	—

Form 34388 — 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 34389 — 326-Sexual Transmitted Diseases (STD) Local Funds

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	42,000	—	—	42,000	—	—	42,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	22,177	—	—	22,177	—	—	22,177	—	—
TOTAL PERSONAL SERVICES	\$64,177	—	—	\$64,177	—	—	\$64,177	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$64,177	—	—	\$64,177	—	—	\$64,177	—	—

Form 34389 — 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 34390 — 326-Tuberculosis- Local Funds and Healthy Louisiana Plans

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	294,807	—	—	294,807	—	—	294,807	—	—
Other Compensation	5,677	—	—	5,677	—	—	5,677	—	—
Related Benefits	150,000	—	—	150,000	—	—	150,000	—	—
TOTAL PERSONAL SERVICES	\$450,484	—	—	\$450,484	—	—	\$450,484	—	—
Travel	10,000	—	—	10,000	—	—	10,000	—	—
Operating Services	100,000	—	—	100,000	—	—	100,000	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$110,000	—	—	\$110,000	—	—	\$110,000	—	—
PROFESSIONAL SERVICES	\$205,193	—	—	\$205,193	—	—	\$205,193	—	—
Other Charges	100,000	—	—	51,752	—	—	51,752	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	40,000	—	—	88,248	—	—	88,248	—	—
TOTAL OTHER CHARGES	\$140,000	—	—	\$140,000	—	—	\$140,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$905,677	—	—	\$905,677	—	—	\$905,677	—	—

Form 34390 — 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 34393 — 326-Commercial Body Art

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	116,000	—	—	116,000	—	—	116,000	—	—
Other Compensation	1,000	—	—	1,000	—	—	1,000	—	—
Related Benefits	66,253	—	—	66,253	—	—	66,253	—	—
TOTAL PERSONAL SERVICES	\$183,253	—	—	\$183,253	—	—	\$183,253	—	—
Travel	3,000	—	—	3,000	—	—	3,000	—	—
Operating Services	1,000	—	—	1,000	—	—	1,000	—	—
Supplies	1,000	—	—	1,000	—	—	1,000	—	—
TOTAL OPERATING EXPENSES	\$5,000	—	—	\$5,000	—	—	\$5,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	2,000	—	—	2,000	—	—	2,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	9,747	—	—	9,747	—	—	9,747	—	—
TOTAL OTHER CHARGES	\$11,747	—	—	\$11,747	—	—	\$11,747	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$200,000	—	—	\$200,000	—	—	\$200,000	—	—

Form 34393 — 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 34394 — 326-Safe Drinking Water

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	7,493,955	—	—	8,061,018	—	—	8,061,018	—	—
Other Compensation	223,485	—	—	223,485	—	—	223,485	—	—
Related Benefits	4,260,779	—	—	4,260,779	—	—	4,260,779	—	—
TOTAL PERSONAL SERVICES	\$11,978,219	—	—	\$12,545,282	—	—	\$12,545,282	—	—
Travel	420,000	—	—	420,000	—	—	420,000	—	—
Operating Services	2,920,000	—	—	2,920,000	—	—	2,920,000	—	—
Supplies	1,050,000	—	—	1,050,000	—	—	1,050,000	—	—
TOTAL OPERATING EXPENSES	\$4,390,000	—	—	\$4,390,000	—	—	\$4,390,000	—	—
PROFESSIONAL SERVICES	\$769,850	—	—	\$769,850	—	—	\$769,850	—	—
Other Charges	1,209,781	—	—	642,718	—	—	642,718	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	1,152,150	—	—	1,152,150	—	—	1,152,150	—	—
TOTAL OTHER CHARGES	\$2,361,931	—	—	\$1,794,868	—	—	\$1,794,868	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$19,500,000	—	—	\$19,500,000	—	—	\$19,500,000	—	—

Form 34394 — 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 34395 — 326-Food and Drug

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	395,000	—	—	395,000	—	—	395,000	—	—
Other Compensation	20,000	—	—	20,000	—	—	20,000	—	—
Related Benefits	230,000	—	—	230,000	—	—	230,000	—	—
TOTAL PERSONAL SERVICES	\$645,000	—	—	\$645,000	—	—	\$645,000	—	—
Travel	15,000	—	—	15,000	—	—	15,000	—	—
Operating Services	20,000	—	—	20,000	—	—	20,000	—	—
Supplies	4,000	—	—	4,000	—	—	4,000	—	—
TOTAL OPERATING EXPENSES	\$39,000	—	—	\$39,000	—	—	\$39,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	76,000	—	—	76,000	—	—	76,000	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	30,000	—	—	30,000	—	—	30,000	—	—
TOTAL OTHER CHARGES	\$106,000	—	—	\$106,000	—	—	\$106,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$790,000	—	—	\$790,000	—	—	\$790,000	—	—

Form 34395 — 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 34396 — 326-Infectious Waste

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	10,500	—	—	10,500	—	—	10,500	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	6,151	—	—	6,151	—	—	6,151	—	—
TOTAL PERSONAL SERVICES	\$16,651	—	—	\$16,651	—	—	\$16,651	—	—
Travel	500	—	—	500	—	—	500	—	—
Operating Services	500	—	—	500	—	—	500	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$1,000	—	—	\$1,000	—	—	\$1,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	349	—	—	349	—	—	349	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	2,000	—	—	2,000	—	—	2,000	—	—
TOTAL OTHER CHARGES	\$2,349	—	—	\$2,349	—	—	\$2,349	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$20,000	—	—	\$20,000	—	—	\$20,000	—	—

Form 34396 — 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 34397 — 326-Milk and Dairy

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	20,950	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$20,950	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$90,950	—	—	\$70,000	—	—	\$70,000	—	—

Form 34397 — 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 34398 — 326-Molluscan Shellfish

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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 34398 — 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 34399 — 326-Operator Certification

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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 34399 — 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 34400 — 326-Private Water Supply

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	27,000	—	—	27,000	—	—	27,000	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	13,000	—	—	13,000	—	—	13,000	—	—
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 34400 — 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 34401 — 326-Retail Food Certification

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	2,500	—	—	2,500	—	—	2,500	—	—
Related Benefits	44,906	—	—	44,906	—	—	44,906	—	—
TOTAL PERSONAL SERVICES	\$122,406	—	—	\$122,406	—	—	\$122,406	—	—
Travel	1,500	—	—	1,500	—	—	1,500	—	—
Operating Services	1,500	—	—	1,500	—	—	1,500	—	—
Supplies	5,000	—	—	5,000	—	—	5,000	—	—
TOTAL OPERATING EXPENSES	\$8,000	—	—	\$8,000	—	—	\$8,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	5,594	—	—	5,594	—	—	5,594	—	—
TOTAL OTHER CHARGES	\$5,594	—	—	\$5,594	—	—	\$5,594	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$136,000	—	—	\$136,000	—	—	\$136,000	—	—

Form 34401 — 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 34402 — 326-Retail Food

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	3,350,000	—	—	3,439,703	—	—	3,439,703	—	—
Other Compensation	70,000	—	—	70,000	—	—	70,000	—	—
Related Benefits	1,800,000	—	—	1,850,297	—	—	1,850,297	—	—
TOTAL PERSONAL SERVICES	\$5,220,000	—	—	\$5,360,000	—	—	\$5,360,000	—	—
Travel	140,000	—	—	140,000	—	—	140,000	—	—
Operating Services	145,000	—	—	145,000	—	—	145,000	—	—
Supplies	45,000	—	—	45,000	—	—	45,000	—	—
TOTAL OPERATING EXPENSES	\$330,000	—	—	\$330,000	—	—	\$330,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	20,000	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	330,000	—	—	210,000	—	—	210,000	—	—
TOTAL OTHER CHARGES	\$350,000	—	—	\$210,000	—	—	\$210,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,900,000	—	—	\$5,900,000	—	—	\$5,900,000	—	—

Form 34402 — 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 34403 — 326-Commercial Seafood

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	35,000	—	—	35,000	—	—	35,000	—	—
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 34403 — 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 34404 — 326-Sewerage Private

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	715,000	—	—	715,000	—	—	715,000	—	—
Other Compensation	10,000	—	—	10,000	—	—	10,000	—	—
Related Benefits	400,000	—	—	400,000	—	—	400,000	—	—
TOTAL PERSONAL SERVICES	\$1,125,000	—	—	\$1,125,000	—	—	\$1,125,000	—	—
Travel	40,000	—	—	40,000	—	—	40,000	—	—
Operating Services	150,000	—	—	150,000	—	—	150,000	—	—
Supplies	15,000	—	—	15,000	—	—	15,000	—	—
TOTAL OPERATING EXPENSES	\$205,000	—	—	\$205,000	—	—	\$205,000	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	70,000	—	—	70,000	—	—	70,000	—	—
TOTAL OTHER CHARGES	\$70,000	—	—	\$70,000	—	—	\$70,000	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,400,000	—	—	\$1,400,000	—	—	\$1,400,000	—	—

Form 34404 — 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 34405 — 326-Tanning

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means 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	20,000	—	—	20,000	—	—	20,000	—	—
TOTAL PERSONAL SERVICES	\$60,000	—	—	\$60,000	—	—	\$60,000	—	—
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	\$60,000	—	—	\$60,000	—	—	\$60,000	—	—

Form 34405 — 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 34406 — 326-Vital Records

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	1,945,000	—	—	1,945,000	—	—	1,945,000	—	—
Other Compensation	260,000	—	—	260,000	—	—	260,000	—	—
Related Benefits	1,239,892	—	—	1,239,892	—	—	1,239,892	—	—
TOTAL PERSONAL SERVICES	\$3,444,892	—	—	\$3,444,892	—	—	\$3,444,892	—	—
Travel	10,000	—	—	10,000	—	—	10,000	—	—
Operating Services	1,000,000	—	—	1,000,000	—	—	1,000,000	—	—
Supplies	70,000	—	—	70,000	—	—	70,000	—	—
TOTAL OPERATING EXPENSES	\$1,080,000	—	—	\$1,080,000	—	—	\$1,080,000	—	—
PROFESSIONAL SERVICES	\$45,000	—	—	\$45,000	—	—	\$45,000	—	—
Other Charges	255,108	—	—	255,108	—	—	255,108	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	375,000	—	—	375,000	—	—	375,000	—	—
TOTAL OTHER CHARGES	\$630,108	—	—	\$630,108	—	—	\$630,108	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,200,000	—	—	\$5,200,000	—	—	\$5,200,000	—	—

Form 34406 — 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 34446 — 326 Environmental Epidemiology

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34446 — 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 34447 — 326 Building and Premises

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34447 — 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 34448 — 326 Insect Vector

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34448 — 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 34450 — 326 Performance Improvement Manager

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34450 — 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 34452 — 326 Covid-19 ACS

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34452 — 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 34455 — 326 Covid 19 Lab Testing - Other

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34455 — 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 34472 — 326 Administrative Clearing

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34472 — 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 34506 — 326-Inflation

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34506 — 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 34682 — 326-HIV TELEPREP

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34682 — 326-HIV TELEPREP

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds are to evaluate telehealth navigation and coordination models to provide best practices for the body of knowledge for HIV care.
Agency discretion or Federal requirement?	Line Items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 34719 — 326-NATIONAL ASSOCIATION OF COUNTRY AND CITY HEALTH OFFICIAL

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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	72,172	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$72,172	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$72,172	—	—	—	—	—	—	—	—

Form 34719 — 326-NATIONAL ASSOCIATION OF COUNTRY AND CITY HEALTH OFFICIAL

Question	Narrative Response
State the purpose, source and legal citation.	The purpose of these funds is to support the Sustaining Peers in Emergency Departments (SPED) project. Local health departments will partner with local health systems and community partners to sustain or expand a program to screen patients presented in the emergency department (ED) for substance use and pair eligible patients with a Peer Recovery Specialist (PRS) to assess the appropriateness of medications for opioid use disorder (MOUD), other treatment, harm reduction services, and other community-based and social services. There is no legal citation for the use of these funds. Source of Funding: National Association for City and County Health Officials (NACCH).
Agency discretion or Federal requirement?	Line items reflect agency discretion.
Describe any budgetary peculiarities.	Future funding is considered favorable at the time of the budget request.
Is the Total Request amount for multiple years?	The amount requested is only for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	There are no performance adjustments associated with this request.
Additional information or comments.	Not applicable.

Form 34723 — CANNABIS

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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	373,600	—	—	373,600	—	—	373,600	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	\$373,600	—	—	\$373,600	—	—	\$373,600	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	\$373,600	—	—	\$373,600	—	—	\$373,600	—	—

Form 34723 — 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 34724 — INFLATION

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	17,006	—	—	17,006	—	—
Operating Services	—	—	—	130,527	—	—	130,527	—	—
Supplies	—	—	—	54,085	—	—	54,085	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$201,618	—	—	\$201,618	—	—
PROFESSIONAL SERVICES	—	—	—	\$39,414	—	—	\$39,414	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$241,032	—	—	\$241,032	—	—

Form 34724 — 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 34742 — 326 -SALARY AND RELATED BENEFITS BASE ADJUSTMENTS

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	906,438	—	—	906,438	—	—
Other Compensation	—	—	—	31,440	—	—	31,440	—	—
Related Benefits	—	—	—	569,756	—	—	569,756	—	—
TOTAL PERSONAL SERVICES	—	—	—	\$1,507,634	—	—	\$1,507,634	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	\$1,507,634	—	—	\$1,507,634	—	—

Form 34742 — 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 34761 — 326-HIV AIDS TELEPREP

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34761 — 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 34763 — 326-NEMOURS

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34763 — 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 34764 — 326-SEWERAGE COMMUNITY/NON- COMMUNITY

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34764 — 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 34765 — 326-DISASTER ASSISTANCE

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34765 — 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 34766 — MISC-INS RECOVERY, FEES, PRIVATE SOURCE, INTEREST,PROP SELF

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means 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 34766 — MISC-INS RECOVERY, FEES, PRIVATE SOURCE, INTEREST, PROP SELF

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

Form 38997 — 326 Acquisitions

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	—	—	—	—	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	—	—	—	—	—	—
TOTAL PERSONAL SERVICES	—	—	—	—	—	—	—	—	—
Travel	—	—	—	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—	—	—	—
Other Charges	—	—	—	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	—	—	—	—	—	—
Acquisitions	—	—	—	271,910	—	—	271,910	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	\$271,910	—	—	\$271,910	—	—
TOTAL EXPENDITURES	—	—	—	\$271,910	—	—	\$271,910	—	—

Form 38997 — 326 Acquisitions

Question	Narrative Response
State the purpose, source and legal citation.	This adjustment is associated with a CB-8 document for Acquisitions. There is no legal citation.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	This amount is for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

Form 39002 — 326-Self Generated Requested Year Realignment

Expenditures	Existing Operating Budget as of 10/01/2024			FY2025-2026 Total Request			FY2026-2027 Projected		
	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match	Means of Financing	In-Kind Match	Cash Match
Salaries	—	—	—	(776,766)	—	—	(776,766)	—	—
Other Compensation	—	—	—	—	—	—	—	—	—
Related Benefits	—	—	—	24,296	—	—	24,296	—	—
TOTAL PERSONAL SERVICES	—	—	—	\$(752,470)	—	—	\$(752,470)	—	—
Travel	—	—	—	54,976	—	—	54,976	—	—
Operating Services	—	—	—	—	—	—	—	—	—
Supplies	—	—	—	394,940	—	—	394,940	—	—
TOTAL OPERATING EXPENSES	—	—	—	\$449,916	—	—	\$449,916	—	—
PROFESSIONAL SERVICES	—	—	—	\$144,425	—	—	\$144,425	—	—
Other Charges	—	—	—	86,377	—	—	86,377	—	—
Debt Service	—	—	—	—	—	—	—	—	—
Interagency Transfers	—	—	—	71,752	—	—	71,752	—	—
TOTAL OTHER CHARGES	—	—	—	\$158,129	—	—	\$158,129	—	—
Acquisitions	—	—	—	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—	—	—	—
TOTAL EXPENDITURES	—	—	—	—	—	—	—	—	—

Form 39002 — 326-Self Generated Requested Year Realignment

Question	Narrative Response
State the purpose, source and legal citation.	This is a FY26 Requested Year Self-Generated realignment within expenditure categories. There is no legal citation associated with this request.
Agency discretion or Federal requirement?	Not applicable.
Describe any budgetary peculiarities.	Not applicable.
Is the Total Request amount for multiple years?	This adjustment is for the requested year.
Additional information or comments.	Not applicable.
Provide the amount of any indirect costs.	Not applicable.
Any indirect costs funded with other MOF?	Not applicable.
Objectives and indicators in the Operational Plan.	Not applicable.
Additional information or comments.	Not applicable.

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 34343 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 34344 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 34346 INTERAGENCY TRANSFERS
Salaries	1,275,450	85,166,367	21,189,031	—	—	47,500
Other Compensation	10,800	7,792,731	540,586	—	—	13,988
Related Benefits	988,232	51,511,138	13,495,569	—	—	38,512
TOTAL PERSONAL SERVICES	\$2,274,482	\$144,470,236	\$35,225,186	—	—	\$100,000
Travel	46,885	2,756,728	666,294	—	—	—
Operating Services	113,600	13,861,790	2,152,138	—	—	—
Supplies	615,334	14,969,327	4,530,604	—	—	—
TOTAL OPERATING EXPENSES	\$775,819	\$31,587,845	\$7,349,036	—	—	—
PROFESSIONAL SERVICES	\$1,799,375	\$61,279,572	\$2,262,321	—	—	—
Other Charges	423,290	509,336,159	7,098,941	4,962,010	632,762	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	591,289	29,105,963	9,911,094	—	—	—
TOTAL OTHER CHARGES	\$1,014,579	\$538,442,122	\$17,010,035	\$4,962,010	\$632,762	—
Acquisitions	—	86,007	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	\$86,007	—	—	—	—
TOTAL EXPENDITURES	\$5,864,255	\$775,865,782	\$61,846,578	\$4,962,010	\$632,762	\$100,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-generated Form ID 34405 TANNING FACILITIES	Fees & Self-generated Form ID 34406 VITAL RECORDS	Fees & Self-generated Form ID 34719 MISC COLLECTIONS	Fees & Self-generated Form ID 34723 MISC COLLECTIONS	Statutory Dedications Form ID 34337 E02-TELECOM DEAF FUND	Statutory Dedications Form ID 34338 H45-RURAL PC PHY DEV FD
Salaries	40,000	1,945,000	—	—	252,500	—
Other Compensation	—	260,000	—	—	50,000	—
Related Benefits	20,000	1,239,892	—	—	184,875	—
TOTAL PERSONAL SERVICES	\$60,000	\$3,444,892	—	—	\$487,375	—
Travel	—	10,000	—	—	20,000	—
Operating Services	—	1,000,000	—	—	6,000	—
Supplies	—	70,000	—	—	20,000	—
TOTAL OPERATING EXPENSES	—	\$1,080,000	—	—	\$46,000	—
PROFESSIONAL SERVICES	—	\$45,000	—	—	\$4,778,469	—
Other Charges	—	255,108	72,172	373,600	159,095	2,673,634
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	375,000	—	—	40,000	—
TOTAL OTHER CHARGES	—	\$630,108	\$72,172	\$373,600	\$199,095	\$2,673,634
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$60,000	\$5,200,000	\$72,172	\$373,600	\$5,510,939	\$2,673,634

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Statutory Dedications Form ID 34341 Z13-LOUISIANA FUND	Statutory Dedications Form ID 34342 Z13-LOUISIANA FUND	Statutory Dedications Form ID 34713 MISC COLLECTIONS	Federal Funds Form ID 34163 HIV/AIDS PROGRAMS	Federal Funds Form ID 34240 HIV/AIDS PROGRAMS	Federal Funds Form ID 34241 HIV/AIDS PROGRAMS
Salaries	—	—	—	10,000	390,000	80,000
Other Compensation	—	—	—	—	10,000	—
Related Benefits	—	—	—	5,541	221,651	44,330
TOTAL PERSONAL SERVICES	—	—	—	\$15,541	\$621,651	\$124,330
Travel	—	—	—	—	4,000	500
Operating Services	—	9,500	—	1,000	220,000	83,000
Supplies	—	500	—	—	1,000,000	6,500
TOTAL OPERATING EXPENSES	—	\$10,000	—	\$1,000	\$1,224,000	\$90,000
PROFESSIONAL SERVICES	—	\$557,000	\$2,994,487	—	\$1,400,000	\$832,000
Other Charges	500,000	5,754,260	—	1,291,787	2,100,639	2,690
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	5,000	90,000	10,000
TOTAL OTHER CHARGES	\$500,000	\$5,754,260	—	\$1,296,787	\$2,190,639	\$12,690
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$500,000	\$6,321,260	\$2,994,487	\$1,313,328	\$5,436,290	\$1,059,020

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 34242 HIV/AIDS PROGRAMS	Federal Funds Form ID 34243 HIV/AIDS PROGRAMS	Federal Funds Form ID 34244 HIV/AIDS PROGRAMS	Federal Funds Form ID 34245 HIV/AIDS PROGRAMS	Federal Funds Form ID 34246 HIV/AIDS PROGRAMS	Federal Funds Form ID 34248 HIV/AIDS PROGRAMS
Salaries	160,000	2,500,000	—	—	15,000	34,000
Other Compensation	7,000	370,000	—	—	—	2,001
Related Benefits	92,539	1,590,344	—	—	8,312	19,949
TOTAL PERSONAL SERVICES	\$259,539	\$4,460,344	—	—	\$23,312	\$55,950
Travel	1,000	7,000	—	—	—	—
Operating Services	160,000	137,000	—	—	—	—
Supplies	8,000	603,000	—	—	—	120,000
TOTAL OPERATING EXPENSES	\$169,000	\$747,000	—	—	—	\$120,000
PROFESSIONAL SERVICES	\$950,000	\$1,624,000	—	\$100,000	\$120,000	\$210,000
Other Charges	5,961,742	64,677,458	4,759,765	251,507	570,668	41,464
Debt Service	—	—	—	—	—	—
Interagency Transfers	80,000	595,000	—	—	15,000	10,000
TOTAL OTHER CHARGES	\$6,041,742	\$65,272,458	\$4,759,765	\$251,507	\$585,668	\$51,464
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$7,420,281	\$72,103,802	\$4,759,765	\$351,507	\$728,980	\$437,414

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 34249 HIV/AIDS PROGRAMS	Federal Funds Form ID 34250 LDH - COVID-19 CCP RSP	Federal Funds Form ID 34252 BIOTERRORISM GRANT	Federal Funds Form ID 34255 BIOTERRORISM GRANT	Federal Funds Form ID 34257 NCIPC OPIOID CRISIS	Federal Funds Form ID 34259 LDH - COVID-19 CCP RSP
Salaries	30,000	400,000	1,600,000	2,842,004	150,000	—
Other Compensation	1,000	185,912	500,000	119,000	—	—
Related Benefits	17,178	324,670	1,163,667	1,855,771	83,119	—
TOTAL PERSONAL SERVICES	\$48,178	\$910,582	\$3,263,667	\$4,816,775	\$233,119	—
Travel	—	27,800	20,000	17,000	2,000	—
Operating Services	—	—	—	892,500	—	—
Supplies	5,000	—	—	212,500	—	—
TOTAL OPERATING EXPENSES	\$5,000	\$27,800	\$20,000	\$1,122,000	\$2,000	—
PROFESSIONAL SERVICES	\$350,000	—	—	\$510,000	—	—
Other Charges	3,248,537	3,770,526	4,372,427	4,467,719	4,867,748	2,116,345
Debt Service	—	—	—	—	—	—
Interagency Transfers	60,000	2,157,845	145,000	765,000	200,000	—
TOTAL OTHER CHARGES	\$3,308,537	\$5,928,371	\$4,517,427	\$5,232,719	\$5,067,748	\$2,116,345
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$3,711,715	\$6,866,753	\$7,801,094	\$11,681,494	\$5,302,867	\$2,116,345

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 34260 FEDERAL	Federal Funds Form ID 34261 CSHCS	Federal Funds Form ID 34262 CSHCS	Federal Funds Form ID 34263 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 34264 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 34265 EMERGENCY MEDICAL SVCS
Salaries	30,000	30,000	1,900,000	50,000	2,075	4,000
Other Compensation	—	—	160,000	11,000	—	1,500
Related Benefits	16,624	16,624	993,759	30,000	1,150	3,048
TOTAL PERSONAL SERVICES	\$46,624	\$46,624	\$3,053,759	\$91,000	\$3,225	\$8,548
Travel	500	—	2,432	5,000	200	—
Operating Services	3,000	3,000	60,000	15,000	500	500
Supplies	—	—	150,000	10,000	—	—
TOTAL OPERATING EXPENSES	\$3,500	\$3,000	\$212,432	\$30,000	\$700	\$500
PROFESSIONAL SERVICES	\$247,876	\$254,669	\$1,723,809	—	\$181,725	\$88,952
Other Charges	—	50,000	1,001,193	19,481	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	12,000	10,000	190,199	139,000	5,000	2,000
TOTAL OTHER CHARGES	\$12,000	\$60,000	\$1,191,392	\$158,481	\$5,000	\$2,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$310,000	\$364,293	\$6,181,392	\$279,481	\$190,650	\$100,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 34266 RAPE CRISIS PROGRAM	Federal Funds Form ID 34267 VIOLENCE AGAINST WOMEN	Federal Funds Form ID 34268 EPID LAB CAPACITY (ELC)	Federal Funds Form ID 34269 EPID LAB CAPACITY (ELC)	Federal Funds Form ID 34270 EPID LAB CAPACITY (ELC)	Federal Funds Form ID 34272 ANTIBIOTIC RES RET FOOD
Salaries	—	92,000	938,449	50,000	1,400,000	46,900
Other Compensation	—	1,000	95,000	10,000	1,100,000	6,000
Related Benefits	—	51,534	572,662	33,248	1,385,317	29,313
TOTAL PERSONAL SERVICES	—	\$144,534	\$1,606,111	\$93,248	\$3,885,317	\$82,213
Travel	—	2,000	10,000	2,000	50,000	1,500
Operating Services	1,000	8,000	7,000	—	—	15,000
Supplies	—	—	80,000	—	—	15,000
TOTAL OPERATING EXPENSES	\$1,000	\$10,000	\$97,000	\$2,000	\$50,000	\$31,500
PROFESSIONAL SERVICES	—	\$462,919	\$200,000	—	—	\$5,000
Other Charges	93,246	—	2,096,336	462,655	33,484,565	8,287
Debt Service	—	—	—	—	—	—
Interagency Transfers	3,000	5,000	200,000	—	2,100,000	8,000
TOTAL OTHER CHARGES	\$96,246	\$5,000	\$2,296,336	\$462,655	\$35,584,565	\$16,287
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$97,246	\$622,453	\$4,199,447	\$557,903	\$39,519,882	\$135,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 34273 FAMILY PLANNING	Federal Funds Form ID 34274 FAMILY PLANNING	Federal Funds Form ID 34275 FAMILY PLANNING	Federal Funds Form ID 34276 HUD LEAD	Federal Funds Form ID 34277 MCH BLOCK GRANT	Federal Funds Form ID 34278 LDH - COVID-19 CCP RSP
Salaries	1,732,445	293,550	500,000	125,000	—	1,350,000
Other Compensation	149,595	11,400	—	5,001	—	400,000
Related Benefits	200,405	168,981	250,000	72,037	—	969,722
TOTAL PERSONAL SERVICES	\$2,082,445	\$473,931	\$750,000	\$202,038	—	\$2,719,722
Travel	30,000	1,140	7,000	2,000	—	50,000
Operating Services	100,000	10,260	50,000	3,000	—	—
Supplies	1,167,555	1,026	25,000	1,000	780,000	—
TOTAL OPERATING EXPENSES	\$1,297,555	\$12,426	\$82,000	\$6,000	\$780,000	\$50,000
PROFESSIONAL SERVICES	\$1,300,000	\$5,700	\$135,000	\$304,962	—	—
Other Charges	—	993	120,880	—	—	8,673,275
Debt Service	—	—	—	—	—	—
Interagency Transfers	108,722	6,950	36,120	2,000	—	500,000
TOTAL OTHER CHARGES	\$108,722	\$7,943	\$157,000	\$2,000	—	\$9,173,275
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,788,722	\$500,000	\$1,124,000	\$515,000	\$780,000	\$11,942,997

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 34279 IMMUNIZATION GRANT	Federal Funds Form ID 34280 CHILD DEATH REVIEW	Federal Funds Form ID 34281 FEDERAL	Federal Funds Form ID 34282 FEDERAL	Federal Funds Form ID 34283 FEDERAL	Federal Funds Form ID 34284 FEDERAL
Salaries	1,460,000	—	45,000	31,000	60,000	5,000
Other Compensation	65,000	—	2,000	—	1,000	—
Related Benefits	1,027,520	—	26,044	17,178	33,802	2,771
TOTAL PERSONAL SERVICES	\$2,552,520	—	\$73,044	\$48,178	\$94,802	\$7,771
Travel	—	—	—	—	500	—
Operating Services	120,000	500	3,500	4,000	7,000	1,000
Supplies	10,000	—	2,000	500	—	—
TOTAL OPERATING EXPENSES	\$130,000	\$500	\$5,500	\$4,500	\$7,500	\$1,000
PROFESSIONAL SERVICES	\$185,836	\$49,000	\$444,542	\$199,922	\$886,470	\$84,829
Other Charges	2,228,693	—	—	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	440,000	500	7,000	3,000	10,000	2,000
TOTAL OTHER CHARGES	\$2,668,693	\$500	\$7,000	\$3,000	\$10,000	\$2,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,537,049	\$50,000	\$530,086	\$255,600	\$998,772	\$95,600

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 34285 PRAMS	Federal Funds Form ID 34286 FEDERAL	Federal Funds Form ID 34287 SYSTEMS DEVELOPMENT	Federal Funds Form ID 34288 FEDERAL	Federal Funds Form ID 34289 MCH BLOCK GRANT	Federal Funds Form ID 34290 FEDERAL
Salaries	—	5,000	1,000	10,000	1,375,000	6,000
Other Compensation	—	—	—	—	250,000	—
Related Benefits	—	3,033	554	5,541	900,456	3,325
TOTAL PERSONAL SERVICES	—	\$8,033	\$1,554	\$15,541	\$2,525,456	\$9,325
Travel	—	—	—	—	5,000	—
Operating Services	3,500	3,000	1,000	1,000	150,000	5,000
Supplies	16,000	—	—	4,000	15,000	1,000
TOTAL OPERATING EXPENSES	\$19,500	\$3,000	\$1,000	\$5,000	\$170,000	\$6,000
PROFESSIONAL SERVICES	\$147,500	\$387,267	\$115,385	\$286,292	\$3,105,124	\$449,675
Other Charges	—	—	—	—	154,795	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	8,000	3,000	1,000	3,000	300,000	15,000
TOTAL OTHER CHARGES	\$8,000	\$3,000	\$1,000	\$3,000	\$454,795	\$15,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$175,000	\$401,300	\$118,939	\$309,833	\$6,255,375	\$480,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 34291 MCH BLOCK GRANT	Federal Funds Form ID 34292 FEDERAL	Federal Funds Form ID 34293 MCH BLOCK GRANT	Federal Funds Form ID 34294 LDH - COVID-19 CCP RSP	Federal Funds Form ID 34295 RURAL HEALTH	Federal Funds Form ID 34296 STUDENT LOAN REPAYMENT
Salaries	437,516	—	1,000,000	10,000	—	56,025
Other Compensation	—	—	120,000	—	—	—
Related Benefits	237,358	—	620,622	5,541	—	31,045
TOTAL PERSONAL SERVICES	\$674,874	—	\$1,740,622	\$15,541	—	\$87,070
Travel	25,000	—	25,000	1,000	—	—
Operating Services	42,374	—	105,000	5,000	—	—
Supplies	1,000	10,000	8,000	2,000	—	—
TOTAL OPERATING EXPENSES	\$68,374	\$10,000	\$138,000	\$8,000	—	—
PROFESSIONAL SERVICES	\$15,000	\$528,595	\$8,988,633	\$486,459	\$130,972	—
Other Charges	—	26,405	562,511	235,000	—	684,930
Debt Service	—	—	—	—	—	—
Interagency Transfers	441,752	10,000	500,000	60,000	—	—
TOTAL OTHER CHARGES	\$441,752	\$36,405	\$1,062,511	\$295,000	—	\$684,930
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,200,000	\$575,000	\$11,929,766	\$805,000	\$130,972	\$772,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Interagency Transfers Form ID 34347 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 34349 CSHCS	Interagency Transfers Form ID 34350 MEDICAID	Interagency Transfers Form ID 34351 MEDICAID	Interagency Transfers Form ID 34352 MEDICAID	Interagency Transfers Form ID 34353 INTERAGENCY TRANSFERS
Salaries	—	2,000	—	18,835	649,380	—
Other Compensation	—	—	—	—	46,284	—
Related Benefits	—	1,409	—	10,000	143,961	—
TOTAL PERSONAL SERVICES	—	\$3,409	—	\$28,835	\$839,625	—
Travel	—	—	—	—	—	—
Operating Services	—	—	7,955	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	\$7,955	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	\$201,695	\$55,000
Other Charges	800,000	—	—	—	505,255	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	473,554	—
TOTAL OTHER CHARGES	\$800,000	—	—	—	\$978,809	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$800,000	\$3,409	\$7,955	\$28,835	\$2,020,129	\$55,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 34297 PRIMARY CARE GRANT	Federal Funds Form ID 34298 SHIP	Federal Funds Form ID 34299 WELL-AHEAD HEALTH GRANT	Federal Funds Form ID 34300 CRITICAL ACCESS FLEX	Federal Funds Form ID 34301 ORAL HEALTH GRANT	Federal Funds Form ID 34302 ORAL HEALTH GRANT
Salaries	100,500	65,000	4,999	150,000	10,000	104,000
Other Compensation	1,000	—	2,000	1,500	2,000	—
Related Benefits	59,826	36,018	3,878	83,950	2,062	57,629
TOTAL PERSONAL SERVICES	\$161,326	\$101,018	\$10,877	\$235,450	\$14,062	\$161,629
Travel	1,600	500	—	9,000	2,000	—
Operating Services	3,000	500	5,000	3,000	3,000	6,000
Supplies	—	100	2,438	2,000	1,000	1,600
TOTAL OPERATING EXPENSES	\$4,600	\$1,100	\$7,438	\$14,000	\$6,000	\$7,600
PROFESSIONAL SERVICES	\$5,000	—	\$334,685	\$339,678	\$367,937	\$254,924
Other Charges	—	548,482	20,000	—	10,000	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	9,924	15,000	2,000	60,000	2,000	7,513
TOTAL OTHER CHARGES	\$9,924	\$563,482	\$22,000	\$60,000	\$12,000	\$7,513
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$180,850	\$665,600	\$375,000	\$649,128	\$399,999	\$431,666

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 34303 BRFSS	Federal Funds Form ID 34304 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 34305 OPIOID OVERDOSE SURV	Federal Funds Form ID 34306 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 34307 WELL-AHEAD HEALTH GRANT	Federal Funds Form ID 34309 TOBACCO CONTROL
Salaries	105,000	300,000	150,000	65,000	245,000	350,000
Other Compensation	—	1,000	—	9,000	1,000	50,000
Related Benefits	58,183	166,792	83,119	54,807	136,315	221,651
TOTAL PERSONAL SERVICES	\$163,183	\$467,792	\$233,119	\$128,807	\$382,315	\$621,651
Travel	—	5,000	3,000	700	12,400	8,000
Operating Services	500	45,000	80,000	32,675	2,300	23,000
Supplies	500	1,000	2,000	1,500	3,614	2,000
TOTAL OPERATING EXPENSES	\$1,000	\$51,000	\$85,000	\$34,875	\$18,314	\$33,000
PROFESSIONAL SERVICES	\$160,000	\$120,000	\$482,769	\$300,000	\$341,515	\$938,048
Other Charges	220,484	—	20,000	—	30,000	13,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	20,000	86,208	400,000	61,318	24,000	30,000
TOTAL OTHER CHARGES	\$240,484	\$86,208	\$420,000	\$61,318	\$54,000	\$43,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$564,667	\$725,000	\$1,220,888	\$525,000	\$796,144	\$1,635,699

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 34310 FEDERAL	Federal Funds Form ID 34311 FEDERAL	Federal Funds Form ID 34312 FEDERAL	Federal Funds Form ID 34313 FEDERAL	Federal Funds Form ID 34314 FEDERAL	Federal Funds Form ID 34315 CSFP
Salaries	120,000	130,000	209,500	—	—	119,000
Other Compensation	5,000	—	—	—	—	—
Related Benefits	69,266	72,036	116,090	—	—	65,941
TOTAL PERSONAL SERVICES	\$194,266	\$202,036	\$325,590	—	—	\$184,941
Travel	1,000	3,100	5,053	—	170,614	2,000
Operating Services	1,500	7,500	8,071	5,000	1,518,056	4,264
Supplies	3,000	400	500	1,100	1,498,784	1,000
TOTAL OPERATING EXPENSES	\$5,500	\$11,000	\$13,624	\$6,100	\$3,187,454	\$7,264
PROFESSIONAL SERVICES	\$270,234	\$800,000	\$814,023	\$1,266,355	—	—
Other Charges	—	26,964	—	787,276	146,128,536	3,775,388
Debt Service	—	—	—	—	—	—
Interagency Transfers	30,000	60,000	20,000	10,000	1,127,201	22,795
TOTAL OTHER CHARGES	\$30,000	\$86,964	\$20,000	\$797,276	\$147,255,737	\$3,798,183
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$500,000	\$1,100,000	\$1,173,237	\$2,069,731	\$150,443,191	\$3,990,388

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 34316 WIC ADMINISTRATION	Federal Funds Form ID 34317 PEER COUNSELING GRANT	Federal Funds Form ID 34318 MCH BLOCK GRANT	Federal Funds Form ID 34319 STD	Federal Funds Form ID 34320 STD	Federal Funds Form ID 34321 STD
Salaries	10,617,553	140,000	114,000	475,000	1,000,000	4,001
Other Compensation	1,100,000	10,000	2,800	50,000	15,000	—
Related Benefits	6,469,447	83,119	65,000	290,917	580,000	2,217
TOTAL PERSONAL SERVICES	\$18,187,000	\$233,119	\$181,800	\$815,917	\$1,595,000	\$6,218
Travel	500,000	500	570	25,000	15,000	—
Operating Services	1,085,000	60,000	1,140	40,000	135,000	—
Supplies	1,300,000	5,000	1,140	28,636	290,000	—
TOTAL OPERATING EXPENSES	\$2,885,000	\$65,500	\$2,850	\$93,636	\$440,000	—
PROFESSIONAL SERVICES	\$3,000,000	—	\$131,350	—	\$29,000	—
Other Charges	89,023,295	1,338,019	—	—	59,000	61,175
Debt Service	—	—	—	—	—	—
Interagency Transfers	2,115,294	100,000	—	10,000	59,878	—
TOTAL OTHER CHARGES	\$91,138,589	\$1,438,019	—	\$10,000	\$118,878	\$61,175
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$115,210,589	\$1,736,638	\$316,000	\$919,553	\$2,182,878	\$67,393

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 34322 TB CONTROL PREVENTION	Federal Funds Form ID 34323 TB CONTROL PREVENTION	Federal Funds Form ID 34324 BEACH MONITORING	Federal Funds Form ID 34325 SAFE DRINKING WATER	Federal Funds Form ID 34326 SAFE DRINKING WATER	Federal Funds Form ID 34327 FEDERAL
Salaries	405,193	360,000	130,000	790,000	517,000	—
Other Compensation	34,836	15,000	4,500	85,000	15,000	—
Related Benefits	205,164	200,000	76,154	484,861	270,798	—
TOTAL PERSONAL SERVICES	\$645,193	\$575,000	\$210,654	\$1,359,861	\$802,798	—
Travel	10,000	20,000	2,000	30,000	—	—
Operating Services	45,000	20,000	25,000	18,000	115,156	—
Supplies	50,000	45,000	18,000	2,000	163,844	—
TOTAL OPERATING EXPENSES	\$105,000	\$85,000	\$45,000	\$50,000	\$279,000	—
PROFESSIONAL SERVICES	\$97,807	\$10,000	—	\$100,000	\$53,000	—
Other Charges	65,000	30,064	115,346	381,066	90,000	578,063
Debt Service	—	—	—	—	—	—
Interagency Transfers	52,000	89,294	10,000	200,000	228,202	—
TOTAL OTHER CHARGES	\$117,000	\$119,358	\$125,346	\$581,066	\$318,202	\$578,063
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$965,000	\$789,358	\$381,000	\$2,090,927	\$1,453,000	\$578,063

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 34328 OCCUPATIONAL INJURY	Federal Funds Form ID 34329 APPLETREE PROGRAM	Federal Funds Form ID 34330 PRIVATE WELL INITIATIVE	Federal Funds Form ID 34331 ENV PUBLIC HEALTH TRK	Federal Funds Form ID 34332 FOOD AND DRUG	Federal Funds Form ID 34333 MFD FOOD STANDARDS
Salaries	208,000	110,000	65,500	200,000	107,000	73,000
Other Compensation	10,000	40,000	—	65,000	5,000	2,001
Related Benefits	120,800	83,119	36,295	152,256	60,928	41,560
TOTAL PERSONAL SERVICES	\$338,800	\$233,119	\$101,795	\$417,256	\$172,928	\$116,561
Travel	1,000	2,000	23,000	20,000	2,800	2,000
Operating Services	11,000	15,000	4,000	29,000	4,800	1,000
Supplies	40,000	500	2,000	5,000	800	32,000
TOTAL OPERATING EXPENSES	\$52,000	\$17,500	\$29,000	\$54,000	\$8,400	\$35,000
PROFESSIONAL SERVICES	\$112,102	—	—	—	—	—
Other Charges	—	48,379	7,899	40,406	18,600	66,414
Debt Service	—	—	—	—	—	—
Interagency Transfers	10,000	14,000	8,000	103,338	8,000	3,000
TOTAL OTHER CHARGES	\$10,000	\$62,379	\$15,899	\$143,744	\$26,600	\$69,414
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$512,902	\$312,998	\$146,694	\$615,000	\$207,928	\$220,975

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 34334 COMMERCIAL SEAFOOD	Federal Funds Form ID 34335 VITAL RECORDS	Federal Funds Form ID 34336 VITAL RECORDS	Federal Funds Form ID 34477 BREATH	Federal Funds Form ID 34479 SUICIDE PREVENTION	Federal Funds Form ID 34693 BIOTERRORISM GRANT
Salaries	38,000	60,000	—	15,000	10,000	—
Other Compensation	—	5,000	—	5,001	1,000	—
Related Benefits	17,463	36,018	—	11,083	6,095	—
TOTAL PERSONAL SERVICES	\$55,463	\$101,018	—	\$31,084	\$17,095	—
Travel	—	10,000	—	2,000	—	—
Operating Services	—	40,000	—	2,000	—	—
Supplies	—	1,000	—	500	—	—
TOTAL OPERATING EXPENSES	—	\$51,000	—	\$4,500	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	—	204,336	491,000	413,416	1,070,905	334,771
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	20,000	—	1,000	—	—
TOTAL OTHER CHARGES	—	\$224,336	\$491,000	\$414,416	\$1,070,905	\$334,771
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$55,463	\$376,354	\$491,000	\$450,000	\$1,088,000	\$334,771

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Federal Funds Form ID 34697 INFECTIOUS DISEASE EPI	Federal Funds Form ID 34704 WELL-AHEAD HEALTH GRANT	Federal Funds Form ID 34705 MISC COLLECTIONS	Federal Funds Form ID 34706 WIC ADMINISTRATION	Federal Funds Form ID 34707 WIC ADMINISTRATION	Federal Funds Form ID 36731 COMMERCIAL SEAFOOD
Salaries	—	—	1,800,000	—	—	20,000
Other Compensation	—	—	1,000,000	—	—	—
Related Benefits	—	—	1,551,555	—	—	11,600
TOTAL PERSONAL SERVICES	—	—	\$4,351,555	—	—	\$31,600
Travel	5,000	3,823	105,000	—	—	—
Operating Services	—	328	80,000	—	—	—
Supplies	—	1,460	211,000	—	5,000	—
TOTAL OPERATING EXPENSES	\$5,000	\$5,611	\$396,000	—	\$5,000	—
PROFESSIONAL SERVICES	—	\$879,339	\$4,317,504	—	—	—
Other Charges	399,826	—	6,510,722	1,198,480	312,310	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	3,050	1,000,000	—	—	—
TOTAL OTHER CHARGES	\$399,826	\$3,050	\$7,510,722	\$1,198,480	\$312,310	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$404,826	\$888,000	\$16,575,781	\$1,198,480	\$317,310	\$31,600

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Interagency Transfers Form ID 34354 DCFS-TANF	Interagency Transfers Form ID 34355 MEDICAID	Interagency Transfers Form ID 34356 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 34357 DEPT OF EDUCATION(ED)	Interagency Transfers Form ID 34359 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 34360 GOHSEP
Salaries	412,484	20,000	—	—	1,000	96,500
Other Compensation	15,000	—	—	—	728	—
Related Benefits	112,970	11,083	—	—	—	53,473
TOTAL PERSONAL SERVICES	\$540,454	\$31,083	—	—	\$1,728	\$149,973
Travel	6,973	1,000	—	—	—	27
Operating Services	142,626	15,096	—	—	—	—
Supplies	20,300	1,500	—	2,400	—	—
TOTAL OPERATING EXPENSES	\$169,899	\$17,596	—	\$2,400	—	\$27
PROFESSIONAL SERVICES	\$1,816,580	—	—	\$212,630	—	—
Other Charges	20,332	—	—	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	329,810	178,321	140,000	5,490	—	—
TOTAL OTHER CHARGES	\$350,142	\$178,321	\$140,000	\$5,490	—	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$2,877,075	\$227,000	\$140,000	\$220,520	\$1,728	\$150,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Interagency Transfers Form ID 34361 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 34362 DEPT OF EDUCATION(ED)	Interagency Transfers Form ID 34363 DCFS	Interagency Transfers Form ID 34504 INTER FUND TRANSFER IN	Interagency Transfers Form ID 34715 LDH-MVA	Interagency Transfers Form ID 36735 INTERAGENCY TRANSFERS
Salaries	18,000	150,000	55,000	—	—	35,000
Other Compensation	—	—	—	—	—	—
Related Benefits	7,000	85,000	26,000	—	—	15,000
TOTAL PERSONAL SERVICES	\$25,000	\$235,000	\$81,000	—	—	\$50,000
Travel	—	—	—	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	—	—	—	—	—	—
TOTAL OPERATING EXPENSES	—	—	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	\$18,434	\$3,600,000	—
Other Charges	—	—	—	70,770,069	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	—	—
TOTAL OTHER CHARGES	—	—	—	\$70,770,069	—	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$25,000	\$235,000	\$81,000	\$70,788,503	\$3,600,000	\$50,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-generated Form ID 34339 Q08-OYSTER SANITATON	Fees & Self-generated Form ID 34340 H18-VITAL REC CONV FUND	Fees & Self-generated Form ID 34369 HIV/AIDS PROGRAMS	Fees & Self-generated Form ID 34370 CSHCS	Fees & Self-generated Form ID 34371 EMERGENCY MEDICAL SVCS	Fees & Self-generated Form ID 34372 FEES & SELF GENERATED
Salaries	—	82,500	—	80,000	300,000	30,000
Other Compensation	—	22,000	—	—	—	—
Related Benefits	—	63,866	—	45,000	175,000	15,420
TOTAL PERSONAL SERVICES	—	\$168,366	—	\$125,000	\$475,000	\$45,420
Travel	—	500	—	—	—	—
Operating Services	86,051	50,000	—	—	—	—
Supplies	100,000	100	—	—	—	—
TOTAL OPERATING EXPENSES	\$186,051	\$50,600	—	—	—	—
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	—	192,218	74,709	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	14,220	—	—	—	—
TOTAL OTHER CHARGES	—	\$206,438	\$74,709	—	—	—
Acquisitions	65,057	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$65,057	—	—	—	—	—
TOTAL EXPENDITURES	\$251,108	\$425,404	\$74,709	\$125,000	\$475,000	\$45,420

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-generated Form ID 34373 INFECTIOUS DISEASE EPI	Fees & Self-generated Form ID 34374 FAMILY PLANNING	Fees & Self-generated Form ID 34375 FAMILY PLANNING	Fees & Self-generated Form ID 34376 FEES & SELF GENERATED	Fees & Self-generated Form ID 34377 FEES & SELF GENERATED	Fees & Self-generated Form ID 34378 SPECIAL LAB
Salaries	32,000	3,000,000	500,000	1,831,165	750,000	17,000
Other Compensation	4,930	200,405	50,000	120,000	—	100
Related Benefits	18,000	1,599,595	250,000	1,081,630	350,000	9,476
TOTAL PERSONAL SERVICES	\$54,930	\$4,800,000	\$800,000	\$3,032,795	\$1,100,000	\$26,576
Travel	—	48,000	3,726	10,000	—	—
Operating Services	—	500,000	50,000	700,000	—	3,000
Supplies	—	100,000	50,000	489,060	85,251	5,000
TOTAL OPERATING EXPENSES	—	\$648,000	\$103,726	\$1,199,060	\$85,251	\$8,000
PROFESSIONAL SERVICES	—	\$400,000	\$50,000	—	—	—
Other Charges	—	—	66,120	72,970	—	9,344
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	200,000	43,880	415,000	—	2,000
TOTAL OTHER CHARGES	—	\$200,000	\$110,000	\$487,970	—	\$11,344
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$54,930	\$6,048,000	\$1,063,726	\$4,719,825	\$1,185,251	\$45,920

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-generated Form ID 34379 CERTIFICATION	Fees & Self-generated Form ID 34383 FEES & SELF GENERATED	Fees & Self-generated Form ID 34386 FEES & SELF GENERATED	Fees & Self-generated Form ID 34388 STD	Fees & Self-generated Form ID 34389 STD	Fees & Self-generated Form ID 34390 TB CONTROL PREVENTION
Salaries	—	—	—	120,000	42,000	294,807
Other Compensation	—	—	—	15,001	—	5,677
Related Benefits	—	—	—	76,844	22,177	150,000
TOTAL PERSONAL SERVICES	—	—	—	\$211,845	\$64,177	\$450,484
Travel	—	—	54,976	2,000	—	10,000
Operating Services	—	—	—	100,000	—	100,000
Supplies	—	—	395,115	—	—	—
TOTAL OPERATING EXPENSES	—	—	\$450,091	\$102,000	—	\$110,000
PROFESSIONAL SERVICES	\$34,000	\$32,950	\$144,425	\$78,155	—	\$205,193
Other Charges	—	—	6,082,541	10,000	—	100,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	50,000	—	40,000
TOTAL OTHER CHARGES	—	—	\$6,082,541	\$60,000	—	\$140,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$34,000	\$32,950	\$6,677,057	\$452,000	\$64,177	\$905,677

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-generated Form ID 34393 FEES & SELF GENERATED	Fees & Self-generated Form ID 34394 SAFE DRINKING WATER	Fees & Self-generated Form ID 34395 FOOD AND DRUG	Fees & Self-generated Form ID 34396 FEES & SELF GENERATED	Fees & Self-generated Form ID 34397 FEES & SELF GENERATED	Fees & Self-generated Form ID 34398 FEES & SELF GENERATED
Salaries	116,000	7,493,955	395,000	10,500	50,000	50,000
Other Compensation	1,000	223,485	20,000	—	—	—
Related Benefits	66,253	4,260,779	230,000	6,151	20,000	20,000
TOTAL PERSONAL SERVICES	\$183,253	\$11,978,219	\$645,000	\$16,651	\$70,000	\$70,000
Travel	3,000	420,000	15,000	500	—	—
Operating Services	1,000	2,920,000	20,000	500	—	—
Supplies	1,000	1,050,000	4,000	—	—	—
TOTAL OPERATING EXPENSES	\$5,000	\$4,390,000	\$39,000	\$1,000	—	—
PROFESSIONAL SERVICES	—	\$769,850	—	—	—	—
Other Charges	2,000	1,209,781	76,000	349	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	9,747	1,152,150	30,000	2,000	—	—
TOTAL OTHER CHARGES	\$11,747	\$2,361,931	\$106,000	\$2,349	—	—
Acquisitions	—	—	—	—	20,950	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	\$20,950	—
TOTAL EXPENDITURES	\$200,000	\$19,500,000	\$790,000	\$20,000	\$90,950	\$70,000

Expenditures by Means of Financing

Existing Operating Budget

Expenditures	Fees & Self-generated Form ID 34399 FEES & SELF GENERATED	Fees & Self-generated Form ID 34400 FEES & SELF GENERATED	Fees & Self-generated Form ID 34401 FEES & SELF GENERATED	Fees & Self-generated Form ID 34402 FEES & SELF GENERATED	Fees & Self-generated Form ID 34403 FEES & SELF GENERATED	Fees & Self-generated Form ID 34404 FEES & SELF GENERATED
Salaries	63,000	27,000	75,000	3,350,000	65,000	715,000
Other Compensation	—	—	2,500	70,000	—	10,000
Related Benefits	33,000	13,000	44,906	1,800,000	35,000	400,000
TOTAL PERSONAL SERVICES	\$96,000	\$40,000	\$122,406	\$5,220,000	\$100,000	\$1,125,000
Travel	—	—	1,500	140,000	—	40,000
Operating Services	—	—	1,500	145,000	—	150,000
Supplies	—	—	5,000	45,000	—	15,000
TOTAL OPERATING EXPENSES	—	—	\$8,000	\$330,000	—	\$205,000
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	—	—	—	20,000	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	5,594	330,000	—	70,000
TOTAL OTHER CHARGES	—	—	\$5,594	\$350,000	—	\$70,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$96,000	\$40,000	\$136,000	\$5,900,000	\$100,000	\$1,400,000

Total Request

Expenditures	Used as a Cash Match	Total Means of Financing By Expenditure	Total State General Fund	Interagency Transfers Form ID 34343 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 34346 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 34349 CSHCS
Salaries	1,275,450	89,923,713	23,816,250	—	47,500	2,000
Other Compensation	10,800	7,949,930	623,901	—	13,988	—
Related Benefits	988,232	54,477,000	15,122,504	—	38,512	1,409
TOTAL PERSONAL SERVICES	\$2,274,482	\$152,350,643	\$39,562,655	—	\$100,000	\$3,409
Travel	46,885	2,818,478	681,219	—	—	—
Operating Services	113,600	14,412,978	2,370,768	—	—	—
Supplies	615,334	16,120,313	5,094,611	—	—	—
TOTAL OPERATING EXPENSES	\$775,819	\$33,351,769	\$8,146,598	—	—	—
PROFESSIONAL SERVICES	\$1,200,993	\$63,053,577	\$2,385,239	—	—	—
Other Charges	521,672	361,607,197	9,278,787	2,474,631	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	591,289	29,129,903	9,915,403	—	—	—
TOTAL OTHER CHARGES	\$1,112,961	\$390,737,100	\$19,194,190	\$2,474,631	—	—
Acquisitions	—	867,732	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	\$867,732	—	—	—	—
TOTAL EXPENDITURES	\$5,364,255	\$640,360,821	\$69,288,682	\$2,474,631	\$100,000	\$3,409

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 34276 HUD LEAD	Federal Funds Form ID 34277 MCH BLOCK GRANT	Federal Funds Form ID 34279 IMMUNIZATION GRANT	Federal Funds Form ID 34280 CHILD DEATH REVIEW	Federal Funds Form ID 34281 FEDERAL	Federal Funds Form ID 34282 FEDERAL
Salaries	125,000	—	1,460,000	—	45,000	31,000
Other Compensation	5,001	—	65,000	—	2,000	—
Related Benefits	72,037	—	1,027,520	—	26,044	17,178
TOTAL PERSONAL SERVICES	\$202,038	—	\$2,552,520	—	\$73,044	\$48,178
Travel	2,000	—	—	—	—	—
Operating Services	3,000	—	120,000	500	3,500	4,000
Supplies	1,000	780,000	10,000	—	2,000	500
TOTAL OPERATING EXPENSES	\$6,000	\$780,000	\$130,000	\$500	\$5,500	\$4,500
PROFESSIONAL SERVICES	—	—	\$185,836	\$49,000	\$244,542	\$199,922
Other Charges	304,962	—	2,228,693	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	2,000	—	440,000	500	7,000	3,000
TOTAL OTHER CHARGES	\$306,962	—	\$2,668,693	\$500	\$7,000	\$3,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$515,000	\$780,000	\$5,537,049	\$50,000	\$330,086	\$255,600

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 34283 FEDERAL	Federal Funds Form ID 34284 FEDERAL	Federal Funds Form ID 34285 PRAMS	Federal Funds Form ID 34286 FEDERAL	Federal Funds Form ID 34287 SYSTEMS DEVELOPMENT	Federal Funds Form ID 34288 FEDERAL
Salaries	60,000	5,000	—	5,000	1,000	10,000
Other Compensation	1,000	—	—	—	—	—
Related Benefits	33,802	2,771	—	3,033	554	5,541
TOTAL PERSONAL SERVICES	\$94,802	\$7,771	—	\$8,033	\$1,554	\$15,541
Travel	500	—	—	—	—	—
Operating Services	7,000	1,000	3,500	3,000	1,000	1,000
Supplies	—	—	16,000	—	—	4,000
TOTAL OPERATING EXPENSES	\$7,500	\$1,000	\$19,500	\$3,000	\$1,000	\$5,000
PROFESSIONAL SERVICES	\$686,470	\$84,829	\$147,500	\$287,267	\$96,446	\$256,526
Other Charges	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	10,000	2,000	8,000	3,000	1,000	3,000
TOTAL OTHER CHARGES	\$10,000	\$2,000	\$8,000	\$3,000	\$1,000	\$3,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$798,772	\$95,600	\$175,000	\$301,300	\$100,000	\$280,067

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 34289 MCH BLOCK GRANT	Federal Funds Form ID 34290 FEDERAL	Federal Funds Form ID 34291 MCH BLOCK GRANT	Federal Funds Form ID 34293 MCH BLOCK GRANT	Federal Funds Form ID 34294 LDH - COVID-19 CCP RSP	Federal Funds Form ID 34295 RURAL HEALTH
Salaries	1,466,000	6,000	437,516	1,300,000	10,000	—
Other Compensation	250,000	—	—	128,412	—	—
Related Benefits	950,882	3,325	237,358	791,522	5,541	—
TOTAL PERSONAL SERVICES	\$2,666,882	\$9,325	\$674,874	\$2,219,934	\$15,541	—
Travel	5,000	—	25,000	37,800	1,000	—
Operating Services	150,000	5,000	42,374	105,000	5,000	—
Supplies	15,000	1,000	1,000	41,636	2,000	—
TOTAL OPERATING EXPENSES	\$170,000	\$6,000	\$68,374	\$184,436	\$8,000	—
PROFESSIONAL SERVICES	\$2,963,698	\$419,675	\$15,000	\$8,822,395	\$586,459	\$130,972
Other Charges	154,795	—	—	203,001	135,000	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	300,000	15,000	441,752	500,000	60,000	—
TOTAL OTHER CHARGES	\$454,795	\$15,000	\$441,752	\$703,001	\$195,000	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$6,255,375	\$450,000	\$1,200,000	\$11,929,766	\$805,000	\$130,972

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 34296 STUDENT LOAN REPAYMENT	Federal Funds Form ID 34297 PRIMARY CARE GRANT	Federal Funds Form ID 34298 SHIP	Federal Funds Form ID 34299 WELL-AHEAD HEALTH GRANT	Federal Funds Form ID 34300 CRITICAL ACCESS FLEX	Federal Funds Form ID 34301 ORAL HEALTH GRANT
Salaries	56,025	100,500	65,000	4,999	150,000	10,000
Other Compensation	—	1,000	—	2,000	1,500	2,000
Related Benefits	31,045	59,826	36,018	3,878	83,950	2,062
TOTAL PERSONAL SERVICES	\$87,070	\$161,326	\$101,018	\$10,877	\$235,450	\$14,062
Travel	—	1,600	500	—	9,000	2,000
Operating Services	—	3,000	500	5,000	3,000	3,000
Supplies	—	—	100	2,438	2,000	1,000
TOTAL OPERATING EXPENSES	—	\$4,600	\$1,100	\$7,438	\$14,000	\$6,000
PROFESSIONAL SERVICES	—	\$5,000	—	\$334,685	\$339,678	\$367,937
Other Charges	684,930	—	548,482	20,000	—	10,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	9,924	15,000	2,000	60,000	2,000
TOTAL OTHER CHARGES	\$684,930	\$9,924	\$563,482	\$22,000	\$60,000	\$12,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$772,000	\$180,850	\$665,600	\$375,000	\$649,128	\$399,999

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 34302 ORAL HEALTH GRANT	Federal Funds Form ID 34303 BRFSS	Federal Funds Form ID 34304 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 34305 OPIOID OVERDOSE SURV	Federal Funds Form ID 34306 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 34307 WELL-AHEAD HEALTH GRANT
Salaries	104,000	105,000	300,000	150,000	65,000	245,000
Other Compensation	—	—	1,000	—	9,000	1,000
Related Benefits	57,629	58,183	166,792	83,119	54,807	136,315
TOTAL PERSONAL SERVICES	\$161,629	\$163,183	\$467,792	\$233,119	\$128,807	\$382,315
Travel	—	—	5,000	3,000	700	12,400
Operating Services	6,000	500	45,000	80,000	32,675	2,300
Supplies	1,600	500	1,000	2,000	1,500	3,614
TOTAL OPERATING EXPENSES	\$7,600	\$1,000	\$51,000	\$85,000	\$34,875	\$18,314
PROFESSIONAL SERVICES	\$193,258	\$160,000	\$95,904	\$482,769	\$300,000	\$241,515
Other Charges	—	220,484	—	20,000	—	30,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	7,513	20,000	86,208	400,000	41,318	24,000
TOTAL OTHER CHARGES	\$7,513	\$240,484	\$86,208	\$420,000	\$41,318	\$54,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$370,000	\$564,667	\$700,904	\$1,220,888	\$505,000	\$696,144

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 34308 PREVENTIVE HEALTH GRNT	Federal Funds Form ID 34309 TOBACCO CONTROL	Federal Funds Form ID 34310 FEDERAL	Federal Funds Form ID 34311 FEDERAL	Federal Funds Form ID 34312 FEDERAL	Federal Funds Form ID 34313 FEDERAL
Salaries	308,000	350,000	120,000	130,000	209,500	—
Other Compensation	150,000	50,000	5,000	—	—	—
Related Benefits	253,790	221,651	69,266	72,036	116,090	—
TOTAL PERSONAL SERVICES	\$711,790	\$621,651	\$194,266	\$202,036	\$325,590	—
Travel	10,000	8,000	1,000	3,100	5,053	—
Operating Services	40,000	23,000	1,500	7,500	8,071	5,000
Supplies	10,000	2,000	3,000	400	500	1,100
TOTAL OPERATING EXPENSES	\$60,000	\$33,000	\$5,500	\$11,000	\$13,624	\$6,100
PROFESSIONAL SERVICES	\$50,000	\$938,048	\$270,234	\$800,000	\$814,023	\$666,355
Other Charges	901	13,000	—	26,964	—	490,782
Debt Service	—	—	—	—	—	—
Interagency Transfers	36,028	30,000	30,000	60,000	20,000	10,000
TOTAL OTHER CHARGES	\$36,929	\$43,000	\$30,000	\$86,964	\$20,000	\$500,782
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$858,719	\$1,635,699	\$500,000	\$1,100,000	\$1,173,237	\$1,173,237

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 34314 FEDERAL	Federal Funds Form ID 34315 CSFP	Federal Funds Form ID 34316 WIC ADMINISTRATION	Federal Funds Form ID 34317 PEER COUNSELING GRANT	Federal Funds Form ID 34318 MCH BLOCK GRANT	Federal Funds Form ID 34320 STD
Salaries	—	119,000	11,117,553	200,000	134,000	770,000
Other Compensation	—	—	1,300,000	10,000	2,800	15,000
Related Benefits	—	65,941	6,857,336	116,367	76,083	452,551
TOTAL PERSONAL SERVICES	—	\$184,941	\$19,274,889	\$326,367	\$212,883	\$1,237,551
Travel	225,590	2,000	600,000	500	570	15,000
Operating Services	1,518,056	4,264	1,085,000	60,000	1,140	135,000
Supplies	1,933,899	1,000	1,300,000	5,000	1,140	290,000
TOTAL OPERATING EXPENSES	\$3,677,545	\$7,264	\$2,985,000	\$65,500	\$2,850	\$440,000
PROFESSIONAL SERVICES	\$869,655	—	\$3,690,281	—	—	\$29,000
Other Charges	196,181,364	3,785,000	87,684,536	724,771	100,267	54,571
Debt Service	—	—	—	—	—	—
Interagency Transfers	1,127,201	22,795	2,365,294	100,000	—	59,878
TOTAL OTHER CHARGES	\$197,308,565	\$3,807,795	\$90,049,830	\$824,771	\$100,267	\$114,449
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$201,855,765	\$4,000,000	\$116,000,000	\$1,216,638	\$316,000	\$1,821,000

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 34321 STD	Federal Funds Form ID 34322 TB CONTROL PREVENTION	Federal Funds Form ID 34323 TB CONTROL PREVENTION	Federal Funds Form ID 34324 BEACH MONITORING	Federal Funds Form ID 34325 SAFE DRINKING WATER	Federal Funds Form ID 34326 SAFE DRINKING WATER
Salaries	4,001	465,193	360,000	130,000	790,000	329,937
Other Compensation	—	34,836	15,000	4,500	85,000	15,000
Related Benefits	2,217	238,412	200,000	76,154	484,861	547,861
TOTAL PERSONAL SERVICES	\$6,218	\$738,441	\$575,000	\$210,654	\$1,359,861	\$892,798
Travel	—	10,000	20,000	2,000	30,000	—
Operating Services	—	45,000	20,000	25,000	18,000	115,156
Supplies	—	50,000	45,000	18,000	2,000	163,844
TOTAL OPERATING EXPENSES	—	\$105,000	\$85,000	\$45,000	\$50,000	\$279,000
PROFESSIONAL SERVICES	—	\$97,807	\$10,000	—	\$100,000	\$53,000
Other Charges	61,175	—	30,064	109,346	381,066	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	3,752	89,294	10,000	200,000	228,202
TOTAL OTHER CHARGES	\$61,175	\$3,752	\$119,358	\$119,346	\$581,066	\$228,202
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$67,393	\$945,000	\$789,358	\$375,000	\$2,090,927	\$1,453,000

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 34327 FEDERAL	Federal Funds Form ID 34328 OCCUPATIONAL INJURY	Federal Funds Form ID 34329 APPLETREE PROGRAM	Federal Funds Form ID 34330 PRIVATE WELL INITIATIVE	Federal Funds Form ID 34331 ENV PUBLIC HEALTH TRK	Federal Funds Form ID 34332 FOOD AND DRUG
Salaries	—	208,000	110,000	65,500	200,000	107,000
Other Compensation	—	10,000	40,000	—	65,000	5,000
Related Benefits	—	120,800	83,119	36,295	152,256	60,928
TOTAL PERSONAL SERVICES	—	\$338,800	\$233,119	\$101,795	\$417,256	\$172,928
Travel	—	1,000	2,000	23,000	20,000	2,800
Operating Services	—	11,000	15,000	4,000	29,000	4,800
Supplies	—	—	500	2,000	5,000	800
TOTAL OPERATING EXPENSES	—	\$12,000	\$17,500	\$29,000	\$54,000	\$8,400
PROFESSIONAL SERVICES	—	\$40,000	—	—	—	—
Other Charges	660,000	112,102	48,379	7,899	40,406	18,600
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	10,000	14,000	8,000	103,338	8,000
TOTAL OTHER CHARGES	\$660,000	\$122,102	\$62,379	\$15,899	\$143,744	\$26,600
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$660,000	\$512,902	\$312,998	\$146,694	\$615,000	\$207,928

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 34333 MFD FOOD STANDARDS	Federal Funds Form ID 34334 COMMERCIAL SEAFOOD	Federal Funds Form ID 34335 VITAL RECORDS	Federal Funds Form ID 34336 VITAL RECORDS	Federal Funds Form ID 34477 BREATH	Federal Funds Form ID 34479 SUICIDE PREVENTION
Salaries	73,000	38,000	60,000	—	15,000	10,000
Other Compensation	2,001	—	5,000	—	5,001	1,000
Related Benefits	41,560	17,463	36,018	—	11,083	6,095
TOTAL PERSONAL SERVICES	\$116,561	\$55,463	\$101,018	—	\$31,084	\$17,095
Travel	2,000	—	10,000	—	2,000	—
Operating Services	1,000	—	40,000	—	2,000	—
Supplies	32,000	—	1,000	—	500	—
TOTAL OPERATING EXPENSES	\$35,000	—	\$51,000	—	\$4,500	—
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	66,414	—	204,336	491,000	238,416	766,905
Debt Service	—	—	—	—	—	—
Interagency Transfers	3,000	—	20,000	—	1,000	—
TOTAL OTHER CHARGES	\$69,414	—	\$224,336	\$491,000	\$239,416	\$766,905
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$220,975	\$55,463	\$376,354	\$491,000	\$275,000	\$784,000

Expenditures by Means of Financing

Total Request

Expenditures	Interagency Transfers Form ID 34350 MEDICAID	Interagency Transfers Form ID 34351 MEDICAID	Interagency Transfers Form ID 34352 MEDICAID	Interagency Transfers Form ID 34354 DCFS-TANF	Interagency Transfers Form ID 34355 MEDICAID	Interagency Transfers Form ID 34356 INTERAGENCY TRANSFERS
Salaries	—	18,835	649,380	412,484	20,000	—
Other Compensation	—	—	46,284	15,000	—	—
Related Benefits	—	10,000	143,961	112,970	11,083	—
TOTAL PERSONAL SERVICES	—	\$28,835	\$839,625	\$540,454	\$31,083	—
Travel	—	—	—	6,973	1,000	—
Operating Services	7,955	—	—	142,626	15,096	—
Supplies	—	—	—	20,300	1,500	—
TOTAL OPERATING EXPENSES	\$7,955	—	—	\$169,899	\$17,596	—
PROFESSIONAL SERVICES	—	—	\$201,695	\$166,722	—	—
Other Charges	—	—	505,255	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	473,554	—	178,321	140,000
TOTAL OTHER CHARGES	—	—	\$978,809	—	\$178,321	\$140,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$7,955	\$28,835	\$2,020,129	\$877,075	\$227,000	\$140,000

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 34697 INFECTIOUS DISEASE EPI	Federal Funds Form ID 34704 WELL-AHEAD HEALTH GRANT	Federal Funds Form ID 34705 MISC COLLECTIONS	Federal Funds Form ID 34706 WIC ADMINISTRATION	Federal Funds Form ID 34724 MINERAL REVENUES	Federal Funds Form ID 34742 MISC COLLECTIONS
Salaries	—	—	2,000,000	—	—	1,223,689
Other Compensation	—	—	1,000,000	—	—	42,444
Related Benefits	—	—	1,662,381	—	—	769,171
TOTAL PERSONAL SERVICES	—	—	\$4,662,381	—	—	\$2,035,304
Travel	5,000	3,823	105,000	—	29,192	—
Operating Services	—	328	80,000	—	197,973	—
Supplies	—	1,460	211,000	—	531,893	—
TOTAL OPERATING EXPENSES	\$5,000	\$5,611	\$396,000	—	\$759,058	—
PROFESSIONAL SERVICES	—	\$879,339	\$4,817,504	—	\$1,292,825	—
Other Charges	399,826	—	5,699,896	778,480	2,968,267	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	3,050	1,000,000	—	19,631	—
TOTAL OTHER CHARGES	\$399,826	\$3,050	\$6,699,896	\$778,480	\$2,987,898	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$404,826	\$888,000	\$16,575,781	\$778,480	\$5,039,781	\$2,035,304

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 38997 MISC SELF-GEN REVENUE	Federal Funds Form ID 39135 FEDERAL	Federal Funds Form ID 39331 FEDERAL	Fees & Self-generated Form ID 34339 Q08-OYSTER SANITATON	Fees & Self-generated Form ID 34340 H18-VITAL REC CONV FUND	Fees & Self-generated Form ID 34369 HIV/AIDS PROGRAMS
Salaries	—	—	927,063	—	82,500	—
Other Compensation	—	—	179,000	—	22,000	—
Related Benefits	—	—	232,696	—	63,866	—
TOTAL PERSONAL SERVICES	—	—	\$1,338,759	—	\$168,366	—
Travel	—	—	(54,976)	—	500	—
Operating Services	—	—	500	86,051	50,000	—
Supplies	—	—	(394,615)	100,000	100	—
TOTAL OPERATING EXPENSES	—	—	\$(449,091)	\$186,051	\$50,600	—
PROFESSIONAL SERVICES	—	—	\$(64,529)	—	—	—
Other Charges	—	(150,000,000)	(773,387)	—	192,218	74,350
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	(51,752)	—	14,220	—
TOTAL OTHER CHARGES	—	\$(150,000,000)	\$(825,139)	—	\$206,438	\$74,350
Acquisitions	595,822	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$595,822	—	—	—	—	—
TOTAL EXPENDITURES	\$595,822	\$(150,000,000)	—	\$186,051	\$425,404	\$74,350

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 34370 CSHCS	Fees & Self-generated Form ID 34371 EMERGENCY MEDICAL SVCS	Fees & Self-generated Form ID 34372 FEES & SELF GENERATED	Fees & Self-generated Form ID 34373 INFECTIOUS DISEASE EPI	Fees & Self-generated Form ID 34374 FAMILY PLANNING	Fees & Self-generated Form ID 34375 FAMILY PLANNING
Salaries	80,000	300,000	30,000	32,000	3,000,000	500,000
Other Compensation	—	—	—	4,930	200,405	50,000
Related Benefits	45,000	175,000	15,420	18,000	1,599,595	250,000
TOTAL PERSONAL SERVICES	\$125,000	\$475,000	\$45,420	\$54,930	\$4,800,000	\$800,000
Travel	—	—	—	—	48,000	3,726
Operating Services	—	—	—	—	500,000	50,000
Supplies	—	—	—	—	100,000	50,000
TOTAL OPERATING EXPENSES	—	—	—	—	\$648,000	\$103,726
PROFESSIONAL SERVICES	—	—	—	—	\$400,000	\$50,000
Other Charges	—	—	—	—	—	66,120
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	200,000	43,880
TOTAL OTHER CHARGES	—	—	—	—	\$200,000	\$110,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$125,000	\$475,000	\$45,420	\$54,930	\$6,048,000	\$1,063,726

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 34376 FEES & SELF GENERATED	Fees & Self-generated Form ID 34377 FEES & SELF GENERATED	Fees & Self-generated Form ID 34378 SPECIAL LAB	Fees & Self-generated Form ID 34379 CERTIFICATION	Fees & Self-generated Form ID 34383 FEES & SELF GENERATED	Fees & Self-generated Form ID 34386 FEES & SELF GENERATED
Salaries	1,831,165	870,000	17,000	—	—	—
Other Compensation	120,000	—	100	—	—	—
Related Benefits	1,081,630	275,407	9,476	—	—	—
TOTAL PERSONAL SERVICES	\$3,032,795	\$1,145,407	\$26,576	—	—	—
Travel	10,000	—	—	—	—	—
Operating Services	700,000	—	3,000	—	—	—
Supplies	489,235	85,251	5,000	—	—	—
TOTAL OPERATING EXPENSES	\$1,199,235	\$85,251	\$8,000	—	—	—
PROFESSIONAL SERVICES	—	—	—	\$34,000	\$32,950	—
Other Charges	72,970	—	9,344	—	—	6,704,006
Debt Service	—	—	—	—	—	—
Interagency Transfers	415,000	—	2,000	—	—	—
TOTAL OTHER CHARGES	\$487,970	—	\$11,344	—	—	\$6,704,006
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$4,720,000	\$1,230,658	\$45,920	\$34,000	\$32,950	\$6,704,006

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 34388 STD	Fees & Self-generated Form ID 34389 STD	Fees & Self-generated Form ID 34390 TB CONTROL PREVENTION	Fees & Self-generated Form ID 34393 FEES & SELF GENERATED	Fees & Self-generated Form ID 34394 SAFE DRINKING WATER	Fees & Self-generated Form ID 34395 FOOD AND DRUG
Salaries	120,000	42,000	294,807	116,000	8,061,018	395,000
Other Compensation	15,001	—	5,677	1,000	223,485	20,000
Related Benefits	76,844	22,177	150,000	66,253	4,260,779	230,000
TOTAL PERSONAL SERVICES	\$211,845	\$64,177	\$450,484	\$183,253	\$12,545,282	\$645,000
Travel	2,000	—	10,000	3,000	420,000	15,000
Operating Services	100,000	—	100,000	1,000	2,920,000	20,000
Supplies	—	—	—	1,000	1,050,000	4,000
TOTAL OPERATING EXPENSES	\$102,000	—	\$110,000	\$5,000	\$4,390,000	\$39,000
PROFESSIONAL SERVICES	\$78,155	—	\$205,193	—	\$769,850	—
Other Charges	10,000	—	51,752	2,000	642,718	76,000
Debt Service	—	—	—	—	—	—
Interagency Transfers	50,000	—	88,248	9,747	1,152,150	30,000
TOTAL OTHER CHARGES	\$60,000	—	\$140,000	\$11,747	\$1,794,868	\$106,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$452,000	\$64,177	\$905,677	\$200,000	\$19,500,000	\$790,000

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 34396 FEES & SELF GENERATED	Fees & Self-generated Form ID 34397 FEES & SELF GENERATED	Fees & Self-generated Form ID 34398 FEES & SELF GENERATED	Fees & Self-generated Form ID 34399 FEES & SELF GENERATED	Fees & Self-generated Form ID 34400 FEES & SELF GENERATED	Fees & Self-generated Form ID 34401 FEES & SELF GENERATED
Salaries	10,500	50,000	50,000	63,000	27,000	75,000
Other Compensation	—	—	—	—	—	2,500
Related Benefits	6,151	20,000	20,000	33,000	13,000	44,906
TOTAL PERSONAL SERVICES	\$16,651	\$70,000	\$70,000	\$96,000	\$40,000	\$122,406
Travel	500	—	—	—	—	1,500
Operating Services	500	—	—	—	—	1,500
Supplies	—	—	—	—	—	5,000
TOTAL OPERATING EXPENSES	\$1,000	—	—	—	—	\$8,000
PROFESSIONAL SERVICES	—	—	—	—	—	—
Other Charges	349	—	—	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	2,000	—	—	—	—	5,594
TOTAL OTHER CHARGES	\$2,349	—	—	—	—	\$5,594
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$20,000	\$70,000	\$70,000	\$96,000	\$40,000	\$136,000

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 34402 FEES & SELF GENERATED	Fees & Self-generated Form ID 34403 FEES & SELF GENERATED	Fees & Self-generated Form ID 34404 FEES & SELF GENERATED	Fees & Self-generated Form ID 34405 TANNING FACILITIES	Fees & Self-generated Form ID 34406 VITAL RECORDS	Fees & Self-generated Form ID 34723 MISC COLLECTIONS
Salaries	3,439,703	65,000	715,000	40,000	1,945,000	—
Other Compensation	70,000	—	10,000	—	260,000	—
Related Benefits	1,850,297	35,000	400,000	20,000	1,239,892	—
TOTAL PERSONAL SERVICES	\$5,360,000	\$100,000	\$1,125,000	\$60,000	\$3,444,892	—
Travel	140,000	—	40,000	—	10,000	—
Operating Services	145,000	—	150,000	—	1,000,000	—
Supplies	45,000	—	15,000	—	70,000	—
TOTAL OPERATING EXPENSES	\$330,000	—	\$205,000	—	\$1,080,000	—
PROFESSIONAL SERVICES	—	—	—	—	\$45,000	—
Other Charges	—	—	—	—	255,108	373,600
Debt Service	—	—	—	—	—	—
Interagency Transfers	210,000	—	70,000	—	375,000	—
TOTAL OTHER CHARGES	\$210,000	—	\$70,000	—	\$630,108	\$373,600
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$5,900,000	\$100,000	\$1,400,000	\$60,000	\$5,200,000	\$373,600

Expenditures by Means of Financing

Total Request

Expenditures	Fees & Self-generated Form ID 34724 MINERAL REVENUES	Fees & Self-generated Form ID 34742 MISC COLLECTIONS	Fees & Self-generated Form ID 38997 MISC SELF-GEN REVENUE	Fees & Self-generated Form ID 39002 MISC SELF-GEN REVENUE
Salaries	—	906,438	—	(776,766)
Other Compensation	—	31,440	—	—
Related Benefits	—	569,756	—	24,296
TOTAL PERSONAL SERVICES	—	\$1,507,634	—	\$(752,470)
Travel	17,006	—	—	54,976
Operating Services	130,527	—	—	—
Supplies	54,085	—	—	394,940
TOTAL OPERATING EXPENSES	\$201,618	—	—	\$449,916
PROFESSIONAL SERVICES	\$39,414	—	—	\$144,425
Other Charges	—	—	—	86,377
Debt Service	—	—	—	—
Interagency Transfers	—	—	—	71,752
TOTAL OTHER CHARGES	—	—	—	\$158,129
Acquisitions	—	—	271,910	—
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	\$271,910	—
TOTAL EXPENDITURES	\$241,032	\$1,507,634	\$271,910	—

Expenditures by Means of Financing

Total Request

Expenditures	Interagency Transfers Form ID 34357 DEPT OF EDUCATION(ED)	Interagency Transfers Form ID 34359 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 34360 GOHSEP	Interagency Transfers Form ID 34361 INTERAGENCY TRANSFERS	Interagency Transfers Form ID 34362 DEPT OF EDUCATION(ED)	Interagency Transfers Form ID 34363 DCFS
Salaries	—	1,000	96,500	18,000	60,000	55,000
Other Compensation	—	728	—	—	—	—
Related Benefits	—	—	53,473	7,000	34,703	26,000
TOTAL PERSONAL SERVICES	—	\$1,728	\$149,973	\$25,000	\$94,703	\$81,000
Travel	—	—	27	—	—	—
Operating Services	—	—	—	—	—	—
Supplies	2,400	—	—	—	—	—
TOTAL OPERATING EXPENSES	\$2,400	—	\$27	—	—	—
PROFESSIONAL SERVICES	\$212,630	—	—	—	—	—
Other Charges	—	—	—	—	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	5,490	—	—	—	—	—
TOTAL OTHER CHARGES	\$5,490	—	—	—	—	—
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$220,520	\$1,728	\$150,000	\$25,000	\$94,703	\$81,000

Expenditures by Means of Financing

Total Request

Expenditures	Interagency Transfers Form ID 34504 INTER FUND TRANSFER IN	Interagency Transfers Form ID 34724 MINERAL REVENUES	Interagency Transfers Form ID 39013 MISC COLLECTIONS	Interagency Transfers Form ID 39777 DCFS-TANF	Statutory Dedications Form ID 34337 E02-TELECOM DEAF FUND	Statutory Dedications Form ID 34338 H45-RURAL PC PHY DEV FD
Salaries	447,484	—	90,000	(412,484)	252,500	—
Other Compensation	15,000	—	—	(15,000)	50,000	—
Related Benefits	127,970	—	50,297	(112,970)	184,875	—
TOTAL PERSONAL SERVICES	\$590,454	—	\$140,297	\$(540,454)	\$487,375	—
Travel	6,973	179	—	(6,973)	20,000	—
Operating Services	142,626	3,711	—	(142,626)	6,000	—
Supplies	20,300	542	—	(20,300)	20,000	—
TOTAL OPERATING EXPENSES	\$169,899	\$4,432	—	\$(169,899)	\$46,000	—
PROFESSIONAL SERVICES	\$5,416,580	\$132,257	\$73,434	\$(166,722)	\$4,778,469	—
Other Charges	74,047,198	—	(213,731)	(2,000,000)	159,095	2,673,634
Debt Service	—	—	—	—	—	—
Interagency Transfers	329,810	—	—	—	40,000	—
TOTAL OTHER CHARGES	\$74,377,008	—	\$(213,731)	\$(2,000,000)	\$199,095	\$2,673,634
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$80,553,941	\$136,689	—	\$(2,877,075)	\$5,510,939	\$2,673,634

Expenditures by Means of Financing

Total Request

Expenditures	Statutory Dedications Form ID 34341 Z13-LOUISIANA FUND	Statutory Dedications Form ID 34342 Z13-LOUISIANA FUND	Statutory Dedications Form ID 34713 MISC COLLECTIONS	Statutory Dedications Form ID 34724 MINERAL REVENUES	Federal Funds Form ID 34163 HIV/AIDS PROGRAMS	Federal Funds Form ID 34240 HIV/AIDS PROGRAMS
Salaries	—	—	—	—	10,000	390,000
Other Compensation	—	—	—	—	—	10,000
Related Benefits	—	—	—	—	5,541	221,651
TOTAL PERSONAL SERVICES	—	—	—	—	\$15,541	\$621,651
Travel	—	—	—	448	—	4,000
Operating Services	—	9,500	—	347	1,000	220,000
Supplies	—	500	—	459	—	1,000,000
TOTAL OPERATING EXPENSES	—	\$10,000	—	\$1,254	\$1,000	\$1,224,000
PROFESSIONAL SERVICES	—	\$557,000	\$2,994,487	\$186,591	—	\$1,400,000
Other Charges	500,000	5,754,260	—	—	821,760	2,947,897
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	—	—	—	5,000	90,000
TOTAL OTHER CHARGES	\$500,000	\$5,754,260	—	—	\$826,760	\$3,037,897
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$500,000	\$6,321,260	\$2,994,487	\$187,845	\$843,301	\$6,283,548

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 34241 HIV/AIDS PROGRAMS	Federal Funds Form ID 34242 HIV/AIDS PROGRAMS	Federal Funds Form ID 34243 HIV/AIDS PROGRAMS	Federal Funds Form ID 34244 HIV/AIDS PROGRAMS	Federal Funds Form ID 34245 HIV/AIDS PROGRAMS	Federal Funds Form ID 34246 HIV/AIDS PROGRAMS
Salaries	80,000	160,000	2,500,000	—	—	15,000
Other Compensation	—	7,000	370,000	—	—	—
Related Benefits	44,330	92,539	1,590,344	—	—	8,312
TOTAL PERSONAL SERVICES	\$124,330	\$259,539	\$4,460,344	—	—	\$23,312
Travel	500	1,000	7,000	—	—	—
Operating Services	83,000	160,000	137,000	—	—	—
Supplies	6,500	8,000	603,000	—	—	—
TOTAL OPERATING EXPENSES	\$90,000	\$169,000	\$747,000	—	—	—
PROFESSIONAL SERVICES	\$832,000	\$1,950,000	\$1,624,000	—	\$100,000	\$120,000
Other Charges	94,494	4,961,742	51,357,458	4,119,939	134,247	535,510
Debt Service	—	—	—	—	—	—
Interagency Transfers	10,000	80,000	595,000	—	—	15,000
TOTAL OTHER CHARGES	\$104,494	\$5,041,742	\$51,952,458	\$4,119,939	\$134,247	\$550,510
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$1,150,824	\$7,420,281	\$58,783,802	\$4,119,939	\$234,247	\$693,822

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 34248 HIV/AIDS PROGRAMS	Federal Funds Form ID 34249 HIV/AIDS PROGRAMS	Federal Funds Form ID 34255 BIOTERRORISM GRANT	Federal Funds Form ID 34257 NCIPC OPIOID CRISIS	Federal Funds Form ID 34260 FEDERAL	Federal Funds Form ID 34261 CSHCS
Salaries	34,000	30,000	2,842,004	350,000	30,000	30,000
Other Compensation	2,001	1,000	119,000	300,000	—	—
Related Benefits	19,949	17,178	1,855,771	360,182	16,624	16,624
TOTAL PERSONAL SERVICES	\$55,950	\$48,178	\$4,816,775	\$1,010,182	\$46,624	\$46,624
Travel	—	—	17,000	2,000	500	—
Operating Services	—	—	892,500	—	3,000	3,000
Supplies	120,000	5,000	212,000	—	—	—
TOTAL OPERATING EXPENSES	\$120,000	\$5,000	\$1,121,500	\$2,000	\$3,500	\$3,000
PROFESSIONAL SERVICES	\$153,976	\$350,000	\$500,000	—	\$172,876	\$109,376
Other Charges	—	3,224,434	1,716,173	2,285,735	—	—
Debt Service	—	—	—	—	—	—
Interagency Transfers	10,000	60,000	765,000	200,000	12,000	10,000
TOTAL OTHER CHARGES	\$10,000	\$3,284,434	\$2,481,173	\$2,485,735	\$12,000	\$10,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$339,926	\$3,687,612	\$8,919,448	\$3,497,917	\$235,000	\$169,000

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 34262 CSHCS	Federal Funds Form ID 34263 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 34264 EMERGENCY MEDICAL SVCS	Federal Funds Form ID 34266 RAPE CRISIS PROGRAM	Federal Funds Form ID 34267 VIOLENCE AGAINST WOMEN	Federal Funds Form ID 34268 EPID LAB CAPACITY (ELC)
Salaries	1,900,000	50,000	2,075	—	92,000	938,449
Other Compensation	160,000	11,000	—	—	1,000	95,000
Related Benefits	993,759	30,000	1,150	—	51,534	572,662
TOTAL PERSONAL SERVICES	\$3,053,759	\$91,000	\$3,225	—	\$144,534	\$1,606,111
Travel	2,432	5,000	200	—	2,000	10,000
Operating Services	60,000	15,000	500	1,000	8,000	7,000
Supplies	150,000	10,000	—	—	—	80,000
TOTAL OPERATING EXPENSES	\$212,432	\$30,000	\$700	\$1,000	\$10,000	\$97,000
PROFESSIONAL SERVICES	\$1,723,809	—	\$181,725	—	\$401,921	\$200,000
Other Charges	1,001,193	19,481	—	97,342	—	2,096,336
Debt Service	—	—	—	—	—	—
Interagency Transfers	190,199	139,000	5,000	3,000	5,000	200,000
TOTAL OTHER CHARGES	\$1,191,392	\$158,481	\$5,000	\$100,342	\$5,000	\$2,296,336
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$6,181,392	\$279,481	\$190,650	\$101,342	\$561,455	\$4,199,447

Expenditures by Means of Financing

Total Request

Expenditures	Federal Funds Form ID 34269 EPID LAB CAPACITY (ELC)	Federal Funds Form ID 34270 EPID LAB CAPACITY (ELC)	Federal Funds Form ID 34272 ANTIBIOTIC RES RET FOOD	Federal Funds Form ID 34273 FAMILY PLANNING	Federal Funds Form ID 34274 FAMILY PLANNING	Federal Funds Form ID 34275 FAMILY PLANNING
Salaries	50,000	3,000,000	46,900	1,732,445	293,550	500,000
Other Compensation	10,000	1,400,000	6,000	149,595	11,400	—
Related Benefits	33,248	2,438,158	29,313	200,405	168,981	250,000
TOTAL PERSONAL SERVICES	\$93,248	\$6,838,158	\$82,213	\$2,082,445	\$473,931	\$750,000
Travel	2,000	50,000	1,500	30,000	1,140	7,000
Operating Services	—	—	15,000	100,000	10,260	50,000
Supplies	—	—	15,000	1,167,555	1,026	25,000
TOTAL OPERATING EXPENSES	\$2,000	\$50,000	\$31,500	\$1,297,555	\$12,426	\$82,000
PROFESSIONAL SERVICES	—	—	\$5,000	\$1,300,000	\$5,700	\$135,000
Other Charges	462,655	27,872,907	8,287	—	993	120,880
Debt Service	—	—	—	—	—	—
Interagency Transfers	—	4,758,817	8,000	108,722	6,950	36,120
TOTAL OTHER CHARGES	\$462,655	\$32,631,724	\$16,287	\$108,722	\$7,943	\$157,000
Acquisitions	—	—	—	—	—	—
Major Repairs	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	—	—	—	—	—	—
TOTAL EXPENDITURES	\$557,903	\$39,519,882	\$135,000	\$4,788,722	\$500,000	\$1,124,000

REVENUE COLLECTIONS/INCOME

Interagency Transfers

003 - Interagency Transfers

Source	Commitment Item	Commitment Item Name	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
SOURCE						
LDH-OBH	4710059	MR-FROM STATE AGENCY	2,844,146	4,962,010	2,474,631	(2,487,379)
LDH-OBH	4710059	MR-FROM STATE AGENCY	1,169,127	632,762	—	(632,762)
LDH-OS	4710059	MR-FROM STATE AGENCY	145,425	100,000	100,000	—
GOHSEP-FEMA	4710059	MR-FROM STATE AGENCY	45,837,153	—	—	—
LDH-MVP	4710059	MR-FROM STATE AGENCY	—	3,409	3,409	—
LDH-MVP	4710059	MR-FROM STATE AGENCY	36,797	7,955	7,955	—
LDH-MVP	4710059	MR-FROM STATE AGENCY	—	28,835	28,835	—
LDH-MVP	4710059	MR-FROM STATE AGENCY	29,645	2,020,129	2,020,129	—
LDH-OBH	4710059	MR-FROM STATE AGENCY	—	55,000	—	(55,000)
DCFS-TANF	4710059	MR-FROM STATE AGENCY	2,876,445	2,877,075	—	(2,877,075)
LDH-MVA	4710059	MR-FROM STATE AGENCY	95,110	227,000	227,000	—
LDH-OBH	4710059	MR-FROM STATE AGENCY	126,003	140,000	140,000	—
DEPT OF EDUCATION(ED)	4710059	MR-FROM STATE AGENCY	134,168	220,520	220,520	—
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	94,703	235,000	94,703	(140,297)
DCFS	4710059	MR-FROM STATE AGENCY	50,241	81,000	81,000	—
MISC COLLECTIONS	4710059	MR-FROM STATE AGENCY	—	—	136,689	136,689
MISC RECEIPTS	4710059	MR-FROM STATE AGENCY	—	70,788,503	81,431,016	10,642,513
LDH-OBH	4710059	MR-FROM STATE AGENCY	183,553	—	—	—
LDH-MVA	4710059	MR-FROM STATE AGENCY	—	3,600,000	—	(3,600,000)

003 - Interagency Transfers (continued)

Source	Commitment Item	Commitment Item Name	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
MISC COLLECTIONS	4710059	MR-FROM STATE AGENCY	71,645	—	—	—
MISC COLLECTIONS	4830012	INT FUND PY TRANS IN	1,041,267	—	—	—
GOHSEP-FEMA	4710059	MR-FROM STATE AGENCY	—	800,000	—	(800,000)
LDH-OBH	4710059	MR-FROM STATE AGENCY	—	22	22	—
BP - LWF	4710059	MR-FROM STATE AGENCY	—	50,000	—	(50,000)
MISCELLANEOUS INCOME	4000000	TOTAL REVENUES	—	—	(2,877,075)	(2,877,075)
Total Collections/Income			\$54,735,428	\$87,005,926	\$84,265,540	\$(2,740,386)
TYPE						
Expenditures Source of Funding Form (BR-6)			15,283,996	87,005,926	84,265,540	(2,740,386)
Transfer			39,451,432	—	—	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$54,735,428	\$87,005,926	\$84,265,540	\$(2,740,386)
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	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
SOURCE						
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	103,769	74,709	74,350	(359)
MEDICAID	4710094	MR-INSURANCE RECOVER	324,577	125,000	125,000	—
EMERGENCY MEDICAL SVCS	4550030	LIC PERM & FEES-OTH	434,998	475,000	475,000	—
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	6,656	—	—	—
FAMILY PLANNING	4550032	FEES-INELIG PATIENT	24,511	—	—	—
FAMILY PLANNING	4710094	MR-INSURANCE RECOVER	2,430,156	6,048,000	6,048,000	—
FAMILY PLANNING	4710029	MR-PRIVATE SOURCES	—	1,063,726	1,063,726	—
MEDICAID	4650010	SALE NON ST-SERVICES	360,210	—	—	—
MEDICAID	4710094	MR-INSURANCE RECOVER	173,274	4,719,825	4,720,000	175
MEDICAID	4550030	LIC PERM & FEES-OTH	209,820	1,185,251	1,230,658	45,407
MEDICAID	4550032	FEES-INELIG PATIENT	110,712	—	—	—
MEDICAID	4710094	MR-INSURANCE RECOVER	29,541	—	—	—
SPECIAL LAB	4550030	LIC PERM & FEES-OTH	520	—	—	—
SPECIAL LAB	4650010	SALE NON ST-SERVICES	49,110	45,920	45,920	—
CERTIFICATION	4550030	LIC PERM & FEES-OTH	33,450	34,000	34,000	—
PRAMS	4710029	MR-PRIVATE SOURCES	29,998	—	—	—
TOBACCO CONTROL	4710029	MR-PRIVATE SOURCES	72,011	—	—	—
SG-TEXAS A & M	4710029	MR-PRIVATE SOURCES	15,509	32,950	32,950	—
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	22,219	—	—	—
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	—	6,677,057	6,704,006	26,949
FOOD AND NUTRITION	4710095	MR-RECOUP & REBATES	2,003,393	—	—	—
STD	4550030	LIC PERM & FEES-OTH	(83,307)	—	—	—
STD	4710094	MR-INSURANCE RECOVER	88,789	452,000	452,000	—
STD	4710029	MR-PRIVATE SOURCES	5,500	64,177	64,177	—

002 - Fees & Self-generated (continued)

Source	Commitment Item	Commitment Item Name	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
TB CONTROL PREVENTION	4550030	LIC PERM & FEES-OTH	85	905,677	905,677	—
TB CONTROL PREVENTION	4710094	MR-INSURANCE RECOVER	18,894	—	—	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	242,900	200,000	200,000	—
SAFE DRINKING WATER	4550030	LIC PERM & FEES-OTH	19,528,429	19,500,000	19,500,000	—
SAFE DRINKING WATER	4650010	SALE NON ST-SERVICES	5,605	—	—	—
FOOD AND DRUG	4550030	LIC PERM & FEES-OTH	565,196	790,000	790,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	22,400	20,000	20,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	30,638	90,950	70,000	(20,950)
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	135,895	96,000	96,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	71,680	40,000	40,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	148,456	136,000	136,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	5,407,333	5,900,000	5,900,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	78,965	100,000	100,000	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	1,073,415	1,400,000	1,400,000	—
LICENSES PERMITS & FEES	4550032	FEES-INELIG PATIENT	(100)	—	—	—
LICENSES PERMITS & FEES	4550030	LIC PERM & FEES-OTH	39,300	60,000	60,000	—
VITAL RECORDS	4550030	LIC PERM & FEES-OTH	6,751,383	5,200,000	5,200,000	—
VITAL RECORDS	4550032	FEES-INELIG PATIENT	(53)	—	—	—
LDH - COVID-19 CCP RSP	4710094	MR-INSURANCE RECOVER	592	—	—	—
MISC SELF-GEN REVENUE	4710029	MR-PRIVATE SOURCES	—	—	235,731	235,731
HIV/AIDS PROGRAMS	4550030	LIC PERM & FEES-OTH	105,355	—	—	—
HIV/AIDS PROGRAMS	4710094	MR-INSURANCE RECOVER	342,233	—	—	—
MISC COLLECTIONS	4550030	LIC PERM & FEES-OTH	168,555	373,600	373,600	—
NON-FEDERAL - OTHR STATE	4090013	NFR-PRIV GIFT/GRT	193,819	72,172	—	(72,172)
MISC COLLECTIONS	4060035	FR-OTHER	22,852	—	—	—
MISC COLLECTIONS	4090014	NFR-OTHER STATE	1,732,655	—	—	—
MISC COLLECTIONS	4430010	INTERESTON INVEST	1,185	—	—	—
MISC COLLECTIONS	4550030	LIC PERM & FEES-OTH	39,588	—	—	—

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

Source	Commitment Item	Commitment Item Name	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
MISC COLLECTIONS	4550032	FEES-INELIG PATIENT	1,138	—	—	—
MISC COLLECTIONS	4550395	FEES-GB-COMP TAPES	53,795	—	—	—
MISC COLLECTIONS	4710027	MR-CONV OF PROP	(390,806)	—	—	—
MISC COLLECTIONS	4710059	MR-FROM STATE AGENCY	1,560	—	—	—
MISC COLLECTIONS	4710094	MR-INSURANCE RECOVER	8,888,294	—	—	—
MISC COLLECTIONS	4830014	INTRAFUND TRANSFER	(141,872)	—	—	—
MISC COLLECTIONS	4710029	MR-PRIVATE SOURCES	—	—	1,507,634	1,507,634
FOOD AND DRUG	4710029	MR-PRIVATE SOURCES	—	70,000	70,000	—
MISC SELF-GEN REVENUE	4000000	TOTAL REVENUES	—	—	271,910	271,910
Total Collections/Income			\$51,584,780	\$56,052,364	\$58,046,689	\$1,994,325
TYPE						
Expenditures Source of Funding Form (BR-6)			51,563,830	56,052,364	58,046,689	1,994,325
Transfer			20,950	—	—	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$51,584,780	\$56,052,364	\$58,046,689	\$1,994,325
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

H18 - Vital Records Conversion Dedicated Fund Account

Source	Commitment Item	Commitment Item Name	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
SOURCE						
H18-VITAL REC CONV FUND	4000000	TOTAL REVENUES	—	—	1,133	1,133
H18-VITAL REC CONV FUND	4830014	INTRAFUND TRANSFER	403,208	425,404	425,404	—
Total Collections/Income			\$403,208	\$425,404	\$426,537	\$1,133
TYPE						
Expenditures Source of Funding Form (BR-6)			403,208	425,404	426,537	1,133
Total Expenditures, Transfers and Carry Forwards to Next FY			\$403,208	\$425,404	\$426,537	\$1,133
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Q08 - Oyster Sanitation Dedicated Fund Account

Source	Commitment Item	Commitment Item Name	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
SOURCE						
Q08-OYSTER SANITATON	4000000	TOTAL REVENUES	—	—	4,168	4,168
Q08-OYSTER SANITATON	4550030	LIC PERM & FEES-OTH	120,994	251,108	186,051	(65,057)
Total Collections/Income			\$120,994	\$251,108	\$190,219	\$(60,889)
TYPE						
Expenditures Source of Funding Form (BR-6)			120,994	251,108	190,219	(60,889)
Total Expenditures, Transfers and Carry Forwards to Next FY			\$120,994	\$251,108	\$190,219	\$(60,889)
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	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
SOURCE						
E02-TELECOM DEAF FUND	4830014	INTRAFUND TRANSFER	3,228,339	5,510,939	5,510,939	—
MISC COLLECTIONS	4830014	INTRAFUND TRANSFER	—	—	108,068	108,068
Total Collections/Income			\$3,228,339	\$5,510,939	\$5,619,007	\$108,068
TYPE						
Expenditures Source of Funding Form (BR-6)			3,228,339	5,510,939	5,619,007	108,068
Total Expenditures, Transfers and Carry Forwards to Next FY			\$3,228,339	\$5,510,939	\$5,619,007	\$108,068
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

H45 - Rural Primary Care Physicians Development Fund

Source	Commitment Item	Commitment Item Name	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
SOURCE						
H45-RURAL PC PHY DEV FD	4830014	INTRAFUND TRANSFER	705,147	2,673,634	2,673,634	—
Total Collections/Income			\$705,147	\$2,673,634	\$2,673,634	—
TYPE						
Expenditures Source of Funding Form (BR-6)			705,147	2,673,634	2,673,634	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$705,147	\$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	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
SOURCE						
Total Collections/Income			—	—	—	—
TYPE						
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Z13 - Louisiana Fund

Source	Commitment Item	Commitment Item Name	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
SOURCE						
Z13-LOUISIANA FUND	4830014	INTRAFUND TRANSFER	482,946	500,000	500,000	—
Z13-LOUISIANA FUND	4830014	INTRAFUND TRANSFER	5,563,013	6,321,260	6,321,260	—
Z13-LOUISIANA FUND	4830014	INTRAFUND TRANSFER	3,403,664	2,994,487	2,994,487	—
MISC COLLECTIONS	4830014	INTRAFUND TRANSFER	—	—	79,777	79,777
Total Collections/Income			\$9,449,623	\$9,815,747	\$9,895,524	\$79,777
TYPE						
Expenditures Source of Funding Form (BR-6)			9,449,623	9,815,747	9,895,524	79,777
Total Expenditures, Transfers and Carry Forwards to Next FY			\$9,449,623	\$9,815,747	\$9,895,524	\$79,777
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	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
SOURCE						
HIV/AIDS PROGRAMS	4060035	FR-OTHER	753,387	1,313,328	843,301	(470,027)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	5,614,467	5,436,290	6,283,548	847,258
HIV/AIDS PROGRAMS	4060035	FR-OTHER	941,043	1,059,020	1,150,824	91,804
HIV/AIDS PROGRAMS	4060035	FR-OTHER	29,039,548	7,420,281	7,420,281	—
HIV/AIDS PROGRAMS	4060035	FR-OTHER	—	72,103,802	58,783,802	(13,320,000)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	757,043	4,759,765	4,119,939	(639,826)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	253,158	351,507	234,247	(117,260)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	884,207	728,980	693,822	(35,158)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	485,789	437,414	339,926	(97,488)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	7,997,911	3,711,715	3,687,612	(24,103)
LDH - COVID-19 CCP RSP	4060035	FR-OTHER	16,514,522	6,866,753	—	(6,866,753)
BIOTERRORISM GRANT	4060035	FR-OTHER	12,236,288	7,801,094	—	(7,801,094)
BIOTERRORISM GRANT	4060035	FR-OTHER	6,750,566	11,681,494	8,919,448	(2,762,046)
NCIPC OPIOID CRISIS	4060035	FR-OTHER	3,039,877	5,302,867	3,497,917	(1,804,950)
LDH - COVID-19 CCP RSP	4060035	FR-OTHER	671,191	2,116,345	—	(2,116,345)
MISC FEDERAL GRANTS	4060035	FR-OTHER	229,976	310,000	235,000	(75,000)
CSHCS	4060035	FR-OTHER	368,547	364,293	169,000	(195,293)
CSHCS	4060035	FR-OTHER	5,696,129	6,181,392	6,181,392	—
EMERGENCY MEDICAL SVCS	4060035	FR-OTHER	213,569	279,481	279,481	—
EMERGENCY MEDICAL SVCS	4060035	FR-OTHER	—	190,650	190,650	—
EMERGENCY MEDICAL SVCS	4060035	FR-OTHER	90,820	100,000	—	(100,000)
RAPE CRISIS PROGRAM	4060035	FR-OTHER	98,507	97,246	101,342	4,096
VIOLENCE AGAINST WOMEN	4060035	FR-OTHER	770,721	622,453	561,455	(60,998)
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	110,864	4,199,447	4,199,447	—
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	5,483,986	557,903	557,903	—
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	17,314,583	39,519,882	39,519,882	—

006 - Federal Funds (continued)

Source	Commitment Item	Commitment Item Name	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	8,446,122	—	—	—
ANTIBIOTIC RES RET FOOD	4060035	FR-OTHER	179,354	135,000	135,000	—
FAMILY PLANNING	4060035	FR-OTHER	4,902,771	4,788,722	4,788,722	—
FAMILY PLANNING	4060035	FR-OTHER	437,731	500,000	500,000	—
FAMILY PLANNING	4060035	FR-OTHER	1,905,116	1,124,000	1,124,000	—
HUD LEAD	4060035	FR-OTHER	508,731	515,000	515,000	—
MCH BLOCK GRANT	4060035	FR-OTHER	1,676,386	780,000	780,000	—
LDH - COVID-19 CCP RSP	4060035	FR-OTHER	37,155,545	11,942,997	—	(11,942,997)
IMMUNIZATION GRANT	4060035	FR-OTHER	1,739,419	5,537,049	5,537,049	—
CHILD DEATH REVIEW	4060035	FR-OTHER	60,919	50,000	50,000	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	—	530,086	330,086	(200,000)
MISC FEDERAL GRANTS	4060035	FR-OTHER	310,139	255,600	255,600	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	467,208	998,772	798,772	(200,000)
MISC FEDERAL GRANTS	4060035	FR-OTHER	123,795	95,600	95,600	—
PRAMS	4060035	FR-OTHER	220,072	175,000	175,000	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	371,705	401,300	301,300	(100,000)
SUICIDE PREVENTION	4060035	FR-OTHER	743,061	—	784,000	784,000
SYSTEMS DEVELOPMENT	4060035	FR-OTHER	120,600	118,939	100,000	(18,939)
MISC FEDERAL GRANTS	4060035	FR-OTHER	271,030	309,833	280,067	(29,766)
MCH BLOCK GRANT	4060035	FR-OTHER	3,393,017	6,255,375	6,255,375	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	501,725	480,000	450,000	(30,000)
MCH BLOCK GRANT	4060035	FR-OTHER	2,488,765	1,200,000	1,200,000	—
ARPA	4060035	FR-OTHER	2,240,031	—	—	—
MCH BLOCK GRANT	4060035	FR-OTHER	12,902,087	11,929,766	11,929,766	—
LDH - COVID-19 CCP RSP	4060035	FR-OTHER	378,410	805,000	805,000	—
RURAL HEALTH	4060035	FR-OTHER	—	130,972	130,972	—
STUDENT LOAN REPAYMENT	4060035	FR-OTHER	945,634	772,000	772,000	—
PRIMARY CARE GRANT	4060035	FR-OTHER	266,763	180,850	180,850	—

006 - Federal Funds (continued)

Source	Commitment Item	Commitment Item Name	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
SHIP	4060035	FR-OTHER	926,974	665,600	665,600	—
WELL-AHEAD HEALTH GRANT	4060035	FR-OTHER	423,054	375,000	375,000	—
CRITICAL ACCESS FLEX	4060035	FR-OTHER	678,474	649,128	649,128	—
ORAL HEALTH GRANT	4060035	FR-OTHER	514,568	399,999	399,999	—
ORAL HEALTH GRANT	4060035	FR-OTHER	315,382	431,666	370,000	(61,666)
BRFSS	4060035	FR-OTHER	331,335	564,667	564,667	—
PREVENTIVE HEALTH GRNT	4060035	FR-OTHER	1,298,076	725,000	700,904	(24,096)
FEDERAL	4060035	FR-OTHER	4,476,381	16,575,781	16,575,781	—
OPIOID OVERDOSE SURV	4060035	FR-OTHER	1,420,771	1,220,888	1,220,888	—
PREVENTIVE HEALTH GRNT	4060035	FR-OTHER	707,958	525,000	505,000	(20,000)
WELL-AHEAD HEALTH GRANT	4060035	FR-OTHER	554,867	796,144	696,144	(100,000)
PREVENTIVE HEALTH GRNT	4060035	FR-OTHER	378,403	—	858,719	858,719
TOBACCO CONTROL	4060035	FR-OTHER	1,598,268	1,635,699	1,635,699	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	884,721	500,000	500,000	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	—	1,100,000	1,100,000	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	956,749	1,173,237	1,173,237	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	697,868	2,069,731	1,173,237	(896,494)
MISC COLLECTIONS	4060035	FR-OTHER	—	150,443,191	51,855,765	(98,587,426)
CSFP	4060035	FR-OTHER	3,333,610	3,990,388	4,000,000	9,612
WIC ADMINISTRATION	4060035	FR-OTHER	104,792,164	115,210,589	116,000,000	789,411
PEER COUNSELING GRANT	4060035	FR-OTHER	1,448,533	1,736,638	1,216,638	(520,000)
MCH BLOCK GRANT	4060035	FR-OTHER	367,063	316,000	316,000	—
STD	4060035	FR-OTHER	1,740,903	919,553	—	(919,553)
STD	4060035	FR-OTHER	2,095,447	2,182,878	1,821,000	(361,878)
STD	4060035	FR-OTHER	—	67,393	67,393	—
TB CONTROL PREVENTION	4060035	FR-OTHER	1,243,355	965,000	945,000	(20,000)
TB CONTROL PREVENTION	4060035	FR-OTHER	725,796	789,358	789,358	—
BEACH MONITORING	4060035	FR-OTHER	435,009	381,000	375,000	(6,000)

006 - Federal Funds (continued)

Source	Commitment Item	Commitment Item Name	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
SAFE DRINKING WATER	4060035	FR-OTHER	1,422,852	2,090,927	2,090,927	—
SAFE DRINKING WATER	4060035	FR-OTHER	1,266,741	1,453,000	1,453,000	—
SAFE DRINKING WATER	4060035	FR-OTHER	393,884	578,063	660,000	81,937
OCCUPATIONAL INJURY	4060035	FR-OTHER	643,881	512,902	512,902	—
OCCUPATIONAL INJURY	4060035	FR-OTHER	25,859	—	—	—
APPLETREE PROGRAM	4060035	FR-OTHER	302,428	312,998	312,998	—
PRIVATE WELL INITIATIVE	4060035	FR-OTHER	—	146,694	146,694	—
ENV PUBLIC HEALTH TRK	4060035	FR-OTHER	916,079	615,000	615,000	—
FOOD AND DRUG	4060035	FR-OTHER	—	207,928	207,928	—
MFD FOOD STANDARDS	4060035	FR-OTHER	97,261	220,975	220,975	—
COMMERCIAL SEAFOOD	4060035	FR-OTHER	—	55,463	55,463	—
VITAL RECORDS	4060035	FR-OTHER	178,300	376,354	376,354	—
VITAL RECORDS	4060035	FR-OTHER	2,330,436	491,000	491,000	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	(27,626)	—	—	—
MISC FEDERAL GRANTS	4710095	MR-RECOUP & REBATES	43,688,479	—	—	—
MISC FEDERAL GRANTS	4830014	INTRAFUND TRANSFER	(185,029,865)	—	—	—
MISC FEDERAL GRANTS	4830016	PY CASH CARRYOVER	111,366,815	—	—	—
MISC FEDERAL GRANTS	4830019	PY BAFL PYBK-TRNF IN	37,824,653	—	—	—
BREATH	4060035	FR-OTHER	—	450,000	275,000	(175,000)
HIV/AIDS PROGRAMS	4060035	FR-OTHER	26,009	—	—	—
QUITLINE	4060035	FR-OTHER	319,130	—	—	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	—	—	5,039,781	5,039,781
BIOTERRORISM GRANT	4060035	FR-OTHER	257,387	334,771	—	(334,771)
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	179	—	—	—
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	726,003	404,826	404,826	—
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	990,964	—	—	—
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	634,459	—	—	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	476,277	—	—	—

006 - Federal Funds (continued)

Source	Commitment Item	Commitment Item Name	FY2023-2024 Actuals	FY-2025 Estimate	FY2025-2026 Projected	Over/Under Current Year Estimate
MISC FEDERAL GRANTS	4060035	FR-OTHER	—	1,088,000	—	(1,088,000)
WELL-AHEAD HEALTH GRANT	4060035	FR-OTHER	—	888,000	888,000	—
WIC ADMINISTRATION	4060035	FR-OTHER	—	1,198,480	778,480	(420,000)
WIC ADMINISTRATION	4060035	FR-OTHER	494,819	317,310	—	(317,310)
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	641,216	—	—	—
EPID LAB CAPACITY (ELC)	4060035	FR-OTHER	9,672,050	—	—	—
IMMUNIZATION GRANT	4060035	FR-OTHER	249,273	—	—	—
IMMUNIZATION GRANT	4060035	FR-OTHER	1,630,813	—	—	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	126,062	575,000	—	(575,000)
MISC FEDERAL GRANTS	4060035	FR-OTHER	73,278	—	—	—
MISC FEDERAL GRANTS	4060035	FR-OTHER	890,711	—	—	—
MISC COLLECTIONS	4060035	FR-OTHER	—	—	2,035,304	2,035,304
FOOD AND DRUG	4060035	FR-OTHER	—	31,600	—	(31,600)
MISC FEDERAL GRANTS	4060036	FR-OTHER-VA BASIC	59,882	—	—	—
MISC FEDERAL GRANTS	4000000	TOTAL REVENUES	—	—	595,822	595,822
Total Collections/Income			\$364,087,253	\$552,284,082	\$409,954,989	\$(142,329,093)
TYPE						
Expenditures Source of Funding Form (BR-6)			354,379,389	552,284,082	409,954,989	(142,329,093)
Carryover			8,492,688	—	—	—
Transfer			1,215,176	—	—	—
Total Expenditures, Transfers and Carry Forwards to Next FY			\$364,087,253	\$552,284,082	\$409,954,989	\$(142,329,093)
Difference in Total Collections/Income and Total Expenditures, Transfers and Carry Forwards to Next FY			—	—	—	—

Justification of Differences

Form 35182 — 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 35183 — 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 35184 — 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 35185 — 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 35186 — 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 35187 — 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 35189 — 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 35190 — 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 35197 — 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 35204 — 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 35205 — 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 35206 — 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 35207 — 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 35208 — 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 35209 — 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 35210 — 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 35211 — 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 35212 — 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 35213 — 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 35214 — 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 35215 — 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 35216 — 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 35217 — 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 35218 — 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 35219 — 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 35220 — 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 35221 — 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 35222 — 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 35223 — 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 35224 — 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 35225 — 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 35226 — 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 35227 — 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 35228 — 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 35229 — 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 35230 — 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 35231 — 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 35232 — 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 35233 — 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 35234 — 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 35235 — 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 35236 — 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 35237 — 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 35238 — 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 35239 — 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 35240 — 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 35241 — 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 35242 — 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 35243 — 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 35244 — 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 35245 — 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 35246 — 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 35247 — 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 35248 — 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 35249 — 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 35250 — 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 35251 — 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 35252 — 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 35253 — 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 35254 — 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 35255 — 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 35256 — 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 35257 — 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 35258 — 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 35259 — 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 35260 — 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 35261 — 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 35262 — 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 35263 — 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 35264 — 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 35265 — 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 35266 — 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 35267 — 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 35268 — 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 35269 — 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 35270 — 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 35271 — 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 35272 — 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 35273 — 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 35274 — 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 35275 — 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 35276 — 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 35277 — 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 35278 — 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 35279 — 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 35280 — 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 35281 — 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 35282 — 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 35283 — 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 35284 — 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 35285 — 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 35286 — 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 35287 — 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 35288 — 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 35289 — 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 35290 — 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 35291 — 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 35292 — 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 35293 — 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 35294 — 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 35295 — 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 35296 — 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 35297 — 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 35298 — 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 35299 — 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 35300 — 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 35301 — 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 35302 — 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 35303 — 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 35304 — 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 35305 — 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 35306 — 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 35307 — 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 35308 — 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 35309 — 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 35310 — 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 35311 — 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 35312 — 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 35313 — 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 35314 — 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 35315 — 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 35316 — 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 35317 — 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 35318 — 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 35319 — 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 35320 — 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 35321 — 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 35322 — 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 35323 — 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 35324 — 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 35325 — 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 35326 — 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 35327 — 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 35328 — 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 35329 — 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 35330 — 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 35331 — 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 35332 — 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 35333 — 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 35334 — 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 35335 — 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 35336 — 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 35337 — 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 35338 — 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 35339 — 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 35340 — 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 35341 — 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 35342 — 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 35343 — 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 35344 — 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 35345 — 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 35346 — 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 35347 — 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 35348 — 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 35349 — 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 35350 — 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 35351 — 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 35352 — 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 35353 — 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 35354 — 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 35355 — 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 35356 — 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 35357 — 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 35358 — 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 35359 — 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 35360 — 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 35361 — 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 35362 — 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 35363 — 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 35364 — 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 35365 — 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 35366 — 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 35367 — 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 35368 — 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 35369 — 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 35370 — 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 35371 — 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 35372 — 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 35373 — 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 35374 — 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 35375 — 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 35376 — 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 35377 — 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 35378 — 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 35379 — 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 35380 — 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 35381 — 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 35383 — 326 INFLATION SELF GENERATED and STATUTORY DEDICATION

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

Form 35384 — 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 35386 — 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 35387 — 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 35511 — 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 35512 — 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 35513 — 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 35514 — 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 35515 — 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 35516 — 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 35517 — 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 35518 — 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 35519 — 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 35520 — 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 35521 — 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 35522 — 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 35523 — 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 35524 — 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 35525 — 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 35526 — 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 35527 — 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 35528 — 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 35529 — 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 35530 — 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 35531 — 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 35532 — 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 35533 — 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 35534 — 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 35535 — 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 35536 — 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 35537 — 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 35538 — 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 35539 — 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 35540 — 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 35541 — 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 35542 — 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 35543 — 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 35544 — 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 35549 — 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 35550 — 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 35551 — 326 Community Outreach CB-8

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

Form 37133 — 326 FEMA IAT

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

Form 37134 — 326 Safe Drinking Water Office of Behavioral Health

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

Form 37135 — 326 Molluscan Shellfish Imported Seafood Sampling - DWF

Question	Narrative Response
Explain any transfers to other appropriations.	
Break out INA by Source of Funding.	
Additional information or comments.	

Form 37142 — 326 Molluscan Shellfish - FDA Shellfish Grant Self Generated

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

Form 37192 — 326 MOLLUSCAN SHELLFISH FDA GRANT Federal

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

Form 37193 — 326 PHB ACES Trauma Informed Federal

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

Form 38271 — 326 ACQUISITIONS - CB-8

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

Form 39773 — 326- MOF Swap DCFS for NFP IAT

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

SCHEDULE OF REQUESTED EXPENDITURES

3262 - Public Health Services

Travel

FY2025-2026 Request	Description
61,750	\$61,750.00 System generated Inflation.
1,115,011	<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 \$535,822: Louisiana Commission for the Deaf, Nutrition Services across the state, Bureau of Planning and Policy- Louisiana Public Health Association Conference and/or Louisiana Health Summit, Engineering Services conferences- Louisiana Engineering Society Conference, Emergency Preparedness training, Children Special Health Services-mental health workshop, and OPH Lab annual conference.</p> <p>Out-State \$579,189: Gallup At Work Summit - To learn cutting-edge workforce development strategies to support and strengthen the OPH workforce. Sexually Transmitted Diseases Conference - National Coalition of STD Directors Annual Meeting to learn the latest information on STD prevention and control.; Southwest American Water Works Association SWAWWA Water Quality Conference - To learn about the chemical, physical, and biological content of water in order to protect public health by ensuring safe drinking water.; (NEHA) National Environmental Health Association Conference - gain skills, knowledge, and expertise to build capacity, address daily and strategic challenges, and learn from subject matter experts.; NWA Annual Conference- Continuing education and conference for USDA, WIC local and State Agencies, researchers, advocates, and program stakeholders, non-governmental organizations that are all working in collaboration to strengthen WIC services. National Conference on Interstate Milk Shipments (NCIMS); Interstate Seafood Sanitation Conference; Association of Food and Drug Officials Conference.</p>
8,600	In-State Administrative travel costs for HIV/STD Prevention Annual Meeting.
7,000	<p>In-state and out-of-state, Board member travel costs for Parish Health Units, Regional, and Programmatic Offices, including but not limited to:</p> <p>\$4,500 -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> <p>\$2,500 -Out-of-State Board Members: Travel to attend the National WIC Association Board Meeting.</p>

Travel *(continued)*

FY2025-2026 Request	Description
1,620,817	In-State Field travel costs for Parish Health Units, Regional, and Programmatic offices.
5,300	In-State Information Technology travel costs for training for Laboratory Information Management Systems. Nutrition Services and Sanitarian Services programmatic, and regional offices.
\$2,818,478	Total Travel

Operating Services

FY2025-2026 Request	Description
551,188	\$310,504- System generated inflation cost for Parish Health Units, Regional, and Programmatic Offices Operating Services. \$85,684- Medical Inflation Factor \$100,00.00- CB-8 Adjustments -Bureau of Community Preparedness Warehouse Lease \$55,000- CB-8 Adjustments - Lead and Copper Rule Revision
68,300	Auto maintenance includes fuel costs for all Office of Public Health fleet vehicles located in the Parish Health Units, Regional Offices, and Programmatic Offices statewide.
6,500	Building maintenance expenditures related to annual maintenance of Vital Records Sapphire Fire Suppression System, and building and grounds maintenance for Region 1, Jefferson Parish Health Unit.
5,854,567	Building rental costs for Parish Health Unit, Regional and Programmatic Offices including but not limited to: Vital Records, the Bureau of Community Preparedness, Nutrition Services, Infectious Disease Epidemiology, Pharmacy, Sanitarian Services, Engineering Services, and Bureau of Emergency Medicine.
11,500	Cost associated with data lines circuits for Engineering Services Programmatic Office, and Regions 1, 4, 9, and Sanitarian Services Parish Health Units. Data line circuit costs include statewide telecommunications services, new data lines for staff, repairs to existing data lines/circuits and 2DSL lines.
111,570	Cost related to the printing of forms utilized by, but not limited to, Vital Records, EMS, the Bureau of Community Preparedness, Parish Health Units, Regional, and other Programmatic Offices.
4,100	Costs for lawn care service at Region 4 Parish Health Units and Laboratory and Sanitarian Services Programmatic Offices.

Operating Services (continued)

FY2025-2026 Request	Description
339,030	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 Regions 1, 3, 4, 5, 6, 7, and 9 Parish Health Units.
218,935	Dues and fees for Parish Health Units, Regional and Programmatic Offices including but not limited to the Assistant Secretary, Engineering, Maternal & Child Health, and Primary Care and Rural Health Administration. Dues include memberships to professional organizations.
315,500	Electricity costs for Parish Health Units, Regional, and other Programmatic Offices including but not limited to: Laboratory Services, Milk and Dairy Unit, and Regions 2, 4, 5, 6, and 7.
1,427,031	Expenditures include all medical and office equipment maintenance in Programmatic Offices including but not limited to the Bureau of Community Preparedness, Laboratory, Sanitarian Services, Vital Records Section, and Regional Offices and Public Health Units. Equipment includes but is not limited to printers, copiers, telephone systems, and the recalibration of medical devices such as hearing aids.
20,650	Expenditures related to public information advertisement released by Programmatic Offices, including but not limited to the Bureau of Community Preparedness, Homeland Security, Drinking Water Revolving Loan Fund, and other Parish Health Units, Regional, and Programmatic Offices.
624,200	Expenses related to custodial services rendered in Regional Offices, Parish Health Units, and Programmatic Offices statewide.
33,000	Gas costs for Parish Health Units and Regional Offices including but not limited to Regions 2, 5, 6, and 7.
37,200	Internet provider costs for Parish Health Units, Regional, and Programmatic Offices including but not limited to the Assistant Secretary, Sanitarian Services, EMS, Homeland Security, and Regions 1, 4 and 6 Administrative Offices. These costs include monthly cable and internet service charges.
2,505,376	Lab Fees cost for Programmatic Offices including but not limited to: Engineering, Tuberculosis, and Laboratory Services.
3,400	Laundry costs for Parish Health Units, Regional, and Programmatic Offices including but not limited to Region 3. Laundry costs include cleaning services for towels, floor mats, rugs, mop heads, etc.
626,524	Miscellaneous cost for Parish Health Units, Regional, and Programmatic Offices including but not limited to Vital Records, Engineering Services, and Bureau of Community Preparedness. Miscellaneous costs include couriers, shredding services, emergency operating expenses, coroner reimbursements, Kelly and Westaff temporary services, statewide operating expenses, and academic accreditations.
12,350	Non-debit service fee for but not limited to Programmatic Office and Region 1, and 9 Parish Health Units.

Operating Services *(continued)*

FY2025-2026 Request	Description
80,420	Other communications costs for charges outside of telephone services and data lines or circuits, at Parish Health Units, Regional, and Programmatic Offices including but not limited to Vital Records, Immunization, Infectious Disease Epidemiology, and Region 1. Other communications costs include MIFIs, social media, radio paging and payments to Cox Communications, etc.
5,200	Other costs for Parish Health Units, Regional, and Programmatic Offices including but not limited to Laboratory Services, and Regions 4, 5, and 7.
285,377	Other rental costs for Programmatic Offices including but not limited to Operations and Support, Sanitarian Services, Infectious Disease Epidemiology, Nutrition Services, New Orleans TB Control Unit, and Region 1 Administrative Office. Other rental costs include charges related to storage units, parking garages, and other third-party leases.
16,920	Pest control cost including the use of biological, chemical, or mechanical methods of pest elimination activities in all OPH Parish Health Units, Regional, and Programmatic Offices.
452,160	Postage costs for Parish Health Units, Regional, and Programmatic Offices including but not limited to Engineering, Pharmacy, and Operations and Support Services. Postage cost include 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.
126,640	Security cost for Sabine and Allen Parish Health Units, Metropolitan Region 1 Administrative Office, New Orleans TB Control Unit, and Programmatic Offices including Office of the Assistant Secretary. Security costs include wages for security officers.
60,420	Subscription costs for Programmatic Offices including but not limited to Pharmacy Section, Laboratory, Infectious Disease Epidemiology, Primary Care, and Rural Health and Nutrition Services. Costs include organization memberships and subscription fees such as Pharmacy Law, Public Health Digital Library, Data Camp, Rural Recruitment and Retention Network, and the Academy of Nutrition and Dietetics Pediatric Nutrition Care Manual.
367,740	Telephone costs for Programmatic Offices include but not limited to Sanitarian, Nutrition, Vital Records, Operations and Support, Parish Health Units, and Regional Offices. Telephone costs include cellular services and travel charges, reimbursements for local and long-distance work-related calls, telephone conference calls, and Zoom connections. MiFi device related to Regional Nurse-Family Partnership, scanning capability for copiers.
8,500	Uniform cost for Environmental Chemistry and Water Lab. These costs include but are not limited to lab coats and laundry.
161,380	Waste disposal pick-up for all Parish Health Units, Programmatic and Regional Offices statewide.
30,050	Water costs for Parish Health Units, Regional, and Programmatic Offices including but not limited to Laboratory Services and Regions 2,4, 5, 6, and 7, Parish Health Units. Costs include charges for water services paid to the City of Amite, Baton Rouge, Hammond, and Oakdale, etc.
\$14,412,978	Total Operating Services

Supplies

FY2025-2026 Request	Description
1,150,986	\$335,313- System-generated inflation \$430,673.00- Medical Inflation \$385,000.00- CB-8 Adjustments- Lead and Copper Rule Revision
150,500	Automotive expenditures such as fuel, oil filters, headlights, wiper blades, etc. for Sanitarian Services, Bureau of Community Preparedness, Operations and Support Services, and other Programmatic Offices, Parish Health Units, and Regional Offices.
590,600	Expenditures for daily operations, including paper clips, pens, file folders, copy paper, stationary, etc., for Central Offices such as Nutrition, Vital Records, Laboratory Services, Bureau of Community Preparedness, and Immunization, as well as Parish Health Units, and Regional Offices.
15,455	Expenditures related to nutritional food demonstrations using WIC food products for Parish Health Units and Regional Offices.
9,141,167	Medical expenditures include gowns, syringes, testing, bandages, table covers, and other medical-related supplies for Regions (1-9 Parish Health Units) as well as other Regional and Programmatic Offices. .
756,155	Minor equipment maintenance expenditures for Parish Health Units, Regional, and Programmatic offices such as lock repairs, educational recreational, household, and other auto-related supplies that are not covered under the automotive expenditure category.
502,250	Other supplies for the Pharmacy such as shipping boxes, packing material, koolits, and an Ice chest. Engineering services water testing supplies, Environmental Epi dust covers, spacers, spray bottles, and peak flow meters. Including, but not limited to other Programmatic Offices, Parish Health Units, and Regional Offices. Other repairs for the Pharmacy such as a new refrigerator and maintenance.
1,100	Personal supplies for Parish Health Units and Regional Offices that do not fall under other categories.
3,451,600	Pharmaceutical medications include metabolic formulas for Genetic Disease patients, contraceptive devices, STD treatment medications, and other medications for Programmatic Offices, including but not limited to Pharmacy, Genetic Disease, Family Planning, and Sexual Transmission Disease Control, as well as Parish Health Units and Regional Offices.
316,800	Required computer and IT-related supply expenditures that ensure federal compliance and maintain effective operations of the Office of Public Health state-wide data information system.
43,700	Uniform cost for Sanitarian Services and Engineering. These costs include but are not limited to shirts, boots, vests, and protective headgears.
\$16,120,313	Total Supplies

Professional Services

FY2025-2026 Request	Means of Financing	Description
1,372,662	State General Fund	
\$1,372,662		\$1,372,662.00- System Generated Inflation.
401,343	State General Fund	
\$401,343		Medical Inflation
5,904,339	Interagency Transfers	
\$5,904,339		Other Professional Services costs for Programmatic Offices including, but not limited to: Maternal and Child Health, Genetic Disease, and Bureau of Performance Improvement.
4,778,469	Telecommunications for the Deaf Fund	
\$4,778,469		Professional service costs for Programmatic Offices including, but not limited to Medical and Dental for the Louisiana Commission for the Deaf programmatic office.
43,023,383	Federal Funds	
\$43,023,383		Professional Services cost for Parish Health Units, Regional, and Programmatic Offices including, but not limited to: Accounting and Auditing for Nutrition Section; Management Consulting services for the HIV/ STD, Health Informatics, Environmental Epidemiology Section, Maternal and Child Health; Engineering and Architectural services for Drink Water State Revolving Loan Fund Section, Engineering Services, and Adolescent and School Health Section; Legal services for Drink Water State Revolving Loan Section; Medical and Dental services for the Genetics, Tuberculosis, and Children's Special Health Services programs; Other Professional Services for the Commodity Supplemental Food Program, Bureau of Chronic Disease Healthcare Access, Population Health, Family Planning, Genetic Disease, Immunization, Family Planning, Maternal and Child Health programs, and Nutrition Section.
3,551,487	Louisiana Fund	
\$3,551,487		Professional Services costs for Genetic Disease programs.

Professional Services *(continued)*

FY2025-2026 Request	Means of Financing	Description
1,759,573	Fees & Self-generated	
\$1,759,573		Professional Services costs for Programmatic Offices including, but not limited to: Management Consulting services for the AIDS Surveillance activity, STD program and Environmental Epidemiology and Population Health and Informatics.
2,262,321	State General Fund	
\$2,262,321		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, Tuberculosis, Family Planning, Health Informatics, and Vital Records programs.
\$63,053,577	Total Professional Services	

Other Charges

FY2025-2026 Request	Means of Financing	Description
51,200	State General Fund	
\$51,200		CB-8 Language Translator Devices of Public Health Units ñ \$51,200
3,619,838	State General Fund	
\$3,619,838		Medical Inflation \$3,619,838
406,842,889	Federal Funds	
\$406,842,889		OPH Other Charges cost for Parish Health Units, Regional, and Programmatic Offices including, but not limited to: Other Charges Operating Services for the Immunization, Engineering Services, and Chronic Disease, Tuberculosis Control Section, and Bureau of Community Preparedness programs. Other Charges- Supplies for the HIV/AIDS, Immunization, Nutrition Services, Tuberculosis Control Section, and Homeland Security; Other Charges Professional Services- Medical for the Newborn Screening Laboratory, HIV/ STD, Maternal and Child Health Sections; Other Charges-IAT for WIC ñ Contract Agencies, Other Charges-Contractual Services for the Nutrition Services program.

Other Charges *(continued)*

FY2025-2026 Request	Means of Financing	Description
7,098,941	State General Fund	
\$7,098,941		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.
77,690,428	Interagency Transfers	
\$77,690,428		Other Charges costs for Programmatic Offices including, but not limited to: Other Charges Operating Services for the Immunization program; Other Charges Professional Services for the Vital Records program.
8,616,912	Fees & Self-generated	
\$8,616,912		Other Charges costs for Programmatic Offices including, but not limited to: Public Assistance-Education services for the Emergency Medical Services, provide Opioid Abuse prevention outreach and Safe Drinking Water programs; Other Charges- Supplies for the Immunization program; Other Charges Professional Services for the Family Planning, Immunization, STD, Food and Drug.
159,095	Telecommunications for the Deaf Fund	
\$159,095		Other Charges Professional Services costs for Louisiana Commission for the Deaf programmatic office.
6,254,260	Louisiana Fund	
\$6,254,260		Other Professional Services- costs for Genetic Disease programs.
2,673,634	Rural Primary Care Physicians Development Fund	
\$2,673,634		Other Professional Services- Medical costs for the Bureau of Chronic Disease and Healthcare Access programmatic office.
\$361,607,197	Total Other Charges	

Interagency Transfers

FY2025-2026 Request	Means of Financing	Receiving Agency	Description
46,478	Fees & Self-generated		
14,301	Interagency Transfers		
50,053	State General Fund		
\$110,832		OFFICE OF STATE POLICE	Capital Police Security
1,495	Fees & Self-generated		
460	Interagency Transfers		
\$1,955		DOA-ADMINISTRATIVE SUPPORT	Division of Administration
21,044	Interagency Transfers		
27,817	Telecommunications for the Deaf Fund		
\$48,861		DOA-ADMINISTRATIVE SUPPORT	Division of Administration - Office of State Buildings and Grounds
159	Fees & Self-generated		
49	Interagency Transfers		
\$208		DOA-ADMINISTRATIVE SUPPORT	Division of Administrative Law
172	State General Fund		
\$172		DOA-ADMINISTRATIVE SUPPORT	Division of Administrative Law.
72,172	Fees & Self-generated		
\$72,172		MISCELLANEOUS STATE AID	Imperial Calcasieu Human Services Authority
77,706	Fees & Self-generated		
83,683	State General Fund		
\$161,389		STATE CIVIL SERVICE	Interagency Transfers for State Civil Service and Comprehensive Public Training Program (CPTP).
932,032	Interagency Transfers		
\$932,032		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.

Interagency Transfers *(continued)*

FY2025-2026 Request	Means of Financing	Receiving Agency	Description
412,437	Federal Funds		
\$412,437		STATE CIVIL SERVICE	Interagency transfer to Civil Service. This transfer will cover OPH's pro rata share of State Civil Service cost and cover the cost related to the statewide training program.. The total IAT amount is \$597,735 and consists of the following funding breakdown: \$83,683.00 in State Funds, \$77,706.00 in Self-Generated Fees, \$23,909.00 in IAT Funds, and \$412,437.00 in Federal Funds.
7,935	Federal Funds		
\$7,935		DOA-ADMINISTRATIVE SUPPORT	Interagency transfer to DOA- GPS Tracking of State Vehicles to cover fleet vehicle GIS tracking cost. The total IAT amount is \$11,500 and consists of \$1,610.00 in State Funds, \$1,495.00 in Self-Generated Funds, \$460.00 IAT Funds, \$7,935 in Federal funds.
210,400	Fees & Self-generated		
\$210,400		HEALTH & HOSP OFF OF SECRETARY	Interagency transfer to LDH Legal. This transfer covers the cost of an Attorney 4 job appointment (\$150,400) assigned to OPH Engineering Services and to provide Bureau of EMS a prosecutorial attorney (60,000) relative to EMS investigations. Total IAT amount is \$210,400 and consists entirely of Self-Generated Funds.

Interagency Transfers *(continued)*

FY2025-2026 Request	Means of Financing	Receiving Agency	Description
275,086	Federal Funds		
\$275,086		HEALTH & HOSP OFF OF SECRETARY	Interagency transfer to Louisiana Department of Health - Office of the Secretary. This transfer covers the cost of training equipment and supplies for the Engagement and training section, and strengthen and manage community partnerships and enhance cultural competency for Department of Planning and Performance. The total IAT amount is \$275,086 and consists entirely of Federal Funds.
100,000	Federal Funds		
\$100,000		LA PROPERTY ASSISTANCE AGENCY	Interagency transfer to Louisiana Property Assistance Agency (LPAA). This transfer covers cost for storage of equipment for emergency preparedness supplies. . The total IAT amount is \$100,000.00 in Federal Funds.
180,000	Federal Funds		
\$180,000		MISCELLANEOUS STATE AID	Interagency transfer to the BUREAU OF COMMUNITY PARTNERSHIPS & HEALTH EQUITY. The total IAT amount is \$180,000 and consists of 100% 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.
700,000	Federal Funds		
\$700,000		CAPITAL AREA HUMAN SRV DSTRCT	Interagency transfer to the Capital Area Human Services District. The purpose of this IAT is to cover cost contracts. These contracts will provide nurse home visitors to decrease the infant mortality rate and decrease disparities in the targeted regions. The total IAT amount is \$700,000 in Federal Funds.

Interagency Transfers *(continued)*

FY2025-2026 Request	Means of Financing	Receiving Agency	Description
189,035	Federal Funds		
\$189,035		AGRICULTURE AND FORESTRY	Interagency transfer to the Department of Agriculture & Forestry. This transfer covers the costs for emergency response storage of antiviral medical caches. The total IAT amount is \$189,035.00 in federal funds.
246,692	Federal Funds		
\$246,692		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 \$357,524.00 and consists of the following funding breakdown: \$50,053.00 in State Funds, \$46,478.00 in Self-Generated Fees, \$14,301.00 in IAT Funds, and \$246,692.00 in Federal Funds.
1,610	State General Fund		
\$1,610		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.
2,118,280	State General Fund		
\$2,118,280		DOA-ADMINISTRATIVE SUPPORT	Interagency Transfer to the Division of Administration - Office of State Building and Grounds.

Interagency Transfers *(continued)*

FY2025-2026 Request	Means of Financing	Receiving Agency	Description
625,576	Federal Funds		
\$625,576		DOA-ADMINISTRATIVE SUPPORT	<p>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, and buildings for Regions 4 and 7 PHUS. The total IAT amount is \$2,982,910.00 and consists of the following funding breakdown: \$2,118,280.00 in State Funds, \$190,193.00 in Self-Generated Fees, \$21,044.00 in IAT Funds, \$625,576.00 in Federal Funds, and \$27,817.00 in LA Telecom for the Deaf Funds.</p>
10,039,079	Federal Funds		
\$10,039,079		DOA-OFFICE OF TECHNOLOGY SVCS	<p>Interagency transfer to the Division of Administration - Office of Technology Services (OTS). The purpose of this IAT is to cover costs related to E-mail services, storage, archiving, data, Enterprise desktop and printer support, center electrical distribution, and ISB raised floor. The total IAT amount is \$19,441,900.00 and consists of the following funding breakdown: \$6,757,603.00 in State Funds, \$1,701,003.00 in Self-Generated Fees, \$932,032.00 in IAT Funds, \$10,039,079.00 in Federal Funds, and \$12,183.00 in LA Telecom for the Deaf Funds.</p>

Interagency Transfers *(continued)*

FY2025-2026 Request	Means of Financing	Receiving Agency	Description
845	Federal Funds		
\$845		DOA-ADMINISTRATIVE SUPPORT	Interagency transfer to the Division of Administrative Law. The purpose of this IAT is to cover costs associated with legal services provided to the Office of Public Health. The total IAT amount is \$1,225.00 and consists of the following funding breakdown: \$172.00 in State Funds, \$159.00 in Self-Generated Fees, \$49.00 in IAT Funds, and \$845.00 in Federal Funds.
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.
6,000	Federal Funds		
\$6,000		MISCELLANEOUS STATE AID	Interagency transfer to the Office of Behavioral Health. This transfer covers costs of mental health first aid for responders for the Department of Homeland Security. The total IAT amount is \$6,000.00 and consists entirely of Federal Funds.
768,143	Federal Funds		
\$768,143		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 \$1,113,251.00 and consists of the following funding breakdown: \$155,855.00 in State Funds, \$144,723.00 in Self-Generated Fees, \$44,530.00 in IAT Funds, and \$768,143.00 in Federal Funds.

Interagency Transfers *(continued)*

FY2025-2026 Request	Means of Financing	Receiving Agency	Description
425,865	State General Fund		
\$425,865		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.
54,354	Federal Funds		
\$54,354		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 \$78,774.00. The IAT funding breakdown consists of \$11,028.00 in State Funds, \$10,241.00 in Self-Generated Fees, \$3,151.00 in IAT Funds, and \$54,354.00 in Federal Funds.
390,195	Federal Funds		
\$390,195		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 \$565,500.00 and consists of the following funding breakdown: \$79,170.00 in State Funds, \$73,515.00 in Self-Generated Fees, \$22,620.00 in IAT Funds, and \$390,195.00 in Federal Funds.
1,111,935	Federal Funds		
\$1,111,935		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 \$1,611,500.00 and includes \$225,610.00 in State Funds, \$209,495.00 in Self-Generated Fees, \$64,460.00 in IAT Funds, and \$1,111,935.00 in Federal Funds

Interagency Transfers (continued)

FY2025-2026 Request	Means of Financing	Receiving Agency	Description
120,000	Federal Funds		
\$120,000		LEGISLATIVE AUDITOR	Interagency transfer to the Office of the Legislative Auditor. This transfer will cover the Drinking Water Revolving Loan Fund auditing services. The total IAT amount is \$85,000.00 in Federal Funds.
10,673	Federal Funds		
\$10,673		ST TREASURER OPERATING	Interagency transfer to the Office of the State Treasurer. The purpose of this transfer is to cover central depository banking services costs. The total IAT amount is \$15,468.00 and consists of the following funding breakdown: \$2,165.00 in State Funds, \$2,011.00 in Self-Generated Fees, \$619.00 in IAT Funds, and \$10,673.00 in Federal Funds.
23,940	Federal Funds		
\$23,940		MISCELLANEOUS STATE AID	Medical Inflation in the amount of \$23,940 with consists of \$4,309 in Self Generated Funds and \$19,631 in Federal Funds.
44,530	Interagency Transfers		
155,855	State General Fund		
\$200,385		OFFICE OF RISK MANAGEMENT	Office of Risk Management
144,723	Fees & Self-generated		
\$144,723		OFFICE OF RISK MANAGEMENT	Office of Risk Management
190,193	Fees & Self-generated		
12,183	Telecommunications for the Deaf Fund		
\$202,376		DOA-ADMINISTRATIVE SUPPORT	Office of State Buildings and Grounds
23,909	Interagency Transfers		
\$23,909		STATE CIVIL SERVICE	Office of State Civil Service
619	Interagency Transfers		
2,165	State General Fund		
\$2,784		ST TREASURER OPERATING	Office of State Treasurer
10,241	Fees & Self-generated		
3,151	Interagency Transfers		

Interagency Transfers *(continued)*

FY2025-2026 Request	Means of Financing	Receiving Agency	Description
11,028	State General Fund		
\$24,420		UNIFORM PAYROLL OFFICE	Office of State Uniform Payroll System
1,701,003	Fees & Self-generated		
6,757,603	State General Fund		
\$8,458,606		DOA-OFFICE OF TECHNOLOGY SVCS	Office of Technology Services
73,515	Fees & Self-generated		
22,620	Interagency Transfers		
79,170	State General Fund		
\$175,305		DOA-OFFICE OF TECHNOLOGY SVCS	Office of Technology Services - Production Support Services
209,495	Fees & Self-generated		
64,460	Interagency Transfers		
225,610	State General Fund		
\$499,565		OFF. TELECOMMUNICATIONS MGMT	Office of Telecommunications
2,011	Fees & Self-generated		
\$2,011		ST TREASURER OPERATING	Office of the State Treasurer
118	Federal Funds		
\$118		MISCELLANEOUS STATE AID	Unallotted Federal Funds in the amount of \$118.00.
\$29,129,903	Total Interagency Transfers		

Acquisitions

FY2025-2026 Request	Means of Financing	New/Replacement	Acquisition Type	Quantity	Description
7,500	Federal Funds				
\$296,425		New	COMPUTER	50	Computer Equipment - See attached on Form ID 37325 for breakdown.
86,000	Federal Funds				
\$86,000		Replace	COMMUNICATIONS	3	Communication Equipment - See attached on Form ID 37325 for breakdown.

Acquisitions *(continued)*

FY2025-2026 Request	Means of Financing	New/Replacement	Acquisition Type	Quantity	Description
49,350	Fees & Self-generated				
\$49,350		Replace	COMPUTER	29	Computer Equipment - see attached on Form ID 37325 for breakdown.
288,925	Federal Funds				
\$296,425		Replace	COMPUTER	351	Computer Equipment - See attached on Form ID 37325 for breakdown.
116,141	Federal Funds				
173,110	Fees & Self-generated				
\$289,251		Replace	MEDICAL EQUIPMENT	109	Medical Equipment - See attached on Form ID 37325 for breakdown.
29,600	Federal Funds				
49,450	Fees & Self-generated				
\$79,050		Replace	OFFICE FURN	107	Office Equipment - See attached on Form ID 37325 for breakdown.
30,170	Federal Funds				
\$30,170		Replace	OTHER EQUIPMENT	24	Other Equipment - See attached on Form ID 37325 for breakdown.
37,486	Federal Funds				
\$37,486		Replace	SOFTWARE	72	Software - See attached on Form ID 37325 for breakdown.
\$867,732	Total Acquisitions				



This page has been intentionally left blank

Continuation Budget Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
STATE GENERAL FUND (Direct)	61,846,578	(1,400,000)	1,036,360	3,995,227	—	3,810,517	69,288,682
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	87,005,926	—	136,689	—	—	(2,877,075)	84,265,540
FEES & SELF-GENERATED	56,728,876	(86,007)	241,032	1,507,634	—	271,910	58,663,445
STATUTORY DEDICATIONS	18,000,320	—	187,845	—	—	—	18,188,165
FEDERAL FUNDS	552,284,082	(150,000,000)	5,039,781	2,035,304	—	595,822	409,954,989
TOTAL MEANS OF FINANCING	\$775,865,782	\$(151,486,007)	\$6,641,707	\$7,538,165	—	\$1,801,174	\$640,360,821

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
Fees & Self-generated	56,052,364	(20,950)	235,731	1,507,634	—	271,910	58,046,689
Oyster Sanitation Dedicated Fund Account	251,108	(65,057)	4,168	—	—	—	190,219
Vital Records Conversion Dedicated Fund Account	425,404	—	1,133	—	—	—	426,537
Total:	\$56,728,876	\$(86,007)	\$241,032	\$1,507,634	—	\$271,910	\$58,663,445

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
Louisiana Fund	9,815,747	—	79,777	—	—	—	9,895,524
Rural Primary Care Physicians Development Fund	2,673,634	—	—	—	—	—	2,673,634
Telecommunications for the Deaf Fund	5,510,939	—	108,068	—	—	—	5,619,007
Total:	\$18,000,320	—	\$187,845	—	—	—	\$18,188,165

Expenditures and Positions

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
Salaries	85,166,367	—	—	4,532,186	—	225,160	89,923,713
Other Compensation	7,792,731	—	—	157,199	—	—	7,949,930
Related Benefits	51,511,138	—	—	2,848,780	—	117,082	54,477,000
TOTAL PERSONAL SERVICES	\$144,470,236	—	—	\$7,538,165	—	\$342,242	\$152,350,643
Travel	2,756,728	—	61,750	—	—	—	2,818,478
Operating Services	13,861,790	—	396,188	—	—	155,000	14,412,978
Supplies	14,969,327	—	765,986	—	—	385,000	16,120,313
TOTAL OPERATING EXPENSES	\$31,587,845	—	\$1,223,924	—	—	\$540,000	\$33,351,769
PROFESSIONAL SERVICES	\$61,279,572	—	\$1,774,005	—	—	—	\$63,053,577
Other Charges	509,336,159	(151,400,000)	3,619,838	—	—	51,200	361,607,197
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	29,105,963	—	23,940	—	—	—	29,129,903
TOTAL OTHER CHARGES	\$538,442,122	\$(151,400,000)	\$3,643,778	—	—	\$51,200	\$390,737,100
Acquisitions	86,007	(86,007)	—	—	—	867,732	867,732
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$86,007	\$(86,007)	—	—	—	\$867,732	\$867,732
TOTAL EXPENDITURES	\$775,865,782	\$(151,486,007)	\$6,641,707	\$7,538,165	—	\$1,801,174	\$640,360,821
Classified	1,215	—	—	—	—	9	1,224
Unclassified	14	—	—	—	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,229	—	—	—	—	9	1,238
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	103	—	—	—	—	—	103

CONTINUATION BUDGET ADJUSTMENTS - SUMMARIZED

Form 37213 — NR - Carryforwards

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(1,400,000)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	(86,007)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$(1,486,007)

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	(1,400,000)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(1,400,000)
Acquisitions	(86,007)
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	\$(86,007)
TOTAL EXPENDITURES	\$(1,486,007)

Positions

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

Form 37214 — NR - Acquisitions and Major Repairs

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

Form 38295 — 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	(150,000,000)
TOTAL MEANS OF FINANCING	\$(150,000,000)

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	(150,000,000)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(150,000,000)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(150,000,000)

Form 37216 — Inflation Factor
Means of Financing

	Amount
STATE GENERAL FUND (Direct)	215,294
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	136,689
FEES & SELF-GENERATED	241,032
STATUTORY DEDICATIONS	187,845
FEDERAL FUNDS	1,299,369
TOTAL MEANS OF FINANCING	\$2,080,229

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	61,750
Operating Services	310,504
Supplies	335,313
TOTAL OPERATING EXPENSES	\$707,567
PROFESSIONAL SERVICES	\$1,372,662
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$2,080,229

Positions

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

Continuation Budget Adjustments - Summarized

Total Agency
Request Type: INFLATION

Form 37353 — 326 Medical Inflation Factor
Means of Financing

	Amount
STATE GENERAL FUND (Direct)	821,066
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	3,740,412
TOTAL MEANS OF FINANCING	\$4,561,478

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	85,684
Supplies	430,673
TOTAL OPERATING EXPENSES	\$516,357
PROFESSIONAL SERVICES	\$401,343
Other Charges	3,619,838
Debt Service	—
Interagency Transfers	23,940
TOTAL OTHER CHARGES	\$3,643,778
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$4,561,478

Positions

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

Form 36955 — 326 Salary and Related Benefits Base Adjustment
Means of Financing

	Amount
STATE GENERAL FUND (Direct)	3,995,227
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	1,507,634
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	2,035,304
TOTAL MEANS OF FINANCING	\$7,538,165

Expenditures

	Amount
Salaries	4,532,186
Other Compensation	157,199
Related Benefits	2,848,780
TOTAL PERSONAL SERVICES	\$7,538,165
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$7,538,165

Positions

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

Form 37219 — 326 Bureau of Community Preparedness Warehouse Space

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	100,000
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$100,000

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	100,000
Supplies	—
TOTAL OPERATING EXPENSES	\$100,000
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$100,000

Form 37220 — 326 Conversion of 5 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	5
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	5
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Form 37226 — 326 Language Translator Devices for OPH Public Health Units

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	51,200
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$51,200

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	51,200
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$51,200
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$51,200

Form 37251 — 326 Lead and Copper Rule Revision

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	782,242
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$782,242

Expenditures

	Amount
Salaries	225,160
Other Compensation	—
Related Benefits	117,082
TOTAL PERSONAL SERVICES	\$342,242
Travel	—
Operating Services	55,000
Supplies	385,000
TOTAL OPERATING EXPENSES	\$440,000
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$782,242

Positions

	FTE
Classified	4
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	4
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Form 37325 — 326 Acquisitions - IT and Non IT Equipment

Means of Financing

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

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	867,732
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	\$867,732
TOTAL EXPENDITURES	\$867,732

Positions

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

Form 39765 — 326 - MOF Swap - TANF Nurse Family Partnership

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	2,877,075
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	(2,877,075)
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	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

PROGRAM SUMMARY STATEMENT

3262 - Public Health Services

Means of Financing

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
STATE GENERAL FUND (Direct)	61,846,578	(1,400,000)	1,036,360	3,995,227	—	3,810,517	69,288,682
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	87,005,926	—	136,689	—	—	(2,877,075)	84,265,540
FEES & SELF-GENERATED	56,728,876	(86,007)	241,032	1,507,634	—	271,910	58,663,445
STATUTORY DEDICATIONS	18,000,320	—	187,845	—	—	—	18,188,165
FEDERAL FUNDS	552,284,082	(150,000,000)	5,039,781	2,035,304	—	595,822	409,954,989
TOTAL MEANS OF FINANCING	\$775,865,782	\$(151,486,007)	\$6,641,707	\$7,538,165	—	\$1,801,174	\$640,360,821

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
Fees & Self-generated	56,052,364	(20,950)	235,731	1,507,634	—	271,910	58,046,689
Oyster Sanitation Dedicated Fund Account	251,108	(65,057)	4,168	—	—	—	190,219
Vital Records Conversion Dedicated Fund Account	425,404	—	1,133	—	—	—	426,537
Total:	\$56,728,876	\$(86,007)	\$241,032	\$1,507,634	—	\$271,910	\$58,663,445

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
Louisiana Fund	9,815,747	—	79,777	—	—	—	9,895,524
Rural Primary Care Physicians Development Fund	2,673,634	—	—	—	—	—	2,673,634
Telecommunications for the Deaf Fund	5,510,939	—	108,068	—	—	—	5,619,007
Total:	\$18,000,320	—	\$187,845	—	—	—	\$18,188,165

Expenditures and Positions

Description	Existing Operating Budget as of 10/01/2024	Non-Recurring	Inflation	Compulsory	Workload	Other	FY2025-2026 Requested Continuation Level
Salaries	85,166,367	—	—	4,532,186	—	225,160	89,923,713
Other Compensation	7,792,731	—	—	157,199	—	—	7,949,930
Related Benefits	51,511,138	—	—	2,848,780	—	117,082	54,477,000
TOTAL PERSONAL SERVICES	\$144,470,236	—	—	\$7,538,165	—	\$342,242	\$152,350,643
Travel	2,756,728	—	61,750	—	—	—	2,818,478
Operating Services	13,861,790	—	396,188	—	—	155,000	14,412,978
Supplies	14,969,327	—	765,986	—	—	385,000	16,120,313
TOTAL OPERATING EXPENSES	\$31,587,845	—	\$1,223,924	—	—	\$540,000	\$33,351,769
PROFESSIONAL SERVICES	\$61,279,572	—	\$1,774,005	—	—	—	\$63,053,577
Other Charges	509,336,159	(151,400,000)	3,619,838	—	—	51,200	361,607,197
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	29,105,963	—	23,940	—	—	—	29,129,903
TOTAL OTHER CHARGES	\$538,442,122	\$(151,400,000)	\$3,643,778	—	—	\$51,200	\$390,737,100
Acquisitions	86,007	(86,007)	—	—	—	867,732	867,732
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$86,007	\$(86,007)	—	—	—	\$867,732	\$867,732
TOTAL EXPENDITURES	\$775,865,782	\$(151,486,007)	\$6,641,707	\$7,538,165	—	\$1,801,174	\$640,360,821
Classified	1,215	—	—	—	—	9	1,224
Unclassified	14	—	—	—	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,229	—	—	—	—	9	1,238
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	103	—	—	—	—	—	103

CONTINUATION BUDGET ADJUSTMENTS - BY PROGRAM

Form 37213 — NR - Carryforwards

3262 - Public Health Services

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	(1,400,000)
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	(86,007)
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$(1,486,007)

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	(1,400,000)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(1,400,000)
Acquisitions	(86,007)
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	\$(86,007)
TOTAL EXPENDITURES	\$(1,486,007)

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	(20,950)
Oyster Sanitation Dedicated Fund Account	(65,057)
Total:	\$(86,007)

Statutory Dedications

	Amount
Total:	—

Supporting Detail
Means of Financing

Description	Amount
Fees & Self-generated	(20,950)
Oyster Sanitation Dedicated Fund Account	(65,057)
State General Fund	(1,400,000)
Total:	\$(1,486,007)

Other Charges

Commitment item	Name	Amount
5600000	TOTAL OTHER CHARGES	(1,400,000)
Total:		\$(1,400,000)

Acquisitions

Commitment item	Name	Amount
5700000	TOTAL ACQUISITIONS	(86,007)
Total:		\$(86,007)

Form 37214 — NR - 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	—
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	—
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	—
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Statutory Dedications

	Amount
Total:	—

Supporting Detail
Means of Financing

Description	Amount
Fees & Self-generated	—
Oyster Sanitation Dedicated Fund Account	—
Total:	—

Form 37216 — Inflation Factor

3262 - Public Health Services

Means of Financing

	Amount
STATE GENERAL FUND (Direct)	215,294
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	136,689
FEES & SELF-GENERATED	241,032
STATUTORY DEDICATIONS	187,845
FEDERAL FUNDS	1,299,369
TOTAL MEANS OF FINANCING	\$2,080,229

Expenditures

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	61,750
Operating Services	310,504
Supplies	335,313
TOTAL OPERATING EXPENSES	\$707,567
PROFESSIONAL SERVICES	\$1,372,662
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$2,080,229

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	235,731
Oyster Sanitation Dedicated Fund Account	4,168
Vital Records Conversion Dedicated Fund Account	1,133
Total:	\$241,032

Statutory Dedications

	Amount
Louisiana Fund	79,777
Telecommunications for the Deaf Fund	108,068
Total:	\$187,845

Supporting Detail

Means of Financing

Description	Amount
Federal Funds	1,299,369
Fees & Self-generated	235,731
Interagency Transfers	136,689
Louisiana Fund	79,777
Oyster Sanitation Dedicated Fund Account	4,168
State General Fund	215,294
Telecommunications for the Deaf Fund	108,068
Vital Records Conversion Dedicated Fund Account	1,133
Total:	\$2,080,229

Travel

Commitment item	Name	Amount
5200000	TOTAL TRAVEL	61,750
Total:		\$61,750

Operating Services

Commitment item	Name	Amount
5300000	TOTAL OPERATING SERV	310,504
Total:		\$310,504

Supplies

Commitment item	Name	Amount
5400000	TOTAL SUPPLIES	335,313
Total:		\$335,313

Professional Services

Commitment item	Name	Amount
5500000	TOTAL PROF SERVICES	1,372,662
Total:		\$1,372,662

Form 38295 — 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	(150,000,000)
TOTAL MEANS OF FINANCING	\$(150,000,000)

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	(150,000,000)
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$(150,000,000)
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$(150,000,000)

Question	Narrative Response
Explain the need for this request.	This request will Non recur \$150,000,000 in Federal budget authority that is tied to COVID-19 federal grants that will be expended in SFY25.
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 SFY25.
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 SFY25.
Is the expenditure of these revenues restricted?	Not applicable.
Additional information or comments.	Not applicable.

Form 37353 — 326 Medical Inflation Factor

3262 - Public Health Services

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	821,066
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	3,740,412
TOTAL MEANS OF FINANCING	\$4,561,478

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	85,684
Supplies	430,673
TOTAL OPERATING EXPENSES	\$516,357
PROFESSIONAL SERVICES	\$401,343
Other Charges	3,619,838
Debt Service	—
Interagency Transfers	23,940
TOTAL OTHER CHARGES	\$3,643,778
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$4,561,478

AUTHORIZED POSITIONS

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

Question	Narrative Response
Explain the need for this request.	This request is for Medical Inflation at 3.42% per Division of Administration guidelines for the FY 2025-2026 Budget Request.
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?	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 36955 — 326 Salary and Related Benefits Base Adjustment

3262 - Public Health Services

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	3,995,227
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	1,507,634
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	2,035,304
TOTAL MEANS OF FINANCING	\$7,538,165

EXPENDITURES

	Amount
Salaries	4,532,186
Other Compensation	157,199
Related Benefits	2,848,780
TOTAL PERSONAL SERVICES	\$7,538,165
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$7,538,165

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	1,507,634
Total:	\$1,507,634

Statutory Dedications

	Amount
Total:	—

Question	Narrative Response
Explain the need for this request.	This request is to fund the Market Rate Adjustments, Salary Base Adjustments, and Related Benefits Adjustments for Personnel Services in the Office of Public Health.
Cite performance indicators for the adjustment.	There are no performance adjustments associated with this request.
What would the impact be if this is not funded?	Failure to fund this request would result in the Office of Public Health not having sufficient funding for Market Rate Adjustments, Salary Base Adjustments, and Related Benefits Adjustments for Personnel Services in FY2025-2026.
Is revenue a fixed amount or can it be adjusted?	The revenue is fixed based on projected expenditures
Is the expenditure of these revenues restricted?	No.
Additional information or comments.	Not Applicable.

Form 37219 — 326 Bureau of Community Preparedness Warehouse Space

3262 - Public Health Services

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	100,000
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$100,000

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	100,000
Supplies	—
TOTAL OPERATING EXPENSES	\$100,000
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$100,000

Question	Narrative Response
Explain the need for this request.	This is a State General Fund request for the Bureau of Community Preparedness (BCP) to fund \$100,000 for the lease of the BCP warehouse.
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 impede BCP's ability to utilize warehouse personnel and resources to assist with emergency preparedness and response efforts. In addition, the request for the \$100,000 amount for the BCP warehouse lease is needed because there is no other funding to support this.
Is revenue a fixed amount or can it be adjusted?	The amount is fixed based on the lease amount of the warehouse space.
Is the expenditure of these revenues restricted?	Expenditures are restricted to the BCP warehouse lease.
Additional information or comments.	Not applicable.

Form 37220 — 326 Conversion of 5 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	—

AUTHORIZED POSITIONS

	FTE
Classified	5
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	5
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

EXPENDITURES

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

Question	Narrative Response
Explain the need for this request.	This request is to convert five (5) Job Appointments that are expiring in FY26 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: (2) Program Monitors; (2) RN-Program Coordinators and; (1) Administrative Coordinator.
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 37226 — 326 Language Translator Devices for OPH Public Health Units

3262 - Public Health Services

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	51,200
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$51,200

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	51,200
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	\$51,200
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$51,200

Question	Narrative Response
Explain the need for this request.	This is a State General Fund request for handheld translator devices in the OPH Public Health Units. These devices will be used to communicate with the general public in order to provide adequate care and services. Translator devices support 108 languages for voice translation and 50 languages for photo translation with 96% accuracy and .5 seconds response time. When a non-English speaking person presents for healthcare services, their inability to converse with care providers can become a safety and care quality issue. Diagnosing and delivery of care can be challenging. The use of translator devices is significantly less costly than the use of interpreter services.
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 Non-English speaking persons not having the ability to quickly converse with care providers, which could become a safety and care quality issue.
Is revenue a fixed amount or can it be adjusted?	The revenue amount is fixed based on the number of translator devices.
Is the expenditure of these revenues restricted?	This revenue would be limited to the purchase of translator devices for OPH Public Health Units.
Additional information or comments.	Not applicable.

Form 37251 — 326 Lead and Copper Rule Revision

3262 - Public Health Services

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	782,242
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	—
FEES & SELF-GENERATED	—
STATUTORY DEDICATIONS	—
FEDERAL FUNDS	—
TOTAL MEANS OF FINANCING	\$782,242

EXPENDITURES

	Amount
Salaries	225,160
Other Compensation	—
Related Benefits	117,082
TOTAL PERSONAL SERVICES	\$342,242
Travel	—
Operating Services	55,000
Supplies	385,000
TOTAL OPERATING EXPENSES	\$440,000
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	\$782,242

AUTHORIZED POSITIONS

	FTE
Classified	4
Unclassified	—
TOTAL AUTHORIZED T.O. POSITIONS	4
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—
TOTAL NON-T.O. FTE POSITIONS	—

Question	Narrative Response
Explain the need for this request.	This is a federal unfunded mandate . As per the Code of Federal Regulations 40 CFR Part 141 Subpart I, the Environmental Protection Agency (EPA) is requiring that Community Water Systems, non-transient, and non-community water systems must comply with the requirements of this subpart no later than October 16, 2024. The regulations in this subpart establish monitoring requirements for lead in schools and child care facilities. The sampling requirements for lead in schools and child care facilities in this subpart apply to all community water systems regardless of the results of the compliance tap sampling. Due to the expanded and enhanced lead and copper rule (LCR) requirements, the OPH Laboratory will receive a significant increase in the annual number of samples, an amount that is not sustainable by the current staffing and supply levels.
Cite performance indicators for the adjustment.	There are no performance adjustments associated with this request.
What would the impact be if this is not funded?	If this request is not funded, all excess Lead and Copper samples will have to be outsourced to Safe Drinking Water (SDW)-certified private laboratories. This outsourcing of lead and copper samples will costs the State of Louisiana approximately \$1,750,000 a year to maintain, based on 50,000 samples at \$35/sample.

Question	Narrative Response
Is revenue a fixed amount or can it be adjusted?	The amount of revenue is fixed based on the projected costs for the increased samples submitted to the OPH Laboratory.
Is the expenditure of these revenues restricted?	The expenditure revenue is restricted to the cost of staff time, supplies and operating costs.
Additional information or comments.	<p>This is a state general fund request for four (4) state funded TO positions (\$342,243), as well as additional supplies, operating expenses necessary to expand the analytical capacity of the Trace Metals Laboratory in response to the Environmental Protection Agency (EPA) Revised Lead and Copper Rule (LCR) and the 2021 Lead and Copper Rule Revisions (LCRR)* for safe drinking water (SDW). These federally decreed rules are legislatively mandated with no additional funding and the increased testing is an undue burden that current staff cannot absorb. The positions, described below, require chemistry laboratory experience, preferably experience working within the quality assurance/quality control protocols required for laboratories certification 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's, it is likely that the laboratory would lose those employees to private laboratories after a significant investment of time, training, and materials. The additional supplies are necessary to perform the required analysis. The additional operating service costs cover the inclusion of a newly purchased lead and copper instrument on the Trace Metals' service-maintenance contract. Operating services costs includes instrument installation/training (\$9,000), maintenance contract (\$27,000), hazardous exhaust ventilation installation (\$10,000), hazardous waste disposal services (\$3,000), and purchase of a high-vacuum diffusion pump (\$6,000). Supply costs includes sampling kits and preservative (\$53,000), chemical reagents (\$85,000), analytical standards (\$42,000), PT evaluations (\$16,000), consumable supplies (\$75,000), non-consumable supplies (\$90,000), and two turbidity meters (\$24,000). The Lead & Copper expansion program was approved by the Executive Management Team in January 2023. The requested one (1) Public Health Laboratory Scientist 3 (PHLS3) will work as an independent analyst to prepare, analyze and track lead and copper samples upon their arrival to the laboratory. The annual salary for a mid-level PHLS3 is \$75,088 per year plus \$39,046 related benefits totaling \$114,134. This PHLS3 analyst will be responsible for adhering to all quality assurance/quality control requirements as they pertain to the analytical method assigned, as well as any and all quality assurance tasks required by all laboratory employees. Further, the incumbent will be required to participate in all troubleshooting, non-conformance investigations, and root cause analyses pertaining to the assigned method. The qualifications of a PHLS3 are as follows: a bachelor's degree with twenty-four semester hours in any one or a combination of the following: biological, environmental, or chemical science plus two years of professional laboratory experience. The three (3) Laboratory Technician 3 (LT3) positions will serve to support the Trace Metals PHLS3s. The annual salary for a mid-level LT3 is \$50,024 per year plus \$26,012 related benefits totaling \$76,036 x (3) come to \$228,108. These LT3s will be responsible for assisting the analysts in the tracking of samples once they have been received in the laboratory. They will help to preserve samples upon receipt, check pH of each sample, as well as the sample turbidity. They will ensure that samples are properly stored before and after testing and that they are disposed of according to laboratory practices and state and federal regulations. The LT3s will also be responsible for following all quality assurance requirements. The qualifications for an LT3 are as follows: four years of experience as a laboratory assistant, laboratory technical assistant, or laboratory technician. Two years of experience must have been as a laboratory technician.</p>

Form 37325 — 326 Acquisitions - IT and Non IT Equipment

3262 - Public Health Services

MEANS OF FINANCING

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

EXPENDITURES

	Amount
Salaries	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	867,732
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	\$867,732
TOTAL EXPENDITURES	\$867,732

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	271,910
Total:	\$271,910

Statutory Dedications

	Amount
Total:	—

Question	Narrative Response
Explain the need for this request.	This request is to replace old/outdated equipment as well as obtain new equipment for 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 operating with obsolete/outdated and defective equipment which could severely limit productivity and negatively impact customer service and satisfaction statewide.
Is revenue a fixed amount or can it be adjusted?	The revenue requested is based on the cost to purchase these items.
Is the expenditure of these revenues restricted?	The revenues are restricted to the purchase of equipment for the Office of Public Health.
Additional information or comments.	Not applicable.

FY26 REQUEST FOR ACQUISITIONS & MAJOR REPAIRS

Office of Public Health		ACQUISITIONS		MOF					
ITEM DESCRIPTION	JUSTIFICATION	SGF	IAT	FSGR	STAT DED	FED	TOTAL		
100% Federal IT Equipment	50 Docking Stations (\$7,500); 75 Standard laptop computers (\$125,000); 70 Monitors (\$17,500); 2 Network Switches (\$7,400); 136 Printers (\$106,150); 15 Scanners - (\$6,750); 72 Various Software licenses (ADOBE, CREATIVE CLOUD, ARC GIS) (\$37,486) 53 Tablet Computers (\$26,125) 3 Telephone System - HVS Conversion for Lafourche, Thibodeaux, Region 9 Office (\$86,000)	\$0	\$0	\$0	\$0	\$419,911	\$419,911		
100% Federal NON IT Equipment	65 Medical Equipment (Exam Tables, Scales, Exam Lights, etc.) (\$116,141); 84 Office Furniture/Office Equipment (Conference Tables, Chairs, Desk, etc.) - (\$59,770);	\$0	\$0	\$0	\$0	\$175,911	\$175,911		
Direct Patient Care/Public Safety - IT Equipment	19 Printers (\$44,600); 5 Tablet Computers (\$2,500); 5 Monitors (\$2,250)	\$0	\$0	\$49,350	\$0	\$0	\$49,350		
Direct Patient Care/Public Safety - NON IT Equipment	47 Office Furniture/Office Equipment (Desk, Chairs, Shelving for Sanitarian Services, Engineering Services) - (\$49,450); 44 Water Safety Equipment (Flowmeter, Multi Analyte Meter, Ice Machines, Nitrification Meter) for Safe Drinking Water (\$173,110)	\$0	\$0	\$222,560	\$0	\$0	\$222,560		
Acquisitions Subtotal		\$0	\$0	\$271,910	\$0	\$595,822	\$867,732		
TOTAL ACQUISITIONS & MAJOR REPAIRS		\$0	\$0	\$271,910	\$0	\$595,822	\$867,732		

LDH - OPH FY 26 COST CENTER IT EQUIPMENT BUDGET REQUEST

Cost Center	Item Description **	TYPE	New or Replacement	Quantity	Price per item	FY 24 Requested Amount	Justification
3262107630	Docking Stations	Docking Stations	N	50	150	7,500	Docking stations needed for replacement laptops - 100% federally funded
	Total Docking Stations			50		7,500	
3262107630	Standard laptops (\$1,000-\$4,999) includes carrying case	Laptops	N	50	1,250	62,500	Purchase of laptops for field staff and/or replacement of existing laptops and/or outdated desktops to assist with more efficient WIC services - 100% federally funded
3262107644	Laptop	Laptops	R	25	2,500	62,500	For staff funded by ELC COVID Supplements - CARES, EDX, SHARP. By now, the laptops purchased for these staff came onboard in 2020-2021 are old, problematic and out of warranties.
	Total Laptops			75		125,000	
3262107630	Monitors	Monitors	R	50	270	13,500	Replacements of broken/damaged/outdated equipment - 100% federally funded
3262207520	Monitors	Monitors	R	20	200	4,000	Monitors needed to replace old Dell 19" monitors out of warranty
	Total Monitors			70		17,500	
3262108006	NETWORK SWITCHES	Network Switches	R	2	3,700	7,400	REPLACE OLD SWITCHES WITH PORTS THAT ARE NON FUNCTIONING
	Total Network Switches			2		7,400	
3262107630	Printers	Printers	R	50	1,100	55,000	Replacements of broken/damaged/outdated equipment, printers are required for the distribution of materials and information to WIC participants - 100% federally funded
3262107644	Printer	Printers	R	20	350	7,000	Desktop printers nowadays break easily and are too costly to repair after warranties..
3262107644	Network Printer	Printers	R	1	8,000	8,000	To replace a broken, too expensive to repair one
3262108002	Color Printer	Printers	N	3	800	2,400	Agency color printer requirement
3262108003	Network Printers	Printers	R	4	500	2,000	Replace printers at regional office and parish health units for official state business, outreach events and clinic activities
3262108003	Color Printers	Printers	R	4	800	3,200	Replacement printer for regional office to print letterhead and educational materials and fliers for community events
3262108003	Zebra Printer	Printers	R	2	700	1,400	Replace non-functioning zebra printer for lab labels in public health unit
3262108004	NETWORK PRINTERS	Printers	R	7	550	3,850	TO REPLACE HEAVILY USED PRINTERS AT POINTS OF SERVICE
3262108004	ZEBRA PRINTERS	Printers	R	3	550	1,650	TO REPLACE HEAVILY USED PRINTERS AT POINTS OF SERVICE
3262108004	DYMO PRINTERS	Printers	R	5	450	2,250	TO REPLACE HEAVILY USED PRINTERS AT POINTS OF SERVICE
3262108004	COLOR PRINTERS	Printers	R	2	700	1,400	TO REPLACE HEAVILY USED COLOR PRINTERS AT POINTS OF SERVICE

LDH - OPH FY 26 COST CENTER IT EQUIPMENT BUDGET REQUEST

Cost Center	Item Description **	TYPE	New or Replacement	Quantity	Price per item	FY 24 Requested Amount	Justification
3262108004	MULTI-FUNCTION PRINTER/SCANNER/SCAN/FAX/COPY	Printers	R	2	650	1,300	TO REPLACE HEAVILY USED MULTI-FUNCTION PRINTER/SCAN/FAX/COPY MACHINES USED IN LABS, CLERICAL AND NURSING AREAS TO SEND AND RECEIVE REFERRAL AND TO TEST RESULTS, MAKE COPIES, SCAN TO AND FROM PATIENTS
3262108005	All-in-one printer plus extended warranty	Printers	R	2	500	1,000	replace unit that is old and out of warranty
3262108005	All-in-one printer plus extended warranty	Printers	R	2	500	1,000	replace unit that is old and out of warranty
3262108005	All-in-one printer plus extended warranty	Printers	R	1	500	500	replace unit that is old and out of warranty
3262108007	DYMO PRINTERS	Printers	R	5	250	1,250	TO REPLACE HEAVILY USED PRINTERS AT POINTS OF SERVICE
3262108007	NETWORK PRINTERS	Printers	R	2	500	1,000	TO REPLACE HEAVILY USED PRINTERS AT POINTS OF SERVICE
3262108007	MULTI-FUNCTION PRINTER/FAX/SCAN/COPIER	Printers	R	2	550	1,100	TO REPLACE HEAVILY USED FAX/COPIER/SCANNER MACHINES USED IN LABS, CLERICAL AND NURSING AREAS TO SEND AND RECEIVE REFERRALS AND TEST RESULTS, MAKE COPIES, SCAN TO AND FROM PATIENTS
3262108007	COLOR PRINTERS	Printers	R	2	500	1,000	TO PURCHASE 1 COLOR PRINTER FOR 9 PARISH HEALTH UNIT TO BE USED AT POINT OF SERVICE TO PRINT COLOR DOCUMENTS
3262108009	MULTI-FUNCTION PRINTER/FAX/SCAN/COPIER	Printers	R	2	600	1,200	to replace heavily used fax/copier/scanner used in labs, clerical and nursing areas to send and receive referrals and test results, make copies and scan
3262108009	MULTI-FUNCTION PRINTER/FAX/SCAN/COPIER	Printers	R	1	600	600	replace old units in regional office that are out of warranty
3262108009	Dymo printer	Printers	R	5	250	1,250	to replace heavily used scanners at points of service in the health units
3262108009	network printers with extended warranty	Printers	R	2	400	800	to replace heavily used printers at points of service in the health units
3262207520	Multi-purpose printers	Printers	R	5	800	4,000	Printers to replace those across the state that we scan documents and print with that are old and out of warranty
3262207530	HP LaserJet Pro Desktop Printer	Printers	R	2	1,000	2,000	To replace existing printers that are not working properly
	Total Printers			136		106,150	
3262108004	SCANNERS	Scanner	R	5	550	2,750	TO REPLACE HEAVILY USED SCANNERS AT POINTS OF SERVICE.
3262108007	SCANNERS	Scanner	R	5	400	2,000	TO REPLACE HEAVILY USED SCANNERS AT POINTS OF SERVICE
3262108009	Scanners	Scanner	R	5	400	2,000	to replace heavily used label printers at points of service in the health units
	Total Scanners			15		6,750	
3262107600	Zoom Pro License (300 participants \$16.23/mo)	Software	R	10	204	2,040	Zooms are regularly managed by the team for telecommunications and strategies by BRCO

LDH - OPH FY 26 COST CENTER IT EQUIPMENT BUDGET REQUEST

Cost Center	Item Description **	TYPE	New or Replacement	Quantity	Price per item	FY 24 Requested Amount	Justification
3262107600	Zoom Pro License (500 participants with Webinar Add On \$55/mo)	Software	N	2	660	1,320	Nuggets of Knowledge trainings are held twice per month for Parish Health Unit staff. Additionally, provider outreach will be conducted to expand Title X services to direct referrals to the OPH Clinical Network.
3262107600	Zoom Pro License (300 participants \$16.23/mo)	Software	N	2	204	408	Zooms are regularly managed by the team for telecommunications and strategies by BRCO
3262107600	Arc GIS License	Software	N	1	4,200	4,200	ArcGIS is a software platform that will help BRCO tell the story of Parish Health Units and how safety net services are administered in health provider shortage areas and social vulnerability areas.
3262107600	Monday.com Licenses	Software	R	5	375	1,875	Monday.com enables BRCO staff to perform quality assurance and quality improvement projects. Additionally, we are able to equip leadership with visibility on data projects.
3262107600	Monday.com Licenses	Software	N	3	375	1,125	Monday.com enables BRCO staff to perform quality assurance and quality improvement projects. Additionally, we are able to equip leadership with visibility on data projects.
3262107600	Adobe Pro Licenses	Software	R	4	138	552	Adobe Pro will enable our team to create fillable forms and enhanced documents as well as to convert PDFs to Word documents or other formats.
3262107600	Adobe Pro Licenses	Software	N	7	138	966	Adobe Pro will enable our team to create fillable forms and enhanced documents as well as to convert PDFs to Word documents or other formats.
3262107644	Adobe Standard	Software	R	30	150	4,500	OTS is going for subscription that we need to pay annually. Why? It's more expensive...
3262107644	Creative Cloud Suite	Software	R	3	1,000	3,000	This is for creating Louisiana Morbidity Report (LMR). While the former staff had this duty could do it by him/herself, the current staff with this duty needs help so we are increasing this to 3 licenses from 1.
3262107644	SPSS (statistical Software)	Software	R	5	3,500	17,500	For various infectious disease data analysis such as respiratory diseases.
Total Software				72		37,486	
3262108004	IPADS	Tablet Computer	N	3	375	1,125	TO BE USED AT POINTS OF SERVICE TO COMMUNICATE WITH PATIENTS WITH LANGUAGE BARRIERS
3262207520	Ipads	Tablet Computer	R	50	500	25,000	Ipads to replace current tablet PC's being used for inspection purposes. Ipads are cheaper and more mobile. New software has available apple app too.
Total Tablet Computers				53		26,125	
3262108003	HVS Conversion - Lafourche Thibodaux	Telephone System	R	1	10,000	10,000	HVS conversion to replace outdated phone equipment in Lafourche Thibodaux PHU
3262108009	Replace telephones systems and add Wi-Fi	Telephone System	R	2	38000	76,000	This request is to replace the telephone system with VOIP system and add Wi-Fi to all 5 public health units in region 9. These phone systems are very old and outdated.
Total Telephone System				3		86,000	
				476		419,911	

LDH - OPH FY 26 COST CENTER NON IT BUDGET REQUEST

Cost Center	Item Description **	TYPE	New or Replacement	Quantity	Price per item	FY 26 Requested Amount	Justification
3262108003	Welch Allen Free Standing Blood Pressure Machine	Medical Equipment	R	1	1,200	1,200	Replace machine within the parish health units for blood pressure checks required for providing public health services.
3262108003	Welch Allyn ProBP 2000 Digital blood pressure device	Medical Equipment	R	3	500	1,500	Replace counter top blood pressure devices. Used for blood pressure checks required for providing public health services
3262108003	Centrifuge Machine	Medical Equipment	R	3	600	1,800	Replace broken machines.
3262108003	Powermatic Wheelchair Accessible ADA Exam Table	Medical Equipment	N	1	8,000	8,000	Needed at Lafourche Thibodaux to serve patients that present in wheelchairs
3262108003	Automatic Digital Blood Pressure Monitor	Medical Equipment	R	3	500	1,500	Needed to conduct blood pressure check to process patients
3262108003	Microscope for Lab	Medical Equipment	R	1	1,300	1,300	Replace microscope per lab audit, required for providing public health services
3262108003	Electronic Scale for Adults	Medical Equipment	R	3	390	1,170	Update and/or replace broken adult scales for accurate weight and measures required for providing public health services
3262108003	Access Power High-Low Exam Table	Medical Equipment	R	1	8,000	8,000	Exam tables to provide direct patient care (Galliano)
3262108003	Refrigerators	Medical Equipment	R	3	800	2,400	Refrigerators to furnish new parish health unit medical space due to health unit being damaged beyond repair by Hurricane IDA. Store vaccines and specimens at proper temperatures (Galliano)
3262108003	Glucose Analyzer	Medical Equipment	R	1	400	400	Needed for lab to process patients due to health unit being damaged beyond repair by Hurricane IDA. Store vaccines and specimens at proper temperatures (Galliano)
3262108003	Diagnostic Face Aneroid Sphygmomanometer mobile MT	Medical Equipment	N	3	300	900	Need in exam room to process patients due to health unit being damaged beyond repair by Hurricane IDA. Store vaccines and specimens at proper temperatures (Galliano)
3262108003	Three drawer mobile cabinet	Medical Equipment	N	2	600	1,200	Needed in exam room due to health unit being damaged beyond repair by Hurricane IDA. Store vaccines and specimens at proper temperatures (Galliano)
3262108003	Powermatic Wheelchair Accessible ADA Exam Table	Medical Equipment	N	1	8,000	8,000	Needed for patients in wheelchairs due to health unit being damaged beyond repair by Hurricane IDA. Store vaccines and specimens at proper temperatures (Galliano)
3262108003	Laboratory Stool	Medical Equipment	R	1	500	500	Needed in lab due to health unit being damaged beyond repair by Hurricane IDA. Store vaccines and specimens at proper temperatures (Galliano)
3262108003	Medically accessible exam table	Medical Equipment	N	1	4,000	4,000	Needed to serve patients that present in a wheelchair with Spina Bifida to furnish new Terrebonne Parish Health Unit
3262108003	Reclining Blood Draw Chair	Medical Equipment	N	1	971	971	To draw blood in the lab for service in the public health unit.
3262108003	Refrigerator	Medical Equipment	R	3	800	2,400	Replace broken refrigerators required for vaccine and specimen storage with the parish health units.
3262108004	VACCINE UPRIGHT REFRIGERATORS	Medical Equipment	R	2	3,850	\$7,700	To replace heavily used vaccine upright refrigerators for vaccines and specimen collections.
3262108004	COUNTER VACCINE FREEZERS	Medical Equipment	R	2	1,300	\$2,600	To replace heavily used counter freezers to meet the patients needs.
3262108004	MICROSCOPES	Medical Equipment	R	2	2,000	\$4,000	To replace worn, broken microscopes as needed.
3262108004	ADA EXAM TABLES	Medical Equipment	R	2	5,500	\$11,000	To replace old unit.
3262108004	GENERAL EXAM LIGHTS	Medical Equipment	R	4	750	\$3,000	Majority of old ones are broken and will not stay in the correct position when conducting examinations.
3262108004	MEDICINE CARTS	Medical Equipment	R	2	1,500	\$3,000	To replace old storage carts for medications.
3262108004	VITAL SIGN MACHINES WITH ROLLING CARTS AND STAND	Medical Equipment	R	2	1,000	\$2,000	To replace heavily used vital sign machines.
3262108004	SCALES	Medical Equipment	R	1	1,000	\$1,000	To replace heavily used scales.
3262108004	INFANT SCALES	Medical Equipment	R	2	300	\$600	To replace heavily used infant scales.
3262108004	BARIATRIC BLOOD CHAIRS	Medical Equipment	R	1	2,000	\$2,000	To replace damaged charis, which will avoid contamination.
3262108005	Adult Digital Scale	Medical Equipment	R	1	400	\$400	Replace current unit that is unable to be calibrated
3262108005	Automatic Blood Pressure Machine	Medical Equipment	R	1	2,100	\$2,100	Replace broken unit, used to test blood pressures for immunizations and reproductive health patients.
3262108005	Automatic Blood Pressure Machine	Medical Equipment	R	1	2,100	\$2,100	Replace broken unit, used to test blood pressures for immunizations and reproductive health patients.
3262108005	Tympanometer	Medical Equipment	R	1	8,000	\$8,000	Replace unit this is having issues
3262108009	Automatic Blood Pressure Machine	Medical Equipment	R	1	2,100	\$2,100	Replace broken unit, used to test blood pressures for immunizations and reproductive health patients.
3262108009	Centrifuge	Medical Equipment	R	1	800	\$800	To replace very old centrifuges in the health units
3262108009	Autoclave	Medical Equipment	R	2	8,000	\$16,000	The Livingston and Hammond Health Unit autoclaves are over 20 years old and have been repaired several times. It is more efficient to purchase new ones rather than spend money on repairs.
3262108009	Exam Lights	Medical Equipment	R	5	500	\$2,500	replace old exam lights in parish health units
	Total Medical Equipment			65		\$116,141	

LDH - OPH FY 26 COST CENTER NON IT BUDGET REQUEST

Cost Center	Item Description **	TYPE	New or Replacement	Quantity	Price per item	FY 26 Requested Amount	Justification
3262108003	Lateral file cabinets	Office Equipment	N	2	650	1,300	Store medications due to health unit being damaged beyond repair by Hurricane IDA. Store vaccines and specimens at proper temperatures (Galliano)
3262108003	Five leg aluminum base stool with backrest	Office Equipment	N	1	270	270	Needed in exam room due to health unit being damaged beyond repair by Hurricane IDA. Store vaccines and specimens at proper temperatures (Galliano)
3262108003	Two shelf file card	Office Equipment	N	2	700	1,400	Confident storage for patient files due to health unit being damaged beyond repair by Hurricane IDA. Store vaccines and specimens at proper temperatures (Galliano)
3262108003	55" Television	Office Equipment	N	1	1,000	1,000	Provide Emergency Operational Center at parish health unit to furnish new Terrebonne Parish Health Unit
3262108003	Video Conference room set up	Office Equipment	N	1	15,000	15,000	Provide Emergency Operational Center at parish health unit to furnish new Terrebonne Parish Health Unit
3262108003	Flip Top Tables	Office Equipment	N	5	300	1,500	Provide Emergency Operational Center at parish health unit to furnish new Terrebonne Parish Health Unit
3262108003	File cabinet for vaccine records	Office Equipment	R	1	600	600	File vaccine records.
3262108005	Cabinet/Desk for Vital Records fax machine	Office Equipment	R	1	600	\$600	Replace old cabinet that is falling apart (CPHU)
3262108005	Cabinet/Desk for Nursing fax machine	Office Equipment	R	1	600	\$600	Replace old cabinet that is falling apart (CPHU)
3262108005	Literature Display Rack	Office Equipment	R	1	600	\$600	Replacement, old wall built-in units not replaced when moved to the new clinic in 2022
3262108005	HON 4 shelf bookcase	Office Equipment	R	1	600	\$600	Replacement of old shelving
3262108006	OFFICE FURNITURE AND EQUIPMENT	Office Equipment	R	1	3,500	\$3,500	NEW DESK SETS TO REPLACE NON FUNCTIONING SETS
3262108009	Cabinet/printer stand for Nursing printer	Office Equipment	R	1	600	\$600	Replace old cabinet used to hold printer
3262108009	Cabinet/printer stand for WIC printer	Office Equipment	R	1	600	\$600	Replace old cabinet used to hold printer
3262108009	Literature Display Rack	Office Equipment	N	4	500	\$2,000	Rack for display information to the public for community outreach.
	Total Office Equipment			24		\$30,170	
3262107844	Chairs	Office Furniture	R	40	350	14,000	To replace worn, broken ones.
3262108003	Single pedestal desk	Office Furniture	N	3	700	2,100	Desks needed to furnish new parish health unit office space due to health unit being damaged beyond repair by Hurricane IDA (Galliano)
3262108003	Conference room table	Office Furniture	N	1	1,000	1,000	Conference room table to furnish new parish health unit office space due to health unit being damaged beyond repair by Hurricane IDA (Galliano)
3262108003	Extra wide side chair	Office Furniture	N	2	550	1,100	To replace worn out, broken ones.
3262108003	Rocking chair	Office Furniture	N	1	400	400	To be used in the breastfeeding room due to health unit being damaged beyond repair by Hurricane IDA. Store vaccines and specimens at proper temperatures (Galliano)
3262108003	Single pedestal desk	Office Furniture	N	5	800	4,000	Desks to furnish new Terrebonne Parish Health Unit office space
3262108003	Conference Room Table	Office Furniture	N	1	1,500	1,500	Provide Emergency Operational Center at parish health unit to furnish new Terrebonne Parish Health Unit
3262108005	Desk Chair	Office Furniture	R	2	250	\$500	Replace broken chairs (CPHU - Lake Charles)
3262108005	Desk Chair	Office Furniture	R	2	250	\$500	Replace broken chairs (CPHU-Sulphur)
3262207530	Office Chairs	Office Furniture	R	3	1,500	4,500	Replace broken office chairs
	Total Office Furniture			60		\$29,600	
				149		\$ 175,911	

LDH - OPH FY 26 COST CENTER IT EQUIPMENT BUDGET REQUEST

Cost Center	Item Description **	TYPE	New or Replacement	Quantity	Price per item	FY 24 Requested Amount	Justification
3262207510	Printers	Printers	R	8	1,100	8,800	Replacement of aging printers used for water system sample reports, survey letters, notices of violation, and water system administrative orders. Critical Program Function which serves the goal of Public Health by ensuring the safety of drinking water.
3262208510	Printers	Printers	R	8	1,100	8,800	Replacement of aging printers used for water system sample reports, survey letters, notices of violation, and water system administrative orders. Critical Program Function which serves the goal of Public Health by ensuring the safety of drinking water.
3262208510	Plotters		R	3	9,000	27,000	Replacement for large scale plotters. Necessary for staff to scan and retain large format engineering plans for water and sewer plant permitting. Critical Program Function which serves the goal of Public Health by ensuring the safety of drinking water
Total Printers				19		44,600	
3262208510	iPads	Tablet Computer	R	5	500	2,500	Replacement of iPads used for sanitary surveys and other field inspections. Critical Program Function which serves the goal of Public Health by ensuring the safety of drinking water
Total Tablet Computer				5		2,500	
3262208510	Enhanced Monitors	Monitors	R	5	450	2,250	Purchase of enhanced monitors for plans and document review. Critical Program Function which serves the goal of Public Health by ensuring the safety of drinking water.
Total Monitors				5		2,250	
				29		49,350	

LDH - OPH FY 26 COST CENTER NON IT BUDGET REQUEST

Cost Center	Item Description **	TYPE	New or Replacement	Quantity	Price per item	FY 26 Requested Amount	Justification
3262208510	REGION 6 - Bookcase for 2 Engineers and 3 Sanitariums	Office Equipment	N	5	2,000	10,000	To replace worn out, broken ones.
3262208510	REGION 6 - Metal Shelving	Office Equipment	N	2	500	1,000	Relocation of Region 6 Engineering as lab space lease expired prompting move. Critical Program Function which serves the goal of public health by ensuring the safety of drinking water.
3262208510	REGION 6 - Stainless Steel Table	Office Equipment	N	2	1,600	3,200	To replace worn out, broken ones.
3262208510	Region 6 - Storage Cabinet	Office Equipment	N	2	1,000	2,000	To replace worn out, broken ones.
3262208510	Supply Cabinet	Office Equipment	N	1	2,500	2,500	Necessary storage for supplies. Currently stored on bookshelf in hallway.
3262208510	Bookcase	Office Equipment	N	1	2,000	2,000	Storage of office related items needed for water systems to provide for efficient use of office space
3262207510	Desk chairs	Office Furniture	R	8	900	\$7,200	Replacement chairs for aging broken chairs needed for staff reviewing water data to ensure the safety of drinking water.
3262208510	Desk Chairs	Office Furniture	R	6	875	5,250	To replace worn out, broken ones.
3262208510	REGION 6 - Office Furniture - Desk Chairs for 2 Engineers, 3 Sanitariums and 1 Receptionist	Office Furniture	N	6	900	5,400	To replace worn out, broken ones.
3262208510	REGION 6 - Office Furniture - Desks for 2 Engineers and 3 Sanitariums	Office Furniture	N	5	1,100	5,500	To replace worn out, broken ones.
3262208510	REGION 6 -Guest Chair (2 guest chairs for each Engineer) (1 guest chair for each Sanitarian) (2 guest chairs for receptionist) (Total 9)	Office Furniture	N	9	600	5,400	To replace worn out, broken ones.
				47		\$49,450	
3262207510	Cole Parmer Flowmeter	Water Safety Equipment	R	4	1,000	\$4,000	Replacement meter to use in the collection of samples for emerging contaminants (naegleria fowleri) in the water distribution system. Critical Program Function to ensure the safety of drinking water.
3262207510	HACH SL 1000 with Nitrification Meter	Water Safety Equipment	R	2	7,500	\$15,000	Replacement meter to analyze ammonia and chlorine for the possibility of nitrification in the water distribution system. This meter evaluates the effectiveness and control of chloramine disinfection used by water systems for the control of bacteriological contamination. Critical Program Function to ensure the safety of drinking water.
3262207510	HACH Multi Analyte DR900 Meter	Water Safety Equipment	R	2	2,300	\$4,600	Replacement for aging water meters used for water quality analysis. Critical Program Function to ensure the safety of drinking water.
3262208510	Pressure Loggers	Water Safety Equipment	R	5	1,250	6,250	Pressure loggers are utilized to address low pressure in public water systems. A wireless connection to an app will allow staff to observe what is occurring in real time from any location. Water systems may be located over 2 hours from the regional office. Real time data will allow us to better serve our clients.
3262208510	Lab Refrigerators	Water Safety Equipment	R	8	8,000	64,000	Water samples must be stored at specific temperatures. Refrigerators are required for storing water samples at depots prior to shipping. There are 31 water depot locations plus 9 regional offices that are required to maintain refrigerators. Critical Program Function to ensure the safety of drinking water.
3262208510	Water Sample Freezer	Water Safety Equipment	R	3	1,300	3,900	Freezers are utilized for storing ice and ice packs for shipping water samples. Critical Program Function to ensure the safety of drinking water.
3262208510	Water Sample Ice Machine	Water Safety Equipment	R	2	12,000	24,000	Ice is required for ensuring water samples are at an appropriate temperature during shipping. Critical Program Function to ensure the safety of drinking water.
3262208510	HACH Multi Analyte DR 900 Water Meter	Water Safety Equipment	R	10	2,200	22,000	Replacement for aging water meters used for water quality analysis. Critical Program Function to ensure the safety of drinking water.
3262208510	HACH SL 1000 Nitrification Meter	Water Safety Equipment	R	4	7,000	28,000	Necessary for water compliant investigations to ensure water systems are complying with their nitrification control plan. This meter is the only potable meter that can measure free and total chlorine, free ammonia, monochloramine and nitrite in the field for real-time problem investigation and solving. Critical Program Function which serves the goal of public health by ensuring the safety of drinking water.
3262208510	pH Probe	Water Safety Equipment	R	4	340	1,360	Replacement of aging pH probes used to determine acidic or alkaline water samples for drinking water quality. Critical Program Function which serves the goal of public health by ensuring the safety of drinking water.
				44		\$173,110	

91 \$ 222,560

Form 39765 — 326 - MOF Swap - TANF Nurse Family Partnership

3262 - Public Health Services

MEANS OF FINANCING

	Amount
STATE GENERAL FUND (Direct)	2,877,075
STATE GENERAL FUND BY:	—
INTERAGENCY TRANSFERS	(2,877,075)
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	—
Other Compensation	—
Related Benefits	—
TOTAL PERSONAL SERVICES	—
Travel	—
Operating Services	—
Supplies	—
TOTAL OPERATING EXPENSES	—
PROFESSIONAL SERVICES	—
Other Charges	—
Debt Service	—
Interagency Transfers	—
TOTAL OTHER CHARGES	—
Acquisitions	—
Major Repairs	—
TOTAL ACQ. & MAJOR REPAIRS	—
TOTAL EXPENDITURES	—

Question	Narrative Response
Explain the need for this request.	This request is a Means of Financing adjustment to support funding that was reduced by the Department of Children and Family Services (DCFS) for Office of Public Health (OPH) Nurse Family Partnership services that 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.
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 not having funding to support the Nurse Family Partnership services that 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.
Is revenue a fixed amount or can it be adjusted?	The amount of revenue is fixed based on the services provided for Nurse Family Partnership.
Is the expenditure of these revenues restricted?	Revenues are restricted to Nurse Family Partnership.
Additional information or comments.	Not applicable.

Technical and Other Adjustments

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in this Adjustment Package	FY2025-2026 Requested Realignment
STATE GENERAL FUND (Direct)	61,846,578	7,442,104	—	69,288,682
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	87,005,926	(2,740,386)	—	84,265,540
FEES & SELF-GENERATED	56,728,876	1,934,569	—	58,663,445
STATUTORY DEDICATIONS	18,000,320	187,845	—	18,188,165
FEDERAL FUNDS	552,284,082	(142,329,093)	—	409,954,989
TOTAL MEANS OF FINANCING	\$775,865,782	\$(135,504,961)	—	\$640,360,821
Salaries	85,166,367	4,757,346	—	89,923,713
Other Compensation	7,792,731	157,199	—	7,949,930
Related Benefits	51,511,138	2,965,862	—	54,477,000
TOTAL PERSONAL SERVICES	\$144,470,236	\$7,880,407	—	\$152,350,643
Travel	2,756,728	61,750	—	2,818,478
Operating Services	13,861,790	551,188	—	14,412,978
Supplies	14,969,327	1,150,986	—	16,120,313
TOTAL OPERATING EXPENSES	\$31,587,845	\$1,763,924	—	\$33,351,769
PROFESSIONAL SERVICES	\$61,279,572	\$1,774,005	—	\$63,053,577
Other Charges	509,336,159	(147,728,962)	—	361,607,197
Debt Service	—	—	—	—
Interagency Transfers	29,105,963	23,940	—	29,129,903
TOTAL OTHER CHARGES	\$538,442,122	\$(147,705,022)	—	\$390,737,100
Acquisitions	86,007	781,725	—	867,732
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$86,007	\$781,725	—	\$867,732
TOTAL EXPENDITURES	\$775,865,782	\$(135,504,961)	—	\$640,360,821
Classified	1,215	9	—	1,224
Unclassified	14	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,229	9	—	1,238
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	103	—	—	103

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 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in this Adjustment Package	FY2025-2026 Requested Realignment
STATE GENERAL FUND (Direct)	61,846,578	7,442,104	—	69,288,682
STATE GENERAL FUND BY:	—	—	—	—
INTERAGENCY TRANSFERS	87,005,926	(2,740,386)	—	84,265,540
FEES & SELF-GENERATED	56,728,876	1,934,569	—	58,663,445
STATUTORY DEDICATIONS	18,000,320	187,845	—	18,188,165
FEDERAL FUNDS	552,284,082	(142,329,093)	—	409,954,989
TOTAL MEANS OF FINANCING	\$775,865,782	\$(135,504,961)	—	\$640,360,821
Salaries	85,166,367	4,757,346	—	89,923,713
Other Compensation	7,792,731	157,199	—	7,949,930
Related Benefits	51,511,138	2,965,862	—	54,477,000
TOTAL PERSONAL SERVICES	\$144,470,236	\$7,880,407	—	\$152,350,643
Travel	2,756,728	61,750	—	2,818,478
Operating Services	13,861,790	551,188	—	14,412,978
Supplies	14,969,327	1,150,986	—	16,120,313
TOTAL OPERATING EXPENSES	\$31,587,845	\$1,763,924	—	\$33,351,769
PROFESSIONAL SERVICES	\$61,279,572	\$1,774,005	—	\$63,053,577
Other Charges	509,336,159	(147,728,962)	—	361,607,197
Debt Service	—	—	—	—
Interagency Transfers	29,105,963	23,940	—	29,129,903
TOTAL OTHER CHARGES	\$538,442,122	\$(147,705,022)	—	\$390,737,100
Acquisitions	86,007	781,725	—	867,732
Major Repairs	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$86,007	\$781,725	—	\$867,732
TOTAL EXPENDITURES	\$775,865,782	\$(135,504,961)	—	\$640,360,821
Classified	1,215	9	—	1,224
Unclassified	14	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,229	9	—	1,238
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	103	—	—	103

New or Expanded Requests

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing and Expenditures	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in Technical/Other Package	FY2025-2026 Requested New/Expanded	FY2025-2026 Requested Realignment
STATE GENERAL FUND (Direct)	61,846,578	7,442,104	—	—	69,288,682
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	87,005,926	(2,740,386)	—	—	84,265,540
FEES & SELF-GENERATED	56,728,876	1,934,569	—	—	58,663,445
STATUTORY DEDICATIONS	18,000,320	187,845	—	—	18,188,165
FEDERAL FUNDS	552,284,082	(142,329,093)	—	—	409,954,989
TOTAL MEANS OF FINANCING	\$775,865,782	\$(135,504,961)	—	—	\$640,360,821
Salaries	85,166,367	4,757,346	—	—	89,923,713
Other Compensation	7,792,731	157,199	—	—	7,949,930
Related Benefits	51,511,138	2,965,862	—	—	54,477,000
TOTAL PERSONAL SERVICES	\$144,470,236	\$7,880,407	—	—	\$152,350,643
Travel	2,756,728	61,750	—	—	2,818,478
Operating Services	13,861,790	551,188	—	—	14,412,978
Supplies	14,969,327	1,150,986	—	—	16,120,313
TOTAL OPERATING EXPENSES	\$31,587,845	\$1,763,924	—	—	\$33,351,769
PROFESSIONAL SERVICES	\$61,279,572	\$1,774,005	—	—	\$63,053,577
Other Charges	509,336,159	(147,728,962)	—	—	361,607,197
Debt Service	—	—	—	—	—
Interagency Transfers	29,105,963	23,940	—	—	29,129,903
TOTAL OTHER CHARGES	\$538,442,122	\$(147,705,022)	—	—	\$390,737,100
Acquisitions	86,007	781,725	—	—	867,732
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$86,007	\$781,725	—	—	\$867,732
TOTAL EXPENDITURES	\$775,865,782	\$(135,504,961)	—	—	\$640,360,821
Classified	1,215	9	—	—	1,224
Unclassified	14	—	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,229	9	—	—	1,238
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	103	—	—	—	103

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in Technical/Other Package	FY2025-2026 Requested New/Expanded	FY2025-2026 Requested Realignment
Fees & Self-generated	56,052,364	1,994,325	—	—	58,046,689
Oyster Sanitation Dedicated Fund Account	251,108	(60,889)	—	—	190,219
Vital Records Conversion Dedicated Fund Account	425,404	1,133	—	—	426,537
Total:	\$56,728,876	\$1,934,569	—	—	\$58,663,445

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in Technical/Other Package	FY2025-2026 Requested New/Expanded	FY2025-2026 Requested Realignment
Louisiana Fund	9,815,747	79,777	—	—	9,895,524
Rural Primary Care Physicians Development Fund	2,673,634	—	—	—	2,673,634
Telecommunications for the Deaf Fund	5,510,939	108,068	—	—	5,619,007
Total:	\$18,000,320	\$187,845	—	—	\$18,188,165

PROGRAM SUMMARY STATEMENT

3262 - Public Health Services

Means of Financing and Expenditures	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in Technical/Other Package	FY2025-2026 Requested New/Expanded	FY2025-2026 Requested Realignment
STATE GENERAL FUND (Direct)	61,846,578	7,442,104	—	—	69,288,682
STATE GENERAL FUND BY:	—	—	—	—	—
INTERAGENCY TRANSFERS	87,005,926	(2,740,386)	—	—	84,265,540
FEES & SELF-GENERATED	56,728,876	1,934,569	—	—	58,663,445
STATUTORY DEDICATIONS	18,000,320	187,845	—	—	18,188,165
FEDERAL FUNDS	552,284,082	(142,329,093)	—	—	409,954,989
TOTAL MEANS OF FINANCING	\$775,865,782	\$(135,504,961)	—	—	\$640,360,821
Salaries	85,166,367	4,757,346	—	—	89,923,713
Other Compensation	7,792,731	157,199	—	—	7,949,930
Related Benefits	51,511,138	2,965,862	—	—	54,477,000
TOTAL PERSONAL SERVICES	\$144,470,236	\$7,880,407	—	—	\$152,350,643
Travel	2,756,728	61,750	—	—	2,818,478
Operating Services	13,861,790	551,188	—	—	14,412,978
Supplies	14,969,327	1,150,986	—	—	16,120,313
TOTAL OPERATING EXPENSES	\$31,587,845	\$1,763,924	—	—	\$33,351,769
PROFESSIONAL SERVICES	\$61,279,572	\$1,774,005	—	—	\$63,053,577
Other Charges	509,336,159	(147,728,962)	—	—	361,607,197
Debt Service	—	—	—	—	—
Interagency Transfers	29,105,963	23,940	—	—	29,129,903
TOTAL OTHER CHARGES	\$538,442,122	\$(147,705,022)	—	—	\$390,737,100
Acquisitions	86,007	781,725	—	—	867,732
Major Repairs	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$86,007	\$781,725	—	—	\$867,732
TOTAL EXPENDITURES	\$775,865,782	\$(135,504,961)	—	—	\$640,360,821
Classified	1,215	9	—	—	1,224
Unclassified	14	—	—	—	14
TOTAL AUTHORIZED T.O. POSITIONS	1,229	9	—	—	1,238
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	103	—	—	—	103

Fees and Self-Generated

Description	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in Technical/Other Package	FY2025-2026 Requested New/Expanded	FY2025-2026 Requested Realignment
Fees & Self-generated	56,052,364	1,994,325	—	—	58,046,689
Oyster Sanitation Dedicated Fund Account	251,108	(60,889)	—	—	190,219
Vital Records Conversion Dedicated Fund Account	425,404	1,133	—	—	426,537
Total:	\$56,728,876	\$1,934,569	—	—	\$58,663,445

Statutory Dedications

Description	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustment	FY2025-2026 Requested in Technical/Other Package	FY2025-2026 Requested New/Expanded	FY2025-2026 Requested Realignment
Louisiana Fund	9,815,747	79,777	—	—	9,895,524
Rural Primary Care Physicians Development Fund	2,673,634	—	—	—	2,673,634
Telecommunications for the Deaf Fund	5,510,939	108,068	—	—	5,619,007
Total:	\$18,000,320	\$187,845	—	—	\$18,188,165



This page has been intentionally left blank

Total Request Summary

AGENCY SUMMARY STATEMENT

Total Agency

Means of Financing

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustments	FY2025-2026 Requested in Technical/Other Adjustments	FY2025-2026 Requested New or Expanded Adjustments	FY2025-2026 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	58,767,535	61,846,578	7,442,104	—	—	69,288,682	7,442,104
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	15,283,995	87,005,926	(2,740,386)	—	—	84,265,540	(2,740,386)
FEES & SELF-GENERATED	52,088,032	56,728,876	1,934,569	—	—	58,663,445	1,934,569
STATUTORY DEDICATIONS	13,383,108	18,000,320	187,845	—	—	18,188,165	187,845
FEDERAL FUNDS	354,379,389	552,284,082	(142,329,093)	—	—	409,954,989	(142,329,093)
TOTAL MEANS OF FINANCING	\$493,902,060	\$775,865,782	\$(135,504,961)	—	—	\$640,360,821	\$(135,504,961)

Statutory Dedications

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustments	FY2025-2026 Requested in Technical/Other Adjustments	FY2025-2026 Requested New or Expanded Adjustments	FY2025-2026 Total Request	Over/Under EOB
Louisiana Fund	9,449,623	9,815,747	79,777	—	—	9,895,524	79,777
Rural Primary Care Physicians Development Fund	705,147	2,673,634	—	—	—	2,673,634	—
Telecommunications for the Deaf Fund	3,228,339	5,510,939	108,068	—	—	5,619,007	108,068
Total:	\$13,383,108	\$18,000,320	\$187,845	—	—	\$18,188,165	\$187,845

Expenditures and Positions

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustments	FY2025-2026 Requested in Technical/Other Adjustments	FY2025-2026 Requested New or Expanded Adjustments	FY2025-2026 Total Request	Over/Under EOB
Salaries	81,751,995	85,166,367	4,757,346	—	—	89,923,713	4,757,346
Other Compensation	6,807,894	7,792,731	157,199	—	—	7,949,930	157,199
Related Benefits	53,962,734	51,511,138	2,965,862	—	—	54,477,000	2,965,862
TOTAL PERSONAL SERVICES	\$142,522,622	\$144,470,236	\$7,880,407	—	—	\$152,350,643	\$7,880,407
Travel	2,445,914	2,756,728	61,750	—	—	2,818,478	61,750
Operating Services	12,657,242	13,861,790	551,188	—	—	14,412,978	551,188
Supplies	11,303,343	14,969,327	1,150,986	—	—	16,120,313	1,150,986
TOTAL OPERATING EXPENSES	\$26,406,499	\$31,587,845	\$1,763,924	—	—	\$33,351,769	\$1,763,924
PROFESSIONAL SERVICES	\$47,318,703	\$61,279,572	\$1,774,005	—	—	\$63,053,577	\$1,774,005
Other Charges	251,504,193	509,336,159	(147,728,962)	—	—	361,607,197	(147,728,962)
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	25,126,879	29,105,963	23,940	—	—	29,129,903	23,940
TOTAL OTHER CHARGES	\$276,631,072	\$538,442,122	\$(147,705,022)	—	—	\$390,737,100	\$(147,705,022)
Acquisitions	1,023,164	86,007	781,725	—	—	867,732	781,725
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$1,023,164	\$86,007	\$781,725	—	—	\$867,732	\$781,725
TOTAL EXPENDITURES	\$493,902,060	\$775,865,782	\$(135,504,961)	—	—	\$640,360,821	\$(135,504,961)
Classified	1,213	1,215	9	—	—	1,224	9
Unclassified	14	14	—	—	—	14	—
TOTAL AUTHORIZED T.O. POSITIONS	1,227	1,229	9	—	—	1,238	9
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	105	103	—	—	—	103	—

PROGRAM SUMMARY STATEMENT

3262 - Public Health Services

Means of Financing

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustments	FY2025-2026 Requested in Technical/Other Adjustments	FY2025-2026 Requested New or Expanded Adjustments	FY2025-2026 Total Request	Over/Under EOB
STATE GENERAL FUND (Direct)	58,767,535	61,846,578	7,442,104	—	—	69,288,682	7,442,104
STATE GENERAL FUND BY:	—	—	—	—	—	—	—
INTERAGENCY TRANSFERS	15,283,995	87,005,926	(2,740,386)	—	—	84,265,540	(2,740,386)
FEES & SELF-GENERATED	52,088,032	56,728,876	1,934,569	—	—	58,663,445	1,934,569
STATUTORY DEDICATIONS	13,383,108	18,000,320	187,845	—	—	18,188,165	187,845
FEDERAL FUNDS	354,379,389	552,284,082	(142,329,093)	—	—	409,954,989	(142,329,093)
TOTAL MEANS OF FINANCING	\$493,902,060	\$775,865,782	\$(135,504,961)	—	—	\$640,360,821	\$(135,504,961)

Statutory Dedications

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustments	FY2025-2026 Requested in Technical/Other Adjustments	FY2025-2026 Requested New or Expanded Adjustments	FY2025-2026 Total Request	Over/Under EOB
Louisiana Fund	9,449,623	9,815,747	79,777	—	—	9,895,524	79,777
Rural Primary Care Physicians Development Fund	705,147	2,673,634	—	—	—	2,673,634	—
Telecommunications for the Deaf Fund	3,228,339	5,510,939	108,068	—	—	5,619,007	108,068
Total:	\$13,383,108	\$18,000,320	\$187,845	—	—	\$18,188,165	\$187,845

Expenditures and Positions

Description	FY2023-2024 Actuals	Existing Operating Budget as of 10/01/2024	FY2025-2026 Requested Continuation Adjustments	FY2025-2026 Requested in Technical/Other Adjustments	FY2025-2026 Requested New or Expanded Adjustments	FY2025-2026 Total Request	Over/Under EOB
Salaries	81,751,995	85,166,367	4,757,346	—	—	89,923,713	4,757,346
Other Compensation	6,807,894	7,792,731	157,199	—	—	7,949,930	157,199
Related Benefits	53,962,734	51,511,138	2,965,862	—	—	54,477,000	2,965,862
TOTAL PERSONAL SERVICES	\$142,522,622	\$144,470,236	\$7,880,407	—	—	\$152,350,643	\$7,880,407
Travel	2,445,914	2,756,728	61,750	—	—	2,818,478	61,750
Operating Services	12,657,242	13,861,790	551,188	—	—	14,412,978	551,188
Supplies	11,303,343	14,969,327	1,150,986	—	—	16,120,313	1,150,986
TOTAL OPERATING EXPENSES	\$26,406,499	\$31,587,845	\$1,763,924	—	—	\$33,351,769	\$1,763,924
PROFESSIONAL SERVICES	\$47,318,703	\$61,279,572	\$1,774,005	—	—	\$63,053,577	\$1,774,005
Other Charges	251,504,193	509,336,159	(147,728,962)	—	—	361,607,197	(147,728,962)
Debt Service	—	—	—	—	—	—	—
Interagency Transfers	25,126,879	29,105,963	23,940	—	—	29,129,903	23,940
TOTAL OTHER CHARGES	\$276,631,072	\$538,442,122	\$(147,705,022)	—	—	\$390,737,100	\$(147,705,022)
Acquisitions	1,023,164	86,007	781,725	—	—	867,732	781,725
Major Repairs	—	—	—	—	—	—	—
TOTAL ACQ. & MAJOR REPAIRS	\$1,023,164	\$86,007	\$781,725	—	—	\$867,732	\$781,725
TOTAL EXPENDITURES	\$493,902,060	\$775,865,782	\$(135,504,961)	—	—	\$640,360,821	\$(135,504,961)
Classified	1,213	1,215	9	—	—	1,224	9
Unclassified	14	14	—	—	—	14	—
TOTAL AUTHORIZED T.O. POSITIONS	1,227	1,229	9	—	—	1,238	9
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	—	—	—	—	—	—	—
TOTAL NON-T.O. FTE POSITIONS	105	103	—	—	—	103	—



This page has been intentionally left blank

Addenda

INTERAGENCY TRANSFERS

INTERAGENCY AGREEMENT

BR-19B
(8/20)

Interagency Agreement Between LDH - Office of Behavioral Health # 09-326 and 09-330 LDH Office of Behavioral Health
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2025-2026 LDH - Office of Public Health #09-326 is budgeted to receive the following revenue from
(Agency Name and #)

09-330 LDH Office of Behavioral Health by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is:

The Office of Behavioral Health (OBH) will partner with the Office of Public Health (OPH) in the implementation of the State Opioid Response (SOR) 4.0 grant. The OPH STD/HIV/Hepatitis Program (SHHP) will integrate national standards and best practices to Syringe Services Programs (SSPs) by embedding Health Coordinators in SSPs to oversee Hepatitis C Virus (HCV) testing, linkages to care, Overdose Education, and Naloxone Distribution (OEND). Additionally, OPH SHHP will operate a centralized harm reduction distribution hub and facilitate distribution of harm reduction products requested throughout the state. Finally, OPH will conduct outreach and develop community partnerships to increase distribution of naloxone per the naloxone saturation plan.

LASOR 4.0 -	-		<u>\$2,474,631.00</u>
Total			\$2,474,631.00

Martina Stribling	Digitally signed by Martina Stribling
Recipient Agency Fiscal Officer	Date: 2024.10.16 09:05:33 -05'00'
Lauri Hatlelid	Digitally signed by Lauri Hatlelid
Sending Agency Fiscal Officer	Date: 2024.10.15 09:53:03 -05'00'

OBH Expenditure Coding

Fund	330000600
Cost Center	3301010411
Grant	U3300021.0927
Grant WBS	U330002101.330
GL Account	5620069
Stat Internal Order	N/A

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

Page _____

INTERAGENCY AGREEMENT

BR-19B
(08/20)

Interagency Agreement Between LDH Office of Public Health (#326) and the Office of the Surgeon General (#327)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2025 - 2026, LDH Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from the Office of the Surgeon General (#327) by Interagency Transfer for the following reason(s):
(Agency Name and #)

<p>The reason for the Interagency Agreement is :</p> <p>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.</p>	<p>\$100,000</p>
---	-------------------------

Martina Stribling Digitally signed by Martina Stribling
Date: 2024.10.11 08:06:50 -05'00'

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.
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 _____

DocuSign Envelope ID: 5FB538C3-209D-4620-9A1E-088223EE19D1

INTERAGENCY AGREEMENT

BR-19B
(08/18)

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

Department of Health - Medical Vendor Payments (#306)
(Sending Agency and #)

For Fiscal Year 2025 - 2026, Department of Health - Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from Department of Health - Medical Vendor Payments (#306) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :	Medicaid Billings for the following programs:	\$40,199
	Children's Special Health Services: \$3,409	
	Family Planning: \$7,955	
	Genetic Diseases: \$28,835	

Martina Stribling Digitally signed by Martina Stribling
Date: 2024.10.09 17:59:17 -05'00'

_____ Recipient Agency Fiscal Officer	_____ Date
DocuSigned by: <i>Anthony Shamis</i>	10/11/2024
_____ 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).

2060328

Page _____

INTERAGENCY AGREEMENT

BR-19B
(08/18)

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

Department of Health - Medical Vendor Administration (#305)
(Sending Agency and #)

For Fiscal Year 2025 - 2026, Department of Health - Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from Department of Health - Medical Vendor Administration (#305) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is : Medicaid Administration for the following programs: **\$2,020,129**
Contract with CMS to provide funding for the Immunization LINKS system.

Martina Stribling Digitally signed by Martina Stribling
Date: 2024.10.09 17:58:26 -05'00'

Recipient Agency Fiscal Officer	Date
Angela Hebert, MPM4	10/15/2024
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
(Recipient Agency and #)

Department of Health - Medical Vendor Administration (#305)
(Sending Agency and #)

For Fiscal Year 2025 - 2026, Department of Health - Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

from Department of Health - Medical Vendor Administration (#305) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is : Medicaid Administration for the following programs: **\$227,000**
The purpose of this funding is to support the Tobacco Control statewide QUITLINE.

Martina Stribling Digitally signed by Martina Stribling
Date: 2024.10.09 17:58:50 -05'00'

Recipient Agency Fiscal Officer Date

Angela Hebert, MPM4 Digitally signed by Angela Hebert, MPM4
DN: cn=Angela Hebert, o=MDH, ou=ODS, email=ah@mdh.vt.gov 10/15/2024

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 LDH Office of Behavioral Health (#330)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2025 - 2026, LDH Office of Public Health (#326) is budgeted to receive the following revenue
(Agency Name and #)

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

The reason for the Interagency Agreement is : funding is to support the Louisiana Tobacco QUITLINE.	\$140,000	This
--	-----------	------

Martina Stribling

Digitally signed by Martina Stribling
Date: 2024.10.09 18:05:45 -05'00'

Recipient Agency Fiscal Officer

Date

Lauri Hatlelid

Digitally signed by Lauri Hatlelid
Date: 2024.10.11 12:25:59 -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).

Page _____

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 2025 - 2026, 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 :	\$220,520
To implement federal CDC grant activities to conduct school-based surveillance on youth risk behaviors and school health policies and practices.	

Martina Stribling Digitally signed by Martina Stribling
Date: 2024.10.09 18:01:08 -05'00'

Recipient Agency Fiscal Officer Date

George Anding Digitally signed by George Anding
DN: cn=George Anding, o=Department of Education,
ou, email=george.anding@la.gov, c=US
Date: 2024.10.15 11:10:30 -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).

Page _____

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 2025 - 2026, 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 : \$794
This funding will provide testing of water systems at various safety facilities and correctional facilities statewide.

Martina Stribling Digitally signed by Martina Stribling
Date: 2024.10.09 18:01:33 -05'00'

Recipient Agency Fiscal Officer Date

Godi Basim 10-14-24

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)

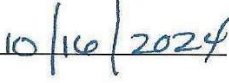
Interagency Agreement Between LDH Office of Public Health (#326) and the Department of Culture, Recreation, and Tourism (#264)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2025 - 2026, 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 #)

<p>The reason for the Interagency Agreement is : This funding will provide testing of water systems at various state parks.</p>	<p>\$800</p>
--	---------------------

Martina Stribling Digitally signed by Martina Stribling
Date: 2024.10.09 17:59:45 -05'00'

_____ 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.
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 Transportation and Development (#276)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2025 - 2026, 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: 2024.10.09 18:02:04 -05'00'

Recipient Agency Fiscal Officer Date
Brian Jones 10/11/2024
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 LDH Office of Behavioral Health (#330)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2025 - 2026, 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 : water systems at state medical facilities.	\$23	Testing of
---	------	------------

Martina Stribling Digitally signed by Martina Stribling
Date: 2024.10.09 18:04:44 -05'00'

Recipient Agency Fiscal Officer

Date

Lauri Hatlelid

Digitally signed by Lauri Hatlelid
Date: 2024.10.11 08:24:07 -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).

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 2025 - 2026, 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: 2024.10.09 18:00:18 -05'00'

Recipient Agency Fiscal Officer	Date
	
Sending Agency Fiscal Officer	Date
	10/16/24

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 Education (#678)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2025 - 2026, 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 #)

<p>The reason for the Interagency Agreement is :</p> <p>This funding is to conduct summer feeding site inspections as part of the USDA requirement.</p>	<p>\$94,703</p>
--	------------------------

Martina Stribling
 Digitally signed by Martina Stribling
 Date: 2024.10.09 18:00:41 -05'00'

Recipient Agency Fiscal Officer	Date
George Anding	Digitally signed by George Anding DN: cn=George Anding, o=Department of Education, ou,email=george.anding@la.gov, c=US Date: 2024.10.15 11:13:24 -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).

Page _____

DocuSign Envelope ID: 65D6BAE6-5A69-4448-BF5F-C57B8E5AC010

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 2025 - 2026, 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 Digitally signed by Martina Stribling
Date: 2024.10.09 18:03:40 -05'00'

_____ Recipient Agency Fiscal Officer <i>DeEdra Lamotte</i>	_____ Date 10/15/2024
_____ 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 _____

DocuSign Envelope ID: BC8E26F2-937E-45E9-94D8-5409CAA0CF5A

INTERAGENCY AGREEMENT

BR-19E
(08/20)

Interagency Agreement Between (9-326) LDH - Office of Public Health and (10-360) DCFS-Office of Children and Family Services

For Fiscal Year 2025 - 2026, (9-326) LDH - Office of Public Health is budgeted to receive the following revenue \$49,000
(Agency Name and #)

from (10-360) DCFS-Office of Children and Family Services by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is:	
Provide paternity information for children through LEERS to the Office of Support Enforcement.	\$49,000
TOTAL:	<u>\$49,000</u>

Martina Stribling
Digitally signed by Martina Stribling
Date: 2024.09.24 18:05:30 -05'00'

_____ Recipient Agency Fiscal Officer	_____ Date
<i>Debra Lamotte</i>	10/5/2024
_____ Sending Agency Fiscal Officer	_____ Date

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

INTERAGENCY AGREEMENT

BR-19B
(09/24)

Interagency Agreement Between LDH-OFFICE OF THE SECRETARY (#09-307) and LDH-OFFICE OF PUBLIC HEALTH (#09-326)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2025 - 2026, LDH-OFFICE OF THE SECRETARY (#09-307) is budgeted to receive the following revenue \$255,400.
(Agency Name and #)

From LDH - OFFICE OF PUBLIC HEALTH (#09-326) by Interagency Transfer for the following reason(s):
(Agency Name and #)

The reason for the Interagency Agreement is :

This IAT Agreement is to provide funding from the Louisiana Public Health Infrastructure Grant (PHIG). This funding will be used to create and maintain a centralized internal database to house and organize information about LDH's community partners so that it is accessible across agencies and program offices. The purpose of this database is to create internal operating efficiencies and improve the quality of our connections with external partners. This funding will also enable LDH to identify cross-agency challenges relating to language accessibility, and to develop a comprehensive approach to remedy those challenges.

ML 10-16-24
Recipient Agency Fiscal Officer Date

Martina Stribling Digitally signed by Martina Stribling
Date: 2024.10.16 12:48:00 -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 B3A-7s as documentation for I.A.T. revenues and I.A.T. expense).

INTERAGENCY AGREEMENT

BR-19B
(09/24)

Interagency Agreement Between LDH-OFFICE OF THE SECRETARY (#09-307) and LDH-OFFICE OF PUBLIC HEALTH (#09-326)
(Recipient Agency and #) (Sending Agency and #)

For Fiscal Year 2025 - 2026, LDH-OFFICE OF THE SECRETARY (#09-307) is budgeted to receive the following revenue \$150,400.
(Agency Name and #)

from LDH - OFFICE OF PUBLIC HEALTH (#09-326) by Interagency Transfer for the following reason(s).
(Agency Name and #)

The reason for the Interagency Agreement is :

This IAT Agreement is to provide funding for an Attorney 4 position in the LDH Bureau of Legal Services, dedicated to the Office of Public Health, Bureau of Sanitarian Services, and Bureau of Engineering Services, for legal duties related to the Administrative Orders, Compliance Orders and Penalties, and the enforcement thereof, for entities regulated by these Bureaus.

9K E 10-17-24
Recipient Agency Fiscal Officer Date
Martina Stribling Digitally signed by Martina Stribling
Date: 2024.10.17 14:36:57 -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).

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Department Summary	CHILD - DS Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	---	--

Service Number	Service Name	Agency Number	Agency Name	General Fund	IAT	Self Generated	Stat Deds	Federal Funds	Total Funds	Positions
OPH01	ACA-MIECHV-Mental Health	326	Office of Public Health	\$149,000	\$0	\$0	\$0	\$805,000	\$954,000	0
OPH02	Child Death Review	326	Office of Public Health	\$0	\$0	\$0	\$0	\$50,000	\$50,000	0
OPH03	Children's Special Health Services	326	Office of Public Health	\$693,719	\$3,409	\$125,000	\$0	\$6,585,392	\$7,407,520	30
OPH04	Emergency Medical Services	326	Office of Public Health	\$0	\$0	\$0	\$0	\$190,650	\$190,650	0
OPH05	Genetics	326	Office of Public Health	\$1,826,853	\$28,835	\$4,720,000	\$2,994,487	\$780,000	\$10,350,175	25
OPH06	HIV/Perinatal & AIDS Drug Assistance	326	Office of Public Health	\$0	\$0	\$0	\$0	\$2,928,031	\$2,928,031	2
OPH07	Immunization	326	Office of Public Health	\$2,865,000	\$1,191,876	\$726,088	\$0	\$5,537,049	\$10,320,013	49
OPH08	Lead Poisoning Prevention	326	Office of Public Health	\$0	\$0	\$0	\$0	\$515,000	\$515,000	2
OPH09	Maternal and Child Health	326	Office of Public Health	\$0	\$0	\$0	\$0	\$6,255,375	\$6,255,375	20
OPH10	Nurse Family Partnership	326	Office of Public Health	\$2,600,000	\$877,075	\$0	\$0	\$13,129,766	\$16,606,841	43
OPH11	Nutrition Services	326	Office of Public Health	\$0	\$0	\$0	\$0	\$89,376,638	\$89,376,638	124
OPH12	School Based Health Services	326	Office of Public Health	\$237,328	\$0	\$0	\$6,321,260	\$316,000	\$6,874,588	3
OPH13	Smoking Cessation	326	Office of Public Health	\$0	\$147,550	\$0	\$325,000	\$1,063,204	\$1,535,754	3
			Total:	\$8,371,900	\$2,248,745	\$5,571,088	\$9,640,747	\$127,532,105	\$153,364,585	301

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

STATE OF LOUISIANA
Childrens Budget
Department Summary

CHILD - DS
Fiscal Year 2025 - 2026
Report Date: 10/31/24

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

STATE OF LOUISIANA
Childrens Budget
by Department

CHILD - DC
 Fiscal Year 2025 - 2026
 Report Date: 10/31/24

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$8,371,901	\$175	\$0	\$8,371,900	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$4,248,745	(\$2,000,000)	\$0	\$2,248,745	\$0
FEES & SELF-GENERATED	\$5,544,123	\$26,790	\$0	\$5,571,088	\$0
STATUTORY DEDICATIONS	\$9,640,747	\$0	\$0	\$9,640,747	\$0
FEDERAL FUNDS	\$128,441,925	(\$909,821)	\$0	\$127,532,105	\$0
TOTAL MEANS OF FINANCING	\$156,247,441	(\$2,882,856)	\$0	\$153,364,585	\$0
Salaries	\$20,473,865	\$1,055,400	\$0	\$21,529,265	\$0
Other Compensation	\$1,662,701	\$180,512	\$0	\$1,843,213	\$0
Related Benefits	\$12,248,559	\$684,853	\$0	\$12,933,412	\$0
TOTAL PERSONAL SERVICES	\$34,385,125	\$1,920,765	\$0	\$36,305,890	\$0
Travel	\$579,125	\$88,920	\$0	\$668,045	\$0
Operating Services	\$2,480,527	\$17,276	\$0	\$2,497,803	\$0
Supplies	\$4,528,623	\$24,836	\$0	\$4,553,459	\$0
TOTAL OPERATING EXPENSES	\$7,588,275	\$131,032	\$0	\$7,719,307	\$0
PROFESSIONAL SERVICES	\$25,361,259	(\$2,174,816)	\$0	\$23,186,443	\$0
Other Charges	\$83,398,371	(\$2,634,027)	\$0	\$80,764,344	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$5,514,411	(\$125,810)	\$0	\$5,388,601	\$0
TOTAL OTHER CHARGES	\$88,912,782	(\$2,759,837)	\$0	\$86,152,945	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0

Department: 09A - LDH		STATE OF LOUISIANA			CHILD - DC	
Agency: 326 OFFICE OF PUBLIC HEALTH		Childrens Budget by Department			Fiscal Year 2025 - 2026	
					Report Date: 10/31/24	
TOTAL EXPENDITURES	\$156,247,441	(\$2,882,856)	\$0	\$153,364,585	\$0	
Classified	296	8	0	301	0	
Unclassified	0	0	0	0	0	
TOTAL AUTHORIZED T.O. POSITIONS	296	8	0	301	0	
TOTAL AUTHORIZED OTHER CHARGES POSITIONS	0	0	0	0	0	
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0	
TOTAL POSITIONS	296	8	0	301	0	

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

STATE OF LOUISIANA
Childrens Budget
Agency Summary

CHILD - AS
 Fiscal Year 2025 - 2026
 Report Date: 10/31/24

326 - Office of Public Health

Service Number	Service Name	Program Number	Program Name	General Fund	IAT	Self Generated	Stat Deds	Federal Funds	Total Funds	Positions
OPH01	ACA-MIECHV-Mental Health	3262	Public Health Services	\$149,000	\$0	\$0	\$0	\$805,000	\$954,000	0
OPH02	Child Death Review	3262	Public Health Services	\$0	\$0	\$0	\$0	\$50,000	\$50,000	0
OPH03	Children's Special Health Services	3262	Public Health Services	\$693,719	\$3,409	\$125,000	\$0	\$6,585,392	\$7,407,520	30
OPH04	Emergency Medical Services	3262	Public Health Services	\$0	\$0	\$0	\$0	\$190,650	\$190,650	0
OPH05	Genetics	3262	Public Health Services	\$1,826,853	\$28,835	\$4,720,000	\$2,994,487	\$780,000	\$10,350,175	25
OPH06	HIV/Perinatal & AIDS Drug Assistance	3262	Public Health Services	\$0	\$0	\$0	\$0	\$2,928,031	\$2,928,031	2
OPH07	Immunization	3262	Public Health Services	\$2,865,000	\$1,191,876	\$726,088	\$0	\$5,537,049	\$10,320,013	49
OPH08	Lead Poisoning Prevention	3262	Public Health Services	\$0	\$0	\$0	\$0	\$515,000	\$515,000	2
OPH09	Maternal and Child Health	3262	Public Health Services	\$0	\$0	\$0	\$0	\$6,255,375	\$6,255,375	20
OPH10	Nurse Family Partnership	3262	Public Health Services	\$2,600,000	\$877,075	\$0	\$0	\$13,129,766	\$16,606,841	43
OPH11	Nutrition Services	3262	Public Health Services	\$0	\$0	\$0	\$0	\$89,376,638	\$89,376,638	124
OPH12	School Based Health Services	3262	Public Health Services	\$237,328	\$0	\$0	\$6,321,260	\$316,000	\$6,874,588	3
OPH13	Smoking Cessation	3262	Public Health Services	\$0	\$147,550	\$0	\$325,000	\$1,063,204	\$1,535,754	3
			Total:	\$8,371,900	\$2,248,745	\$5,571,088	\$9,640,747	\$127,532,105	\$153,364,585	301

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

STATE OF LOUISIANA
Childrens Budget
Agency Summary

CHILD - AS
Fiscal Year 2025 - 2026
Report Date: 10/31/24

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

STATE OF LOUISIANA
Childrens Budget
by Agency

CHILD - AC
 Fiscal Year 2025 - 2026
 Report Date: 10/31/24

326 - Office of Public Health

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$8,371,901	\$175	\$0	\$8,371,900	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$4,248,745	(\$2,000,000)	\$0	\$2,248,745	\$0
FEES & SELF-GENERATED	\$5,544,123	\$26,790	\$0	\$5,571,088	\$0
STATUTORY DEDICATIONS	\$9,640,747	\$0	\$0	\$9,640,747	\$0
FEDERAL FUNDS	\$128,441,925	(\$909,821)	\$0	\$127,532,105	\$0
TOTAL MEANS OF FINANCING	\$156,247,441	(\$2,882,856)	\$0	\$153,364,585	\$0
Salaries	\$20,473,865	\$1,055,400	\$0	\$21,529,265	\$0
Other Compensation	\$1,662,701	\$180,512	\$0	\$1,843,213	\$0
Related Benefits	\$12,248,559	\$684,853	\$0	\$12,933,412	\$0
TOTAL PERSONAL SERVICES	\$34,385,125	\$1,920,765	\$0	\$36,305,890	\$0
Travel	\$579,125	\$88,920	\$0	\$668,045	\$0
Operating Services	\$2,480,527	\$17,276	\$0	\$2,497,803	\$0
Supplies	\$4,528,623	\$24,836	\$0	\$4,553,459	\$0
TOTAL OPERATING EXPENSES	\$7,588,275	\$131,032	\$0	\$7,719,307	\$0
PROFESSIONAL SERVICES	\$25,361,259	(\$2,174,816)	\$0	\$23,186,443	\$0
Other Charges	\$83,398,371	(\$2,634,027)	\$0	\$80,764,344	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$5,514,411	(\$125,810)	\$0	\$5,388,601	\$0
TOTAL OTHER CHARGES	\$88,912,782	(\$2,759,837)	\$0	\$86,152,945	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0

Department: 09A - LDH		STATE OF LOUISIANA				CHILD - AC
Agency: 326 OFFICE OF PUBLIC HEALTH		Childrens Budget				Fiscal Year 2025 - 2026
		by Agency				Report Date: 10/31/24
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0	
TOTAL EXPENDITURES	\$156,247,441	(\$2,882,856)	\$0	\$153,364,585	\$0	
Classified	296	8	0	301	0	
Unclassified	0	0	0	0	0	
TOTAL AUTHORIZED T.O. POSITIONS	296	8	0	301	0	
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0	
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0	
TOTAL POSITIONS	296	8	0	301	0	

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

STATE OF LOUISIANA
Childrens Budget
 by Agency/Program and Service

CHILD1
 Fiscal Year 2025 - 2026
 Report Date: 10/31/24

326 - Office of Public Health

3262 - Public Health Services

OPH01 - ACA-MIECHV- Mental Health

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$149,000	\$0	\$0	\$149,000	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$805,000	\$0	\$0	\$805,000	\$0
TOTAL MEANS OF FINANCING	\$954,000	\$0	\$0	\$954,000	\$0
Salaries	\$10,000	\$0	\$0	\$10,000	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$5,541	\$0	\$0	\$5,541	\$0
TOTAL PERSONAL SERVICES	\$15,541	\$0	\$0	\$15,541	\$0
Travel	\$1,000	\$0	\$0	\$1,000	\$0
Operating Services	\$5,000	\$0	\$0	\$5,000	\$0
Supplies	\$2,000	\$0	\$0	\$2,000	\$0
TOTAL OPERATING EXPENSES	\$8,000	\$0	\$0	\$8,000	\$0
PROFESSIONAL SERVICES	\$635,459	\$100,000	\$0	\$735,459	\$0
Other Charges	\$235,000	(\$100,000)	\$0	\$135,000	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$60,000	\$0	\$0	\$60,000	\$0
TOTAL OTHER CHARGES	\$295,000	(\$100,000)	\$0	\$195,000	\$0

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service	CHILD1 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$954,000	\$0	\$0	\$954,000	\$0
Classified	0	0	0	0	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	0	0	0	0	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0

OPH02 - Child Death Review

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$0	\$0	\$0	\$0	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$50,000	\$0	\$0	\$50,000	\$0
TOTAL MEANS OF FINANCING	\$50,000	\$0	\$0	\$50,000	\$0
Salaries	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0
TOTAL PERSONAL SERVICES	\$0	\$0	\$0	\$0	\$0

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service	CHILD1 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Travel	\$0	\$0	\$0	\$0	\$0
Operating Services	\$500	\$0	\$0	\$500	\$0
Supplies	\$0	\$0	\$0	\$0	\$0
TOTAL OPERATING EXPENSES	\$500	\$0	\$0	\$500	\$0
PROFESSIONAL SERVICES	\$49,000	\$0	\$0	\$49,000	\$0
Other Charges	\$0	\$0	\$0	\$0	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$500	\$0	\$0	\$500	\$0
TOTAL OTHER CHARGES	\$500	\$0	\$0	\$500	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$50,000	\$0	\$0	\$50,000	\$0
Classified	0	0	0	0	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	0	0	0	0	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0

OPH03 - Children's Special Health Services

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

Department: 09A - LDH	STATE OF LOUISIANA					CHILD1	
Agency: 326 OFFICE OF PUBLIC HEALTH	Childrens Budget					Fiscal Year 2025 - 2026	
	by Agency/Program and Service					Report Date: 10/31/24	
INTERAGENCY TRANSFERS	\$3,409	\$0	\$0	\$0	\$3,409	\$0	
FEES & SELF-GENERATED	\$125,000	\$0	\$0	\$0	\$125,000	\$0	
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0	\$0	
FEDERAL FUNDS	\$6,855,685	(\$270,293)	\$0	\$0	\$6,585,392	\$0	
TOTAL MEANS OF FINANCING	\$7,677,813	(\$270,293)	\$0	\$0	\$7,407,520	\$0	
Salaries	\$2,160,000	\$0	\$0	\$0	\$2,160,000	\$0	
Other Compensation	\$160,000	\$0	\$0	\$0	\$160,000	\$0	
Related Benefits	\$1,285,575	\$0	\$0	\$0	\$1,285,575	\$0	
TOTAL PERSONAL SERVICES	\$3,605,575	\$0	\$0	\$0	\$3,605,575	\$0	
Travel	\$30,500	\$0	\$0	\$0	\$30,500	\$0	
Operating Services	\$81,000	\$0	\$0	\$0	\$81,000	\$0	
Supplies	\$175,000	\$0	\$0	\$0	\$175,000	\$0	
TOTAL OPERATING EXPENSES	\$286,500	\$0	\$0	\$0	\$286,500	\$0	
PROFESSIONAL SERVICES	\$2,302,545	(\$220,293)	\$0	\$0	\$2,082,252	\$0	
Other Charges	\$1,211,193	(\$50,000)	\$0	\$0	\$1,161,193	\$0	
Debt Service	\$0	\$0	\$0	\$0	\$0	\$0	
Interagency Transfers	\$272,000	\$0	\$0	\$0	\$272,000	\$0	
TOTAL OTHER CHARGES	\$1,483,193	(\$50,000)	\$0	\$0	\$1,433,193	\$0	
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0	\$0	
TOTAL EXPENDITURES	\$7,677,813	(\$270,293)	\$0	\$0	\$7,407,520	\$0	
Classified	31	2	0	0	30	0	
Unclassified	0	0	0	0	0	0	
TOTAL AUTHORIZED T.O. POSITIONS	31	2	0	0	30	0	

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service	CHILD1 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	31	2	0	30	0

OPH04 - Emergency Medical Services

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$0	\$0	\$0	\$0	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$190,650	\$0	\$0	\$190,650	\$0
TOTAL MEANS OF FINANCING	\$190,650	\$0	\$0	\$190,650	\$0
Salaries	\$2,075	\$0	\$0	\$2,075	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$1,150	\$0	\$0	\$1,150	\$0
TOTAL PERSONAL SERVICES	\$3,225	\$0	\$0	\$3,225	\$0
Travel	\$200	\$0	\$0	\$200	\$0
Operating Services	\$500	\$0	\$0	\$500	\$0
Supplies	\$0	\$0	\$0	\$0	\$0
TOTAL OPERATING EXPENSES	\$700	\$0	\$0	\$700	\$0
PROFESSIONAL SERVICES	\$181,725	\$0	\$0	\$181,725	\$0
Other Charges	\$0	\$0	\$0	\$0	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service	CHILD1 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Interagency Transfers	\$5,000	\$0	\$0	\$5,000	\$0
TOTAL OTHER CHARGES	\$5,000	\$0	\$0	\$5,000	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$190,650	\$0	\$0	\$190,650	\$0
Classified	0	0	0	0	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	0	0	0	0	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0

OPH05 - Genetics

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$1,826,853	\$175	\$0	\$1,826,853	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$28,835	\$0	\$0	\$28,835	\$0
FEES & SELF-GENERATED	\$4,719,825	\$0	\$0	\$4,720,000	\$0
STATUTORY DEDICATIONS	\$2,994,487	\$0	\$0	\$2,994,487	\$0
FEDERAL FUNDS	\$780,000	\$0	\$0	\$780,000	\$0
TOTAL MEANS OF FINANCING	\$10,350,000	\$175	\$0	\$10,350,175	\$0
Salaries	\$1,850,000	\$0	\$0	\$1,850,000	\$0
Other Compensation	\$120,000	\$0	\$0	\$120,000	\$0

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service	CHILD1 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Related Benefits	\$1,091,630	\$0	\$0	\$1,091,630	\$0
TOTAL PERSONAL SERVICES	\$3,061,630	\$0	\$0	\$3,061,630	\$0
Travel	\$10,000	\$0	\$0	\$10,000	\$0
Operating Services	\$700,000	\$0	\$0	\$700,000	\$0
Supplies	\$3,095,913	\$0	\$0	\$3,095,913	\$0
TOTAL OPERATING EXPENSES	\$3,805,913	\$0	\$0	\$3,805,913	\$0
PROFESSIONAL SERVICES	\$2,994,487	\$0	\$0	\$2,994,487	\$0
Other Charges	\$72,970	\$175	\$0	\$73,145	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$415,000	\$0	\$0	\$415,000	\$0
TOTAL OTHER CHARGES	\$487,970	\$175	\$0	\$488,145	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$10,350,000	\$175	\$0	\$10,350,175	\$0
Classified	27	(2)	0	25	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	27	(2)	0	25	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	27	(2)	0	25	0

OPH06 - HIV/Perinatal & AIDS Drug Assistance

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

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service				CHILD1 Fiscal Year 2025 - 2026 Report Date: 10/31/24
STATE GENERAL FUND (Direct)	\$0	\$0	\$0	\$0	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$3,489,304	(\$561,273)	\$0	\$2,928,031	\$0
TOTAL MEANS OF FINANCING	\$3,489,304	(\$561,273)	\$0	\$2,928,031	\$0
Salaries	\$130,050	\$0	\$0	\$130,050	\$0
Other Compensation	\$17,100	\$0	\$0	\$17,100	\$0
Related Benefits	\$81,540	\$0	\$0	\$81,540	\$0
TOTAL PERSONAL SERVICES	\$228,690	\$0	\$0	\$228,690	\$0
Travel	\$495	\$0	\$0	\$495	\$0
Operating Services	\$16,065	\$0	\$0	\$16,065	\$0
Supplies	\$72,135	\$0	\$0	\$72,135	\$0
TOTAL OPERATING EXPENSES	\$88,695	\$0	\$0	\$88,695	\$0
PROFESSIONAL SERVICES	\$136,080	\$0	\$0	\$136,080	\$0
Other Charges	\$3,005,014	(\$561,273)	\$0	\$2,443,741	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$30,825	\$0	\$0	\$30,825	\$0
TOTAL OTHER CHARGES	\$3,035,839	(\$561,273)	\$0	\$2,474,566	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$3,489,304	(\$561,273)	\$0	\$2,928,031	\$0
Classified	2	0	0	2	0

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service	CHILD1 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	2	0	0	2	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	2	0	0	2	0

OPH07 - Immunization

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$2,865,001	\$0	\$0	\$2,865,000	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$1,191,876	\$0	\$0	\$1,191,876	\$0
FEES & SELF-GENERATED	\$699,298	\$26,790	\$0	\$726,088	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$5,537,048	\$0	\$0	\$5,537,049	\$0
TOTAL MEANS OF FINANCING	\$10,293,223	\$26,790	\$0	\$10,320,013	\$0
Salaries	\$3,505,500	\$70,800	\$0	\$3,576,300	\$0
Other Compensation	\$94,500	\$17,700	\$0	\$112,200	\$0
Related Benefits	\$1,994,857	\$49,040	\$0	\$2,043,897	\$0
TOTAL PERSONAL SERVICES	\$5,594,857	\$137,540	\$0	\$5,732,397	\$0
Travel	\$67,700	\$0	\$0	\$67,700	\$0
Operating Services	\$238,000	\$0	\$0	\$238,000	\$0
Supplies	\$128,000	\$0	\$0	\$128,000	\$0
TOTAL OPERATING EXPENSES	\$433,700	\$0	\$0	\$433,700	\$0
PROFESSIONAL SERVICES	\$421,733	\$295,000	\$0	\$716,733	\$0

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service	CHILD1 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Other Charges	\$3,042,879	(\$405,750)	\$0	\$2,637,129	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$800,054	\$0	\$0	\$800,054	\$0
TOTAL OTHER CHARGES	\$3,842,933	(\$405,750)	\$0	\$3,437,183	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$10,293,223	\$26,790	\$0	\$10,320,013	\$0
Classified	51	(2)	0	49	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	51	(2)	0	49	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	51	(2)	0	49	0

OPH08 - Lead Poisoning Prevention

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$0	\$0	\$0	\$0	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$515,000	\$0	\$0	\$515,000	\$0
TOTAL MEANS OF FINANCING	\$515,000	\$0	\$0	\$515,000	\$0

Department: 09A - LDH		STATE OF LOUISIANA				CHILD1	
Agency: 326 OFFICE OF PUBLIC HEALTH		Childrens Budget				Fiscal Year 2025 - 2026	
		by Agency/Program and Service				Report Date: 10/31/24	
Salaries	\$125,000	\$0	\$0	\$0	\$125,000	\$0	
Other Compensation	\$5,001	\$0	\$0	\$0	\$5,001	\$0	
Related Benefits	\$72,037	\$0	\$0	\$0	\$72,037	\$0	
TOTAL PERSONAL SERVICES	\$202,038	\$0	\$0	\$0	\$202,038	\$0	
Travel	\$2,000	\$0	\$0	\$0	\$2,000	\$0	
Operating Services	\$3,000	\$0	\$0	\$0	\$3,000	\$0	
Supplies	\$1,000	\$0	\$0	\$0	\$1,000	\$0	
TOTAL OPERATING EXPENSES	\$6,000	\$0	\$0	\$0	\$6,000	\$0	
PROFESSIONAL SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	
Other Charges	\$304,962	\$0	\$0	\$0	\$304,962	\$0	
Debt Service	\$0	\$0	\$0	\$0	\$0	\$0	
Interagency Transfers	\$2,000	\$0	\$0	\$0	\$2,000	\$0	
TOTAL OTHER CHARGES	\$306,962	\$0	\$0	\$0	\$306,962	\$0	
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0	\$0	
TOTAL EXPENDITURES	\$515,000	\$0	\$0	\$0	\$515,000	\$0	
Classified	2	0	0	0	2	0	
Unclassified	0	0	0	0	0	0	
TOTAL AUTHORIZED T.O. POSITIONS	2	0	0	0	2	0	
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0	0	
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0	0	
TOTAL POSITIONS	2	0	0	0	2	0	

OPH09 - Maternal and Child Health

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service	CHILD1 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$0	\$0	\$0	\$0	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$6,255,375	\$0	\$0	\$6,255,375	\$0
TOTAL MEANS OF FINANCING	\$6,255,375	\$0	\$0	\$6,255,375	\$0
Salaries	\$1,375,000	\$91,000	\$0	\$1,466,000	\$0
Other Compensation	\$250,000	\$0	\$0	\$250,000	\$0
Related Benefits	\$900,456	\$50,426	\$0	\$950,882	\$0
TOTAL PERSONAL SERVICES	\$2,525,456	\$141,426	\$0	\$2,666,882	\$0
Travel	\$5,000	\$0	\$0	\$5,000	\$0
Operating Services	\$150,000	\$0	\$0	\$150,000	\$0
Supplies	\$15,000	\$0	\$0	\$15,000	\$0
TOTAL OPERATING EXPENSES	\$170,000	\$0	\$0	\$170,000	\$0
PROFESSIONAL SERVICES	\$3,105,124	(\$141,426)	\$0	\$2,963,698	\$0
Other Charges	\$154,795	\$0	\$0	\$154,795	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$300,000	\$0	\$0	\$300,000	\$0
TOTAL OTHER CHARGES	\$454,795	\$0	\$0	\$454,795	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service	CHILD1 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

TOTAL EXPENDITURES	\$6,255,375	\$0	\$0	\$6,255,375	\$0
Classified	20	0	0	20	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	20	0	0	20	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	20	0	0	20	0

OPH10 - Nurse Family Partnership

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$2,600,000	\$0	\$0	\$2,600,000	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$2,877,075	(\$2,000,000)	\$0	\$877,075	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$13,704,766	(\$575,000)	\$0	\$13,129,766	\$0
TOTAL MEANS OF FINANCING	\$19,181,841	(\$2,575,000)	\$0	\$16,606,841	\$0
Salaries	\$2,700,000	\$400,000	\$0	\$3,100,000	\$0
Other Compensation	\$135,000	\$8,412	\$0	\$143,412	\$0
Related Benefits	\$1,570,950	\$226,312	\$0	\$1,797,262	\$0
TOTAL PERSONAL SERVICES	\$4,405,950	\$634,724	\$0	\$5,040,674	\$0
Travel	\$75,000	\$12,800	\$0	\$87,800	\$0
Operating Services	\$380,000	\$2,876	\$0	\$382,876	\$0
Supplies	\$43,000	\$23,636	\$0	\$66,636	\$0

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service	CHILD1 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

TOTAL OPERATING EXPENSES	\$498,000	\$39,312	\$0	\$537,312	\$0
PROFESSIONAL SERVICES	\$11,858,643	(\$2,502,979)	\$0	\$9,355,664	\$0
Other Charges	\$609,248	(\$406,247)	\$0	\$203,001	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$1,810,000	(\$339,810)	\$0	\$1,470,190	\$0
TOTAL OTHER CHARGES	\$2,419,248	(\$746,057)	\$0	\$1,673,191	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$19,181,841	(\$2,575,000)	\$0	\$16,606,841	\$0
Classified	39	4	0	43	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	39	4	0	43	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	39	4	0	43	0

OPH11 - Nutrition Services

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$0	\$0	\$0	\$0	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service				CHILD1 Fiscal Year 2025 - 2026 Report Date: 10/31/24	
FEDERAL FUNDS	\$88,879,893	\$496,745	\$0	\$89,376,638	\$0	
TOTAL MEANS OF FINANCING	\$88,879,893	\$496,745	\$0	\$89,376,638	\$0	
Salaries	\$8,175,740	\$473,600	\$0	\$8,649,340	\$0	
Other Compensation	\$843,600	\$154,400	\$0	\$998,000	\$0	
Related Benefits	\$4,979,950	\$347,992	\$0	\$5,327,942	\$0	
TOTAL PERSONAL SERVICES	\$13,999,290	\$975,992	\$0	\$14,975,282	\$0	
Travel	\$380,380	\$76,120	\$0	\$456,500	\$0	
Operating Services	\$870,200	\$14,400	\$0	\$884,600	\$0	
Supplies	\$991,800	\$1,200	\$0	\$993,000	\$0	
TOTAL OPERATING EXPENSES	\$2,242,380	\$91,720	\$0	\$2,334,100	\$0	
PROFESSIONAL SERVICES	\$2,280,000	\$524,614	\$0	\$2,804,614	\$0	
Other Charges	\$68,674,600	(\$1,309,581)	\$0	\$67,365,019	\$0	
Debt Service	\$0	\$0	\$0	\$0	\$0	
Interagency Transfers	\$1,683,623	\$214,000	\$0	\$1,897,623	\$0	
TOTAL OTHER CHARGES	\$70,358,223	(\$1,095,581)	\$0	\$69,262,642	\$0	
Acquisitions	\$0	\$0	\$0	\$0	\$0	
Major Repairs	\$0	\$0	\$0	\$0	\$0	
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0	
TOTAL EXPENDITURES	\$88,879,893	\$496,745	\$0	\$89,376,638	\$0	
Classified	118	6	0	124	0	
Unclassified	0	0	0	0	0	
TOTAL AUTHORIZED T.O. POSITIONS	118	6	0	124	0	
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0	
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0	
TOTAL POSITIONS	118	6	0	124	0	

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

STATE OF LOUISIANA
Childrens Budget
by Agency/Program and Service

CHILD1
 Fiscal Year 2025 - 2026
 Report Date: 10/31/24

OPH12 - School Based Health Services

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$237,328	\$0	\$0	\$237,328	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$6,321,260	\$0	\$0	\$6,321,260	\$0
FEDERAL FUNDS	\$316,000	\$0	\$0	\$316,000	\$0
TOTAL MEANS OF FINANCING	\$6,874,588	\$0	\$0	\$6,874,588	\$0
Salaries	\$200,000	\$20,000	\$0	\$220,000	\$0
Other Compensation	\$5,000	\$0	\$0	\$5,000	\$0
Related Benefits	\$113,596	\$11,083	\$0	\$124,679	\$0
TOTAL PERSONAL SERVICES	\$318,596	\$31,083	\$0	\$349,679	\$0
Travel	\$1,000	\$0	\$0	\$1,000	\$0
Operating Services	\$11,500	\$0	\$0	\$11,500	\$0
Supplies	\$2,500	\$0	\$0	\$2,500	\$0
TOTAL OPERATING EXPENSES	\$15,000	\$0	\$0	\$15,000	\$0
PROFESSIONAL SERVICES	\$786,732	(\$229,732)	\$0	\$557,000	\$0
Other Charges	\$5,754,260	\$198,649	\$0	\$5,952,909	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0
TOTAL OTHER CHARGES	\$5,754,260	\$198,649	\$0	\$5,952,909	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service	CHILD1 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$6,874,588	\$0	\$0	\$6,874,588	\$0
Classified	3	0	0	3	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	3	0	0	3	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	3	0	0	3	0

OPH13 - Smoking Cessation

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$0	\$0	\$0	\$0	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$147,550	\$0	\$0	\$147,550	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$325,000	\$0	\$0	\$325,000	\$0
FEDERAL FUNDS	\$1,063,204	\$0	\$0	\$1,063,204	\$0
TOTAL MEANS OF FINANCING	\$1,535,754	\$0	\$0	\$1,535,754	\$0
Salaries	\$240,500	\$0	\$0	\$240,500	\$0
Other Compensation	\$32,500	\$0	\$0	\$32,500	\$0
Related Benefits	\$151,277	\$0	\$0	\$151,277	\$0
TOTAL PERSONAL SERVICES	\$424,277	\$0	\$0	\$424,277	\$0
Travel	\$5,850	\$0	\$0	\$5,850	\$0
Operating Services	\$24,762	\$0	\$0	\$24,762	\$0

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service	CHILD1 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Supplies	\$2,275	\$0	\$0	\$2,275	\$0
TOTAL OPERATING EXPENSES	\$32,887	\$0	\$0	\$32,887	\$0
PROFESSIONAL SERVICES	\$609,731	\$0	\$0	\$609,731	\$0
Other Charges	\$333,450	\$0	\$0	\$333,450	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$135,409	\$0	\$0	\$135,409	\$0
TOTAL OTHER CHARGES	\$468,859	\$0	\$0	\$468,859	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$1,535,754	\$0	\$0	\$1,535,754	\$0
Classified	3	0	0	3	0
Unclassified	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	3	0	0	3	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0
TOTAL POSITIONS	3	0	0	3	0

OPH14 - Epidemiology and Laboratory Capacity Reopening Schools

Means of Financing:	Existing Operating Budget	Requested Continuation	Requested NE	Total Requested	Total Recommended
STATE GENERAL FUND (Direct)	\$0	\$0	\$0	\$0	\$0
STATE GENERAL FUND BY:					
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget by Agency/Program and Service					CHILD1 Fiscal Year 2025 - 2026 Report Date: 10/31/24
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL MEANS OF FINANCING	\$0	\$0	\$0	\$0	\$0	\$0
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL PERSONAL SERVICES	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL OPERATING EXPENSES	\$0	\$0	\$0	\$0	\$0	\$0
PROFESSIONAL SERVICES	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$0	\$0	\$0	\$0	\$0
Debt Service	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL OTHER CHARGES	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL ACQ. & MAJOR REPAIRS	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$0	\$0	\$0	\$0	\$0	\$0
Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
TOTAL AUTHORIZED T.O. POSITIONS	0	0	0	0	0	0
TOTAL AUTHORIZED OTHER CHARGES POSITION	0	0	0	0	0	0
TOTAL NON-T.O. FTE POSITIONS	0	0	0	0	0	0

Department: 09A - LDH	STATE OF LOUISIANA				CHILD1
Agency: 326 OFFICE OF PUBLIC HEALTH	Childrens Budget				Fiscal Year 2025 - 2026
	by Agency/Program and Service				Report Date: 10/31/24
TOTAL POSITIONS	0	0	0	0	0

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Form ID:	35982
Form Description:	326 ACA-MIECHV - Pediatric Mental H
Service:	OPH01 - ACA-MIECHV- Mental Health

Question and Narrative Response

Describe the service:

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

How does this fulfill the program's mission?

PPCL SUPPORTS PEDIATRIC HEALTHCARE CLINICIANS STATEWIDE BY: 1. STAFFING AND OPERATING A TELEPHONE CONSULTATION LINE THAT ANY PEDIATRIC PROVIDER IN LOUISIANA CAN CALL AND GAIN ACCESS TO A TEAM OF LICENSED MENTAL HEALTH PROFESSIONALS AND PSYCHIATRISTS WHO CAN ADDRESS ANY CLINICAL QUESTIONS A PROVIDER MIGHT HAVE RELATED TO PEDIATRIC MENTAL HEALTH INCLUDING SCREENING, 2. PROVIDING TRAININGS AND EDUCATIONAL MATERIALS TO HEALTHCARE PROFESSIONALS ON TOPICS RELATED TO PEDIATRIC MENTAL HEALTH; 3. PROVIDING RESOURCE AND REFERRAL INFORMATION TO HEALTHCARE PROFESSIONALS WORKING TO ASSIST THE PROVIDER IN CONNECTING PATIENTS AND FAMILIES TO MENTAL HEALTH SERVICES AND OTHER RESOURCES THAT ADDRESS SOCIAL DETERMINANTS OF HEALTH. GOALS: THE OVERALL GOAL OF PPCL IS TO INCREASE THE CAPACITY OF PEDIATRIC HEALTHCARE PROVIDERS STATEWIDE, ESPECIALLY THOSE LIVING IN RURAL AND UNDERSERVED AREAS, TO SCREEN, DIAGNOSE, TREAT, AND REFER PEDIATRIC PATIENTS (AGES BIRTH-21) AND THEIR FAMILIES WHO ARE PRESENTING WITH MENTAL HEALTH CONCERNS.

Who are the principal users?

THE PRINCIPAL USERS ARE MENTAL HEALTH CARE PROVIDERS SERVING PEDIATRIC PATIENTS AGES 0-21 IN LOUISIANA.

Who primarily benefits from the service?

FAMILIES WITH CHILDREN AGES 0-21 IN LOUISIANA WITH MENTAL AND BEHAVIORAL HEALTH DISORDERS WILL PRIMARILY BENEFIT FROM THIS SERVICE.

Related objectives and performance measures:

OBJECTIVE 1: IN FISCAL YEAR 2025-2026, THE PROVIDER-TO-PROVIDER CONSULTATION LINE WILL PROVIDE TELEPHONE CONSULTATION, TRAINING, AND RESOURCE AND REFERRAL SUPPORT TO PEDIATRIC HEALTH CARE PROVIDERS STATEWIDE.

	EXISTING	REQUESTED	TOTAL	
RECOMMENDED	OPERATING BUDGET	CONTINUATION	REQUEST	LEVEL
PERFORMANCE INDICATORS	BUDGET	LEVEL	LEVEL	
NUMBER OF PEDIATRIC HEALTHCARE PROVIDERS WHO ACCESS PPCL'S CONSULTATION, TRAINING, AND/OR	350	50	400	

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Form ID:	35983
Form Description:	326 Child Death Review
Service:	OPH02 - Child Death Review

Question and Narrative Response

Describe the service:

THE LOUISIANA CHILD DEATH REVIEW PANEL (CDRP) IS A MULTI DISCIPLINARY GROUP OF PROFESSIONALS THAT WAS ESTABLISHED IN 1992 BY THE LOUISIANA LEGISLATURE TO REVIEW ALL UNEXPECTED DEATHS OF CHILDREN UNDER THE AGE OF SEVEN (7) YEARS, INCLUDING ALL SUDDEN UNEXPECTED INFANT DEATHS (SUID). IN THE 1999 REGULAR SESSION OF THE LEGISLATURE, THE AGE OF THE CHILDREN INCLUDED IN THE REVIEW WAS CHANGED TO INCLUDE ALL DEATHS OF CHILDREN AGE FOURTEEN (14) YEARS AND BELOW BEGINNING ON AUGUST 15, 1999.

How does this fulfill the program's mission?

THIS SERVICE FULFILLS THE PROGRAM'S MISSION BY PROVIDING SURVEILLANCE, PREVENTIVE AND EDUCATIONAL SERVICES TO PROMOTE REDUCED MORBIDITY AND MORTALITY FROM HIGH-RISK CONDITIONS OF INFANCY AND CHILDHOOD.

GOAL: REDUCE THE HIGH-RISK CONDITIONS OF INFANCY AND CHILDHOOD THAT RESULT IN UNEXPECTED CHILD DEATH.

Who are the principal users?

THE PRINCIPAL USERS ARE LOUISIANA INFANTS AND CHILDREN.

Who primarily benefits from the service?

LOUISIANA INFANTS AND CHILDREN PRIMARILY BENEFIT FROM THIS SERVICE.

Question and Narrative Response

Related objectives and performance measures:

OBJECTIVE: IN FISCAL YEAR 2025-2026, PUBLIC HEALTH SERVICES, THROUGH THE ACTIVITIES OF THE CHILD DEATH REVIEW PANEL, WILL COLLECT, REVIEW AND ANALYZE ALL DEATH INVESTIGATIVE REPORTS AND PREPARE AN ANNUAL REPORT. ADDITIONALLY, THE PANEL WILL DEVELOP RECOMMENDATIONS CONCERNING THE METHODS TO DECREASE UNEXPECTED CHILD DEATHS.

	EXISTING	REQUESTED	TOTAL	RECOMMENDED
	OPERATING BUDGET	CONTINUATION	REQUEST	LEVEL
PERFORMANCE INDICATORS	BUDGET	LEVEL	LEVEL	
LOUISIANA CHILD DEATH RATE, AGES 1 THROUGH 14/100,000*	22.6	1.1	23.7	
LOUISIANA SUDDEN UNEXPECTED INFANT DEATH RATE/ 1,000*	1.5	0	1.5	

*2017-2019 RATE

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Form ID:	35984
Form Description:	326 Emergency Medical Services - Ch
Service:	OPH04 - Emergency Medical Services

Question and Narrative Response
Describe the service:
<p>EMERGENCY MEDICAL SERVICES (EMS) FOR CHILDREN PROVIDES EDUCATION AND EQUIPMENT TO EMERGENCY DEPARTMENTS AND EMS PROVIDERS IN ORDER TO ENHANCE THE QUALITY OF CARE PROVIDED AND REDUCE MORBIDITY AND MORTALITY FOR CHILDREN OF THE STATE OF LOUISIANA REGARDLESS WHERE THEY LIVE, GO TO SCHOOL, OR TRAVEL.</p>
How does this fulfill the program's mission?
<p>EMS FOR CHILDREN CONTINUALLY STRIVES TO FULFILL THE PROGRAM'S MISSION TO REDUCE THE MORBITY AND MORTALITY OF THE PEDIATRIC POPULATION BY PROVIDING EDUCATION AND EQUIPMENT TO PROVIDERS IN ALL EMERGENCY CARE SETTINGS. ADDITIONALLY, INJURY PREVENTION IS A CRUCIAL ASPECT OR REDUCING MORTALITY AND MORBITIY OF THE PEDIATRIC POPULATION. EMS FOR CHILDREN PROVIDES EDUCATIONAL MATERIAL TO BOTH THE ADULT AND CHILD TO DECREASE ACCIDENTAL INJURY. GOAL: THROUGH COLLABORATION WITH STATE PARTNERS AND PROFESSIONAL ORGANIZATIONS EDUCATIONAL OFFERINGS TO EQUIP BOTH HOSPITAL AND PRE-HOSPITAL PERSONNEL WITH THE KNOWLEDGE AND SKILLS NECESSARY TO CARE FOR THE PEDIATRIC PATIENT IN AN EMERGENCY CARE SETTING BOTH IN AND OUT OF THE HOSPITAL. ALONG WITH PROVIDER EDUCATION EMS FOR CHILDREN WILL ASSIST COMMUNITY PARTNERS WITH INJURY PREVENTION EFFORTS IN ALL REGIONS OF LOUISIANA.</p>
Who are the principal users?
<p>THE PRINCIPAL USERS ARE ALL CHILDREN IN LOUISIANA.</p>
Who primarily benefits from the service?

Question and Narrative Response

Related objectives and performance measures:

OBJECTIVE: IN FISCAL YEAR 2025-2026, PUBLIC HEALTH SERVICES THROUGH THE ACTIVITIES OF THE EMERGENCY MEDICAL SERVICES -CHILDREN PROGRAM WILL PROVIDE TRAINING AND EQUIPMENT TO EMS AND HOSPITAL PERSONNEL CARE FOR THE PEDIATRIC PATIENT IN AN EMERGENCY CARE SETTING BOTH IN AND OUT OF THE HOSPITAL. ALONG WITH PROVIDER EDUCATION EMS FOR CHILDREN WILL ASSIST COMMUNITY PARTNERS WITH INJURY PREVENTION EFFORTS PRIVATE PARTNERS.

	EXISTING	REQUESTED	TOTAL	RECOMMENDED
	OPERATING	CONTINUATION	REQUEST	LEVEL
PERFORMANCE INDICATORS	BUDGET	LEVEL	LEVEL	
DEVELOP AND DISSEMINATE PEDIACRIC BASED				
EDUCATIONAL TOOL FOR INJURY PREVENTION	1	0	1	

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Form ID:	35985
Form Description:	326 HIV Prevention and ADAP
Service:	OPH06 - HIV/Perinatal & AIDS Drug Assistance

Question and Narrative Response
Describe the service:
<p>THE HIV/PERINATAL PROGRAM SPECIFICALLY FOCUSES ON COUNSELING AND TESTING OF CHILDBEARING WOMEN IN ORDER THAT WOMEN WHO ARE HIV INFECTED BECOME AWARE OF THEIR HIV STATUS AND SEEK MEDICAL CARE AND TREATMENT IF INFECTED. SPECIFICALLY, THE PROGRAM ATTEMPTS TO IDENTIFY PREGNANT WOMEN WHO ARE HIV INFECTED AND TO INCREASE THEIR KNOWLEDGE OF AND ACCESS TO ANTIRETROVIRAL THERAPY (ART) TO REDUCE THE RISK OR PERINATAL TRANSMISSION OF HIV TO THEIR NEWBORNS.</p>
How does this fulfill the program's mission?
<p>THIS SERVICE FULFILLS THE PROGRAM'S MISSION BY PROVIDING AND ASSURING ACCESS TO ESSENTIAL CLINICAL AND EDUCATIONAL SERVICES TO PREVENT HIV INFECTED NEWBORNS.</p> <p>GOAL: TO REDUCE PERINATAL TRANSMISSION OF HIV AND ENSURE THE PROVISION OF AND EQUAL ACCESS TO HIV/AIDS THERAPIES FOR PREGNANT WOMEN, CHILDREN AND YOUTH WHO ARE HIV INFECTED OR EXPOSED.</p>
Who are the principal users?
<p>THE PRINCIPAL USERS ARE HIV INFECTED NEWBORNS.</p>
Who primarily benefits from the service?
<p>HIV INFECTED NEWBORNS PRIMARILY BENEFIT FROM THIS SERVICE.</p>
Related objectives and performance measures:

Question and Narrative Response

OBJECTIVE: IN FISCAL YEAR 2025-2026, PUBLIC HEALTH SERVICES, THROUGH THE ACTIVITIES OF THE HIV PERINATAL PREVENTION AND AIDS DRUG ASSISTANCE PROGRAM, WILL SCREEN 48,000 WOMEN OF CHILDBEARING AGE, CHILDREN, AND YOUTH WHO ARE COUNSELED AND TESTED FOR HIV, AND, INCREASE TO 95% THE NUMBER OF PREGNANT WOMEN WHO HAVE ACCESS TO AND RECEIVE ANTIRETROVIRAL THERAPY, INCLUDING ART PROPHYLAXIS AND PROVIDE A MINIMUM OF 5 INDIVIDUALS UNDER THE AGE OF 18 WITH ANTIRETROVIRAL THERAPY THROUGH THE AIDS DRUG ASSISTANCE PROGRAM (ADAP).

	EXISTING	REQUESTED	TOTAL	RECOMMENDED
	OPERATING BUDGET	CONTINUATION	REQUEST	LEVEL
PERFORMANCE INDICATORS	BUDGET	LEVEL	LEVEL	
HIV TESTING AND COUNSELING FOR WOMEN OF CHILDBEARING AGE AND INDIVIDUALS AGE 18 AND UNDER	48,000	0	48,000	
PERCENT OF HIV POSITIVE PREGNANT WOMEN RECEIVING APPROPRIATE ANTIRETROVIRAL THERAPY	95%	0	95%	
PERCENT OF NEWBORNS RECEIVING APPROPRIATE ANTIRETROVIRAL THERAPY	100%	0	100%	
HIV POSITIVE INDIVIDUALS 18 AND UNDER RECEIVING MEDICATION THROUGH THE AIDS DRUG ASSISTANCE PROGRAM	5	0	5	

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Form ID:	35986
Form Description:	326 - Maternal and Child Health Service
Service:	OPH09 - Maternal and Child Health

Question and Narrative Response

Describe the service:

THE OPH BUREAU OF FAMILY HEALTH WORKS TO PROMOTE OPTIMAL HEALTH FOR ALL LOUISIANA WOMEN, INFANTS, CHILDREN, TEENS AND FAMILIES THROUGH PROVISION OF RELIABLE DATA TO MONITOR HEALTH AND WELL-BEING, GUIDE PROGRAMS, AND INFORM PUBLIC POLICY; PREVENTIVE AND EDUCATIONAL SERVICES THAT ARE GROUNDED IN BEST PRACTICES AND EVIDENCE TO PROMOTE OPTIMAL HEALTH AND WELL-BEING; POLICY AND EDUCATIONAL INITIATIVES TO IMPROVE ACCESS TO MEDICAL, BEHAVIORAL HEALTH AND SUPPORTIVE SERVICES, AND TO IMPROVE COMMUNITY HEALTH; PARTNERSHIPS WITH COMMUNITIES, GOVERNMENT, AND ACADEMIA TO ADVANCE COMMON GOALS.

How does this fulfill the program's mission?

THIS FULFILLS THE PROGRAM'S MISSION BY PROMOTING PHYSICAL AND MENTAL HEALTH, SAFETY, AND WELL BEING TO PREGNANT WOMEN, INFANTS, AND CHILDREN.

GOAL: IMPROVE BIRTH OUTCOMES FOR INFANTS, IMPROVE DEVELOPMENTAL HEALTH, AND REDUCE CHILD INJURY.

Who are the principal users?

THE PRINCIPAL USERS ARE PREGNANT WOMEN, INFANTS, AND CHILDREN.

Who primarily benefits from the service?

PREGNANT WOMEN, INFANTS, AND CHILDREN PRIMARILY BENEFIT FROM THIS SERVICE.

Related objectives and performance measures:

OBJECTIVE: IN FISCAL YEAR 2025-2026, PUBLIC HEALTH SERVICES, THROUGH ITS MATERNAL AND CHILD HEALTH ACTIVITIES, WILL PROMOTE OPTIMAL HEALTH FOR ALL LOUISIANA INFANTS AND CHILDREN AND WORK TOWARDS IMPROVING POPULATION-LEVEL TITLE V NATIONAL PERFORMANCE MEASURES RELATED TO INFANT AND CHILD HEALTH.

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Question and Narrative Response

	EXISTING	REQUESTED	TOTAL	
RECOMMENDED	OPERATING BUDGET	CONTINUATION	REQUEST	LEVEL
PERFORMANCE INDICATORS	BUDGET	LEVEL	LEVEL	
PERCENT OF INFANTS WHO ARE EVER BREASTFED	73.1	1.3	74.4	
PERCENT OF INFANTS PLACED TO SLEEP ON THEIR BACKS	70.8	-1.5	69.3	
PERCENT OF CHILDREN (AGES 9 -35 MONTHS) WHO RECEIVED A DEVELOPMENTAL SCREENING USING A PARENT COMPLETED SCREENING TOOL IN THE PAST YEAR	31.1	7.4	38.5	
RATE OF HOSPITALIZATION FOR NON-FATAL INJURY PER 100,000 CHILDREN (AGES 0-9)	142.4	7	149.4	
RATE OF HOSPITALIZATION FOR NON-FATAL INJURY PER 100,000 CHILDREN (AGES 10-19)	246.9	29.9	276.8	
Note: Performance indicators reflect the Title V National Performance Measures that correlate with infant and child health strategies. Existing budget performance indicators and total request projections reflect values and targets reported in the most recent MCH Block Grant Submission.				

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Form ID:	35987
Form Description:	326 Childhood Lead Prevention
Service:	OPH08 - Lead Poisoning Prevention

Question and Narrative Response
Describe the service:
<p>TO IDENTIFY AND PREVENT LEAD POISONING IN ALL COMMUNITIES AND PROVIDE OPPORTUNITIES FOR COMMUNITIES, RESEARCHERS AND DECISION MAKERS TO COLLABORATE ON PROGRAMS THAT WILL PROMOTE A LEAD FREE ENVIRONMENT IN ORDER TO IMPROVE HEALTH, HOUSING, EDUCATION AND QUALITY OF LIFE.</p>
How does this fulfill the program's mission?
<p>THIS SERVICE FULFILLS THE PROGRAM'S MISSION BY PROVIDING AND ASSURING PREVENTIVE AND EDUCATIONAL SERVICES TO LOUISIANA'S CHILDREN TO REDUCE MORBIDITY AND MORTALITY RESULTING FROM HIGH-RISK CONDITIONS OF INFANCY AND CHILDHOOD. GOAL: TO SCREEN ALL CHILDREN UNDER THE AGE OF 72 MONTHS, TO IDENTIFY AND REMOVE THE SOURCES OF LEAD FOR CHILDREN FOUND TO HAVE A ELEVATED BLOOD LEAD LEVELS, AND PROVIDE OPPORTUNITIES FOR RESEARCHERS, DECISION MAKERS TO COLLABORATE ON PROGRAMS THAT WILL PROMOTE A LEAD-FREE ENVIRONMENTS IN ORDER TO IMPROVE HEALTH, HOUSING, EDUCATION AND QUALITY OF LIFE.</p>
Who are the principal users?
<p>THE PRINCIPAL USERS ARE ALL LOUISIANA CHILDREN.</p>
Who primarily benefits from the service?
<p>ALL LOUISIANA CHILDREN BENEFIT FROM THIS SERVICE.</p>
Related objectives and performance measures:

Question and Narrative Response

OBJECTIVE: IN FY 2025-2026, PUBLIC HEALTH SERVICES, THROUGH THE ACTIVITIES OF THE LEAD POISONING PREVENTION PROGRAM, WILL SCREEN CHILDREN UNDER THE AGE OF 72 MONTHS, IDENTIFY SOURCES OF LEAD POISONING AND TARGET EFFORTS AND RESOURCES TO REDUCE THE NUMBER OF CHILDREN WITH ELEVATED BLOOD LEAD LEVELS IN LOUISIANA AND WHERE POSSIBLE, ABATE THE SOURCE OF LEAD.

	EXISTING	REQUESTED	TOTAL	RECOMMENDED
	OPERATING BUDGET	CONTINUATION	REQUEST	LEVEL
PERFORMANCE INDICATORS	BUDGET	LEVEL	LEVEL	
NUMBER OF ENVIRONMENTAL INVESTIGATIONS OF ALL CHILDHOOD LEAD POISONING CASES	125	0	125	
NUMBER OF LEAD SCREENINGS THROUGH PRIMARY CARE PROVIDERS STATEWIDE	74,000	0	74,000	
NUMBER OF CHILDREN WITH AN ELEVATED BLOOD-LEAD LEVEL PROVIDED FOLLOW-UP SERVICES	1,200	0	1,200	

Department: 09A - LDH	STATE OF LOUISIANA	CHILD2
Agency: 326 OFFICE OF PUBLIC HEALTH	Childrens Budget	Fiscal Year 2025 - 2026
	Narrative	Report Date: 10/31/24

Form ID:	35988
Form Description:	326 - Maternal Infant and Early Home V
Service:	OPH10 - Nurse Family Partnership

Question and Narrative Response

Describe the service:

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Question and Narrative Response

LOUISIANA MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING (LA MIECHV) IS A NO-COST, VOLUNTARY PROGRAM THAT PROVIDES FAMILY SUPPORT AND COACHING TO IMPROVE THE HEALTH AND WELL-BEING OF PREGNANT WOMENT AND PARENTING FAMILIES WITH YOUNG CHILDREN LIVING IN AT-RISK COMMUNITIES ACROSS THE STATE. FAMILIES ARE PAIRED WITH REGISTERED NURSES OR PARENT EDUCATORS, WHO PROVIDE INDIVIDUALIZED EDUCATION, GUIDANCE AND REFERRALS TO SERVICES TO EMPOWER FAMILIES TO REACH THEIR GOALS. LA MIECHV IMPLEMENTS TWO EVIDENCE-BASED HOME VISITING MODELS, NURSE-FAMILY PARTNERSHIP (NFP) AND PARENTS AS TEACHERS (PAT). SERVICES INCLUDE HEALTH EDUCATION AND COACHIGN, SUPPORT TO BUILD POSITIVE PARENTING SKILLS AND CAREGIVING CONFIDENCE, DEVELOPING AND REACHING GOALS, LIKE RETURNING TO SCHOOL AND WORK AND CONNECTING FAMILIES TO SERVICES AND COMMUNITY RESOURCES.

FEDERALLY FUNDED NURSE HOME VISITORS (NHVS) IMPLEMENTING NFP PROVIDES SERVICES AND SUPPORTS TO MEDICAID/TANF/SSI/WIC ELIGIBLE FIRST-TIME MOTHERS, BEFORE THEIR 29TH WEEK OF PREGNANCY, UNTIL THE CHILD'S SECOND BIRTHDAY. NHVS WORK WITH WOMEN TO IMPROVE THEIR PRENATAL HEALTH AND OUTCOMES OF PREGNANCY, IMPROVE THE CARE PROVIDED TO INFANT AND TODDLERS TO IMPROVE CHILDREN'S HEALTH AND DEVELOPMENT, REDUCE CHILD ABUSE AND NEGLECT, IMPROVE WOMEN'S PERSONAL DEVELOPMENT, WITH PARTICULAR ATTENTION TO THE PLANNING OF FUTURE PREGNANCIES, EDUCATIONAL ACHIEVEMENT AND PARTICIPATION IN THE WORKFORCE TO REDUCE USE OF WELFARE OR OTHER GOVERNMENT ASSISTANCE.

FEDERALLY FUNDED PARENT EDUCATORS (PEs) IMPLEMENTING PAT PROVIDE SERVICES TO PREGNANT AND PARENTING FAMILIES WITH YOUNG CHILDREN UNTIL THEIR CHILDREN ENTER KINDERGARTEN. PEs WORK WITH FAMILIES TO PROMOTE POSITIVE PARENTING, REDUCE CHILD ABUSE AND NEGLECT, IMPROVE THE EARLY IDENTIFICATION AND INTERVENTION OF DEVELOPMENTAL DELAYS AND HEALTH PROBLEMS, AND INCREASE SCHOOL READINESS.

ADDITIONALLY, LA MIECHV IS AUGMENTED BY OUTREACH SPECIALIST IN EACH REGION OF THE STATE. OUTREACH SPECIALISTS WORK WITHIN COMMUNITIES TO DEVELOP CONNECTIONS WITH ELIGIBLE FAMILIES, INCREASE PROGRAM VISIBILITY AND SUPPORT, AND BUILD COLLABORATIVE PARTNERSHIPS WITH PROVIDERS AND MATERNAL-CHILD AND FAMILY SERVING AGENCIES TO LINK FAMILIES WITH LA MIECHV SERVICES AND SUPPORTS.

How does this fulfill the program's mission?

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
 Fiscal Year 2025 - 2026
 Report Date: 10/31/24

Question and Narrative Response

THESE SERVICES FULFILL THE PROGRAM'S MISSION BY PROVIDING AND ASSURING ACCESS TO ESSENTIAL PREVENTIVE AND EDUCATIONAL SERVICES TO LOUISIANA'S FIRST-TIME, LOW- INCOME MOTHERS, IN THEIR HOMES DURING PREGNANCY, TO REDUCED MORBIDITY AND MORTALITY RESULTING FROM HIGH-RISK CONDITIONS OF INFANCY AND EARLY CHILDHOOD AND ACCIDENTAL AND UNINTENTIONAL INJURIES DURING INFANCY, TODDLERHOOD AND EARLY CHILDHOOD.

GOALS: CONTINUE TO STRENGTHEN AND SUSTAIN EFFECTIVE, EVIDENCE-BASED HOME VISITING IN COMMUNITIES ACROSS THE STATE AT RISK FOR POOR HEALTH, EDUCATIONAL AND SOCIAL OUTCOMES; SUSTAIN EVIDENCE-BASED HOME VISITNG AND IMPROVE THE HEALTH AND WELL-BEING OF WOMEN, CHILDREN AND FAMILIES; PROVIDE INFRASTRUCTURE TO SUPPORT THE EFFECIVE IMPLEMENTATION OF NFP AND PAT; STRENGTHEN THE IMPLEMENTATION OF MIECHV WITH A CONTINUED FOCUS ON THE ENROLLMENT AND RETENTON OF FAMILIES; AND PROMOTE AND INTEGRATE MIECHV WITHIN LOUISIANA'S EARLY CHILDHOOD SYSTEM OF CARE.

Who are the principal users?

THE PRINCIPAL USERS ARE PREGNANT AND PARENTING FAMILIES WITH YOUNG CHILDREN.

Who primarily benefits from the service?

PREGNANT AND PARENTING FAMILIES WITH YOUNG CHILDREN PRIMARILY BENEFIT FROM THIS SERVICE.

Related objectives and performance measures:

OBJECTIVE 1: IN FISCAL YEAR 2025-2026, FAMILY SUPPORT AND COACHING PROFESSIONALS (HOME VISITORS) WILL PROVIDE EVIDENCE-BASED HOME VISITING SERVICES TO FAMILIES IMPEMETING NFP IN REGIONS 2-9 OF THE STATE AND PAT IN REGIONS 1, 6, 7, 8, AND 9.

RECOMMENDED	EXISTING	REQUESTED	TOTAL	
	OPERATING BUDGET	CONTINUATION	REQUEST	LEVEL
PERFORMANCE INDICATORS	BUDGET	LEVEL	LEVEL	
NUMBER OF COMPLETED HOME VISITS BY MIECHV FUNDED HOME VISITORS	38,000	0.0	38,000	

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Form ID:	35989
Form Description:	326 American Rescue Plan Nurse Fam
Service:	OPH10 - Nurse Family Partnership

Question and Narrative Response
Describe the service:
SECTION 9101 OF THE AMERICAN RESCUE PLAN ACT OF 2021 (P.L.117-2)(ARP), ADDED SECTION 511A OF THE SOCIAL SECURITY ACT AND APPROPRIATED \$150 MILLION TO SUPPORT MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING (MIECHV) PROGRAM RECIPIENTS RESPONSE TO THE COVID-19 PUBLIC HEALTH EMERGENCY. THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HRSA) ISSUED \$40 MILLION IN ARP AWARDS TO 56 CURRENT MIECHV RECIPIENTS TO ADDRESS THE NEEDS OF EXPECTANT PARENTS AND FAMILIES WITH YOUNG CHILDREN DURING THE COVID-19 PUBLIC HEALTH EMERGENCY.
How does this fulfill the program's mission?
THE OPH BUREAU OF FAMILY HEALTH WORKS TO PROMOTE OPITIMAL HEALTH FOR ALL LOUISIANA WOMEN, INFANTS, CHILDREN, TEENS AND FAMILIES THROUGH PROVISION OF RELIABLE DATA TO MONITOR HEALTH AND WELL-BEING, GUIDE PROGRAMS, AND INFORM PUBLIC POLICY. GOALS: SUPPORT CURRENT HOME VISITING SERVICE PARTICIPANTS AND THE IMMEDIATE RESPONSE TO THE COVID-19 PUBLIC HEALTH EMERGENCY.
Who are the principal users?
LOUISIANA WOMEN, INFANTS, CHILDREN, TEENS, AND FAMILIES ARE THE PRINCIPAL USERS.
Who primarily benefits from the service?
LOUISIANA WOMEN, INFANTS, CHILDREN, TEENS, AND FAMILIES PRIMARILY BENEFIT FROM THIS SERVICE.
Related objectives and performance measures:

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Question and Narrative Response

OBJECTIVE: IN FISCAL YEAR 2024-2025, PUBLIC HEALTH SERVICES, THROUGH ITS MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING (MIECHV) ACTIVITIES, WILL PREPAID GROCERY CARDS TO ELIGIBLE FAMILIES PARTICIPATING IN THE MIECHV PROGRAM FOR THE PURPOSE OF MEETING THE EMERGENCY NEEDS OF THE FAMILY. THE GIFT CARDS WILL SUPPORT COVID-19 RELIEF EFFORTS BY GIVING FAMILIES FLEXIBLE FUNDS WITH WHICH TO MEET THEIR NEEDS ACROSS ALLOWABLE CATEGORIES. FAMILIES CAN PURCHASE EMERGENCY SUPPLIES, INCLUDING DIAPERS AND DIAPERING SUPPLIES, MASKS AND OTHER PERSONAL PROTECTIVE EQUIPMENT, HAND SANITIZER AND SOAP, AS WELL AS FOOD AND WATER. FAMILIES CAN ALSO PURCHASE NEEDED TECHNOLOGY AND AUXILIARY ITEMS, INCLUDING CELL PHONES, DATA AND PHONE PLANS, CHARGERS, AND HEADPHONES TO ENABLE THEM TO CONTINUE TO PARTICIPATE IN VIRTUAL VISITS WITH THEIR HOME VISITORS. GIFT CARDS IN THE AMOUNT OF \$500 EACH WILL BE DISTRIBUTED TO FAMILIES ACROSS TEAMS IN FOUR WAVES. ADDITIONALLY, LEADERSHIP TRAINING TAILORED TO SPECIFIC NEEDS OF MIECHV STAFF THAT SUPPORT COVID-19 RELIEF EFFORTS BY AIMING TO REDUCE STAFF BURNOUT AND TURN OVER IN BUILDING THE CAPACITY OF SUPERVISORY STAFF TO MORE EFFECTIVELY SUPPORT STAFF WHICH TRANSLATE IN TURN INTO SUPPORTING OVERALL PROGRAMMATIC SERVICES FOR FAMILIES WILL ALSO BE PROVIDED.

PERFORMANCE INDICATORS	EXISTING OPERATING BUDGET BUDGET	REQUESTED CONTINUATION LEVEL	TOTAL REQUEST LEVEL	RECOMMENDED LEVEL
GROCERY CARDS	0	0	0	
STAFF TRAININGS	0	0	0	

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Narrative	CHIL2 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	---

Form ID:	35990
Form Description:	326 Immunization
Service:	OPH07 - Immunization

Question and Narrative Response

Describe the service:

PROVIDES LEADERSHIP, VACCINES AND SUPPLIES TO GIVE A FULL RANGE OF IMMUNIZATIONS TO AT LEAST 95% OF THE STATE'S CHILDREN BY THE TIME THEY ENTER KINDERGARTEN AND TO GIVE THE FULL RANGE OF IMMUNIZATIONS TO 90% OF THE STATE'S CHILDREN BY THE AGE OF THREE.

How does this fulfill the program's mission?

THIS SERVICE FULFILLS THE PROGRAM'S MISSION BY PROVIDING AND ASSURING CLINICAL, PREVENTIVE AND EDUCATIONAL SERVICES TO LOUISIANA'S CHILDREN TO PROMOTE REDUCED MORBIDITY AND MORTALITY RESULTING FROM HIGH-RISK CONDITIONS OF INFANCY AND CHILDHOOD, INFECTIOUS/COMMUNICABLE DISEASES, AND CHRONIC DISEASES.

GOAL: PREVENT AND/OR CONTROL INFECTIONS AND COMMUNICABLE DISEASES.

Who are the principal users?

THE PRINCIPAL USERS ARE ELIGIBLE CHILDREN IN THE STATE OF LOUISIANA.

Who primarily benefits from the service?

ELIGIBLE CHILDREN IN THE STATE OF LOUISIANA PRIMARILY BENEFIT FROM THIS SERVICE.

Related objectives and performance measures:

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
 Fiscal Year 2025 - 2026
 Report Date: 10/31/24

Question and Narrative Response

OBJECTIVE: IN FY 2025-2026, PUBLIC HEALTH SERVICES, THROUGH ITS IMMUNIZATION ACTIVITIES, WILL ASSURE THAT A FULL SET OF IMMUNIZATIONS IS PROVIDED TO AT LEAST 95 PERCENT OF THE STATE'S CHILDREN BY THE TIME THEY ENTER KINDERGARTEN AND TO GIVE THE FULL RANGE OF IMMUNIZATIONS TO 90 PERCENT OF THE STATE'S CHILDREN BY AGE THREE.

RECOMMENDED	EXISTING	REQUESTED	TOTAL	
	OPERATING BUDGET	CONTINUATION	REQUEST	LEVEL
	BUDGET	LEVEL	LEVEL	

PERFORMANCE INDICATORS

PERCENT OF LOUISIANA CHILDREN FULLY IMMUNIZED BY AGE 2

% of children 19 to 35 mos. of age up to date for the combined

(4:3:1:3*:3:1:4) vaccine series includes:

≥4 doses of DTaP, ≥3 doses of poliovirus vaccine,

≥1 dose of measles-containing vaccine,

full series of Hib vaccine (≥3 or ≥4 doses,

depending on product type), ≥3 doses of HepB,

≥1 dose of varicella vaccine, and ≥4 doses of PCV.

Performance Standard 75%

75%

0

75.8

PERCENT OF LOUISIANA CHILDREN FULLY IMMUNIZED AT KINDERGARTEN

ENTRY, IN BOTH PUBLIC AND NON-PUBLIC SCHOOLS
 Performance Standard 95%

Public:

86.8%

0

86.8%

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2025 - 2026
Report Date: 10/31/24

Question and Narrative Response

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

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2
Fiscal Year 2025 - 2026
Report Date: 10/31/24

Form ID:	35991
Form Description:	326 MCH Nurse Family Partnership
Service:	OPH10 - Nurse Family Partnership

Question and Narrative Response

Describe the service:

Department: 09A - LDH

Agency: 326 OFFICE OF PUBLIC HEALTH

STATE OF LOUISIANA
Childrens Budget
Narrative

CHILD2

Fiscal Year 2025 - 2026

Report Date: 10/31/24

Question and Narrative Response

LOUISIANA MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING (LA MIECHV) IS A NO-COST, VOLUNTARY PROGRAM THAT PROVIDES FAMILY SUPPORT AND COACHING TO IMPROVE THE HEALTH AND WELL-BEING OF PREGNANT WOMEN AND PARENTING FAMILIES WITH YOUNG CHILDREN LIVING IN AT-RISK COMMUNITIES ACROSS THE STATE. FAMILIES ARE PAIRED WITH REGISTERED NURSES OR PARENT EDUCATORS, WHO PROVIDE INDIVIDUALIZED EDUCATION, GUIDANCE AND REFERRALS TO SERVICES TO EMPOWER FAMILIES TO REACH THEIR GOALS. LA MIECHV IMPLEMENTS TWO EVIDENCE-BASED HOME VISITING MODELS, NURSE-FAMILY PARTNERSHIP (NFP) AND PARENTS AS TEACHERS (PAT). SERVICES INCLUDE HEALTH EDUCATION AND COACHIGN, SUPPORT TO BUILD POSITIVE PARENTING SKILLS AND CAREGIVING CONFIDENCE, DEVELOPING AND REACHING GOALS, LIKE RETURNING TO SCHOOL AND WORK AND CONNECTING FAMILIES TO SERVICES AND RESOURCES IN THEIR COMMUNITIES. FEDERALLY FUNDED NURSE HOME VISITORS (NHVS) IMPLEMENTING NFP PROVIDES SERVICES AND SUPPORTS TO FIRST-TIME MOTHERS ELIGIBE FOR MEDICAID/WIC/TANF/SSI, BEFORE THEIR 29TH WEEK OF PREGNANCY, UNTIL THE CHILD'S SECOND BIRTHDAY. NHVS WORK WITH WOMEN TO IMPROVE THEIR PRENATAL HEALTH AND OUTCOMES OF PREGNANCY, IMPROVE THE CARE PROVIDED TO INFANT AND TODDLERS TO IMPROVE CHILDREN'S HEALTH AND DEVELOPMENT, REDUCE CHILD ABUSE AND NEGLECT, IMPROVE WOMEN'S PERSONAL DEVELOPMENT, WITH PARTICULAR ATTENTION TO THE PLANNING OF FUTURE PREGNANCIES, EDUCATIONAL ACHIEVEMENT AND PARTICIPATION IN THE WORKFORCE TO REDUCE USE OF WELFARE OR OTHER GOVERNMENT ASSISTANCE. FEDERALLY FUNDED PARENT EDUCATORS (PEs) IMPLEMENTING PAT PROVIDE SERVICES TO PREGNANT AND PARENTING FAMILIES WITH YOUNG CHILDREN ELIGIBLE FOR MEDICAID/WIC/TANF/SSI UNTIL THEIR CHILDREN ENTER KINDERGARTEN. PEs WORK WITH FAMILIES TO PROMOTE POSITIVE PARENTING, REDUCE CHILD ABUSE AND NEGLECT, IMPROVE THE EARLY IDENTIFICATION AND INTERVENTION OF DEVELOPMENTAL DELAYS AND HEALTH PROBLEMS, AND INCREASE SCHOOL READINESS.

How does this fulfill the program's mission?

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Question and Narrative Response

THESE SERVICES FULFILL THE PROGRAM'S MISSION BY PROVIDING AND ASSURING ACCESS TO ESSENTIAL PREVENTIVE AND EDUCATIONAL SERVICES TO LOUISIANA'S FIRST-TIME, LOW- INCOME MOTHERS, IN THEIR HOMES DURING PREGNANCY, TO REDUCED MORBIDITY AND MORTALITY RESULTING FROM HIGH-RISK CONDITIONS OF INFANCY AND EARLY CHILDHOOD AND ACCIDENTAL AND UNINTENTIONAL INJURIES DURING INFANCY, TODDLERHOOD AND EARLY CHILDHOOD.

GOALS: CONTINUE TO STRENGTHEN AND SUSTAIN EFFECTIVE, EVIDENCE-BASED HOME VISITING IN COMMUNITIES ACROSS THE STATE AT RISK FOR POOR HEALTH, EDUCATIONAL AND SOCIAL OUTCOMES; SUSTAIN EVIDENCE-BASED HOME VISITING AND IMPROVE THE HEALTH AND WELL-BEING OF WOMEN, CHILDREN AND FAMILIES; PROVIDE INFRASTRUCTURE TO SUPPORT THE EFFECIVE IMPLEMENTATION OF NFP AND PAT; STRENGTHEN THE IMPLEMENTATION OF MIECHV WITH A CONTINUED FOCUS ON THE ENROLLMENT AND RETENTION OF FAMILIES; AND PROMOTE AND INTEGRATE MIECHV WITHIN LOUISIANA'S EARLY CHILDHOOD SYSTEM OF CARE.

Who are the principal users?

THE PRINCIPAL USERS ARE ALL CHILDREN IN LOUISIANA.

Who primarily benefits from the service?

ALL CHILDREN IN LOUISIANA BENEFIT FROM THIS SERVICE.

Related objectives and performance measures:

Question and Narrative Response

OBJECTIVE 1: IN FISCAL YEAR 2025-2026, FAMILY SUPPORT AND COACHING PROFESSIONALS (HOME VISITORS) WILL PROVIDE EVIDENCE-BASED HOME VISITING SERVICES TO FAMILIES IMPEMETING NFP IN Regions 2-9 OF THE STATE AND PAT IN REGIONS 1, 6, 7, 8, and 9.

	EXISTING	REQUESTED	TOTAL	RECOMMENDED
	OPERATING	CONTINUATION	REQUEST	LEVEL
	BUDGET	LEVEL	LEVEL	

PERFORMANCE INDICATORS

NUMBER OF COMPLETED HOME VISITS

BY MIECHV FUNDED HOME VISITORS	38,000	0.0	38,000	
--------------------------------	--------	-----	--------	--

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Form ID:	35992
Form Description:	326 Children's Special Health Services
Service:	OPH03 - Children's Special Health Services

Question and Narrative Response
Describe the service:
MCH BLOCK GRANT, 42 U.S.C. 701-9; TITLE V, SOCIAL SECURITY ACT, 42 U.S.C. 1396, AS AMENDED, PL97-35, MANDATES THAT CHILDREN WITH SPECIAL HEALTH CARE NEEDS AGES 0-21 ARE TO BE SERVED. PLANS, COORDINATES, IMPROVES AND ADMINISTERS SPECIALIZED MEDICAL CARE PROGRAMS FOR ELIGIBLE CHILDREN WITH SEVERE/CHRONIC MEDICAL ILLNESSES OR DISABILITIES THAT MAY HINDER NORMAL GROWTH AND DEVELOPMENT.
How does this fulfill the program's mission?
THIS SERVICE FULFILLS THE PROGRAM'S MISSION BY PROVIDING AND ASSURING MEDICAL AND PARENT SUPPORT SERVICES TO LOUISIANA'S CHILDREN WITH SPECIAL HEALTH CARE NEEDS.
GOAL: REDUCE THE HIGH-RISK AND DEBILITATING CONDITIONS OF INFANCY AND CHILDHOOD; ENHANCE EACH CHILD'S ABILITY TO REACH HIS/ HER MAXIMUM POTENTIAL.
Who are the principal users?
THE PRINCIPAL USERS ARE ELIGIBLE CHILDREN WITH SEVERE/CHRONIC MEDICAL ILLNESSES OR DISABILITIES THAT MAY HINDER NORMAL GROWTH AND DEVELOPMENT.
Who primarily benefits from the service?
ELIGIBLE CHILDREN WITH SEVERE/CHRONIC MEDICAL ILLNESSES OR DISABILITIES PRIMARILY BENEFIT FROM THIS SERVICE.
Related objectives and performance measures:

Question and Narrative Response

OBJECTIVE: IN FY 2025-2026, PUBLIC HEALTH SERVICES, THROUGH ITS CHILDREN'S SPECIAL HEALTH SERVICES ACTIVITY, WILL PROVIDE A CONTINUUM OF DIAGNOSTIC, THERAPEUTIC, REHABILITATIVE AND SUPPORT SYSTEM SERVICES. C.S.H.S. PLANS, COORDINATES, IMPROVES ACCESS AND ADMINISTERS COMMUNITY BASED, CULTURALLY COMPETENT, FAMILY CENTERED SYSTEM OF CARE FOR CHILDREN WITH SEVERE/CHRONIC CONDITIONS IN ORDER TO MAXIMIZE THEIR POTENTIAL OF ENJOYING AN INDEPENDENT AND SELF SUFFICIENT LIFE.

RECOMMENDED	EXISTING	REQUESTED	TOTAL	
	OPERATING	CONTINUATION	REQUEST	LEVEL
	BUDGET	LEVEL	LEVEL	

PERFORMANCE INDICATORS

NUMBER OF CHILDREN WITH CHRONIC ILLNESS OR DISABILITIES RECEIVING

CSHS CLINIC AND CARE COORDINATING SERVICES	20,670	0	20,670	
% OF INFANTS BORN IN LA WHO ARE SCREENED FOR HEARING	99.50%	0	99.50%	
% OF INFANTS BORN IN LA WHO ARE SCREENED FOR BIRTH DEFECTS	95%	0	95%	

*Includes both children served in CSHS clinics and children served through care coordination contracts.

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Form ID:	35993
Form Description:	326 School Based Health
Service:	OPH12 - School Based Health Services

Question and Narrative Response
Describe the service:
MANAGE CONTRACTS BETWEEN LOUISIANA CLINICAL SERVICES AND 20 SPONSOR AGENCIES THAT OPERATES 57 SCHOOL-BASED HEALTH CENTERS ACROSS THE STATE. THESE CENTERS PROVIDE PHYSICAL AND MENTAL HEALTH SERVICES TO STUDENTS WHO ATTEND THE HOST SCHOOL AND SCHOOLS IN CLOSE PROXIMITY TO THE HOST SCHOOL.
How does this fulfill the program's mission?
THIS SERVICE FULFILLS THE PROGRAM'S MISSION BY PROVIDING AND ASSURING CLINICAL, PREVENTIVE AND EDUCATIONAL SERVICES TO LOUISIANA'S CHILDREN AND ADOLESCENTS TO PROMOTE REDUCED MORBIDITY AND MORTALITY RESULTING FROM HIGH-RISK CONDITIONS OF CHILDHOOD, INFECTIOUS/ COMMUNICABLE DISEASES, AND CHRONIC DISEASES. GOAL: ALL LOUISIANA YOUTH HAVE THE OPPORTUNITY TO REALIZE THEIR FULLEST, HEALTHIEST POTENTIAL.
Who are the principal users?
THE PRINCIPAL USERS ARE CHILDREN AND ADOLESCENTS IN SCHOOL.
Who primarily benefits from the service?
CHILDREN AND ADOLESCENTS IN SCHOOL PRIMARILY BENEFIT FROM THIS SERVICE.
Related objectives and performance measures:

Question and Narrative Response

OBJECTIVE: IN FISCAL YEAR 2025-2026, PUBLIC HEALTH SERVICES, THROUGH THE ACTIVITIES OF THE ADOLESCENT SCHOOL BASED HEALTH SECTION, WILL ENSURE EFFECTIVE, INTEGRATED SCHOOL-CENTERED HEALTH CENTER PROMOTION IN LOUISIANA. IN PURSUIT OF ITS MISSION, THE ADOLESCENT SCHOOL HEALTH PROGRAM (ASHP) COLLABORATES WITH SCHOOLS, HEALTHCARE PROVIDERS, AND KEY STAKEHOLDERS TO SAFEGUARD ACCESS, REDUCE DISPARITIES AND ENCOURAGE HEALTHY TRANSITIONS FROM ADOLESCENCE TO ADULTHOOD.

	EXISTING	REQUESTED OPERATING	TOTAL CONTINUATION
RECOMMENDED REQUEST LEVEL			
PERFORMANCE INDICATORS	BUDGET	LEVEL	LEVEL
NUMBER OF ADOLESCENT SCHOOL-BASED HEALTH CENTERS	58	0	63
NUMBER OF PATIENT VISITS IN ADOLESCENT SCHOOL-BASED HEALTH CENTERS	100,000	0	100,000
COST PER VISIT TO ADOLESCENT SCHOOL-BASED HEALTH CENTERS	\$69	0	\$69

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Narrative	CHIL2 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	---

Form ID:	35994
Form Description:	326 Genetic Diseases
Service:	OPH05 - Genetics

Question and Narrative Response

Describe the service:

PROVIDES SCREENING, DIAGNOSIS, COUNSELING AND EDUCATIONAL SERVICES TO INDIVIDUALS WITH GENETIC DISORDERS AND THEIR FAMILIES.

How does this fulfill the program's mission?

THIS SERVICE FULFILLS THE PROGRAM'S MISSION BY PROVIDING AND ASSURING ACCESS TO CLINICAL, PREVENTIVE AND EDUCATIONAL SERVICES TO LOUISIANA'S CHILDREN AND TO PROMOTE REDUCED MORBIDITY AND MORTALITY RESULTING FROM METABOLIC AND OTHER INHERITABLE CONDITIONS.

GOAL: REDUCE THE POTENTIAL NEGATIVE EFFECTS OF GENETIC DISORDERS.

Who are the principal users?

THE PRINCIPAL USERS ARE INDIVIDUALS WITH GENETIC DISORDERS AND THEIR FAMILIES.

Who primarily benefits from the service?

INDIVIDUALS WITH GENETIC DISORDERS AND THEIR FAMILIES PRIMARILY BENEFIT FROM THIS SERVICE.

Related objectives and performance measures:

Question and Narrative Response

OBJECTIVE: IN FISCAL YEAR 2025-2026, PUBLIC HEALTH SERVICES, THROUGH ITS GENETIC DISEASE ACTIVITIES, WILL PREVENT THE NEGATIVE EFFECTS OF CONDITIONS SUCH AS PKU, CONGENITAL HYPOTHYROIDISM, BIOTINIDASE DEFICIENCY, GALACTOSEMIA AND OTHER HERITABLE DISORDERS TESTED FOR ON THE NEWBORN SCREENING PANEL THROUGH THE PROVISION OF SCREENING, DIAGNOSIS, SPECIALIZED MEDICAL CARE AND EDUCATIONAL SERVICES. ALSO, EARLY DETECTION AND TREATMENT OF NEWBORNS WITH SICKLE CELL DISEASE REDUCES INFANT MORTALITY BY PREVENTING LIFE-THREATENING INFECTIONS AND OTHER COMPLICATIONS

RECOMMENDED	EXISTING	REQUESTED	TOTAL	
PERFORMANCE INDICATORS	OPERATING	CONTINUATION BUDGET	REQUEST LEVEL	LEVEL LEVEL
PERCENT OF BABIES BORN IN LA RECEIVING A NEWBORN SREENING	99%	0	99%	
IDENTIFIED PATIENTS RECEIVING SPECIALIZED GENETIC SERVICES	2,400	0	2,760	
PATIENT VISITS AT GENETICS CLINICS	600	20	620	
NUMBER OF INFANTS DETECTED WITH AND TREATED WITH HERITABLE CONDITIONS	165	15	180	
PATIENTS DETECTED WITH SICKLE-CELL DISEASE	91	0	91	

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Form ID:	35995
Form Description:	326 Nutrition Services
Service:	OPH11 - Nutrition Services

Question and Narrative Response

Describe the service:

NUTRITION SERVICES ADMINISTERS TWO USDA COMMUNITY NUTRITION OUTREACH AND SUPPLEMENTAL FOOD PROGRAMS. THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) PROVIDES A NUTRITIOUS FOOD PACKAGE AND NUTRITION COUNSELING, BREASTFEEDING SUPPORT, AND REFERRALS TO LOW-INCOME INFANTS AND CHILDREN UP TO THE AGE OF FIVE AT NUTRITIONAL RISK. IN ADDITION, THE PROGRAM PROVIDES NUTRITION EDUCATION, NUTRITIOUS FOOD PACKAGES AND BREASTFEEDING SUPPORT TO PREGNANT, PREGNANT, POSTPARTUM, AND BREAST-FEEDING WOMEN AT NUTRITIONAL RISK.

How does this fulfill the program's mission?

THIS SERVICE FULFILLS THE PROGRAM'S MISSION BY PROVIDING AND ASSURING CLINICAL, PREVENTIVE AND EDUCATIONAL SERVICES TO LOUISIANA'S CHILDREN TO PROMOTE REDUCED MORBIDITY AND MORTALITY RESULTING FROM HIGH-RISK CONDITIONS OF INFANCY AND CHILDHOOD, INFECTIOUS/ COMMUNICABLE DISEASES, AND CHRONIC DISEASES.

GOAL: REDUCE THE HIGH-RISK CONDITIONS OF INFANCY AND CHILDHOOD.

Who are the principal users?

THE PRINCIPAL USERS ARE LOUISIANA WOMEN, INFANTS, AND CHILDREN.

Who primarily benefits from the service?

Question and Narrative Response

LOUISIANA WOMEN, INFANTS, AND CHILDREN PRIMARILY BENEFIT FROM THIS SERVICE.

Related objectives and performance measures:

OBJECTIVE: IN FISCAL YEAR 2025-2026, PUBLIC HEALTH SERVICES, THROUGH THE ACTIVITIES OF NUTRITION SERVICES, WILL ENSURE ACCESS TO WIC SERVICES TO ALL ELIGIBLE APPLICANTS AT OR BELOW 185% OF THE FEDERAL POVERTY LEVEL, BASED ON 100% FEDERAL FUNDING.

	EXISTING	REQUESTED	TOTAL	RECOMMENDED
	OPERATING	CONTINUATION	REQUEST	LEVEL
PERFORMANCE INDICATORS	BUDGET	LEVEL	LEVEL	
NUMBER OF MONTHLY WIC PARTICIPANTS	100,000	0	101,000	
PERCENT OF CLIENTS SERVED	100%	0	100%	

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Narrative	CHIL2 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	---

Form ID:	35996
Form Description:	326 Tobacco Control
Service:	OPH13 - Smoking Cessation

Question and Narrative Response
Describe the service:
<p>THE OPH BUREAU OF CHRONIC DISEASE PREVENTION AND HEALTHCARE ACCESS'S TOBACCO CESSATION AND PREVENTION PROGRAM WORKS TO PREVENT INITIATION, PROMOTE CESSATION, PROTECT THE PUBLIC FROM SECONDHAND SMOKE EXPOSURE, AND IDENTIFY AND ELIMINATE TOBACCO-RELATED DISPARITIES IN LOUISIANA. THE PROGRAM IS COMPREHENSIVE AND IMPLEMENTS PROGRAMMATIC AND POLICY INITIATIVES TO INFLUENCE SOCIAL NORMS, SYSTEMS, AND NETWORKS.</p>
How does this fulfill the program's mission?
<p>THIS SERVICE FULFILLS THE PROGRAM'S MISSION BY PROVING PROMOTE CESSATION AND PROTECTING THE PUBLIC FROM SECONDHAND SMOKE EXPOSURE. GOAL: REDUCE THE RATE OF YOUTH INITIATION WITH TOBACCO USE.</p>
Who are the principal users?
<p>THE PRINCIPAL USERS ARE ALL LOUISIANA YOUTH.</p>
Who primarily benefits from the service?
<p>ALL LOUISIANA YOUTH PRIMARILY BENEFIT FROM THIS SERVICE.</p>
Related objectives and performance measures:

Question and Narrative Response

OBJECTIVE: IN FISCAL YEAR 2025-2026, OPH'S TOBACCO CESSATION AND PREVENTION PROGRAM WILL CONTINUE TO PROVIDE EDUCATION TO STAKEHOLDERS AND DECISION MAKERS REGARDING EVIDENCED-BASED POLICIES AND PROGRAMS TO PREVENT INITIATION OF TOBACCO USE, INCLUDING E-CIGARETTES.

	EXISTING	REQUESTED	TOTAL	
	OPERATING	CONTINUATION	REQUEST	LEVEL
PERFORMANCE INDICATORS	BUDGET	LEVEL	LEVEL	
PREVALENCE OF TOBACCO USE AMONG YOUTH	<5%	0	<5%	
LEGISLATORS OR LOCAL GOVERNMENT LEADERS EDUCATED ON YOUTH PREVENTION EVIDENCED-BASED POLICIES AND PROGRAMS	144	0	144	

Department: 09A - LDH Agency: 326 OFFICE OF PUBLIC HEALTH	STATE OF LOUISIANA Childrens Budget Narrative	CHILD2 Fiscal Year 2025 - 2026 Report Date: 10/31/24
--	--	--

Form ID:	35997
Form Description:	326 Epidemiology Lab Capacity - Reop
Service:	OPH14 - Epidemiology and Laboratory Capacity Reopening Schools

Question and Narrative Response
Describe the service:
THE FEDERAL AWARD PROJECT CK-19-1904 EPIDEMIOLOGY AND LABORATORY CAPACITY FOR PREVENTING AND CONTROL OF EMERGING INFECTIOUS DISEASES PROVIDES FUNDING FOR COVID-19 TESTING DISEASES (ELC). THIS TESTING PROGRAM WILL BE OFFERED TO ALL SCHOOLS IN LOUISIANA. WITH A TARGET TO BEGIN COMPREHENSIVE, WEEEKLY TESTING OF ALL STUDENTS, STAFF AND TEACHERS IN K-12 SCHOOLS. THIS ACTIVITY WILL PROVIDE TWO PLANNING OPTIONS, ONE FOR A MORE INDEPENDENT SCHOOL ADMINISTERD PROGRAM USING POINT OF CARE TESTING AND ANOHTER OPTION FOR STATE ASSISTED PROGRAMS WITH LABORATORY VENDORS WHO WILL FACILIATE ALL ASPECTS OF TESTING FOR PARTICIPATING SCHOOLS.
How does this fulfill the program's mission?
THIS SERVICE FUFILLS THE PROGRAM MISSION BY PROVIDING SERVICES AND SUPPORT TO SCHOOL DISTRICTS AND SCHOOLS THAT WILL MITIGATE THE SPREAD OF COVID-19 AND WILL KEEP SCHOOL COMMUNITIES SAFER SO THAT SCHOOLS STAY OPEN..
Who are the principal users?
THE PRINCIPAL USERS ARE STUDENTS, TEACHERS, AND STAFF IN K-12 SCHOOLS.
Who primarily benefits from the service?
STUDENTS, TEACHERS, AND STAFF IN K-12 SCHOOLS PRIMARILY BENEFIT FROM THIS SERVICE.
Related objectives and performance measures:

Agency: 326 OFFICE OF PUBLIC HEALTH

STATE OF LOUISIANA
Sunset Review

SUNSET1
Fiscal Year 2025 - 2026
Report Date: 10/31/24



This page has been intentionally left blank

