



# Board of Health Meeting Agenda

## April 10, 2024 6:00 p.m.

Item #	Topic	Action #	Motion/ Vote
1.	Call to Order and Introductions		Motion Roll
2.	Minutes from Last Meeting	#2024-34	Motion Voice
3.	Financial Report	#2024-35	Motion Voice
4.	LCPH Budget Recertification	#2024-36	Motion Voice
5.	Disposal of Unserviceable Assets	#2024-37	Motion Voice
6.	Personnel <ul style="list-style-type: none"> <li>● Retirements               <ul style="list-style-type: none"> <li>○ Sandra Nieves Rivera, Community Health, Public Health Nurse, effective April 26, 2024</li> <li>○ Leslie Mead, WIC, Clinic Health Aide, effective April 26, 2024</li> </ul> </li> <li>● Promotion               <ul style="list-style-type: none"> <li>○ Kathy Welch, WIC, Receptionist, promoted to Administrative Support, effective April 8, 2024</li> </ul> </li> </ul>	#2024-38	Motion Voice
7.	Agreements, Contracts, and MOUs	#2024-39	Motion Voice
8.	Out-of-County Travel Requests	#2024-40	Motion Voice
9.	Recommendations of the Hearing Officer for 4/10/2024	#2024-41	Motion Voice
10.	Legal Services Report	#2024-42	Motion Voice
11.	Leadership Report (order - EH, PH, WI, CH, EP, AD)	#2024-43	Motion Voice
12.	Comments		
13.	Meeting adjourned		Motion Voice

# LORAIN COUNTY PUBLIC HEALTH BOARD OF HEALTH

Meeting Minutes for March 13, 2024

Present:

Prefix	Name and Credentials	Position
Mr.	Edward X. McNamara	President
Dr.	Patricia Schrull, DNP, RN	Vice President
Mr.	Tom Eschtruth	Member
Mrs.	Nancy Hedberg, RN, MSN	Member
Dr.	Eric Lockhart	Member
Mrs.	Kionna McIntosh-Pharms	Member
Mr.	Tom Stannard	Member
Mrs.	Mary Santiago	Member

Guests:

Legal Counsel, LCPH staff members, members of the public

The President called the meeting to order at 6:00 p.m.

## Minutes from the Last Regular Meeting on February 14, 2024

#2024-24

The President requested a review of the February 2024 regular meeting minutes. Mr. Stannard moved to approve the minutes. Dr. Lockhart seconded the motion. Upon voice vote, all members voting aye, the President declared the motion passed.

## Financial Report

#2024-25

Mrs. Michelle Crossan provided the financial update. LCPH collected 21% of its budgeted revenue, which included immunization costs and food safety program fees. LCPH spent 15% of the appropriated expense budget in 2024, which included printing and postage for the O&M program, TB services fee to Mercy Health, and costs for the BambooHR program. Mrs. Santiago moved to approve the financial report. Mrs. McIntosh-Pharms seconded the motion. Upon voice vote, all members voting aye, President declared the motion passed.

## 2025 Proposed LCPH Budget

#2024-26

Mrs. Crossan gave an overview of the proposed 2025 LCPH budget. At this time, LCPH is not looking to add additional positions in 2025 and is exploring more grant opportunities to increase funding. The Board of Health will revisit the budget in November 2024. Dr. Schrull moved to approve the proposed 2025 budget. Dr. Lockhart seconded the motion. Upon voice vote, all members voting aye, the President declared the motion passed.

## Acceptance of the 2023 Annual Report

#2024-27

Mr. Eschtruth moved to approve the 2023 LCPH annual report. Mrs. Hedberg seconded the motion. Upon voice vote, all members voting aye, the President declared the motion passed.

## Personnel

#2024-28

Mr. Stannard moved to approve the following personnel actions:

- Resignation:
  - o Kathleen Solove, Program Manager effective 3/8/2024

Dr. Schrull seconded the motion. Upon voice vote, all members voting aye, the President declared the motion passed.

**Agreements, Contracts, and MOUs**

**#2024-29**

Mr. Mark Adams reviewed the list of agreements, contracts, and MOUs and noted that the first two contracts on the listing - the Agreement for Regional Prevention and Linkage to Care Collaborative with Summit County Health Department and the NACCHO contract for the MRC - needed to be removed. Mrs. McIntosh-Pharms moved to approve the list of agreements, contracts, and MOUs with the removal of the Summit County Health Department agreement and NACCHO contract. Mr. Stannard seconded the motion. Upon voice vote, all members voting aye, the President declared the motion passed.

**Out-of-County Travel Requests**

**#2024-30**

Mr. Eschtruth moved to approve the out-of-county travel requests. Mrs. Santiago seconded the motion. Upon voice vote, all members voting aye, the President declared the motion passed.

**Recommendations of the Hearing Officer for March 13, 2024**

**#2024-31**

Mr. Adams provided an update on the March Home Safety Program hearings. Pictures of the properties, LCPH actions prior to the hearing, and hearing officer recommendations were shared. Dr. Lockhart moved to approve the recommendations of the hearing officer. Mr. Stannard seconded the motion. Upon voice vote, all members voting aye, the President declared the motion passed.

**Legal Services' Report**

**#2024-32**

Ms. Christine Mendoza had no report.

**Health Commissioner's Report**

**#2024-33**

Mr. Adams had no report.

**Comments**

One Lorain County resident shared her experience with the Operations & Maintenance program, expressing frustration with the process. Mr. McNamara provided the reasoning behind program changes. Mr. Adams stated he wanted to gather more details from the resident after the meeting.

There being no further business to discuss, Dr. Lockhart moved to adjourn. Mr. Stannard seconded the motion. Upon voice vote, all members voting aye, the President declared the motion passed, and the meeting adjourned at 6:16 p.m.

Attest:

President:

\_\_\_\_\_

Secretary:

\_\_\_\_\_

**LORAIN COUNTY PUBLIC HEALTH**  
**Financial Statistics**

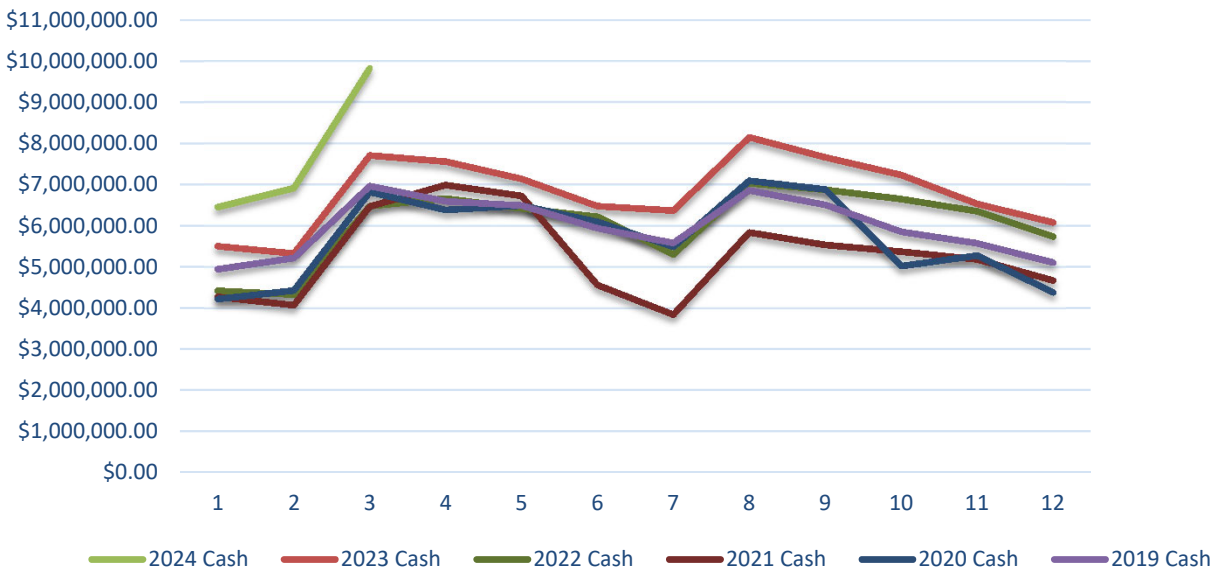
**\$ 6,080,009** Beginning Cash Balance (excludes Health Savings Fund)

Month	2024 Revenue	2024 Expenses	2024 Cash	2023 Cash	2022 Cash	2021 Cash	2020 Cash	2019 Cash
1	\$ 1,669,999	\$ 1,293,627	\$ 6,456,381	\$ 5,505,030	\$ 4,422,250	\$ 4,276,267	\$ 4,223,531	\$ 4,949,489
2	\$ 1,623,485	\$ 1,161,891	\$ 6,917,974	\$ 5,329,424	\$ 4,332,787	\$ 4,070,407	\$ 4,435,880	\$ 5,221,221
3	\$ 4,026,170	\$ 1,118,866	\$ 9,825,279	\$ 7,707,247	\$ 6,482,812	\$ 6,470,494	\$ 6,823,901	\$ 6,970,396
4				\$ 7,562,877	\$ 6,669,534	\$ 6,992,994	\$ 6,384,631	\$ 6,597,539
5				\$ 7,143,013	\$ 6,426,199	\$ 6,731,545	\$ 6,493,728	\$ 6,496,612
6				\$ 6,480,676	\$ 6,222,516	\$ 4,563,593	\$ 6,100,622	\$ 5,946,591
7				\$ 6,373,076	\$ 5,306,663	\$ 3,845,086	\$ 5,491,722	\$ 5,583,015
8				\$ 8,151,976	\$ 7,037,885	\$ 5,841,483	\$ 7,096,524	\$ 6,861,665
9				\$ 7,663,078	\$ 6,877,048	\$ 5,537,645	\$ 6,883,641	\$ 6,512,689
10				\$ 7,239,188	\$ 6,648,258	\$ 5,375,624	\$ 5,021,075	\$ 5,861,338
11				\$ 6,532,191	\$ 6,354,146	\$ 5,185,662	\$ 5,282,100	\$ 5,579,676
12				\$ 6,080,009	\$ 5,744,569	\$ 4,673,015	\$ 4,384,975	\$ 5,110,655

building payments

\$2,076,549    \$2,000,000

**CASH TRENDS**



**Lorain County Public Health**  
**Monthly Board Report**

From 3/1/24  
To 3/31/24

Submitted 4/1/2024

New Number Code	Vendor Name	Description	Invoice Amount
8410-0000-630-000-14-5000-5001			
	DISTRICT HEALTH SALARIES	GENERAL FUND SALARIES FOR 3/22/24	\$196,940.46
	DISTRICT HEALTH SALARIES	GENERAL FUND SALARIES 3/8/24	\$196,754.05
Summary for 'Number Code' = 91001-4101-410102 (2 detail records)			
<b>Sum</b>			<b>\$393,694.51</b>
8410-0000-630-000-14-5040-0000			
	DISTRICT HEALTH P.E.R.S.	DISTRICT HEALTH PERS - FEB 2024	\$54,867.26
Summary for 'Number Code' = 91001-4101-422001 (1 detail record)			
<b>Sum</b>			<b>\$54,867.26</b>
8410-0000-630-000-14-5070-0000			
	DISTRICT HEALTH FICA	GENERAL FUND SOCIAL SECURITY - MARCH	\$49.60
Summary for 'Number Code' = 91001-4101-422022 (1 detail record)			
<b>Sum</b>			<b>\$49.60</b>
8410-0000-630-000-14-5060-0000			
	DISTRICT HEALTH MEDICARE PORTI	GENERAL FUND MEDICARE - MARCH	\$5,485.00
Summary for 'Number Code' = 91001-4101-423001 (1 detail record)			
<b>Sum</b>			<b>\$5,485.00</b>
8410-0000-630-000-14-5080-5080			
	DISTRICT HLTH HOSPITALIZATION	GENERAL FUND HEALTH INS - MARCH	\$133,685.35
Summary for 'Number Code' = 91001-4101-424201 (1 detail record)			
<b>Sum</b>			<b>\$133,685.35</b>
8410-0000-630-000-14-5080-5081			
	DISTRICT HEALTH LIFE INSURANCE	GENERAL FUND LIFE INS - MARCH 2024	\$1,998.00
Summary for 'Number Code' = 91001-4101-424202 (1 detail record)			
<b>Sum</b>			<b>\$1,998.00</b>
8410-0000-630-000-14-6000-0000			
	FIRST BOOK	ATTN: PN BOOKS FOR VACCINE CLINIC	\$234.00
	FRIENDS SERVICE CO INC dba: FRIENDSOFFICE	OFFICE SUPPLIES	\$584.26
	FRIENDS SERVICE CO INC dba: FRIENDSOFFICE	PAPER & OFFICE SUPPLIES	\$570.93
	GERGELY'S MAINTENANCE KING JANITORIAL SUPPLIES	CLEANING SUPPLIES	\$316.93
	GERGELY'S MAINTENANCE KING JANITORIAL SUPPLIES	CLEANING SUPPLIES FOR AGENCY	\$549.46
	QUADIANT FINANCE USA, INC.	INK CARTRIDGE & SEALING KIT FOR POSTAGE MET	\$162.45
	SMOKE WORKS	HARM REDUCTION SUPPLIES	\$319.06
	THE HUNTINGTON NATIONAL BANK	OFFICE SUPPLIES	\$259.74
	THE HUNTINGTON NATIONAL BANK	WIRELESS MICROPHONES FOR MULTIMEDIA CREAT	\$23.99
	THE HUNTINGTON NATIONAL BANK	EH SUPPLIES	\$347.98
	ZODIAC POOL SOLUTIONS, LLC DBA: TAYLOR WATER T	SWIMMING POOL TESTING SUPPLIES	\$480.24
	ZODIAC POOL SOLUTIONS, LLC DBA: TAYLOR WATER T	POOL TEST SUPPLIES	\$641.99
Summary for 'Number Code' = 91001-4101-430101 (12 detail records)			
<b>Sum</b>			<b>\$4,491.03</b>
8410-0000-630-000-14-6000-6000			
	LORAIN COUNTY ENGINEER	FUEL-FEB'2024	\$228.20
Summary for 'Number Code' = 91001-4101-430103 (1 detail record)			
<b>Sum</b>			<b>\$228.20</b>
8410-0000-630-000-14-6000-6002			
	THE HUNTINGTON NATIONAL BANK	POSTAGE FOR RETURNED O&M MAIL	\$86.36

Summary for 'Number Code' = 91001-4101-430105 (1 detail record)

**Sum** **\$86.36**

8410-0000-630-000-14-6000-6004			
McKESSON MEDICAL SURGICAL INC DBA MCKESSON M	MEDICAL SUPPLIES		\$340.99
PFIZER INC	COMIRNATY 0.1MG/ML 10X0.48ML VACCINE		\$5,578.65
SANOFI PASTEUR INC.	VACCINE - TYPHIM VI 25MCG; YF-VAX 4.74 PFU		\$4,260.96
SANOFI PASTEUR INC.	DAPTACEL, ADACEL, QUADRACE YF-VAX VACCINES		\$3,269.20
SMOKE WORKS	XYLAZINE TEST STRIPS & LIP BALM		\$356.50
SMOKE WORKS	MEDICAL SUPPLIES FOR HARM REDUCTION		\$956.33

Summary for 'Number Code' = 91001-4101-430108 (6 detail records)

**Sum** **\$14,762.63**

8410-0000-630-000-14-6050-0000			
DELL MARKETING L.P.	c/o DE 2 LAPTOPS FOR CMH PROGRAM		\$2,950.76
HOLTZ, JAMES DBA RJ TRAILER SALES LLC	HIGH SIDE TRAILER FOR PROPERTY CLEANUPS		\$2,500.00

Summary for 'Number Code' = 91001-4101-440101 (2 detail records)

**Sum** **\$5,450.76**

8410-0000-630-000-14-6000-6009			
EMERGE INC	ANALYZE SEARCH FUNCTION & COMPILE DATA FOR		\$800.00
EMERGE INC	PROGRAMMING/UPDATES - FEB'2024		\$1,552.00
EMERGE INC	EXPORT HR DATA FROM THE CURRENT TIME, DAILY		\$3,000.00

Summary for 'Number Code' = 91001-4101-440108 (3 detail records)

**Sum** **\$5,352.00**

8410-0000-630-000-14-6200-0000			
CRAWFORD, VALERIE M.	COORDINATION OF PRESCRIPTION ASSISTANCE PR		\$1,870.00
DEX IMAGING LLC	COPIER CONTRACTS		\$809.36
LET'S GET REAL, INC. DBA: LET'S GET REAL INC	CONTRACTED SERVICES FOR EMBEDDING PEERS I		\$11,116.97
LORAIN COUNTY PROSECUTOR J.D. TOMLINSON	LEGAL SERVICES-JAN-MAR'2024		\$13,750.03
QUADIANT INC	STANDARD MAINTENANCE CONTRACT FOR FOLDER		\$827.16
THE HUNTINGTON NATIONAL BANK	WASABI ONLINE STORAGE		\$51.50

Summary for 'Number Code' = 91001-4101-450101 (6 detail records)

**Sum** **\$28,425.02**

8410-0000-630-000-14-6200-6202			
CELLCO PARTNERSHIP dba VERIZON WIRELESS	CELL PHONE - 385998177-00002		\$1,051.09
SEJR LLC dba CONEXO COMMUNICATIONS	PHONE SERVICE 3/8-4/7/2024		\$2,338.01
STERICYCLE INC	DISPOSAL OF SHARPS CONTAINERS		\$33.51
WINDSTREAM HOLDINGS, INC dba: WINDSTREAM	FAX LINES SERVICE 03/13-04/12/2024		\$582.93

Summary for 'Number Code' = 91001-4101-450105 (4 detail records)

**Sum** **\$4,005.54**

8410-0000-630-000-14-6200-6210			
NATIONWIDE CHILDREN'S HOSPITAL	DEPARTME LEAD TESTING		\$17.56
THEYS, ROBERT A. DBA ACCURATE ANALYTICAL TESTI	LEAD ANALYSIS @ 126 GLENDALE CT		\$45.50
THEYS, ROBERT A. DBA ACCURATE ANALYTICAL TESTI	LEAD ANALYSIS		\$84.50
THEYS, ROBERT A. DBA ACCURATE ANALYTICAL TESTI	LEAD ANALYSIS FOR 235B 7TH ST, ELY & 460 OLIVE		\$107.25

Summary for 'Number Code' = 91001-4101-450114 (4 detail records)

**Sum** **\$254.81**

8410-0000-630-000-14-6200-6218			
BSMH EMPLOYER SERVICES LLC DBA:MERCY HEALTH	NEW EMPLOYEE PHYSCIALS - FEB 2024		\$197.00
LORAIN COUNTY BOARD OF EDUCATION dba:EDUCATIO	EMPLOYEE BACKGROUND CHECK - MKISNER		\$65.00

Summary for 'Number Code' = 91001-4101-450124 (2 detail records)

**Sum** **\$262.00**

<i>New Number Code</i>	<i>Vendor Name</i>	<i>Description</i>	<i>Invoice Amount</i>
8410-0000-630-000-14-6200-6219	FERGUSON, ANDREA	GIFT CARD INCENTIVES FOR KEY INDOOR WALKING	\$75.00
	MELUCH, SAMANTHA A.	REIMBURSEMENT FOR THE PURCHASE OF 3 \$25 GI	\$75.00
	MIDVIEW LOCAL SCHOOL DISTRICT	ATTN: ACCOU FLEXIBLE SEATING @ MIDVIEW SCHOOL	\$9,751.36
	THE HUNTINGTON NATIONAL BANK	BLOOD PRESSURE CUFFS FOR PREGNANT INDIVID	\$495.76
	THE HUNTINGTON NATIONAL BANK	GIFT CARDS FOR ESSENTIAL NEEDS FOR INDIVIDU	\$2,895.00
<i>Summary for 'Number Code' = 91001-4101-450126 (5 detail records)</i>			
<b>Sum</b>			<b>\$13,292.12</b>
8410-0000-630-000-14-6200-6222	CHARTER COMMUNICATIONS HOLDINGS LLC	CHARTE INTERNET SERVICE 3/1-3/31/2024	\$600.00
<i>Summary for 'Number Code' = 91001-4101-450130 (1 detail record)</i>			
<b>Sum</b>			<b>\$600.00</b>
8410-0000-630-000-14-6380-6381	GERGELY'S MAINTENANCE KING JANITORIAL SUPPLIES	JANITORIAL SERVICE - MAR'2024	\$2,398.75
	GROBE, ALLEN dba: ALLEN GROBE SNOWPLOWING	SNOW REMOVAL - JAN 2024	\$2,775.00
	GROBE, ALLEN dba: ALLEN GROBE SNOWPLOWING	SNOW REMOVAL - DEC 2023	\$1,125.00
	YOUNG INVESTMENTS INC. dba YOUNG SECURITY SERVI	REPAIR TO LOBBY DOOR	\$129.00
<i>Summary for 'Number Code' = 91001-4101-450203 (4 detail records)</i>			
<b>Sum</b>			<b>\$6,427.75</b>
8410-0000-630-000-14-7000-0000	CURALINC, LLC dba CURALINC HEALTHCARE	EMPLOYEE ASSISTANCE PROGRAM SERVICES - AP	\$599.76
	DEPARTMENT OF HEALTH & HUMAN SERVICES dba:CLIA	CLIA CERTIFICATE LAB FEE - 9/1/24-8/31/2026	\$248.00
	FIRST DATA REPORTING SERVICES, LLC	CREDIT CARD PROCESSING FEES - JAN'2024	\$2,042.75
	FIRST DATA REPORTING SERVICES, LLC	CREDIT CARD PROCESSING FEES - FEB 2024	\$2,173.36
	GOOSECHASE ADVENTURES INC	FEE FOR ONE ONLINE & INTERACTIVE PLATFORM F	\$600.00
	WELLSTEPS, LLC dba: WELLSTEPS	WELLNESS PROGRAM FEES-MAR'2024	\$394.24
<i>Summary for 'Number Code' = 91001-4101-451203 (6 detail records)</i>			
<b>Sum</b>			<b>\$6,058.11</b>
8410-0000-630-000-14-7070-0000	CONNECTING FOR KIDS OF WESTLAKE, OH	FEE FOR BOOTH SPACE @ CONNECTING KIDS WIT	\$125.00
	DEX IMAGING LLC	SHIPPING OF TONER	\$7.00
	NATIONAL ASSOCIATION OF COUNTY & CITY HEALTH O	MEMBERSHIP DUES - 2024	\$1,430.00
<i>Summary for 'Number Code' = 91001-4101-490101 (3 detail records)</i>			
<b>Sum</b>			<b>\$1,562.00</b>
8410-0000-630-000-14-7200-0000	ACCORDINO, AMANDA S.	FEBRUARY MILEAGE	\$17.42
	ADAMS, MARK H.	JAN-FEB 2024 MILEAGE & FEB 2024 TRAVEL	\$416.07
	BEVAN, KATHERINE J	JAN-FEB 2024 MILEAGE	\$12.06
	BLACKBURN, DELIA D.	FEBRUARY MILEAGE	\$42.88
	BOX, JOY L.	JAN & FEB 2024 MILEAGE	\$94.47
	BRANSCUM, HEATHER N.	JAN-FEB 2024 MILEAGE	\$160.80
	BRANSCUM, PAMELA	JAN & FEB 2024 MILEAGE	\$105.19
	BRANSON, ASHLEY N.	FEBRUARY MILEAGE	\$26.80
	CARPENTER, JUSTON	FEBRUARY MILEAGE	\$23.45
	CENTIFANTI, ERICA	JAN & FEB 2024 MILEAGE	\$41.54
	CHAVEZ, DEBORAH A	JANUARY 2024 MILEAGE	\$10.72
	COLLIER, SYDNEY M.	FEBRUARY MILEAGE	\$152.09
	CRAIG, LISA M.	FEBRUARY MILEAGE	\$13.40
	CRIBLEY, DUANE	FEBRUARY MILEAGE	\$283.41

<i>New Number Code</i>	<i>Vendor Name</i>	<i>Description</i>	<i>Invoice Amount</i>
	CROSSAN, MICHELLE	JAN & FEB 2024 MILEAGE	\$5.36
	DAHLER, CAITLIN G.	FEB 2024 MILEAGE	\$13.40
	DUBOIS, KATHRYN F.	JAN & FEB 2024 MILEAGE	\$148.07
	FERGUSON, ANDREA	FEBRUARY MILEAGE	\$30.15
	FLY, SUSANNE	FEBRUARY MILEAGE	\$21.44
	FOOR, JULIE K.	JAN & FEB 2024 MILEAGE	\$314.90
	FOSTER, MACKENZIE A.	JAN 2024 TRAVEL & FEB MILEAGE	\$90.45
	GALLAGHER, KIMBERLY A	JAN & FEB 2024 MILEAGE	\$177.55
	GARCIA, EVELYN	JAN & FEB 2024 MILEAGE	\$84.42
	GERSTEN, AMANDA M.	JAN & FEB 2024 MILEAGE	\$36.18
	GORNALL, ERIN C.	FEBRUARY MILEAGE	\$22.78
	GRUBIC, CYNTHIA	JAN-FEB 2024 MILEAGE	\$96.48
	HASSLER, STACEY	JAN-DEC 2022 & 2023 MILEAGE	\$39.81
	HOOVER, ERIC	FEBRUARY MILEAGE	\$233.16
	JINDRA, MIKE	FEBRUARY MILEAGE	\$202.34
	KISNER, MARK A.	FEB MILEAGE	\$24.12
	KNITTEL, CANDY	JAN & FEB 2024 MILEAGE	\$229.14
	LICHTENBERG, JUDI M	SEPT 2023, JAN-FEB 2024 MILEAGE	\$59.85
	LORBACH, SUZANNE M.	JAN-FEB 2024 MILEAGE	\$121.94
	MACZUGA, ANN	FEB MILEAGE	\$330.31
	MAURER, JESSICA	JAN-FEB 2024 MILEAGE	\$14.74
	MELUCH, SAMANTHA A.	FEBRUARY MILEAGE	\$48.24
	MORAN, MICHELLE	FEBRUARY MILEAGE	\$74.37
	MURPHY, GERALD P.	DEC 2023, JAN-FEB 2024 MILEAGE	\$482.81
	NIEVES RIVERA, SANDRA	JAN-FEB 2024 MILEAGE	\$21.44
	PARSONS, MICHELLE T.	JAN-FEB 2024 MILEAGE & FEB 2024 TRAVEL	\$58.96
	PASTERAK, HEATHER	JAN 2024 TRAVEL & FEB 2024 MILEAGE	\$98.49
	POZNA, SCOTT	JAN - FEB 2024 MILEAGE	\$16.08
	PRIDE, KIMBERLY	DEC 2023 MILEAGE	\$39.30
	PUTKA, GREGORY T	JAN-FEB 2024 MILEAGE	\$63.65
	RAMOS, CARMEN	JAN-FEB 2024 MILEAGE	\$26.13
	RINI, SHERYL A.	JAN-FEB 2024 MILEAGE	\$14.74
	SCHNEIDER, ALEXANDRA B.	DEC 2023 & JAN-FEB 2024 MILEAGE	\$341.00
	SCHWARTZMAN, JUAN	FEBRUARY MILEAGE	\$28.14
	SHEFFIELD, LYNN	JAN-FEB 2024 MILEAGE	\$53.60
	SPRIESTERSBACH, JILLIAN	JAN-FEB 2024 MILEAGE	\$197.65
	TEPPNER, STEPHANIE N.L.	DEC 2023 & JAN-FEB 2024 MILEAGE	\$34.23
	VERLOTTI, TRACY L.	JAN-FEB 2024 MILEAGE	\$190.95
	WEILAND, PAMELA	OCT-DEC 2023 & JAN-FEB 2024 MILEAGE	\$83.16
	WILDENHEIM, JEANNE	JAN-FEB 2024 MILEAGE	\$73.03
	WOODRUFF, RACHEL L.	FEB MILEAGE & TRAVEL	\$192.60

Summary for 'Number Code' = 91001-4101-490201 (55 detail records)

**Sum** **\$5,835.46**

8410-0000-630-000-14-7200-7200

ASSOCIATION OF OHIO HEALTH COMMISSIONERS	DBA: NEW EMPLOYEE TRAINING - DB, KD	\$80.00
GUNDERSEN LUTHERAN MEDICAL FOUNDATION, INC. D	BEREAVEMENT TRAINING FOR LCPH STAFF - JS DB	\$3,000.00
OHIO ENVIRONMENTAL HEALTH ASSOC, c/o VICKI JOHN	OEHA CONFERENCE REGISTRATION FEE FOR JLIS	\$175.00
OHIO ENVIRONMENTAL HEALTH ASSOC, c/o VICKI JOHN	OEHA REGISTRATION - HB SC GP	\$490.00



Summary for 'Number Code' = 91001-4101-490205 (4 detail records)

**Sum** **\$3,745.00**

8410-0000-630-000-14-7220-0000			
AK VELEZ LLC dba: SUPERPRINTER	SEPTAGE TANK CLEANING RECEIPTS		\$448.00
AK VELEZ LLC dba: SUPERPRINTER	BUSINESS CARDS FOR EMPLOYEES		\$430.00
LORAIN COUNTY PRINTING & PUBLISHING dba:THE CHR	LEGAL AD FOR FINANCIALS		\$40.16

Summary for 'Number Code' = 91001-4101-490301 (3 detail records)

**Sum** **\$918.16**

8410-0000-630-000-14-7070-7089			
██████████	REFUND FOR O&M PERMIT		\$120.00
BBI/LBI INC	REFUND FOR O&M PERMIT		\$120.00
EVERLASTING GOSPEL DBA: PERFECTING OF THE SAINT	REFUND OF DOUBLE CHARGE FOR COMMERCIAL S		\$160.00
KUBRA DATA TRANSFER LTD	REIMB OF CONVENIENCE FEES SENT TO LCPH INST		\$18.00
██████████	REFUND FOR PREPAID VACCINE		\$170.10
██████████	REFUND FOR TB TESTING		\$17.00

Summary for 'Number Code' = 91001-4101-492701 (6 detail records)

**Sum** **\$605.10**

8410-0000-630-000-14-7070-7092			
KARN, NATALIE	FEB MILEAGE & TRAVEL		\$119.93
STATE OF OHIO OHIO DIV OF REAL ESTATE & PROFESSIO	TRANSMITTALS FOR BURIAL PERMIT FEES - FEB'202		\$202.50
TREASURER STATE OF OHIO dba: OHIO ENVIRONMENTA	TRANSMITTALS FOR SEWAGE TREATMENT SYSTEM		\$849.00
TREASURER, STATE OF OHIO, OHIO DEPARTMENT OF HE	TRANSMITTALS FOR SEWAGE TREATMENT SYSTEM		\$444.00
TREASURER, STATE OF OHIO, OHIO DEPARTMENT OF HE	TRANSMITTALS FOR SEWAGE TREATMENT SYSTEM		\$997.00

Summary for 'Number Code' = 91001-4101-493001 (5 detail records)

**Sum** **\$2,612.43**

8410-0000-630-000-14-7220-7220			
AK VELEZ LLC dba: SUPERPRINTER	2023 ANNUAL REPORT		\$425.00
THE HUNTINGTON NATIONAL BANK	MAILCHIMP "ESSENTIALS"		\$153.00

Summary for 'Number Code' = 91001-4101-493101 (2 detail records)

**Sum** **\$578.00**

8410-0000-630-000-14-7070-7094			
REAL ESTATE SETTLEMENT	REAL ESTATE SETTLEMENT - DTRAC FEES		\$33,312.55

Summary for 'Number Code' = 91001-4101-494010 (1 detail record)

**Sum** **\$33,312.55**

8410-8411-630-000-14-7070-7094			
SEWER REPLACEMENT	SEWER REPLACEMENT DRETAC LAND BANK SPECI		\$128.26

Summary for 'Number Code' = 91002-4101-494010 (1 detail record)

**Sum** **\$128.26**

8420-0000-630-000-14-5000-5001			
FOOD SERVICE SALARIES	FOOD SERVICE SALARIES FOR 3/22/24		\$18,018.40
FOOD SERVICE SALARIES	FOOD SERVICE SALARIES 3/8/24		\$18,018.40

Summary for 'Number Code' = 91201-4101-410102 (2 detail records)

**Sum** **\$36,036.80**

8420-0000-630-000-14-5040-0000			
FOOD SERVICE P.E.R.S.	FOOD SERVICE PERS - FEB 2024		\$5,064.10

Summary for 'Number Code' = 91201-4101-422001 (1 detail record)

**Sum** **\$5,064.10**

8420-0000-630-000-14-5060-0000			
FOOD SERVICE MEDICARE PORTION	FOOD SERVICE MEDICARE - MARCH		\$517.76

Summary for 'Number Code' = 91201-4101-423001 (1 detail record)

**Sum** **\$517.76**

<i>New Number Code</i>	<i>Vendor Name</i>	<i>Description</i>	<i>Invoice Amount</i>
8420-0000-630-000-14-5080-5080			
	FOOD SERVICE HOSPITALIZATION	FOOD SERVICE HEALTH INS	\$3,275.00
	<i>Summary for 'Number Code' = 91201-4101-424201 (1 detail record)</i>		
	<b>Sum</b>		<b>\$3,275.00</b>
8420-0000-630-000-14-5080-5081			
	FOOD SERVICE LIFE INSURANCE	FOOD SERVICE LIFE INS - MARCH 2024	\$194.25
	<i>Summary for 'Number Code' = 91201-4101-424202 (1 detail record)</i>		
	<b>Sum</b>		<b>\$194.25</b>
8420-0000-630-000-14-6000-0000			
	KENNETH SHARKEY DBA: SHARK FOOD SAFETY CONSU	SERVS SAFE TRAINING & MATERIALS	\$160.00
	<i>Summary for 'Number Code' = 91201-4101-430101 (1 detail record)</i>		
	<b>Sum</b>		<b>\$160.00</b>
8420-0000-630-000-14-6200-6202			
	CELLCO PARTNERSHIP dba VERIZON WIRELESS	FS CELL PHONE - 385998177-00002	\$316.36
	<i>Summary for 'Number Code' = 91201-4101-450105 (1 detail record)</i>		
	<b>Sum</b>		<b>\$316.36</b>
8420-0000-630-000-14-7200-0000			
	BLACKFORD IV, CLARENCE T	FEBRUARY MILEAGE	\$165.49
	HARBECK, JOHN	FEBRUARY MILEAGE	\$206.36
	KELLING, JAIME R.	FEBRUARY MILEAGE	\$125.96
	KEYS, JENNA B.	SEPTEMBER 2023 MILEAGE ***VOID & REISSUE***	(\$167.68)
	KEYS, JENNA B.	FEBRUARY MILEAGE	\$159.46
	KEYS, JENNA B.	SEPTEMBER 2023 MILEAGE ***VOID & REISSUE***	\$167.68
	THEILE, ERIN L.	FEBRUARY MILEAGE	\$117.92
	WELLMAN, EMMA S	FEBRUARY MILEAGE	\$166.16
	<i>Summary for 'Number Code' = 91201-4101-490201 (8 detail records)</i>		
	<b>Sum</b>		<b>\$941.35</b>
8420-0000-630-000-14-7070-7089			
	AVI FOOD SYSTEMS INC DBA: AVI FOODSYSTEMS	REFUND FOR VENDING LICENSE NOT NEEDED	\$34.88
	<i>Summary for 'Number Code' = 91201-4101-492701 (1 detail record)</i>		
	<b>Sum</b>		<b>\$34.88</b>
8420-0000-630-000-14-7070-7092			
	TREASURER, STATE OF OHIO, OHIO DEPARTMENT OF AG TRANSMITTAL FOR RFE - JAN 2024		\$28.00
	TREASURER, STATE OF OHIO, OHIO DEPARTMENT OF AG TRANSMITTALS FOR RFE - FEB 2024		\$9,856.00
	TREASURER, STATE OF OHIO, OHIO DEPARTMENT OF HE TRANSMITTALS FOR FSO - FEB 2024		\$17,130.00
	<i>Summary for 'Number Code' = 91201-4101-493001 (3 detail records)</i>		
	<b>Sum</b>		<b>\$27,014.00</b>
8450-0000-630-000-14-5000-5001			
	WIC SALARIES	WIC SALARIES FOR 3/8/24	\$25,220.33
	WIC SALARIES	WIC SALARIES FOR 3/22/24	\$24,996.42
	<i>Summary for 'Number Code' = 91401-4101-410102 (2 detail records)</i>		
	<b>Sum</b>		<b>\$50,216.75</b>
8450-0000-630-000-14-5040-0000			
	WIC P.E.R.S.	WIC PERS - FEB 2024	\$6,940.09
	<i>Summary for 'Number Code' = 91401-4101-422001 (1 detail record)</i>		
	<b>Sum</b>		<b>\$6,940.09</b>
8450-0000-630-000-14-5060-0000			
	WIC MEDICARE PORTION	WIC MEDICARE	\$698.95
	<i>Summary for 'Number Code' = 91401-4101-423001 (1 detail record)</i>		
	<b>Sum</b>		<b>\$698.95</b>
8450-0000-630-000-14-5080-5080			

<i>New Number Code</i>	<i>Vendor Name</i>	<i>Description</i>	<i>Invoice Amount</i>
WIC HOSPITALIZATION		WIC HEALTH INS - MARCH	\$20,500.00
<i>Summary for 'Number Code' = 91401-4101-424201 (1 detail record)</i>			
<b>Sum</b>			<b>\$20,500.00</b>
8450-0000-630-000-14-5080-5081			
WIC LIFE INSURANCE		WIC LIFE INS - MARCH	\$277.50
<i>Summary for 'Number Code' = 91401-4101-424202 (1 detail record)</i>			
<b>Sum</b>			<b>\$277.50</b>
8450-0000-630-000-14-6000-0000			
THE HUNTINGTON NATIONAL BANK		WIC OFFICE SUPPLIES	\$866.48
<i>Summary for 'Number Code' = 91401-4101-430101 (1 detail record)</i>			
<b>Sum</b>			<b>\$866.48</b>
8450-0000-630-000-14-6200-6222			
CHARTER COMMUNICATIONS HOLDINGS LLC		CHARTE WIC INTERNET @ LORAIN SITE	\$129.99
<i>Summary for 'Number Code' = 91401-4101-450130 (1 detail record)</i>			
<b>Sum</b>			<b>\$129.99</b>
8450-0000-630-000-14-6600-6600			
LORAIN COUNTY HEALTH & DENTISTRY		RENT FOR LORAIN WIC - MARCH 2024	\$1,024.40
<i>Summary for 'Number Code' = 91401-4101-451201 (1 detail record)</i>			
<b>Sum</b>			<b>\$1,024.40</b>
8450-0000-630-000-14-7200-0000			
DEJESUS MELENDEZ, TIFANY M.		FEBRUARY MILEAGE	\$6.70
RILEY, RILEY A.		FEBRUARY MILEAGE	\$27.47
WATCHORN, MICHELLE		SEPTEMBER 2023 MILEAGE ***VOID & REISSUE***	\$3.93
WATCHORN, MICHELLE		SEPTEMBER 2023 MILEAGE ***VOID & REISSUE***	(\$3.93)
WAYNER, MARISSA		JANUARY TRAVEL	\$65.66
<i>Summary for 'Number Code' = 91401-4101-490201 (5 detail records)</i>			
<b>Sum</b>			<b>\$99.83</b>
8450-0000-630-000-14-7200-7200			
THE HUNTINGTON NATIONAL BANK		REGISTRATION FOR BREASTFEST 2024 FOR MW KF	\$1,265.00
<i>Summary for 'Number Code' = 91401-4101-490205 (1 detail record)</i>			
<b>Sum</b>			<b>\$1,265.00</b>
8450-0000-630-000-14-7220-0000			
Z-GRAPHICS BY JAN, LLC		2 STAFF ZIP-UPS	\$146.00
<i>Summary for 'Number Code' = 91401-4101-490301 (1 detail record)</i>			
<b>Sum</b>			<b>\$146.00</b>
8450-0000-630-000-14-7220-7220			
NOETHE, HENRY dba: COLUMBIA PRINTING LLC		WIC FOOD LISTS	\$184.00
THE HUNTINGTON NATIONAL BANK		SNAPCHAT ADS TO PROMOTE BREASTFEEDING TIP	\$148.91
<i>Summary for 'Number Code' = 91401-4101-493101 (2 detail records)</i>			
<b>Sum</b>			<b>\$332.91</b>
8460-8464-630-000-14-6200-0000			
FAMILY PLANNING SERVICES OF LORAIN COUNTY INC		CONTRACT FOR REPRODUCTIVE HEALTH - FEB'202	\$16,150.02
<i>Summary for 'Number Code' = 91504-4101-450101 (1 detail record)</i>			
<b>Sum</b>			<b>\$16,150.02</b>
8460-8464-630-000-14-7070-7080			
LORAIN COUNTY GENERAL HEALTH DISTRICT		INDIRECT CHARGES FOR RHW 2024 GRANT	\$2,500.00
<i>Summary for 'Number Code' = 91504-4101-492701 (1 detail record)</i>			
<b>Sum</b>			<b>\$2,500.00</b>
8460-8476-630-000-14-7200-0000			
THE HUNTINGTON NATIONAL BANK		FLIGHT FOR LIFESAVERS CONF IN DENVER CO FOR	\$339.20
<i>Summary for 'Number Code' = 91509-4101-490201 (1 detail record)</i>			
<b>Sum</b>			<b>\$339.20</b>

<i>New Number Code</i>	<i>Vendor Name</i>	<i>Description</i>	<i>Invoice Amount</i>
8460-8476-630-000-14-7220-7220	NOETHE, HENRY dba: COLUMBIA PRINTING LLC	ST PATRICKS DAY BOTTLE TAGS	\$141.20
<i>Summary for 'Number Code' = 91509-4101-493101 (1 detail record)</i>			
<b>Sum</b>			<b>\$141.20</b>
8470-0000-630-000-14-5000-5001			
SMOKE FREE - SALARIES		SMOKE FREE SALARIES FOR 3/22/24	\$2,273.60
SMOKE FREE - SALARIES		SMOKE FREE/TOBACCO SALARIES FOR 3/8/24	\$2,273.60
<i>Summary for 'Number Code' = 91511-4101-410102 (2 detail records)</i>			
<b>Sum</b>			<b>\$4,547.20</b>
8470-0000-630-000-14-5040-0000			
SMOKE FREE - PERS		SMOKE FREE PERS - FEB 2024	\$636.61
<i>Summary for 'Number Code' = 91511-4101-422001 (1 detail record)</i>			
<b>Sum</b>			<b>\$636.61</b>
8470-0000-630-000-14-5060-0000			
SMOKE FREE - MEDICARE		SMOKE FREE MEDICARE	\$61.72
<i>Summary for 'Number Code' = 91511-4101-423001 (1 detail record)</i>			
<b>Sum</b>			<b>\$61.72</b>
8470-0000-630-000-14-5080-5080			
SMOKE FREE FUND		SMOKE FREE HEALTH INS	\$945.00
<i>Summary for 'Number Code' = 91511-4101-424201 (1 detail record)</i>			
<b>Sum</b>			<b>\$945.00</b>
8470-0000-630-000-14-6200-0000			
LORAIN COUNTY ALCOHOL & DRUG ABUSE SERVICES, I		CONTRACT FOR TOBACCO PREVENTION & CESSATI	\$8,750.00
<i>Summary for 'Number Code' = 91511-4101-450101 (1 detail record)</i>			
<b>Sum</b>			<b>\$8,750.00</b>
8460-8480-630-000-14-5000-5001			
SALARIES - CREATING HEALTHY COMM		CHC SALARIES FOR 3/22/24	\$2,647.12
SALARIES - CREATING HEALTHY COMM		CHC SALARIES FOR 3/8/24	\$2,598.40
<i>Summary for 'Number Code' = 91512-4101-410102 (2 detail records)</i>			
<b>Sum</b>			<b>\$5,245.52</b>
8460-8480-630-000-14-5040-0000			
PERS - CREATING HEALTHY COMM		CHC PERS - FEB 2024	\$727.55
<i>Summary for 'Number Code' = 91512-4101-422001 (1 detail record)</i>			
<b>Sum</b>			<b>\$727.55</b>
8460-8480-630-000-14-5060-0000			
MEDICARE - CREATING HEALTHY COMM		CHC MEDICARE	\$74.46
<i>Summary for 'Number Code' = 91512-4101-423001 (1 detail record)</i>			
<b>Sum</b>			<b>\$74.46</b>
8460-8480-630-000-14-5080-5080			
HOSPITALIZATION - CREATING HEALTHY COMM		CHC HEALTH INS - MARCH	\$1,250.00
<i>Summary for 'Number Code' = 91512-4101-424201 (1 detail record)</i>			
<b>Sum</b>			<b>\$1,250.00</b>
8460-8480-630-000-14-7200-0000			
BRAY, KATHERINE		JAN & FEB MILEAGE	\$101.84
MAVRICH, CATHERINE E.		OCTOBER TRAVEL ***VOID & REISSUE***	(\$183.41)
MAVRICH, CATHERINE E.		OCTOBER & NOVEMBER MILEAGE & NOV TRAVEL **	(\$274.45)
MAVRICH, CATHERINE E.		OCTOBER & NOVEMBER MILEAGE & NOV TRAVEL **	\$274.45
MAVRICH, CATHERINE E.		APRIL-SEPT MILEAGE & APRIL TRAVEL ***VOID & RE	(\$430.99)
MAVRICH, CATHERINE E.		JAN & FEB 2024 MILEAGE	\$81.07
MAVRICH, CATHERINE E.		APRIL-SEPT MILEAGE & APRIL TRAVEL ***VOID & RE	\$430.99
MAVRICH, CATHERINE E.		OCTOBER TRAVEL ***VOID & REISSUE***	\$183.41

<i>New Number Code</i>	<i>Vendor Name</i>	<i>Description</i>	<i>Invoice Amount</i>
<i>Summary for 'Number Code' = 91512-4101-490201 (8 detail records)</i>			
<b>Sum</b>			<b>\$182.91</b>
8460-8480-630-000-14-7200-7200	MAVRICH, CATHERINE E.	2 REGISTRATIONS FOR LORAIN COMMUNITY CONV	\$50.00
<i>Summary for 'Number Code' = 91512-4101-490205 (1 detail record)</i>			
<b>Sum</b>			<b>\$50.00</b>
8460-8482-630-000-14-6200-6219	THE HUNTINGTON NATIONAL BANK	20 WALKIE TALKIES FOR OBERLIN SRTS	\$259.99
<i>Summary for 'Number Code' = 91513-4101-450126 (1 detail record)</i>			
<b>Sum</b>			<b>\$259.99</b>
8460-8482-630-000-14-7200-0000	WILLIAMS, KIARA L.	FEBRUARY 2024 MILEAGE & TRAVEL	\$111.22
<i>Summary for 'Number Code' = 91513-4101-490201 (1 detail record)</i>			
<b>Sum</b>			<b>\$111.22</b>
8460-8470-630-000-14-5000-5001	MATERNAL & CHILD HEALTH PROGRAM - SALARIES	MCH SALARIES FOR 3/22/24	\$2,687.75
	MATERNAL & CHILD HEALTH PROGRAM - SALARIES	MATERNAL & CHILD HEALTH SALARIES FOR 3/8/24	\$2,687.75
<i>Summary for 'Number Code' = 91515-4101-410102 (2 detail records)</i>			
<b>Sum</b>			<b>\$5,375.50</b>
8460-8470-630-000-14-5040-0000	MATERNAL & CHILD HEALTH PROGRAM - P.E.R.S.	MCH PERS - FEB 2024	\$752.57
<i>Summary for 'Number Code' = 91515-4101-422001 (1 detail record)</i>			
<b>Sum</b>			<b>\$752.57</b>
8460-8470-630-000-14-5060-0000	MATERNAL & CHILD HEALTH PROGRAM - MEDICARE	MCH MEDICARE	\$77.95
<i>Summary for 'Number Code' = 91515-4101-423001 (1 detail record)</i>			
<b>Sum</b>			<b>\$77.95</b>
8460-8470-630-000-14-5080-5080	MATERNAL CHILD HEALTH GRANT FUND	MCH HEALTH INS	\$557.50
<i>Summary for 'Number Code' = 91515-4101-424201 (1 detail record)</i>			
<b>Sum</b>			<b>\$557.50</b>
8460-8470-630-000-14-6200-0000	EMH REGIONAL MEDICAL CENTER dba: UNIVERSITY HOS FLEXIBLE CHILDCARE PILOT - APRIL ***VOID & REIS		(\$15.00)
	EMH REGIONAL MEDICAL CENTER dba: UNIVERSITY HOS FLEXIBLE CHILDCARE PILOT - APRIL ***VOID & REIS		\$15.00
<i>Summary for 'Number Code' = 91515-4101-450101 (2 detail records)</i>			
<b>Sum</b>			<b>\$0.00</b>
8460-8470-630-000-14-7200-7200	CRIBS FOR KIDS INC	REGISTRATION FEE OF NATIONAL CRIBS FOR KIDS	\$250.00
<i>Summary for 'Number Code' = 91515-4101-490205 (1 detail record)</i>			
<b>Sum</b>			<b>\$250.00</b>
8460-8484-630-000-14-5000-5001	OHIO EQUITY INSTITUTE PROGRAM	OEI SALARIES FOR 3/22/24	\$7,670.31
	OHIO EQUITY INSTITUTE PROGRAM	OEI SALARIES FOR 3/8/24	\$5,807.20
<i>Summary for 'Number Code' = 91518-4101-410102 (2 detail records)</i>			
<b>Sum</b>			<b>\$13,477.51</b>
8460-8484-630-000-14-5040-0000	OHIO EQUITY INSTITUTE PROGRAM	OEI PERS - FEB 2024	\$1,626.02
<i>Summary for 'Number Code' = 91518-4101-422001 (1 detail record)</i>			
<b>Sum</b>			<b>\$1,626.02</b>
8460-8484-630-000-14-5060-0000	OHIO EQUITY INSTITUTE PROGRAM	OEI MEDICARE - MARCH	\$186.75

<i>New Number Code</i>	<i>Vendor Name</i>	<i>Description</i>	<i>Invoice Amount</i>
<i>Summary for 'Number Code' = 91518-4101-423001 (1 detail record)</i>			
<b>Sum</b>			<b>\$186.75</b>
8460-8484-630-000-14-5080-5080			
OHIO EQUITY INSTITUTE PROGRAM		OEI HEALTH INS - MARCH	\$5,360.00
<i>Summary for 'Number Code' = 91518-4101-424201 (1 detail record)</i>			
<b>Sum</b>			<b>\$5,360.00</b>
8460-8486-630-000-14-5000-5001			
ODM-MCO GRANTS		ODM SALARIES FOR 3/22/24	\$9,656.00
ODM-MCO GRANTS		ODM SALARIES FOR 3/8/24	\$9,656.00
<i>Summary for 'Number Code' = 91519-4101-410102 (2 detail records)</i>			
<b>Sum</b>			<b>\$19,312.00</b>
8460-8486-630-000-14-5040-0000			
ODM-MCO GRANTS		ODM PERS - FEB 2024	\$2,704.83
<i>Summary for 'Number Code' = 91519-4101-422001 (1 detail record)</i>			
<b>Sum</b>			<b>\$2,704.83</b>
8460-8486-630-000-14-5060-0000			
ODM-MCO GRANTS		ODM MEDICARE	\$274.49
<i>Summary for 'Number Code' = 91519-4101-423001 (1 detail record)</i>			
<b>Sum</b>			<b>\$274.49</b>
8460-8486-630-000-14-5080-5080			
ODM-MCO GRANTS		ODM HEALTH INSURANCE	\$4,215.00
<i>Summary for 'Number Code' = 91519-4101-424201 (1 detail record)</i>			
<b>Sum</b>			<b>\$4,215.00</b>
8460-8486-630-000-14-6200-0000			
CORNERSTONE PREGNANCY SERVICES		DOULA SERVICES - JAN 2024	\$3,946.79
CORNERSTONE PREGNANCY SERVICES		CONTRACT FOR DOULA SERVICES - FEB'2024	\$3,502.80
LORAIN COUNTY COMMUNITY ACTION AGENCY (LCCA)		CONTRACT FOR CHW SERVICES - 2/1-2/29/24	\$6,439.77
LORAIN COUNTY COMMUNITY ACTION AGENCY (LCCA)		PATHWAYS HUB DATA SHARING - JAN 2024	\$1,440.00
LORAIN COUNTY COMMUNITY ACTION AGENCY (LCCA)		CHW SERVICES - JAN 2024	\$6,875.76
LORAIN COUNTY COMMUNITY ACTION AGENCY (LCCA)		CONTRACT FOR PATHWAYS HUB DATA SHARING A	\$1,440.00
UNITED WAY OF GREATER LORAIN COUNTY INC		211 ENHANCEMENTS TO SUPPORT MATERNAL CHIL	\$750.00
<i>Summary for 'Number Code' = 91519-4101-450101 (7 detail records)</i>			
<b>Sum</b>			<b>\$24,395.12</b>
8460-8486-630-000-14-6200-6202			
THE HUNTINGTON NATIONAL BANK		GOOGLE VOICE LINE	\$24.85
<i>Summary for 'Number Code' = 91519-4101-450105 (1 detail record)</i>			
<b>Sum</b>			<b>\$24.85</b>
8460-8486-630-000-14-6200-6219			
THE HUNTINGTON NATIONAL BANK		WALMART GIFT CARDS FOR OEI MOMS	\$500.00
<i>Summary for 'Number Code' = 91519-4101-450126 (1 detail record)</i>			
<b>Sum</b>			<b>\$500.00</b>
8460-8486-630-000-14-7200-0000			
MURPHY, ERIN		JAN & FEB 2024 MILEAGE	\$37.52
<i>Summary for 'Number Code' = 91519-4101-490201 (1 detail record)</i>			
<b>Sum</b>			<b>\$37.52</b>
8460-WD23-630-000-14-6200-6219			
THE OHIO STATE UNIVERSITY		ACCOUNTS CHW CERTIFICATION CLASS	\$336.00
<i>Summary for 'Number Code' = 91521-4101-450126 (1 detail record)</i>			
<b>Sum</b>			<b>\$336.00</b>
8460-8461-630-000-14-5000-5001			
HIV FUND		HIV SALARIES FOR 3/22/24	\$4,229.82

<i>New Number Code</i>	<i>Vendor Name</i>	<i>Description</i>	<i>Invoice Amount</i>
HIV FUND		HIV SALARIES FOR 3/8/24	\$4,229.82
<i>Summary for 'Number Code' = 91524-4101-410102 (2 detail records)</i>			
<b>Sum</b>			<b>\$8,459.64</b>
8460-8461-630-000-14-5040-0000			
HIV FUND		HIV PERS - FEB 2024	\$1,184.35
<i>Summary for 'Number Code' = 91524-4101-422001 (1 detail record)</i>			
<b>Sum</b>			<b>\$1,184.35</b>
8460-8461-630-000-14-5060-0000			
HIV FUND		HIV MEDICARE	\$122.67
<i>Summary for 'Number Code' = 91524-4101-423001 (1 detail record)</i>			
<b>Sum</b>			<b>\$122.67</b>
8460-8461-630-000-14-7220-7220			
THE HUNTINGTON NATIONAL BANK		SNAPCHAT ADS FOR NO COST CONDOMS AVAILABL	\$0.41
<i>Summary for 'Number Code' = 91524-4101-493101 (1 detail record)</i>			
<b>Sum</b>			<b>\$0.41</b>
8460-IH24-630-000-14-5000-5001			
INTEGRATED HARM REDUCTION		INTEGRATED HARM REDUCTION SALARIES FOR 3/2	\$3,090.75
INTEGRATED HARM REDUCTION		IH24 SALARIES FOR 3/8/24	\$3,090.75
<i>Summary for 'Number Code' = 91525-4101-410102 (2 detail records)</i>			
<b>Sum</b>			<b>\$6,181.50</b>
8460-IH24-630-000-14-5040-0000			
INTEGRATED HARM REDUCTION		IH24 PERS - FEB 2024	\$865.41
<i>Summary for 'Number Code' = 91525-4101-422001 (1 detail record)</i>			
<b>Sum</b>			<b>\$865.41</b>
8460-IH24-630-000-14-5060-0000			
INTEGRATED HARM REDUCTION		INTEGRATED HARM REDUCTION MEDICARE	\$79.70
<i>Summary for 'Number Code' = 91525-4101-423001 (1 detail record)</i>			
<b>Sum</b>			<b>\$79.70</b>
8460-IH24-630-000-14-5080-5080			
INTEGRATED HARM REDUCTION		INTEGRATED HARM REDUCTION - HEALTH INS	\$75.00
<i>Summary for 'Number Code' = 91525-4101-424201 (1 detail record)</i>			
<b>Sum</b>			<b>\$75.00</b>
8460-IH24-630-000-14-6000-0000			
THE HUNTINGTON NATIONAL BANK		CASE FOR FEATHER FLAGS; BASES FOR STAND; W	\$120.71
<i>Summary for 'Number Code' = 91525-4101-430101 (1 detail record)</i>			
<b>Sum</b>			<b>\$120.71</b>
8460-IH24-630-000-14-6000-6002			
U S POSTAL SERVICE		POSTAGE FOR METERED NALOXONE MAILINGS	\$800.00
<i>Summary for 'Number Code' = 91525-4101-430105 (1 detail record)</i>			
<b>Sum</b>			<b>\$800.00</b>
8460-IH24-630-000-14-6000-6004			
ORASURE TECHNOLOGIES, INC.		HEP C TESTS	\$507.50
<i>Summary for 'Number Code' = 91525-4101-430108 (1 detail record)</i>			
<b>Sum</b>			<b>\$507.50</b>
8460-PH24-630-000-14-5000-5001			
PUBLIC HEALTH EMERGENCY PREP		PH24 SALARIES FOR 3/22/24	\$5,221.15
PUBLIC HEALTH EMERGENCY PREP		PH24 SALARIES FOR 3/8/24	\$5,221.15
<i>Summary for 'Number Code' = 91526-4101-410102 (2 detail records)</i>			
<b>Sum</b>			<b>\$10,442.30</b>
8460-PH24-630-000-14-5040-0000			
PUBLIC HEALTH EMERGENCY PREP		PH24 PERS - FEB 2024	\$1,461.92



<i>New Number Code</i>	<i>Vendor Name</i>	<i>Description</i>	<i>Invoice Amount</i>
<i>Summary for 'Number Code' = 91526-4101-422001 (1 detail record)</i>			
<b>Sum</b>			<b>\$1,461.92</b>
8460-PH24-630-000-14-5060-0000	PUBLIC HEALTH EMERGENCY PREP	PH24 MEDICARE	\$147.46
<i>Summary for 'Number Code' = 91526-4101-423001 (1 detail record)</i>			
<b>Sum</b>			<b>\$147.46</b>
8460-PH24-630-000-14-5080-5080	PUBLIC HEALTH EMERGENCY PREP	PH24 HEALTH INS	\$3,675.00
<i>Summary for 'Number Code' = 91526-4101-424201 (1 detail record)</i>			
<b>Sum</b>			<b>\$3,675.00</b>
8460-PH24-630-000-14-6000-0000	THE HUNTINGTON NATIONAL BANK	SOLAR ECLIPSE GLASSES FOR AGENCY STAFF	\$159.98
<i>Summary for 'Number Code' = 91526-4101-430101 (1 detail record)</i>			
<b>Sum</b>			<b>\$159.98</b>
8460-PH24-630-000-14-6200-6202	CELLCO PARTNERSHIP dba VERIZON WIRELESS	EP CELL PHONE - 385998177-00002	\$163.60
THE DIRECT GROUP INC dba: DIRECTV LLC		SATELLITE TV	\$64.49
<i>Summary for 'Number Code' = 91526-4101-450105 (2 detail records)</i>			
<b>Sum</b>			<b>\$228.09</b>
8460-PH24-630-000-14-7000-0000	TREASURER, STATE OF OHIO, DEPARTMENT OF ADMINIS MARCS RADIO FEES - 10/1/23 TO 1/1/24		\$195.00
<i>Summary for 'Number Code' = 91526-4101-451203 (1 detail record)</i>			
<b>Sum</b>			<b>\$195.00</b>
8460-PH24-630-000-14-7200-0000	REBMAN, LYNN M.	JAN 2024 MILEAGE & TRAVEL	\$79.06
<i>Summary for 'Number Code' = 91526-4101-490201 (1 detail record)</i>			
<b>Sum</b>			<b>\$79.06</b>
8460-WF23-630-000-14-5000-5001	WORKFORCE DEVELOPMENT	WF23 SALARIES FOR 3/22/24	\$3,378.36
WORKFORCE DEVELOPMENT		WF23 SALARIES FOR 3/8/24	\$3,364.04
<i>Summary for 'Number Code' = 91527-4101-410102 (2 detail records)</i>			
<b>Sum</b>			<b>\$6,742.40</b>
8460-WF23-630-000-14-5040-0000	WORKFORCE DEVELOPMENT	WF23 PERS - FEB 2024	\$923.89
<i>Summary for 'Number Code' = 91527-4101-422001 (1 detail record)</i>			
<b>Sum</b>			<b>\$923.89</b>
8460-WF23-630-000-14-5060-0000	WORKFORCE DEVELOPMENT	WF23 MEDICARE	\$93.83
<i>Summary for 'Number Code' = 91527-4101-423001 (1 detail record)</i>			
<b>Sum</b>			<b>\$93.83</b>
8460-WF23-630-000-14-5080-5080	WORKFORCE DEVELOPMENT	WF23 HEALTH INS	\$2,000.00
<i>Summary for 'Number Code' = 91527-4101-424201 (1 detail record)</i>			
<b>Sum</b>			<b>\$2,000.00</b>
8460-WF23-630-000-14-7200-7200	OHIO ENVIRONMENTAL HEALTH ASSOC, c/o VICKI JOHN	OEHA REGISTRATION - MA	\$175.00
RACE FORWARD		RACIAL EQUITY TRAINING	\$13,950.00
<i>Summary for 'Number Code' = 91527-4101-490205 (2 detail records)</i>			
<b>Sum</b>			<b>\$14,125.00</b>
8460-EO23-630-000-14-5000-5001	COVID ENHANCED OPERATIONS	EO23 SALARIES FOR 3/8/24	\$7,357.45
COVID ENHANCED OPERATIONS		EO23 SALARIES FOR 3/22/24	\$7,622.17



<i>New Number Code</i>	<i>Vendor Name</i>	<i>Description</i>	<i>Invoice Amount</i>
<i>Summary for 'Number Code' = 91529-4101-410102 (2 detail records)</i>			
<b>Sum</b>			<b>\$14,979.62</b>
8460-EO23-630-000-14-5040-0000	COVID ENHANCED OPERATIONS	EO23 PERS - FEB 2024	\$2,091.74
<i>Summary for 'Number Code' = 91529-4101-422001 (1 detail record)</i>			
<b>Sum</b>			<b>\$2,091.74</b>
8460-EO23-630-000-14-5060-0000	COVID ENHANCED OPERATIONS	EO23 MEDICARE	\$210.22
<i>Summary for 'Number Code' = 91529-4101-423001 (1 detail record)</i>			
<b>Sum</b>			<b>\$210.22</b>
8460-EO23-630-000-14-5080-5080	COVID ENHANCED OPERATIONS	EO23 HEALTH INS	\$1,888.01
<i>Summary for 'Number Code' = 91529-4101-424201 (1 detail record)</i>			
<b>Sum</b>			<b>\$1,888.01</b>
8460-EO23-630-000-14-7000-0000	THE HUNTINGTON NATIONAL BANK	APIC MEMBERSHIP RENEWAL FOR MD KG	\$430.00
<i>Summary for 'Number Code' = 91529-4101-451203 (1 detail record)</i>			
<b>Sum</b>			<b>\$430.00</b>
8460-EO23-630-000-14-7200-0000	STYER, BRENT J.	FEBRUARY MILEAGE	\$22.11
<i>Summary for 'Number Code' = 91529-4101-490201 (1 detail record)</i>			
<b>Sum</b>			<b>\$22.11</b>
8460-EO23-630-000-14-7220-7220	CEIS, LLC	4 WEEK DIGITAL BILLBOARD ON GRAFTON RD/SR 5	\$7,412.00
<i>Summary for 'Number Code' = 91529-4101-493101 (1 detail record)</i>			
<b>Sum</b>			<b>\$7,412.00</b>
8460-PB24-630-000-14-6200-0000	OHI GUIDESTONE	CONTRACT FOR PEER SUPPORT SERVICES-FEB'202	\$3,500.00
<i>Summary for 'Number Code' = 91530-4101-450101 (1 detail record)</i>			
<b>Sum</b>			<b>\$3,500.00</b>
8460-TANF-630-000-14-5000-5001	TEMP ASSIST NEEDY FAMILIES (TANF)	TANF SALARIES FOR 3/22/24	\$4,019.20
8460-TANF-630-000-14-5000-5001	TEMP ASSIST NEEDY FAMILIES (TANF)	TANF SALARIES FOR 3/8/24	\$4,019.20
<i>Summary for 'Number Code' = 91531-4101-410102 (2 detail records)</i>			
<b>Sum</b>			<b>\$8,038.40</b>
8460-TANF-630-000-14-5040-0000	TEMP ASSIST NEEDY FAMILIES (TANF)	TANF PERS - FEB 2024	\$1,122.34
<i>Summary for 'Number Code' = 91531-4101-422001 (1 detail record)</i>			
<b>Sum</b>			<b>\$1,122.34</b>
8460-TANF-630-000-14-5060-0000	TEMP ASSIST NEEDY FAMILIES (TANF)	TANF - MEDICARE	\$116.22
<i>Summary for 'Number Code' = 91531-4101-423001 (1 detail record)</i>			
<b>Sum</b>			<b>\$116.22</b>
8460-TANF-630-000-14-5080-5080	TEMP ASSIST NEEDY FAMILIES (TANF)	TANF HEALTH INS	\$680.00
<i>Summary for 'Number Code' = 91531-4101-424201 (1 detail record)</i>			
<b>Sum</b>			<b>\$680.00</b>
8460-TANF-630-000-14-7220-7220	AK VELEZ LLC dba: SUPERPRINTER	PLAN OF SAFE CARE BROCHURES	\$300.00
<i>Summary for 'Number Code' = 91531-4101-493101 (1 detail record)</i>			
<b>Sum</b>			<b>\$300.00</b>
8460-CDCA-630-000-14-5000-5001			

<i>New Number Code</i>	<i>Vendor Name</i>	<i>Description</i>	<i>Invoice Amount</i>
CDC ACCELERATOR GRANT		CDC ACCELERATOR SALARIES FOR 3/8/24	\$3,208.80
CDC ACCELERATOR GRANT		CDC ACCELERATOR SALARIES FOR 3/22/24	\$3,208.80
<i>Summary for 'Number Code' = 91532-4101-410102 (2 detail records)</i>			
<b>Sum</b>			<b>\$6,417.60</b>
8460-CDCA-630-000-14-5040-0000			
CDC ACCELERATOR GRANT		CDC ACCELERATOR PERS - FEB 2024	\$898.46
<i>Summary for 'Number Code' = 91532-4101-422001 (1 detail record)</i>			
<b>Sum</b>			<b>\$898.46</b>
8460-CDCA-630-000-14-5060-0000			
CDC ACCELERATOR GRANT		CDC ACCELLERATOR MEDICARE	\$89.11
<i>Summary for 'Number Code' = 91532-4101-423001 (1 detail record)</i>			
<b>Sum</b>			<b>\$89.11</b>
8460-CDCA-630-000-14-5080-5080			
CDC ACCELERATOR GRANT		CDC ACCELERATOR HEALTH INS	\$2,035.00
<i>Summary for 'Number Code' = 91532-4101-424201 (1 detail record)</i>			
<b>Sum</b>			<b>\$2,035.00</b>
8480-0000-630-000-14-5080-5080			
DELTA DENTAL PLAN OF OHIO, INC		DENTAL INS PREMIUM - MAR'2024	\$421.20
DELTA DENTAL PLAN OF OHIO, INC		DENTAL INS CLAIMS - FEB'2024	\$7,069.50
FIRST AMERICAN ADMINISTRATORS, INC		VISION INS PREMIUM - MAR'2024	\$80.00
FIRST AMERICAN ADMINISTRATORS, INC		VISION INS CLAIMS - FEB'2024	\$1,115.70
KEYBANK NATIONAL ASSOCIATION	DEERFIEL H.S.A.	FUNDING FOR MKISNER	\$1,600.00
MEDICAL MUTUAL OF OHIO		HEALTH INS CLAIMS - FEB'2024	\$103,596.97
SWISS RE CORPORATE SOLUTIONS AMERICA INSURANC		STOP LOSS PREMIUM - MAR'2024	\$24,814.11
<i>Summary for 'Number Code' = 92101-4101-424201 (7 detail records)</i>			
<b>Sum</b>			<b>\$138,697.48</b>
8460-8484-630-000-14-6200-6219			
THE HUNTINGTON NATIONAL BANK		WALMART GIFT CARD FOR OEI FIRM MATERNAL INT	\$150.00
<i>Summary for 'Number Code' = 92101-4101-450126 (1 detail record)</i>			
<b>Sum</b>			<b>\$150.00</b>
8430-8442-630-000-14-7070-7092			
STATE OF OHIO dba: OHIO ENVIRONMENTAL PROTECTIO		CD & D TRANSMITTALS FOR DEC 2023	\$3,552.39
<i>Summary for 'Number Code' = 94304-4101-493001 (1 detail record)</i>			
<b>Sum</b>			<b>\$3,552.39</b>
<b>Grand Total</b>			<b>\$1,257,563.14</b>

**Lorain County Public Health**  
**Receipts Report**

From: 03/01/2024

To: 03/31/2024

<i>Acct No</i>	<i>Date</i>	<i>Item</i>	<i>Receipt Number</i>	<i>Amount</i>	<i>Source</i>	<i>Payin No</i>
<i>8410-0000-630-000-14-4000-4000</i>						
	3/22/2024	LCAUDITOR	MANUAL	\$165.03	FEB 2024 LBCC EXPENSE	
	3/22/2024	LCAUDITOR	MANUAL	\$4,581.48	FEB 2024 DRETAC LAND B	
	3/22/2024	LCAUDITOR	MANUAL	\$17.88	FEB 2024 DEL ADVERTISIN	
	3/25/2024	LORAIN CO AUDITOR		\$1,941,604.73	FEB 2024 RE/PU STLMT	278628
Summary for 'Acct No' = 8410-0000-630-000-14-4000-4000 (4 detail records)						
<b>Sum</b>				\$1,946,369.12		
<i>8410-0000-630-000-14-4050-4054</i>						
	3/11/2024	ENVIRONMENTAL HEALTH	50557	\$125.00	LICENSES	278427
Summary for 'Acct No' = 8410-0000-630-000-14-4050-4054 (1 detail record)						
<b>Sum</b>				\$125.00		
<i>8410-0000-630-000-14-4050-4066</i>						
	3/1/2024	ENVIRONMENTAL HEALTH	12547-126	\$5,840.00	INSPECTIONS	278307
	3/4/2024	ENVIRONMENTAL HEALTH	12610-126	\$4,665.50	INSPECTIONS	278320
	3/5/2024	ENVIRONMENTAL HEALTH	2639-1266	\$3,523.00	INSPECTIONS	278332
	3/6/2024	ENVIRONMENTAL HEALTH	12662-126	\$4,410.00	INSPECTIONS	278354
	3/7/2024	ENVIRONMENTAL HEALTH	12695-127	\$5,184.00	INSPECTIONS	278384
	3/8/2024	ENVIRONMENTAL HEALTH	12739-127	\$2,444.00	INSPECTIONS	278410
	3/11/2024	ENVIRONMENTAL HEALTH	12752-128	\$4,880.00	INSPECTIONS	278427
	3/12/2024	ENVIRONEMNTAL HEALTH	12805-128	\$2,560.00	INSPECTIONS	278441
	3/13/2024	ENVIRONMENTAL HEALTH	12830-128	\$3,760.00	INSPECTIONS	278471
	3/14/2024	ENVIRONMENTAL HEALTH	12868-128	\$2,960.00	INSPECTIONS	278485
	3/15/2024	ENVIRONMENTAL HEALTH	12896-129	\$4,164.00	INSPECTIONS	278501
	3/18/2024	ENVIRONMENTAL HEALTH	12930-129	\$3,320.00	INSPECTIONS	278526
	3/19/2024	ENVIRONMENTAL HEALTH	12962-129	\$2,604.00	INSPECTIONS	278538
	3/20/2024	ENVIRONMENTAL HEALTH	12980-130	\$3,902.50	INSPECTIONS	278565
	3/21/2024	ENVIRONMENTAL HEALTH	13018-130	\$5,786.00	INSPECTIONS	278580
	3/22/2024	ENVIRONMENTAL HEALTH	13053-131	\$8,117.00	INSPECTIONS	278597
	3/25/2024	ENVIRONMENTAL HEALTH	13114-131	\$3,004.00	INSPECTIONS	278617
	3/26/2024	ENVIRONMENTAL HEALTH	13143-131	\$3,204.00	INSPECTIONS	278637
	3/27/2024	ENVIRONMENTAL HEALTH	13166-132	\$6,764.00	INSPECTIONS	278659
	3/27/2024	LCAUDITOR		\$6,846.70	FEB 2024 SPEC RE/PU STL	278669
	3/28/2024	ENVIRONMENTAL HEALTH	13227-132	\$6,087.00	INSPECTIONS	278678
	3/29/2024	ENVIRONMENTAL HEALTH	13268-133	\$7,284.00	INSPECTIONS	278701
	3/29/2024	LCAUDITOR	MANUAL	\$9.26	FEB 2024 DRETAC LAND B	MANUAL
Summary for 'Acct No' = 8410-0000-630-000-14-4050-4066 (23 detail records)						
<b>Sum</b>				\$101,318.96		
<i>8410-0000-630-000-14-4050-4069</i>						
	3/1/2024	LCPH CLINIC 2/28	20934	\$230.00	IMMUNIZATIONS	278307
	3/1/2024	CGS HCCLAIMPMT	20936	\$20,961.30	IMMUNIZATIONS	278307
	3/1/2024	OFFSITE CLINIC - LORAIN CO FRE	20935	\$21.00	IMMUNIZATIONS	278307
	3/4/2024	LCPH CLINIC 2/29	20938	\$162.05	IMMUNIZATIONS	278320
	3/4/2024	LPHSC LLC	20939	\$8,699.09	IMMUNIZATIONS 1/7-1/13/2	278320
	3/4/2024	LPHSC LLC	20940	\$11,663.62	IMMUNIZATIONS 1/14-1/20/	278320
	3/5/2024	LCPH CLINIC 3/1	20942	\$1,919.00	IMMUNIZATIONS	278332
	3/6/2024	██████████	20945	\$303.00	IMMUNIZATIONS	278354
	3/6/2024	LCPH CLINIC 3/4	20944	\$71.00	IMMUNIZATIONS	278354
	3/7/2024	LPHSC LLC	20951	\$7,070.66	IMMUNIZATIONS 1/21 - 1/27	278384

<i>Acct No</i>	<i>Date</i>	<i>Item</i>	<i>Receipt Number</i>	<i>Amount</i>	<i>Source</i>	<i>Payin No</i>
	3/7/2024	LPHSC LLC	20950	\$24,039.38	TRX 12/31/2023 - 2/3/2024	278384
	3/11/2024	CGS HCCLAIMPMT	20953	\$2,005.40	IMMUNIZATIONS	278427
	3/11/2024	LCPH CLINIC 3/7	20952	\$41.00	IMMUNIZATIONS	278427
	3/12/2024	LPHSC LLC	20958	\$9,739.10	IMMUNIZATIONS 1/28-2/3/2	278441
	3/12/2024	LCPH CLINIC 3/8	20957	\$554.00	IMMUNIZATIONS	278441
	3/13/2024	CGS HCCLAIMPMT	20962	\$4,253.36	IMMUNIZATIONS	278471
	3/13/2024	LCPH CLINIC 3/11	20961	\$811.00	IMMUNIZATIONS	278471
	3/14/2024	CGS HCCLAIMPMT	20968	\$12,769.84	IMMUNIZATIONS	278485
	3/14/2024	LCPH CLINIC 3/12	20967	\$690.00	IMMUNIZATIONS	278485
	3/15/2024	LCPH CLINIC 3/13	20973	\$303.00	IMMUNIZATIONS	278501
	3/15/2024	CGS HCCLAIMPMT	20974	\$310.33	IMMUNIZATIONS	278501
	3/18/2024	CGS HCCLAIMPMT	20980	\$221.28	IMMUNIZATIONS	278526
	3/19/2024	CGS HCCLAIMPMT	20984	\$2,142.89	IMMUNIZATIONS	278538
	3/19/2024	LCPH CLINIC 3/15	20983	\$21.00	IMMUNIZATIONS	278538
	3/20/2024	ANTHEM BLUE CROSS BLUE SHIEL	20988	\$300.90	IMMUNIZATIONS	278565
	3/20/2024	LCPH CLINIC 3/18	20987	\$627.00	IMMUNIZATIONS	278565
	3/20/2024	LPHSC LLC	20989	\$4,522.04	IMMUNIZATIONS WEEK 2 -	278565
	3/21/2024	LCPH CLINIC 3/19	20994	\$1,170.00	IMMUNIZATIONS	278580
	3/22/2024	LCPH CLINIC 3/20	20996	\$1,057.00	IMMUNIZATIONS	278597
	3/25/2024	LCPH CLINIC 3/21	20997	\$1,098.00	IMMUNIZATIONS	278617
	3/26/2024	LCPH CLINIC 3/22	20998	\$325.00	IMMUNIZATIONS	278637
	3/28/2024	LCPH CLINIC 3/26	21006	\$66.00	IMMUNIZATIONS	278678
	3/29/2024	LCPH CLINIC 3/27	21016	\$36.00	IMMUNIZATIONS	278701

Summary for 'Acct No' = 8410-0000-630-000-14-4050-4069 (33 detail records)

**Sum** \$118,204.24

*8410-0000-630-000-14-4050-4071*

	3/1/2024	VITAL STATISTICS	VS10169-1	\$2,640.00	VITAL STATISTICS	278307
	3/4/2024	VITAL STATISTICS	VS10219-1	\$2,312.00	VITAL STATISTICS	278320
	3/5/2024	VITAL STATISTICS	VS10263-1	\$2,325.00	VITAL STATISTICS	278332
	3/6/2024	VITAL STATISTICS	VS10304-1	\$2,581.00	VITAL STATISTICS	278354
	3/7/2024	VITAL STATISTICS	VS10360-1	\$2,712.00	VITAL STATISTICS	278384
	3/8/2024	VITAL STATISTICS	VS10400-1	\$2,006.00	VITAL STATISTICS	278410
	3/11/2024	VITAL STATISTICS	VS10434-1	\$2,331.00	VITAL STATISTICS	278427
	3/12/2024	VITAL STATISTICS	VS10489-1	\$2,178.00	VITAL STATISTICS	278441
	3/13/2024	VITAL STATISTICS	VS10537-1	\$1,581.00	VITAL STATISTICS	278471
	3/14/2024	VITAL STATISTICS	VS10582-1	\$2,993.00	VITAL STATISTICS	278485
	3/15/2024	VITAL STATISTICS	VS10633-1	\$1,875.00	VITAL STATISTICS	278501
	3/18/2024	VITAL STATISTICS	VS10675-1	\$2,471.00	VITAL STATISTICS	278526
	3/19/2024	VITAL STATISTICS	VS10727-1	\$2,393.00	VITAL STATISTICS	278538
	3/20/2024	VITAL STATISTICS	VS10770-1	\$1,612.00	VITAL STATISTICS	278565
	3/21/2024	VITAL STATISTICS	VS10808-1	\$2,662.00	VITAL STATISTICS	278580
	3/22/2024	VITAL STATISTICS	VS10845-1	\$2,309.00	VITAL STATISTICS	278597
	3/25/2024	VITAL STATISTICS	VS10886-1	\$2,174.00	VITAL STATISTICS	278617
	3/26/2024	VITAL STATISTICS	VS10933-1	\$2,306.00	VITAL STATISTICS	278637
	3/27/2024	MAXIMUS	21001	\$240.00	PATERNITY AFFIDAVIT REI	278659
	3/27/2024	VITAL STATISTICS	VS10968-1	\$1,806.00	VITAL STATISTICS	278659
	3/28/2024	VITAL STATISTICS	VS11009-1	\$1,543.00	VITAL STATISTICS	278678
	3/29/2024	VITAL STATISTICS	VS11039-1	\$1,331.00	VITAL STATISTICS	278701

Summary for 'Acct No' = 8410-0000-630-000-14-4050-4071 (22 detail records)

**Sum** \$46,381.00

*8410-0000-630-000-14-4200-4202*

	3/6/2024	SHEFFIELD/SHEFFIELD LAKE SCH	20948	\$11,880.00	NURSING SERVICES	278354
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<i>Acct No</i>	<i>Date</i>	<i>Item</i>	<i>Receipt Number</i>	<i>Amount</i>	<i>Source</i>	<i>Payin No</i>
	3/6/2024	KEYSTONE SCHOOLS	20946	\$11,473.00	NURSING SERVICES	278354
	3/6/2024	ST MARY PAROCHIAL	20947	\$648.00	NURSING SERVICES	278354
	3/18/2024	COLUMBIA SCHOOLS	20981	\$5,565.00	NURSING SERVICES - MAR'	278526
	3/18/2024	FIRELANDS SCHOOLS	20982	\$11,131.00	NURSING SERVICES - MAR'	278526
	3/19/2024	OBERLIN SCHOOLS	20985	\$5,738.00	NURSING SERVICES - MAR'	278538
	3/20/2024	EDUCATIONAL SRVC CTR OF LOR	20990	\$713.00	NURSING SERVICES - MAR'	278565
	3/20/2024	WELLINGTON SCHOOLS	20991	\$9,943.00	NURSING SERVICES - MAR'	278565
	3/26/2024	SHEFFIELD-SHEFFIELD LAKE SCH	20999	\$11,880.00	NURSING SERVICES - MAR'	278637
	3/26/2024	CLEARVIEW SCHOOLS	21000	\$12,733.00	NURSING SERVICES - MAR'	278637
	3/27/2024	MIDVIEW SCHOOLS	21002	\$11,606.00	NURSING SERVICES - MAR'	278659
	3/29/2024	AMHERST SCHOOLS	21011	\$21,764.00	NURSING SERVICES - DEC'	278701
<i>Summary for 'Acct No' = 8410-0000-630-000-14-4200-4202 (12 detail records)</i>						
<b>Sum</b>				\$115,074.00		
<i>8410-0000-630-000-14-4200-4204</i>						
	3/4/2024	DEPT OF HEALTH	20941	\$140.00	BCMH	278320
	3/6/2024	DEPT OF HEALTH	20949	\$7,600.00	BCMH	278354
<i>Summary for 'Acct No' = 8410-0000-630-000-14-4200-4204 (2 detail records)</i>						
<b>Sum</b>				\$7,740.00		
<i>8410-0000-630-000-14-4200-4217</i>						
	3/13/2024	LORAIN CO COMMISSIONERS	20963	\$10,101.27	TB - JAN'2024	278471
	3/15/2024	LORAIN CO COMMISSIONERS	20975	\$65,481.09	TB PLANNING NOV-DEC'23;	278501
<i>Summary for 'Acct No' = 8410-0000-630-000-14-4200-4217 (2 detail records)</i>						
<b>Sum</b>				\$75,582.36		
<i>8410-0000-630-000-14-4270-4281</i>						
	3/15/2024	DEPT OF HEALTH	20976	\$109,854.70	MAC APR-JUN'2023 ADULT	278501
	3/25/2024	LORAIN CO AUDITOR		\$618,999.00	FEB 2024 RE/PU STLMT	278628
	3/28/2024	STATE OF OHIO	21007	\$50,000.00	SFY24-LEAD BLRV-8	278678
	3/29/2024	DEPT OF HEALTH	21012	\$93,275.35	MAC JUL-SEP'2023 1QSFY2	278701
<i>Summary for 'Acct No' = 8410-0000-630-000-14-4270-4281 (4 detail records)</i>						
<b>Sum</b>				\$872,129.05		
<i>8410-0000-630-000-14-4350-0000</i>						
	3/11/2024	ERIE CO AUDITOR	20954	\$950.00	HUD LEAD GRANT - JAN'20	278427
	3/14/2024	UWOHLORAIN	20969	\$7,916.00	UNITED WAY - SCHOOLS	278485
	3/21/2024	NACCHO	20995	\$29,013.20	EPED GRANT NOV-DEC'23	278580
	3/29/2024	UWOHLORAIN	21013	\$21,253.00	UNITED WAY - COMMUNITI	278701
<i>Summary for 'Acct No' = 8410-0000-630-000-14-4350-0000 (4 detail records)</i>						
<b>Sum</b>				\$59,132.20		
<i>8410-0000-630-000-14-4600-0000</i>						
	3/13/2024	CITY OF ELYRIA	20964	\$225.00	LEAD ASSESSMENT @ 318	278471
	3/20/2024	LCCAA	20993	\$2,145.00	HEAD START LEAD TESTIN	278565
	3/20/2024	CITY OF LORAIN TREASURER	20992	\$1,050.00	LEAD ASSESSMENTS-1215	278565
<i>Summary for 'Acct No' = 8410-0000-630-000-14-4600-0000 (3 detail records)</i>						
<b>Sum</b>				\$3,420.00		
<i>8410-0000-630-000-14-4600-4608</i>						
	3/8/2024	LCPAYROLL	MANUAL	\$9,386.44	EMPLOYEE HEALTH INS D	
	3/22/2024	LCPAYROLL	MANUAL	\$9,658.44	EMPLOYEE HEALTH INS D	
	3/28/2024	AOHC - K. DUBOIS	21009	\$14.41	MILEAGE REIMB FOR NEW	278678
	3/28/2024	LCPH	21010	\$2,500.00	INDIRECT CHARGES FOR	278678
	3/28/2024	AOHC - D. BLACKBURN	21008	\$12.06	MILEAGE REIMB FOR NEW	278678

<i>Acct No</i>	<i>Date</i>	<i>Item</i>	<i>Receipt Number</i>	<i>Amount</i>	<i>Source</i>	<i>Payin No</i>
<i>Summary for 'Acct No' = 8410-0000-630-000-14-4600-4608 (5 detail records)</i>						
<b>Sum</b>				\$21,571.35		
<i>8410-8411-630-000-14-4150-4150</i>						
	3/27/2024	LORAIN CO AUDITOR		\$2,892.14	FEB 2024 SPEC RE/PU STL	278668
	3/29/2024	LCAUDITOR	MANUAL	\$35.43	FEB 2024 DRETAC LAND B	MANUAL
<i>Summary for 'Acct No' = 8410-8411-630-000-14-4150-4150 (2 detail records)</i>						
<b>Sum</b>				\$2,927.57		
<i>8420-0000-630-000-14-4050-4054</i>						
	3/1/2024	ENVIRONMENTAL HEALTH	50299-503	\$43,850.00	MISC LICENSES	278307
	3/4/2024	ENVIRONMENTAL HEALTH	50374-504	\$32,862.00	MISC LICENSES	278320
	3/5/2024	ENVIRONMENTAL HEALTH	50425-504	\$33,295.52	MISC LICENSES	278332
	3/6/2024	ENVIRONMENTAL HEALTH	50498-505	\$22,420.00	MISC LICENSES	278354
	3/7/2024	ENVIRONMENTAL HEALTH	50533-505	\$7,343.00	MISC LICENSES	278384
	3/8/2024	ENVIRONMENTAL HEALTH	50549-505	\$3,041.00	MISC LICENSES	278410
	3/11/2024	ENVIRONMENTAL HEALTH	50556	\$328.00	MISC LICENSES	278427
	3/12/2024	ENVIRONMENTAL HEALTH	50558-505	\$2,607.00	MISC LICENSES	278441
	3/13/2024	ENVIRONMENTAL HEALTH	50563-505	\$3,639.00	MISC LICENSES	278471
	3/14/2024	ENVIRONMENTAL HEALTH	50570-505	\$7,830.00	MISC LICENSES	278485
	3/15/2024	ENVIRONMENTAL HEALTH	50585-505	\$6,755.24	MISC LICENSES	278501
	3/18/2024	ENVIRONMENTAL HEALTH	50600-506	\$2,270.00	MISC LICENSES	278526
	3/19/2024	ENVIRONMENTAL HEALTH	50606-506	\$3,161.00	MISC LICENSES	278538
	3/20/2024	ENVIRONMENTAL HEALTH	50612-620	\$23,963.00	MISC LICENSES	278565
	3/21/2024	ENVIRONMENTAL HEALTH	50640-506	\$4,212.00	MISC LICENSES	278580
	3/22/2024	ENVIRONMENTAL HEALTH	50650-506	\$1,964.00	MISC LICENSES	278597
	3/25/2024	ENVIRONMENTAL HEALTH	50655-506	\$2,735.00	MISC LICENSES	278617
	3/26/2024	ENVIRONMENTAL HEALTH	50662-506	\$9,618.00	MISC LICENSES	278637
	3/27/2024	ENVIRONMENTAL HEALTH	50676-506	\$6,359.50	MISC LICENSES	278659
	3/28/2024	ENVIRONMENTAL HEALTH	50690-506	\$2,405.00	MISC LICENSES	278678
	3/29/2024	ENVIRONMENTAL HEALTH		\$2,396.00	MISC LICENSES	278701
<i>Summary for 'Acct No' = 8420-0000-630-000-14-4050-4054 (21 detail records)</i>						
<b>Sum</b>				\$223,054.26		
<i>8430-8438-630-000-14-4600-4603</i>						
	3/1/2024	LCPH CAR SEAT CLASS	20937	\$125.00	CAR SEATS	278307
	3/29/2024	ELYRIA FIRE DEPT	21014	\$70.00	CAR SEATS	278701
<i>Summary for 'Acct No' = 8430-8438-630-000-14-4600-4603 (2 detail records)</i>						
<b>Sum</b>				\$195.00		
<i>8430-8442-630-000-14-4352-0000</i>						
	3/18/2024	ENVIRONMENTAL HEALTH	50603	\$2,488.00	C & DD	278526
	3/28/2024	ENVIRONMENTAL HEALTH	50692	\$4,541.79	C & DD	278678
<i>Summary for 'Acct No' = 8430-8442-630-000-14-4352-0000 (2 detail records)</i>						
<b>Sum</b>				\$7,029.79		
<i>8450-0000-630-000-14-4354-0000</i>						
	3/11/2024	STATE OF OHIO	20955	\$75,599.76	WIC GRANT	278427
	3/12/2024	STATE OF OHIO	20959	\$26,682.16	WIC GRANT	278441
	3/13/2024	STATE OF OHIO	20965	\$30,155.66	WIC GRANT	278471
<i>Summary for 'Acct No' = 8450-0000-630-000-14-4354-0000 (3 detail records)</i>						
<b>Sum</b>				\$132,437.58		
<i>8460-8461-630-000-14-4354-0000</i>						
	3/13/2024	CCBH	20966	\$30,513.73	HIV GRANT - JUL-SEP'2023	278471
	3/27/2024	CUYAHOGA BOARD OF HEALTH	21003	\$38,830.21	HIV GRANT - OCT-DEC'2023	278659

<i>Acct No</i>	<i>Date</i>	<i>Item</i>	<i>Receipt Number</i>	<i>Amount</i>	<i>Source</i>	<i>Payin No</i>
<i>Summary for 'Acct No' = 8460-8461-630-000-14-4354-0000 (2 detail records)</i>						
<b>Sum</b>				\$69,343.94		
<i>8460-8464-630-000-14-4354-0000</i>						
	3/19/2024	STATE OF OHIO	20986	\$16,150.02	REPRODUCTIVE HEALTH &	278538
<i>Summary for 'Acct No' = 8460-8464-630-000-14-4354-0000 (1 detail record)</i>						
<b>Sum</b>				\$16,150.02		
<i>8460-8465-630-000-14-4354-0000</i>						
	3/27/2024	NACCHO	21004	\$100,410.89	CCAPS JUL-DEC'2023	278659
<i>Summary for 'Acct No' = 8460-8465-630-000-14-4354-0000 (1 detail record)</i>						
<b>Sum</b>				\$100,410.89		
<i>8460-8470-630-000-14-4354-0000</i>						
	3/14/2024	STATE OF OHIO	20970	\$12,500.00	OHP - FEB'2024	278485
	3/15/2024	STATE OF OHIO	20977	\$4,600.00	CRIBS FOR KIDS GRANT -	278501
<i>Summary for 'Acct No' = 8460-8470-630-000-14-4354-0000 (2 detail records)</i>						
<b>Sum</b>				\$17,100.00		
<i>8460-8476-630-000-14-4354-0000</i>						
	3/27/2024	DEPT OF PUBLIC SAFETY	21005	\$3,543.70	TRAFFIC SAFETY GRANT -	278659
<i>Summary for 'Acct No' = 8460-8476-630-000-14-4354-0000 (1 detail record)</i>						
<b>Sum</b>				\$3,543.70		
<i>8460-8480-630-000-14-4354-0000</i>						
	3/14/2024	STATE OF OHIO	20971	\$9,534.75	CHC - FEB'2024	278485
<i>Summary for 'Acct No' = 8460-8480-630-000-14-4354-0000 (1 detail record)</i>						
<b>Sum</b>				\$9,534.75		
<i>8460-8484-630-000-14-4352-0000</i>						
	3/15/2024	STATE OF OHIO	20978	\$9,987.48	OEI GRANT - FEB'2024	278501
<i>Summary for 'Acct No' = 8460-8484-630-000-14-4352-0000 (1 detail record)</i>						
<b>Sum</b>				\$9,987.48		
<i>8460-EO23-630-000-14-4354-0000</i>						
	3/14/2024	STATE OF OHIO	20972	\$21,267.74	ENHANCED OPERATIONS	278485
<i>Summary for 'Acct No' = 8460-EO23-630-000-14-4354-0000 (1 detail record)</i>						
<b>Sum</b>				\$21,267.74		
<i>8460-PB24-630-000-14-4354-0000</i>						
	3/12/2024	STATE OF OHIO	20960	\$6,249.42	PB24 GRANT - FEB'2024	278441
<i>Summary for 'Acct No' = 8460-PB24-630-000-14-4354-0000 (1 detail record)</i>						
<b>Sum</b>				\$6,249.42		
<i>8460-PH24-630-000-14-4354-0000</i>						
	3/15/2024	STATE OF OHIO	20979	\$5,566.00	PHEP24 GRANT - FEB'2024	278501
<i>Summary for 'Acct No' = 8460-PH24-630-000-14-4354-0000 (1 detail record)</i>						
<b>Sum</b>				\$5,566.00		
<i>8460-TANF-630-000-14-4354-0000</i>						
	3/5/2024	LCJFS	20943	\$4,831.50	TANF GRANT - JAN'2024	278332
<i>Summary for 'Acct No' = 8460-TANF-630-000-14-4354-0000 (1 detail record)</i>						
<b>Sum</b>				\$4,831.50		
<i>8460-WD23-630-000-14-4354-0000</i>						
	3/29/2024	STATE OF OHIO	21015	\$10,000.00	CHW WD23 - FEB'2024	278701
<i>Summary for 'Acct No' = 8460-WD23-630-000-14-4354-0000 (1 detail record)</i>						
<b>Sum</b>				\$10,000.00		
<i>8460-WF23-630-000-14-4354-0000</i>						



<i>Acct No</i>	<i>Date</i>	<i>Item</i>	<i>Receipt Number</i>	<i>Amount</i>	<i>Source</i>	<i>Payin No</i>
	3/11/2024	STATE OF OHIO	20956	\$18,793.19	PH WORKFORCE DEV GRA	278427
<i>Summary for 'Acct No' = 8460-WF23-630-000-14-4354-0000 (1 detail record)</i>						
<b>Sum</b>				\$18,793.19		
<i>8470-0000-630-000-14-4600-4608</i>						
	3/27/2024	ENVIRONMENTAL HEALTH	50682	\$700.00	SMOKE FREE OH 2QY24 IN	278659
<i>Summary for 'Acct No' = 8470-0000-630-000-14-4600-4608 (1 detail record)</i>						
<b>Sum</b>				\$700.00		
<i>8480-0000-630-000-14-4200-4208</i>						
	3/15/2024	LCAUDITOR	MANUAL	\$180,140.86	MARCH 2024 DIST HEALTH	
<i>Summary for 'Acct No' = 8480-0000-630-000-14-4200-4208 (1 detail record)</i>						
<b>Sum</b>				\$180,140.86		
<b>Grand Total</b>				\$4,206,310.97		



# LORAIN COUNTY PUBLIC HEALTH TAX YEAR 2024 ANNUAL BUDGET OF ESTIMATED REVENUES and EXPENDITURES

Date: April 10, 2024

Per Ohio Revised Code Section 5705.28.1 and 3709.28 The Budget Commission of Lorain County, Ohio requests the following information to be completed and returned in duplicate to the Lorain County Auditors Office.

FUND	ESTIMATED UNENCUMBERED BALANCE January 1, 2024	ESTIMATED REAL ESTATE TAXES	OTHER SOURCES	TOTAL	ESTIMATED EXPENDITURES	OVER/UNDER REVENUE
<b>LOCAL ALLOCATION SUBSIDY</b>			<b>\$ 1,237,998.00</b>			
8410 DISTRICT BOARD OF HEALTH	\$ 4,089,936.56	\$ 3,524,236.00	\$ 7,808,999.00	\$ 16,661,169.56	\$ 12,291,245.00	\$ 4,369,924.56
8420 FOOD SERVICE	\$ 264,031.68	\$ -	\$ 530,000.00	\$ 794,031.68	\$ 657,780.00	\$ 136,251.68
8430 SPECIAL REVENUE NON FED	\$ 72,251.53	\$ -	\$ 160,000.00	\$ 232,251.53	\$ 158,170.00	\$ 74,081.53
8450 WIC	\$ 236,562.85	\$ -	\$ 1,508,000.00	\$ 1,744,562.85	\$ 1,507,280.00	\$ 237,282.85
8460 SPECIAL REVENUE FED	\$ 881,937.96	\$ -	\$ 4,528,960.00	\$ 5,410,897.96	\$ 4,578,335.00	\$ 832,562.96
8470 SMOKE FREE OHIO PROGRAM	\$ 25,096.58	\$ -	\$ 133,500.00	\$ 158,596.58	\$ 130,520.00	\$ 28,076.58
8480 HEALTH INSURANCE SERVICE FUND	\$ 455,777.14		\$ 2,117,000.00	\$ 2,572,777.14	\$ 2,117,000.00	\$ 455,777.14
<b>PP STATE REIMBURSEMENT TOTAL</b>	<b>\$ 6,025,594.30</b>	<b>\$ 3,524,236.00</b>	<b>\$ 18,024,457.00</b>	<b>\$ 27,574,287.30</b>	<b>\$ 21,440,330.00</b>	<b>\$ 6,133,957.30</b>
			\$21,548,693.00		\$108,363.00	

\*\*\*\*MUST ATTACH ALL SUPPORTING DOCUMENTATION: ESTIMATED RESOURCES AND APPROPRIATIONS

\*\*\*SUBJECT TO FURTHER REVIEW BY  
BUDGET COMMISSION

LORAIN COUNTY PUBLIC HEALTH - MARK ADAMS, REHS, MPH, HEALTH COMMISSIONER

SIGNATURE AND TITLE: \_\_\_\_\_

April 10, 2024

Mr. Craig Snodgrass  
Lorain County Auditor  
226 Middle Avenue  
Elyria, OH 44035

Mr. Snodgrass:

**Re: 2024 Estimated RESOURCES**

The **Lorain County Health District** requests an Amended Certificate of Estimated Resources reflecting changes in the following funds from the original Budget Commission approved budget.

<u>FUND</u>	<u>FROM</u>	<u>TO</u>	<u>Increase (Decrease)</u>
8410 District Board of Health	\$ 12,416,233.00	\$ 12,571,233.00	\$ 155,000.00
8420 Food Service	\$ 530,000.00	\$ 530,000.00	\$ -
8430 Special Revenue Non Fed	\$ 160,000.00	\$ 160,000.00	\$ -
8450 W.I.C.	\$ 1,508,000.00	\$ 1,508,000.00	\$ -
8460 Special Revenue Federal	\$ 4,312,010.00	\$ 4,528,960.00	\$ 216,950.00
8470 Smoke Free Ohio	\$ 133,500.00	\$ 133,500.00	\$ -
8480 Health Insurance Service Fund	\$ 2,117,000.00	\$ 2,117,000.00	\$ -
Totals	\$ 21,176,743.00	\$ 21,548,693.00	\$ 371,950.00

The reason for the increase in Estimated Resources: changes in funding

The Revenue Ordinance/ Resolution No. 2024- , is on file at the Lorain County General Health District.

Thank you,

Mark Adams, REHS, MPH  
Health Commissioner  
Lorain County General Health District

April 10, 2024

Mr. Craig Snodgrass  
Lorain County Auditor  
226 Middle Avenue  
Elyria, OH 44035

Mr. Snodgrass:

**Re: 2024 APPROPRIATIONS**

The **Lorain County Health District** submits the Permanent Appropriations reflecting changes in the following funds from the previously approved budget from the Budget Commission.

<u>FUND</u>	<u>FROM</u>	<u>TO</u>	<u>Increase (Decrease)</u>
8410 District Board of Health	\$ 12,242,245.00	\$ 12,291,245.00	\$ 49,000.00
8420 Food Service	\$ 657,780.00	\$ 657,780.00	\$ -
8430 Special Revenue Non Fed	\$ 158,170.00	\$ 158,170.00	\$ -
8450 W.I.C.	\$ 1,507,280.00	\$ 1,507,280.00	\$ -
8460 Special Revenue Federal	\$ 4,312,775.00	\$ 4,578,335.00	\$ 265,560.00
8470 Smoke Free Ohio	\$ 130,520.00	\$ 130,520.00	\$ -
8480 Health Insurance Service fund	\$ 2,117,000.00	\$ 2,117,000.00	\$ -
Totals	\$ 21,125,770.00	\$ 21,440,330.00	\$ 314,560.00

The reason for the increase in Appropriations: changes to match resources

The Re-appropriations Ordinance/ Resolution No. 2024- is on file at the Lorain County General Health District.

Thank you,

Mark Adams, REHS, MPH  
Health Commissioner  
Lorain County General Health District.

**ANTICIPATED REVENUES  
LORAIN COUNTY PUBLIC HEALTH**

**2024**

REVENUE SOURCE	GENERAL FUND		SPECIAL REVENUE FUNDS		SPECIAL REVENUE - FEDERAL FUNDS																			SRF	SRF	TOTAL REVENUE					
	Fund	Home Sewage Replacement	Food Service	State Programs	WIC	WIC Retirement	Workforce Developmt	HIV	Title X	NACCHO CCAPS	Perinatal Behavior	TANF	Integrated Harm Reduc	PHEP 24	PHEP 25	Maternal Health	CHW WD	Beach Water	Traffic Safety	Healthy Commun	Active Transport	ODOT SS4A	Equity grant	COVID-19 Bridge	Accelerator Plan		Enhanced Operations	Medicaid grant	ODH Tobacco	Hth Svc Fd	
REAL ESTATE TAXES	\$3,461,736																														\$3,461,736
HOMESTEAD ROLLBACK	\$62,500																														\$62,500
SPECIAL ASSESSMENT		\$4,600																													\$4,600
ENVIRONMENTAL LICENSES	\$71,000		\$528,000																												\$599,000
ENV INSPECTION FEES	\$1,112,400																														\$1,112,400
IMMUNIZATIONS	\$575,000																														\$575,000
DISTRICT HEALTH FEES	\$655,000																														\$655,000
NURSING SERVICE	\$1,042,100																														\$1,042,100
BCMh	\$500,000																														\$500,000
TB SERVICES	\$45,000																														\$45,000
HEALTH INSURANCE SERVICE FUND																															\$2,117,000
INSIDE MILLAGE	\$1,237,998																														\$1,237,998
STATE SUBSIDY	\$265,000																														\$265,000
MEDICAID CLAIMING	\$315,000																														\$315,000
FOOD SERVICE																															\$0
SOLID WASTE SUBSIDY				\$60,000																											\$60,000
CAR SEATS/ HELMETS																															\$0
CONSTRUCTION DEMO & DEBRIS				\$90,000																											\$90,000
LOCAL GRANTS	\$744,840			\$10,000																											\$754,840
STATE GRANTS	\$10,000							\$25,000								\$38,200															\$133,200
FEDERALGRANTS					\$1,243,000		\$170,040	\$112,000	\$355,000	\$100,400	\$80,000	\$108,000	\$123,750	\$115,000	\$115,000	\$101,300	\$45,300	\$25,550	\$51,780	\$95,000	\$280,000	\$160,000	\$238,520	\$60,000	\$101,960	\$307,240	\$531,920	\$11,000	\$4,531,760		
MISC REVENUE	\$237,800		\$2,000																												\$248,800
DONATIONS	\$500																														\$500
REFUNDS/REIMBURSEMENTS	\$542,759								\$1,000																						\$546,259
<b>TOTAL REVENUE</b>	<b>\$10,878,633</b>	<b>\$4,600</b>	<b>\$530,000</b>	<b>\$160,000</b>	<b>\$1,243,000</b>	<b>\$0</b>	<b>\$170,040</b>	<b>\$112,000</b>	<b>\$380,000</b>	<b>\$101,400</b>	<b>\$80,000</b>	<b>\$117,000</b>	<b>\$123,750</b>	<b>\$115,000</b>	<b>\$115,000</b>	<b>\$139,500</b>	<b>\$45,300</b>	<b>\$25,550</b>	<b>\$51,780</b>	<b>\$95,000</b>	<b>\$280,000</b>	<b>\$160,000</b>	<b>\$238,520</b>	<b>\$60,000</b>	<b>\$101,960</b>	<b>\$307,240</b>	<b>\$531,920</b>	<b>\$73,500</b>	<b>\$2,117,000</b>	<b>\$18,357,693</b>	
<b>Transfers In</b>						\$15,000																									\$15,000
Advances between funds	\$1,688,000				\$250,000		\$75,000		\$100,000		\$75,000	\$50,000	\$75,000	\$75,000	\$75,000	\$40,000	\$0	\$23,000	\$20,000	\$40,000	\$75,000	\$50,000	\$125,000	\$30,000	\$50,000	\$75,000	\$125,000	\$60,000		\$3,176,000	
<b>REVENUE WITH ADVANCES/ TRF</b>	<b>\$12,566,633</b>	<b>\$4,600</b>	<b>\$530,000</b>	<b>\$160,000</b>	<b>\$1,493,000</b>	<b>\$15,000</b>	<b>\$245,040</b>	<b>\$112,000</b>	<b>\$480,000</b>	<b>\$101,400</b>	<b>\$155,000</b>	<b>\$167,000</b>	<b>\$198,750</b>	<b>\$190,000</b>	<b>\$190,000</b>	<b>\$179,500</b>	<b>\$45,300</b>	<b>\$48,550</b>	<b>\$71,780</b>	<b>\$135,000</b>	<b>\$355,000</b>	<b>\$210,000</b>	<b>\$363,520</b>	<b>\$90,000</b>	<b>\$151,960</b>	<b>\$382,240</b>	<b>\$656,920</b>	<b>\$133,500</b>	<b>\$2,117,000</b>	<b>\$21,548,693</b>	
INFORMATION FROM PAGE 2																															
<b>TOTAL EXPENSE BUDGET</b>	<b>\$10,802,295</b>	<b>\$950</b>	<b>\$657,780</b>	<b>\$158,170</b>	<b>\$1,227,280</b>	<b>\$15,000</b>	<b>\$170,040</b>	<b>\$62,000</b>	<b>\$380,000</b>	<b>\$0</b>	<b>\$80,190</b>	<b>\$117,010</b>	<b>\$122,430</b>	<b>\$115,005</b>	<b>\$115,005</b>	<b>\$139,530</b>	<b>\$45,300</b>	<b>\$25,550</b>	<b>\$52,090</b>	<b>\$95,883</b>	<b>\$280,250</b>	<b>\$160,000</b>	<b>\$238,518</b>	<b>\$60,000</b>	<b>\$102,358</b>	<b>\$307,250</b>	<b>\$531,926</b>	<b>\$70,520</b>	<b>\$2,117,000</b>	<b>\$18,249,330</b>	
<b>Transfers out</b>					\$15,000																										\$15,000
Advances between funds	\$1,488,000				\$250,000		\$75,000	\$50,000	\$100,000	\$180,000	\$75,000	\$50,000	\$75,000	\$75,000	\$75,000	\$40,000	\$0	\$23,000	\$20,000	\$40,000	\$75,000	\$50,000	\$125,000	\$0	\$50,000	\$75,000	\$125,000	\$60,000		\$3,176,000	
<b>TOTALS WITH ADVANCES</b>	<b>\$12,290,295</b>	<b>\$950</b>	<b>\$657,780</b>	<b>\$158,170</b>	<b>\$1,492,280</b>	<b>\$15,000</b>	<b>\$245,040</b>	<b>\$112,000</b>	<b>\$480,000</b>	<b>\$180,000</b>	<b>\$155,190</b>	<b>\$167,010</b>	<b>\$197,430</b>	<b>\$190,005</b>	<b>\$190,005</b>	<b>\$179,530</b>	<b>\$45,300</b>	<b>\$48,550</b>	<b>\$72,090</b>	<b>\$135,883</b>	<b>\$355,250</b>	<b>\$210,000</b>	<b>\$363,518</b>	<b>\$60,000</b>	<b>\$152,358</b>	<b>\$382,250</b>	<b>\$656,926</b>	<b>\$130,520</b>	<b>\$2,117,000</b>	<b>\$21,440,330</b>	
<b>Revenue Over (Under) Expenses</b>	<b>\$76,338</b>	<b>\$3,650</b>	<b>(\$127,780)</b>	<b>\$1,830</b>	<b>\$15,720</b>	<b>(\$15,000)</b>	<b>\$0</b>	<b>\$50,000</b>	<b>\$0</b>																						<b>\$108,363</b>
Net Advances and Transfers	\$200,000		\$0	\$0	(\$15,000)	\$15,000	\$0	(\$50,000)	\$0				\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>CHANGE IN CASH BALANCE</b>	<b>\$276,338</b>	<b>\$3,650</b>	<b>(\$127,780)</b>	<b>\$1,830</b>	<b>\$720</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>																						<b>\$108,363</b>

ANTICIPATED APPROPRIATIONS  
LORAIN COUNTY PUBLIC HEALTH

2024

EXPENSE DESCRIPTION	GENERAL FUND		SPECIAL REVENUE FUNDS		SPECIAL REVENUE - FEDERAL FUNDS																	SRF	SRF	TOTAL BUDGET						
	General Fund	Hm Sewage Replacemt	Food Service	State Programs	WIC	Workforce Developmt	HIV	Title X grant	NACCHO CCAPS	Perinatal Behavior	Intergrated TANF	PHEP 24	PHEP 25	Maternal Health	CHW WD	Beach Water	Traffic Safety	Healthy Commun	Active Transport	ODOT SS4A	Equity grant	COVID-19 Bridge	Accelerator Plan		Enhanced Operations	Medicaid grant	ODH Tobacco	Health Svc Fd		
SALARIES	\$5,735,310		\$458,370	\$10,290	\$721,040	\$14,500	\$83,710	\$45,500		\$19,070	\$77,510	\$65,750	\$66,785	\$66,785	\$70,370	\$16,470	\$11,060		\$62,720		\$148,120	\$38,500	\$63,000	\$150,870	\$120,820	\$27,880		\$8,074,430		
P.E.R.S./ FICA	\$779,560		\$62,240	\$1,440	\$98,590		\$11,720	\$7,350		\$2,670	\$10,430	\$8,810	\$9,350	\$9,350	\$9,450	\$2,310	\$1,540		\$8,510		\$20,430	\$5,400	\$8,820	\$20,810	\$16,270	\$3,840		\$1,098,890		
MEDICARE	\$82,250		\$6,450	\$150	\$10,210	\$200	\$1,210	\$550		\$280	\$1,120	\$950	\$970	\$970	\$1,020	\$240	\$160		\$900		\$2,150	\$560	\$910	\$2,160	\$1,760	\$400		\$115,570		
FICA	\$750																											\$750		
HOSPITALIZATION	\$1,554,150		\$41,710	\$3,590	\$269,500		\$24,250			\$5,550	\$8,430	\$840	\$22,800	\$22,800	\$6,910	\$7,590	\$1,660		\$13,550		\$53,430	\$7,700	\$25,530	\$36,220	\$11,900	\$7,290		\$2,125,400		
HEALTH INS CLAIMS PAYMT																											\$2,117,000	\$2,117,000		
LIFE INSURANCE	\$7,940		\$680		\$1,330																							\$9,950		
WORKMANS COMP	\$54,758		\$4,580	\$110	\$7,040	\$300	\$960			\$220	\$850	\$700	\$755	\$755	\$780	\$190	\$80		\$730		\$1,710		\$710	\$1,740	\$1,400	\$320		\$78,688		
<b>TOTAL PERSONNEL</b>	<b>\$8,214,718</b>	<b>\$0</b>	<b>\$574,030</b>	<b>\$15,580</b>	<b>\$1,107,710</b>	<b>\$15,000</b>	<b>\$121,850</b>	<b>\$53,400</b>	<b>\$0</b>	<b>\$0</b>	<b>\$27,790</b>	<b>\$98,340</b>	<b>\$77,050</b>	<b>\$100,660</b>	<b>\$100,660</b>	<b>\$88,530</b>	<b>\$26,800</b>	<b>\$14,500</b>	<b>\$0</b>	<b>\$86,410</b>	<b>\$0</b>	<b>\$0</b>	<b>\$225,840</b>	<b>\$52,160</b>	<b>\$98,970</b>	<b>\$211,800</b>	<b>\$152,150</b>	<b>\$39,730</b>	<b>\$2,117,000</b>	<b>\$13,620,678</b>
SUPPLIES	\$58,517		\$2,000		\$24,450			\$50		\$4,970	\$13,900	\$1,500	\$1,500				\$4,000			\$7,000	\$5,200							\$123,087		
COUNTY GAS	\$3,700		\$100																									\$3,800		
POSTAGE	\$73,100		\$2,000		\$4,000						\$610																	\$79,710		
MEDICAL/DRUG SUPPLIES	\$434,660				\$4,000																	\$3,840		\$26,000				\$468,500		
COMPUTER SOFTWARE	\$148,200																								\$1,500	\$5,280		\$154,980		
EQUIPMENT	\$139,550		\$10,000		\$4,050																				\$8,000			\$161,600		
EQUIPMENT LEASE	\$2,080																											\$2,080		
VEHICLE/ TRAILERS	\$65,000																											\$65,000		
FURNITURE AND FIXTURES	\$2,500																											\$2,500		
CAPITAL IMPROVEMENTS	\$51,500																											\$51,500		
CONTRACT SERVICES	\$350,550				\$500			\$377,500		\$50,000	\$17,150				\$30,000	\$8,000			\$1,500	\$15,000	\$125,000			\$6,400	\$341,630	\$23,500		\$1,346,730		
UTILITIES	\$55,950		\$3,500		\$1,920								\$2,000	\$2,000														\$65,370		
LABORATORY SERVICES	\$21,750		\$250														\$7,050											\$29,050		
STATE AUDIT	\$15,000																											\$15,000		
PROFESSIONAL SERVICES	\$41,280				\$600																							\$41,880		
CLIENT SERVICES	\$70,330			\$10,000	\$10,900									\$17,330	\$3,000				\$4,200	\$103,500	\$25,000	\$5,000			\$12,000	\$800		\$262,060		
INTERNET SERVICES	\$10,200				\$2,020																							\$12,220		
REPAIRS	\$9,500		\$200																									\$9,700		
VEHICLE REPAIRS/MAINT	\$7,500																											\$7,500		
BUILDING MAINTENANCE	\$51,000																											\$51,000		
RENT	\$1,000				\$13,890																							\$14,890		
FEES AND LICENSES	\$151,150				\$9,150								\$3,000	\$3,000											\$17,750			\$184,050		
COUNTY RECORD STORAGE	\$5,000																											\$5,000		
OTHER EXPENSES	\$21,200		\$200		\$500																				\$1,500	\$1,600		\$26,000		
INSURANCE	\$55,000																											\$55,000		
INTERDEPT REFUNDS	\$9,100				\$28,920		\$5,190	\$2,000	\$2,500	\$2,400	\$3,300	\$3,720	\$3,450	\$3,450	\$3,670			\$45,890	\$2,703	\$54,530	\$4,800	\$7,678	\$3,288	\$10,640	\$16,366	\$3,960		\$217,555		
REFUNDS	\$4,620		\$1,500																									\$6,120		
STATE REMITTANCES	\$398,940		\$40,000	\$132,590																								\$571,530		
REAL ESTATE SETTLEMENT	\$62,000	\$950																										\$62,950		
MFG HOME SETTLEMENT	\$1,000																											\$1,000		
TRAVEL	\$59,170		\$20,000		\$2,000		\$10,000	\$600		\$1,170		\$1,350	\$1,350		\$5,000		\$530	\$350	\$1,700				\$100	\$6,260	\$500	\$930		\$111,010		
STAFF TRAINING	\$45,000		\$2,500		\$3,670		\$33,000			\$450		\$3,045	\$3,045		\$2,500		\$2,000		\$22,000						\$6,600	\$4,000		\$127,810		
PRINTING & ADVERTISING	\$27,550		\$1,500		\$3,000																				\$10,800			\$42,850		
PUBLIC EDUCATIONAL INFO	\$84,980				\$6,000		\$5,950			\$8,780	\$10,000																	\$199,620		
LOCAL ALLOCATION MINI GRANTS	\$50,000																											\$50,000		
<b>TOTAL EXPENSE BUDGET</b>	<b>\$10,802,295</b>	<b>\$950</b>	<b>\$657,780</b>	<b>\$158,170</b>	<b>\$1,227,280</b>	<b>\$15,000</b>	<b>\$170,040</b>	<b>\$62,000</b>	<b>\$380,000</b>	<b>\$0</b>	<b>\$80,190</b>	<b>\$117,010</b>	<b>\$122,430</b>	<b>\$115,005</b>	<b>\$115,005</b>	<b>\$139,530</b>	<b>\$45,300</b>	<b>\$25,550</b>	<b>\$52,090</b>	<b>\$95,883</b>	<b>\$280,250</b>	<b>\$160,000</b>	<b>\$238,518</b>	<b>\$60,000</b>	<b>\$102,358</b>	<b>\$307,250</b>	<b>\$531,926</b>	<b>\$70,520</b>	<b>\$2,117,000</b>	<b>\$18,249,330</b>
Transfer out					\$15,000																							\$15,000		
Advances between funds	\$1,488,000				\$250,000		\$75,000	\$50,000	\$100,000	\$180,000	\$75,000	\$50,000	\$75,000	\$75,000	\$40,000		\$23,000	\$20,000	\$40,000	\$75,000	\$50,000	\$125,000		\$50,000	\$75,000	\$125,000	\$60,000		\$3,176,000	
<b>TOTALS WITH ADVANCES</b>	<b>\$12,290,295</b>	<b>\$950</b>	<b>\$657,780</b>	<b>\$158,170</b>	<b>\$1,492,280</b>	<b>\$15,000</b>	<b>\$245,040</b>	<b>\$112,000</b>	<b>\$480,000</b>	<b>\$180,000</b>	<b>\$155,190</b>	<b>\$167,010</b>	<b>\$197,430</b>	<b>\$190,005</b>	<b>\$190,005</b>	<b>\$179,530</b>	<b>\$45,300</b>	<b>\$48,550</b>	<b>\$72,090</b>	<b>\$135,883</b>	<b>\$355,250</b>	<b>\$210,000</b>	<b>\$363,518</b>	<b>\$60,000</b>	<b>\$152,358</b>	<b>\$382,250</b>	<b>\$656,926</b>	<b>\$130,520</b>	<b>\$2,117,000</b>	<b>\$21,440,330</b>

**LORAIN COUNTY PUBLIC HEALTH**

ACCOUNT NUMBER							DESCRIPTION	2024 OPENING	1/10/2024 PROPOSED	1/10/2024 CURRENT	4/10/2024 PROPOSED	4/10/2024 PROPOSED
REVENUES							GENERAL FUND	BUDGET	CHANGES	BUDGET	CHANGES	BUDGET
8410	0000	630	000	14	4000	4000	REAL ESTATE TAXES	\$3,461,736		\$3,461,736		\$3,461,736
8410	0000	630	000	14	4000	4014	HOMESTEAD ROLLBACK	\$62,500		\$62,500		\$62,500
8410	0000	630	000	14	4050	4054	ENVIRONMENTAL LICENSES	\$71,000		\$71,000		\$71,000
8410	0000	630	000	14	4050	4066	ENV INSPECTION FEES	\$1,112,400		\$1,112,400		\$1,112,400
8410	0000	630	000	14	4050	4069	IMMUNIZATIONS	\$675,000		\$675,000	(\$100,000)	\$575,000
8410	0000	630	000	14	4050	4071	DISTRICT HEALTH FEES	\$655,000		\$655,000		\$655,000
8410	0000	630	000	14	4200	4202	NURSING SERVICE	\$1,042,100		\$1,042,100		\$1,042,100
8410	0000	630	000	14	4200	4204	BCMH	\$500,000		\$500,000		\$500,000
8410	0000	630	000	14	4200	4217	TB SERVICES		\$45,000	\$45,000		\$45,000
8410	0000	630	000	14	4270	4281	INSIDE MILLAGE	\$1,237,998		\$1,237,998		\$1,237,998
8410	0000	630	000	14	4270	4281	STATE SUBSIDY	\$265,000		\$265,000		\$265,000
8410	0000	630	000	14	4270	4281	STATE MEDICAID ADMIN CLAIM	\$315,000		\$315,000		\$315,000
8410	0000	630	000	14	4350	0000	LOCAL GRANTS	\$669,840		\$669,840	\$75,000	\$744,840
8410	0000	630	000	14	4352	0000	STATE GRANTS	\$10,000		\$10,000		\$10,000
8410	0000	630	000	14	4600	0000	MISC REVENUE	\$237,800		\$237,800		\$237,800
8410	0000	630	000	14	4600	4603	DONATIONS	\$500		\$500		\$500
8410	0000	630	000	14	4600	4608	REFUNDS/REIMBURSEMENTS	\$542,759		\$542,759		\$542,759
8410	0000	999	000	14	4900	4901	ADVANCE IN	\$1,508,000		\$1,508,000	\$180,000	\$1,688,000
8410	8411	630	000	14	4150	4150	LONG TERM TAX ASSESSMENTS	\$4,600		\$4,600		\$4,600
<b>TOTAL GENERAL FUND - 8410</b>								<b>\$12,371,233</b>	<b>\$45,000</b>	<b>\$12,416,233</b>	<b>\$155,000</b>	<b>\$12,571,233</b>
8420	0000	630	000	14	4050	4054	FOOD SERVICE LICENSES	\$528,000		\$528,000		\$528,000
8420	0000	630	000	14	4600	0000	MISC REVENUE	\$2,000		\$2,000		\$2,000
<b>TOTAL FOOD SERVICE - 8420</b>								<b>\$530,000</b>		<b>\$530,000</b>	<b>\$0</b>	<b>\$530,000</b>
<b>STATE PROGRAMS</b>												
8430	8432	630	000	14	4270	4281	SOLID WASTE SUBSIDY	\$60,000		\$60,000		\$60,000
8430	8438	630	000	14	4600	4603	CAR SEAT AND HELMET PGM	\$10,000		\$10,000		\$10,000
8430	8442	630	000	14	4352	0000	CONSTRUCT DEMO & DEBRIS	\$90,000		\$90,000		\$90,000
<b>TOTAL STATE PROGRAMS - 8430</b>								<b>\$160,000</b>		<b>\$160,000</b>	<b>\$0</b>	<b>\$160,000</b>
<b>WOMEN, INFANTS, CHILDREN</b>												
8450	0000	630	000	14	4354	0000	WIC GRANT	\$1,243,000		\$1,243,000		\$1,243,000
8450	0000	999	000	14	4900	4901	WIC ADVANCE IN	\$250,000		\$250,000		\$250,000
8450	8452	999	000	14	4900	4900	WIC RETIREMENT TRANSFER IN	\$15,000		\$15,000		\$15,000
<b>TOTAL WIC - 8450</b>								<b>\$1,508,000</b>		<b>\$1,508,000</b>	<b>\$0</b>	<b>\$1,508,000</b>
<b>FEDERAL PROGRAMS</b>												
8460	8461	630	000	14	4354	0000	FEDERAL HIV GRANT	\$50,000	\$47,000	\$97,000	\$15,000	\$112,000
8460	8464	630	000	14	4352	0000	TITLE X STATE PORTION	\$25,000		\$25,000		\$25,000
8460	8464	630	000	14	4354	0000	TITLE X FEDERAL PORTION	\$355,000		\$355,000		\$355,000
8460	8464	999	000	14	4900	4901	TITLE X ADVANCE IN	\$100,000		\$100,000		\$100,000
8460	8465	630	000	14	4354	0000	NACCHO CCAPS GRANT	\$0		\$0	\$100,400	\$100,400
8460	8465	630	000	14	4600	4608	NACCHO CCAPS REFUND REIMBURSEMENT	\$0		\$0	\$1,000	\$1,000
8460	8470	630	000	14	4352	0000	MATERNAL & CHILD HEALTH GRT state	\$38,200		\$38,200		\$38,200
8460	8470	630	000	14	4354	0000	MATERNAL & CHILD HEALTH GRT federal	\$101,300		\$101,300		\$101,300
8460	8470	999	000	14	4900	4901	MATERNAL & CHILD ADVANCE IN	\$40,000		\$40,000		\$40,000
8460	8474	630	000	14	4354	0000	ODH BEACH WATER GRANT	\$23,000		\$23,000	\$2,550	\$25,550
8460	8474	999	000	14	4900	4901	BEACH WATER ADVANCE IN	\$23,000		\$23,000		\$23,000
8460	8476	630	000	14	4352	4386	TRAFFIC SAFETY STATE GRANT	\$51,780	(\$51,780)	\$0		\$0
8460	8476	630	000	14	4354	0000	TRAFFIC SAFETY STATE FEDERALGRANT		\$51,780	\$51,780		\$51,780
8460	8476	999	000	14	4900	4901	TRAFFIC SAFETY ADVANCE IN	\$20,000		\$20,000		\$20,000
8460	8480	630	000	14	4354	4449	CREATING HEALTHY COMM - OLD ACCT NO	\$95,000	(\$95,000)	\$0		\$0
8460	8480	630	000	14	4354	0000	CREATING HEALTHY COMM - NEW ACCT NO		\$95,000	\$95,000		\$95,000
8460	8480	999	000	14	4900	4901	CHCP ADVANCE IN	\$40,000		\$40,000		\$40,000
8460	8482	630	000	14	4354	0000	ACTIVE TRANSPORT SAFE ROUTES	\$280,000		\$280,000		\$280,000
8460	8482	999	000	14	4900	4901	ACTIVE TRANSPORT ADVANCE IN	\$75,000		\$75,000		\$75,000
8460	8483	630	000	14	4354	0000	ODOT SS4A GRANT	\$160,000		\$160,000		\$160,000
8460	8483	999	000	14	4900	4901	ODOT SS4A ADVANCE IN GRANT	\$50,000		\$50,000		\$50,000
8460	8484	630	000	14	4354	0000	OHIO EQUITY INSTITUTE GRANT	\$238,520		\$238,520		\$238,520
8460	8484	999	000	14	4900	4901	OHIO EQUITY INST ADVANCE IN	\$125,000		\$125,000		\$125,000
8460	8486	630	000	14	4354	0000	ODM/ MCO GRANT	\$531,920		\$531,920		\$531,920
8460	8486	999	000	14	4900	4901	ODM/ MCO ADVANCE IN	\$125,000		\$125,000		\$125,000
8460	CB24	630	000	14	4354	0000	COVID-19 BRIDGE VACCINATION GRANT	\$0		\$0	\$60,000	\$60,000
8460	CB24	999	000	14	4900	4901	COVID-19 BRIDGE ADVANCE IN	\$0		\$0	\$30,000	\$30,000

**LORAIN COUNTY PUBLIC HEALTH**

							<b>2024</b>	<b>1/10/2024</b>	<b>1/10/2024</b>	<b>4/10/2024</b>	<b>4/10/2024</b>	
ACCOUNT NUMBER							<b>OPENING</b>	<b>PROPOSED</b>	<b>CURRENT</b>	<b>PROPOSED</b>	<b>PROPOSED</b>	
DESCRIPTION												
8460	CDCA	630	000	14	4354	0000	ACCELERATOR PLAN GRANT	\$101,960		\$101,960		\$101,960
8460	CDCA	999	000	14	4900	4901	ACCELERATOR PLAN GRT ADVANCE IN	\$50,000		\$50,000		\$50,000
8460	EO23	630	000	14	4354	0000	ENHANCED OPERATIONS GRT	\$307,240		\$307,240		\$307,240
8460	EO23	999	000	14	4900	4901	ENHANCED OPERATIONS ADVANCE IN	\$75,000		\$75,000		\$75,000
8460	IH24	630	000	14	4354	0000	INTEGRATED HARM REDUCTION GRT	\$123,750		\$123,750		\$123,750
8460	IH24	999	000	14	4900	4901	IHR ADVANCE IN	\$75,000		\$75,000		\$75,000
8460	PB24	630	000	14	4354	4439	PERINATAL BEHAVIOR	\$80,000	(\$80,000)	\$0		\$0
8460	PB24	630	000	14	4352	0000	PERINATAL BEHAVIOR STATE FUNDING		\$70,000	\$70,000		\$70,000
8460	PB24	630	000	14	4354	0000	PERINATAL BEHAVIOR FEDERAL FUNDING		\$10,000	\$10,000		\$10,000
8460	PB24	999	000	14	4900	4901	PERINATAL BEHAVIOR ADVANCE IN	\$75,000		\$75,000		\$75,000
8460	PH24	630	000	14	4354	4439	PUBLIC HEALTH EMERGENCY PREPARED	\$115,000	(\$115,000)	\$0		\$0
8460	PH24	630	000	14	4354	0000	PUBLIC HEALTH EMERGENCY PREPARED - federal		\$115,000	\$115,000		\$115,000
8460	PH24	999	000	14	4900	4901	PUBLIC HEALTH EP ADVANCE IN	\$75,000		\$75,000		\$75,000
8460	PH25	630	000	14	4354	4439	PUBLIC HEALTH EMERGENCY PREPARED	\$115,000	(\$115,000)	\$0		\$0
8460	PH25	630	000	14	4354	0000	PUBLIC HEALTH EMERGENCY PREPARED		\$115,000	\$115,000		\$115,000
8460	PH25	999	000	14	4900	4901	PUBLIC HEALTH EP ADVANCE IN	\$75,000		\$75,000		\$75,000
8460	TANF	630	000	14	4354	0000	TEMPORARY ASSIST NEEDY FAMILIES FEDERAL	\$108,000		\$108,000		\$108,000
8460	TANF	630	000	14	4600	0000	TANF MISC REVENUE	\$9,000		\$9,000		\$9,000
8460	TANF	999	000	14	4900	4901	TEMPORARY ASSIST NEEDY FAMILIES ADVANCE IN	\$50,000		\$50,000		\$50,000
8460	WD23	630	000	14	4354	0000	CHW WD23 GRANT	\$37,300		\$37,300	\$8,000	\$45,300
8460	WD23	999	000	14	4900	4901	CHW WD23 ADVANCE IN	\$0		\$0		\$0
8460	WF23	630	000	14	4354	0000	PH WORKFORCE DEVELOPMENT GRANT	\$170,040		\$170,040		\$170,040
8460	WF23	999	000	14	4900	4901	PH WORKFORCE DEVEL ADVANCE IN	\$75,000		\$75,000		\$75,000
<b>TOTAL FEDERAL PGMS - 8460</b>							<b>\$4,265,010</b>	<b>\$47,000</b>	<b>\$4,312,010</b>	<b>\$216,950</b>	<b>\$4,528,960</b>	
<b>SMOKE FREE OHIO</b>												
8470	0000	630	000	14	4352	0000	ODH TOBACCO GRANT - STATE PORTION	\$60,000		\$60,000		\$60,000
8470	0000	630	000	14	4354	0000	ODH TOBACCO GRANT - FEDERAL PORTION	\$11,000		\$11,000		\$11,000
8470	0000	630	000	14	4600	4608	REFUND/ REIMBURSEMENTS	\$2,500		\$2,500		\$2,500
8470	0000	999	000	14	4900	4901	TOBACCO GRANT ADVANCE IN	\$60,000		\$60,000		\$60,000
							<b>\$133,500</b>		<b>\$133,500</b>	<b>\$0</b>	<b>\$133,500</b>	
8480	0000	630	000	14	4200	4208	<b>HEALTH INSURANCE SERVICE FUND</b>	<b>\$2,117,000</b>		<b>\$2,117,000</b>		<b>\$2,117,000</b>
<b>TOTAL REVENUES</b>							<b>\$21,084,743</b>	<b>\$92,000</b>	<b>\$21,176,743</b>	<b>\$371,950</b>	<b>\$21,548,693</b>	

**APPROPRIATIONS**

							<b>2024</b>	<b>1/10/2024</b>	<b>1/10/2024</b>	<b>4/10/2024</b>	<b>4/10/2024</b>	
ACCOUNT NUMBER							<b>OPENING</b>	<b>PROPOSED</b>	<b>CURRENT</b>	<b>PROPOSED</b>	<b>PROPOSED</b>	
DESCRIPTION							<b>BUDGET</b>	<b>CHANGES</b>	<b>BUDGET</b>	<b>CHANGES</b>	<b>BUDGET</b>	
<b>GENERAL FUND</b>												
8410	0000	630	000	14	5000	5001	SALARIES	\$5,735,310		\$5,735,310		\$5,735,310
8410	0000	630	000	14	5040	0000	P.E.R.S.	\$779,560		\$779,560		\$779,560
8410	0000	630	000	14	5060	0000	MEDICARE	\$82,250		\$82,250		\$82,250
8410	0000	630	000	14	5070	0000	SOCIAL SECURITY TAX	\$750		\$750		\$750
8410	0000	630	000	14	5080	5080	HOSPITALIZATION	\$1,554,150		\$1,554,150		\$1,554,150
8410	0000	630	000	14	5080	5081	LIFE INSURANCE	\$7,940		\$7,940		\$7,940
8410	0000	630	000	14	5100	0000	WORKMANS COMP	\$54,758		\$54,758		\$54,758
8410	0000	630	000	14	6000	0000	SUPPLIES	\$55,517		\$55,517	\$3,000	\$58,517
8410	0000	630	000	14	6000	6000	COUNTY GAS	\$3,700		\$3,700		\$3,700
8410	0000	630	000	14	6000	6002	POSTAGE	\$73,100		\$73,100		\$73,100
8410	0000	630	000	14	6000	6004	MEDICAL/DRUG SUPPLIES	\$419,660	\$15,000	\$434,660		\$434,660
8410	0000	630	000	14	6000	6009	COMPUTER SOFTWARE	\$143,200		\$143,200	\$5,000	\$148,200
8410	0000	630	000	14	6050	0000	EQUIPMENT	\$139,550		\$139,550		\$139,550
8410	0000	630	000	14	6050	6050	EQUIPMENT LEASE	\$2,080		\$2,080		\$2,080
8410	0000	630	000	14	6050	6058	VEHICLES	\$65,000		\$65,000		\$65,000
8410	0000	630	000	14	6050	6059	FURNITURE AND FIXTURES	\$2,500		\$2,500		\$2,500
8410	0000	630	000	14	6100	0000	CAPITAL IMPROVEMENTS	\$51,500		\$51,500		\$51,500
8410	0000	630	000	14	6200	0000	CONTRACT SERVICES	\$320,550	\$30,000	\$350,550		\$350,550
8410	0000	630	000	14	6200	6202	UTILITIES	\$55,950		\$55,950		\$55,950
8410	0000	630	000	14	6200	6210	LABORATORY SERVICES	\$21,750		\$21,750		\$21,750
8410	0000	630	000	14	6200	6213	STATE AUDIT	\$15,000		\$15,000		\$15,000
8410	0000	630	000	14	6200	6218	PROFESSIONAL SERVICES	\$41,280		\$41,280		\$41,280
8410	0000	630	000	14	6200	6219	CLIENT CARE	\$70,330		\$70,330		\$70,330
8410	0000	630	000	14	6200	6222	INTERNET SERVICES	\$10,200		\$10,200		\$10,200

**LORAIN COUNTY PUBLIC HEALTH**

ACCOUNT NUMBER						DESCRIPTION	2024	1/10/2024	1/10/2024	4/10/2024	4/10/2024	
							OPENING	PROPOSED	CURRENT	PROPOSED	PROPOSED	
8410	0000	630	000	14	6380	0000	REPAIRS	\$9,500		\$9,500		\$9,500
8410	0000	630	000	14	6380	6380	VEHICLE EXPENSE	\$7,500		\$7,500		\$7,500
8410	0000	630	000	14	6380	6381	BUILDING MAINTENANCE	\$51,000		\$51,000		\$51,000
8410	0000	630	000	14	6600	6600	RENT	\$1,000		\$1,000		\$1,000
8410	0000	630	000	14	7000	0000	FEES & LICENSES	\$151,150		\$151,150		\$151,150
8410	0000	630	000	14	7000	7013	CNTY RECORD STORAGE	\$5,000		\$5,000		\$5,000
8410	0000	630	000	14	7070	0000	OTHER EXPENSES	\$18,200		\$18,200	\$3,000	\$21,200
8410	0000	630	000	14	7070	7076	INSURANCE	\$55,000		\$55,000		\$55,000
8410	0000	630	000	14	7070	7080	INTERDEPARTMENTAL REFUNDS	\$8,100		\$8,100	\$1,000	\$9,100
8410	0000	630	000	14	7070	7089	REFUNDS	\$4,620		\$4,620		\$4,620
8410	0000	630	000	14	7070	7092	STATE REMITTANCES	\$398,940		\$398,940		\$398,940
8410	0000	630	000	14	7070	7094	REALESTATE SETTLEMENT	\$62,000		\$62,000		\$62,000
8410	0000	630	000	14	7070	7096	MFG HOME SETTLEMENT	\$1,000		\$1,000		\$1,000
8410	0000	630	000	14	7200	0000	TRAVEL	\$57,170		\$57,170	\$2,000	\$59,170
8410	0000	630	000	14	7200	7200	STAFF TRAINING	\$45,000		\$45,000		\$45,000
8410	0000	630	000	14	7220	0000	PRINTING & ADVERTISING	\$27,550		\$27,550		\$27,550
8410	0000	630	000	14	7220	7220	PUBLIC EDUCATION	\$79,980		\$79,980	\$5,000	\$84,980
8410	0000	630	000	14	7300	0000	ALLOCATIONS	\$50,000		\$50,000		\$50,000
8410	0000	999	000	14	9900	9901	ADVANCE OUT	\$1,458,000		\$1,458,000	\$30,000	\$1,488,000
8410	8411	630	000	14	7070	7094	REAL EST SETTLEMENT DEDUCTION	\$950		\$950		\$950
<b>TOTAL GENERAL FUND - 8410</b>								<b>\$12,197,245</b>	<b>\$45,000</b>	<b>\$12,242,245</b>	<b>\$49,000</b>	<b>\$12,291,245</b>
<b>TOTAL FOOD SERVICE-8420</b>								<b>\$657,780</b>		<b>\$657,780</b>		<b>\$657,780</b>
<b>TOTAL STATE PROGRAMS - 8430</b>								<b>\$158,170</b>		<b>\$158,170</b>		<b>\$158,170</b>
<b>TOTAL WIC - 8450</b>								<b>\$1,507,280</b>		<b>\$1,507,280</b>		<b>\$1,507,280</b>
<b>HIV</b>												
8460	8461	630	000	14	5000	5001	SALARIES		\$38,000	\$38,000	\$7,500	\$45,500
8460	8461	630	000	14	5040	0000	PERS		\$6,300	\$6,300	\$1,050	\$7,350
8460	8461	630	000	14	5060	0000	MEDICARE		\$550	\$550		\$550
8460	8461	630	000	14	6000	0000	SUPPLIES		\$50	\$50		\$50
8460	8461	630	000	14	7070	7080	INTERDEPT REIMBURSEMENT		\$1,200	\$1,200	\$800	\$2,000
8460	8461	630	000	14	7200	0000	TRAVEL		\$600	\$600		\$600
8460	8461	630	000	14	7220	7220	PUBLIC EDUCATION		\$300	\$300	\$5,650	\$5,950
8460	8461	999	000	14	9900	9901	ADVANCE OUT	<u>\$50,000</u>		<u>\$50,000</u>		<u>\$50,000</u>
<b>TOTAL HIV</b>								<b>\$50,000</b>	<b>\$47,000</b>	<b>\$97,000</b>	<b>\$15,000</b>	<b>\$112,000</b>
<b>TITLE X</b>												
8460	8464	630	000	14	6200	0000	CONTRACTS	\$377,500		\$377,500		\$377,500
8460	8464	630	000	14	7070	7080	INTERDEPT REIMBURSEMENT	\$2,500		\$2,500		\$2,500
8460	8464	999	000	14	9900	9901	ADVANCE OUT	<u>\$100,000</u>		<u>\$100,000</u>		<u>\$100,000</u>
<b>TOTAL TITLE X</b>								<b>\$480,000</b>		<b>\$480,000</b>	<b>\$0</b>	<b>\$480,000</b>
<b>NACCHO CCAPS</b>												
8460	8465	999	000	14	9900	9901	ADVANCE OUT	<u>\$0</u>		<u>\$0</u>	\$180,000	<u>\$180,000</u>
<b>TOTAL NACCHO CCAPS</b>								<b>\$0</b>		<b>\$0</b>	<b>\$180,000</b>	<b>\$180,000</b>
<b>MATERNAL &amp; CHILD HEALTH GRANT</b>												
8460	8470	630	000	14	5000	5001	SALARIES	\$70,370		\$70,370		\$70,370
8460	8470	630	000	14	5040	0000	P.E.R.S.	\$9,450		\$9,450		\$9,450
8460	8470	630	000	14	5060	0000	MEDICARE	\$1,020		\$1,020		\$1,020
8460	8470	630	000	14	5080	5080	HOSPITALIZATION	\$6,910		\$6,910		\$6,910
8460	8470	630	000	14	5100	0000	WORKERS COMP	\$780		\$780		\$780
8460	8470	630	000	14	6200	0000	CONTRACTS	\$30,000		\$30,000		\$30,000
8460	8470	630	000	14	6200	6219	CLIENT CARE	\$17,330		\$17,330		\$17,330
8460	8470	630	000	14	7070	7080	INTERDEPT REIMBURSEMENT	\$3,670		\$3,670		\$3,670
8460	8470	999	000	14	9900	9901	ADVANCE OUT	<u>\$40,000</u>		<u>\$40,000</u>		<u>\$40,000</u>
<b>TOTAL MATERNAL &amp; CHILD HEALTH</b>								<b>\$179,530</b>		<b>\$179,530</b>	<b>\$0</b>	<b>\$179,530</b>
<b>WATER QUALITY BEACH GRANT</b>												
8460	8474	630	000	14	5000	5001	SALARIES	\$7,160		\$7,160	\$3,900	\$11,060
8460	8474	630	000	14	5040	0000	P.E.R.S.	\$990		\$990	\$550	\$1,540
8460	8474	630	000	14	5060	0000	MEDICARE	\$100		\$100	\$60	\$160
8460	8474	630	000	14	5080	5080	HOSPITALIZATION	\$1,110		\$1,110	\$550	\$1,660



**LORAIN COUNTY PUBLIC HEALTH**

							<b>2024</b>	<b>1/10/2024</b>	<b>1/10/2024</b>	<b>4/10/2024</b>	<b>4/10/2024</b>	
ACCOUNT NUMBER							<b>OPENING</b>	<b>PROPOSED</b>	<b>CURRENT</b>	<b>PROPOSED</b>	<b>PROPOSED</b>	
8460	8474	630	000	14	5100	0000	WORKERS COMP	\$80		\$80		\$80
8460	8474	630	000	14	6000	0000	SUPPLIES	\$4,000		\$4,000		\$4,000
8460	8474	630	000	14	6200	6210	LAB SERVICES	\$9,550		\$9,550	(\$2,500)	\$7,050
8460	8474	999	000	14	9900	9901	ADVANCE OUT	<u>\$23,000</u>		<u>\$23,000</u>		<u>\$23,000</u>
<b>TOTAL BEACH WATER GRANT</b>							\$45,990		\$45,990	\$2,560	\$48,550	
<b>TRAFFIC SAFETY</b>												
8460	8476	630	000	14	7070	0000	OTHER EXPENSES	\$1,000		\$1,000		\$1,000
8460	8476	630	000	14	7070	7080	INTERDEPT REIMBURSEMENT	\$45,890		\$45,890		\$45,890
8460	8476	630	000	14	7200	0000	TRAVEL	\$530		\$530		\$530
8460	8476	630	000	14	7200	7200	TRAINING	\$2,000		\$2,000		\$2,000
8460	8476	630	000	14	7220	7220	PUBLIC EDUCATION	\$2,670		\$2,670		\$2,670
8460	8476	999	000	14	9900	9901	ADVANCE OUT	<u>\$20,000</u>		<u>\$20,000</u>		<u>\$20,000</u>
<b>TOTAL TRAFFIC SAFETY</b>							\$72,090		\$72,090	\$0	\$72,090	
<b>CREATING HEALTHY COMMUNITIES</b>												
8460	8480	630	000	14	5000	5001	SALARIES	\$62,720		\$62,720		\$62,720
8460	8480	630	000	14	5040	0000	P.E.R.S.	\$8,510		\$8,510		\$8,510
8460	8480	630	000	14	5060	0000	MEDICARE	\$900		\$900		\$900
8460	8480	630	000	14	5080	5080	HEALTH INSURANCE	\$13,550		\$13,550		\$13,550
8460	8480	630	000	14	5100	0000	WORKERS COMP	\$730		\$730		\$730
8460	8480	630	000	14	6200	0000	CONTRACTS	\$1,500		\$1,500		\$1,500
8460	8480	630	000	14	6200	6219	CLIENT CARE	\$4,200		\$4,200		\$4,200
8460	8480	630	000	14	7070	7080	INTERDEPT REIMBURSEMENT	\$2,703		\$2,703		\$2,703
8460	8480	630	000	14	7200	0000	EMPLOYEE TRAVEL	\$350		\$350		\$350
8460	8480	630	000	14	7220	7220	PUBLIC EDUCATION	\$720		\$720		\$720
8460	8480	999	000	14	9900	9901	CHCP ADVANCE OUT	<u>\$40,000</u>		<u>\$40,000</u>		<u>\$40,000</u>
<b>TOTAL HEALTHY COMMUNITIES</b>							\$135,883		\$135,883	\$0	\$135,883	
<b>ACTIVE TRANSPORTATION (SRTS)</b>												
8460	8482	630	000	14	6000	0000	SUPPLIES	\$7,000		\$7,000		\$7,000
8460	8482	630	000	14	6200	0000	CONTRACTS	\$15,000		\$15,000		\$15,000
8460	8482	630	000	14	6200	6219	CLIENT CARE	\$103,500		\$103,500		\$103,500
8460	8482	630	000	14	7070	7080	INTERDEPT REFUND	\$54,530		\$54,530		\$54,530
8460	8482	630	000	14	7200	0000	EMPLOYEE TRAVEL	\$1,700		\$1,700		\$1,700
8460	8482	630	000	14	7200	7200	STAFF TRAINING	\$22,000		\$22,000		\$22,000
8460	8482	630	000	14	7220	7220	PUBLIC EDUCATION	\$76,520		\$76,520		\$76,520
8460	8482	999	000	14	9900	9901	ACTIVE TRANSPORT ADVANCE OUT	<u>\$75,000</u>		<u>\$75,000</u>		<u>\$75,000</u>
<b>TOTAL ACTIVE TRANSPORTATION</b>							\$355,250		\$355,250	\$0	\$355,250	
<b>ODOT SS4A GRANT</b>												
8460	8483	630	000	14	6000	0000	SUPPLIES	\$5,200		\$5,200		\$5,200
8460	8483	630	000	14	6200	0000	CONTRACTS	\$125,000		\$125,000		\$125,000
8460	8483	630	000	14	6200	6219	CLIENT EXPENSES	\$25,000		\$25,000		\$25,000
8460	8483	630	000	14	7070	7080	INTERDEPT REIMBURSEMENT	\$4,800		\$4,800		\$4,800
8460	8483	999	000	14	9900	9901	ADVANCE OUT	<u>\$50,000</u>		<u>\$50,000</u>		<u>\$50,000</u>
<b>TOTAL ODOT SS4A GRANT</b>							\$210,000		\$210,000	\$0	\$210,000	
<b>OHIO EQUITY INSTITUTE GRANT</b>												
8460	8484	630	000	14	5000	5001	SALARIES	\$148,120		\$148,120		\$148,120
8460	8484	630	000	14	5040	0000	P.E.R.S.	\$20,430		\$20,430		\$20,430
8460	8484	630	000	14	5060	0000	MEDICARE	\$2,150		\$2,150		\$2,150
8460	8484	630	000	14	5080	5080	HOSPITALIZATION	\$53,430		\$53,430		\$53,430
8460	8484	630	000	14	5100	0000	WORKERS COMP	\$1,710		\$1,710		\$1,710
8460	8484	630	000	14	6200	6219	CLIENT CARE	\$5,000		\$5,000		\$5,000
8460	8484	630	000	14	7070	7080	INTERDEPT REIMBURSEMENT	\$7,678		\$7,678		\$7,678
8460	8484	999	000	14	9900	9901	ADVANCE OUT	<u>\$125,000</u>		<u>\$125,000</u>		<u>\$125,000</u>
<b>TOTAL OHIO EQUITY INSTITUTE GRANT</b>							\$363,518		\$363,518	\$0	\$363,518	
<b>ODM/ MCO GRANT</b>												
8460	8486	630	000	14	5000	5001	SALARIES	\$120,820		\$120,820		\$120,820
8460	8486	630	000	14	5040	0000	P.E.R.S.	\$16,270		\$16,270		\$16,270
8460	8486	630	000	14	5060	0000	MEDICARE	\$1,760		\$1,760		\$1,760
8460	8486	630	000	14	5080	5080	HOSPITALIZATION	\$11,900		\$11,900		\$11,900
8460	8486	630	000	14	5100	0000	WORKERS COMP	\$1,400		\$1,400		\$1,400
8460	8486	630	000	14	6000	6009	SOFTWARE	\$5,280		\$5,280		\$5,280

**LORAIN COUNTY PUBLIC HEALTH**

						<b>2024</b>	<b>1/10/2024</b>	<b>1/10/2024</b>	<b>4/10/2024</b>	<b>4/10/2024</b>
<b>ACCOUNT NUMBER</b>						<b>OPENING</b>	<b>PROPOSED</b>	<b>CURRENT</b>	<b>PROPOSED</b>	<b>PROPOSED</b>
8460	8486	630	000	14	6200 0000					
					CONTRACTS	\$341,630		\$341,630		\$341,630
8460	8486	630	000	14	6200 6219	\$12,000		\$12,000		\$12,000
					CLIENT CARE					
8460	8486	630	000	14	7070 7080	\$16,366		\$16,366		\$16,366
					INTERDEPT REIMBURSEMENT					
8460	8486	630	000	14	7200 0000	\$500		\$500		\$500
					TRAVEL					
8460	8486	630	000	14	7200 7200	\$4,000		\$4,000		\$4,000
					TRAINING					
8460	8486	999	000	14	9900 9901	<u>\$125,000</u>		<u>\$125,000</u>		<u>\$125,000</u>
					ADVANCE OUT					
					<b>TOTAL MEDICAID/ MCO GRANT</b>	\$656,926		\$656,926	\$0	\$656,926
<b>COVID-19 BRIDGE VACCINATION GRANT</b>										
8460	CB24	630	000	14	5000 5001	\$0		\$0	\$38,500	\$38,500
					SALARIES					
8460	CB24	630	000	14	5040 0000	\$0		\$0	\$5,400	\$5,400
					P.E.R.S.					
8460	CB24	630	000	14	5060 0000	\$0		\$0	\$560	\$560
					MEDICARE					
8460	CB24	630	000	14	5080 5080	\$0		\$0	\$7,700	\$7,700
					HEALTH INSURANCE					
8460	CB24	630	000	14	6000 6004	\$0		\$0	\$3,840	\$3,840
					MEDICAL SUPPLIES					
8460	CB24	630	000	14	7220 7220	<u>\$0</u>		<u>\$0</u>	<u>\$4,000</u>	<u>\$4,000</u>
					PUBLIC EDUCATION					
					<b>TOTAL COVID-19 BRIDGE GRANTS</b>	\$0		\$0	\$60,000	\$60,000
<b>ACCELERATOR PLAN GRANT</b>										
8460	CDCA	630	000	14	5000 5001	\$63,000		\$63,000		\$63,000
					SALARIES					
8460	CDCA	630	000	14	5040 0000	\$8,820		\$8,820		\$8,820
					P.E.R.S.					
8460	CDCA	630	000	14	5060 0000	\$910		\$910		\$910
					MEDICARE					
8460	CDCA	630	000	14	5080 5080	\$25,530		\$25,530		\$25,530
					HEALTH INSURANCE					
8460	CDCA	630	000	14	5100 0000	\$710		\$710		\$710
					WORKERS COMP					
8460	CDCA	630	000	14	7070 7080	\$3,288		\$3,288		\$3,288
					INTERDEPT REIMBURSEMENT					
8460	CDCA	630	000	14	7200 0000	\$100		\$100		\$100
					TRAVEL					
8460	CDCA	999	000	14	9900 9901	<u>\$50,000</u>		<u>\$50,000</u>		<u>\$50,000</u>
					ADVANCE OUT					
					<b>TOTAL ACCELERATOR PLAN GRANTS</b>	\$152,358		\$152,358	\$0	\$152,358
<b>ENHANCED OPERATIONS GRANT</b>										
8460	EO23	630	000	14	5000 5001	\$150,870		\$150,870		\$150,870
					SALARIES					
8460	EO23	630	000	14	5040 0000	\$20,810		\$20,810		\$20,810
					P.E.R.S.					
8460	EO23	630	000	14	5060 0000	\$2,160		\$2,160		\$2,160
					MEDICARE					
8460	EO23	630	000	14	5080 5080	\$36,220		\$36,220		\$36,220
					HEALTH INSURANCE					
8460	EO23	630	000	14	5100 0000	\$1,740		\$1,740		\$1,740
					WORKERS COMP					
8460	EO23	630	000	14	6000 6004	\$26,000		\$26,000		\$26,000
					MEDICAL SUPPLIES					
8460	EO23	630	000	14	6000 6009	\$1,500		\$1,500		\$1,500
					SOFTWARE					
8460	EO23	630	000	14	6050 0000	\$8,000		\$8,000		\$8,000
					EQUIPMENT					
8460	EO23	630	000	14	6200 0000	\$6,400		\$6,400		\$6,400
					CONTRACTS					
8460	EO23	630	000	14	7000 0000	\$17,750		\$17,750		\$17,750
					FEES & LICENSES					
8460	EO23	630	000	14	7070 0000	\$1,500		\$1,500		\$1,500
					OTHER EXPENSES					
8460	EO23	630	000	14	7070 7080	\$10,640		\$10,640		\$10,640
					INTERDEPT REIMBURSEMENT					
8460	EO23	630	000	14	7200 0000	\$6,260		\$6,260		\$6,260
					TRAVEL					
8460	EO23	630	000	14	7200 7200	\$6,600		\$6,600		\$6,600
					TRAINING					
8460	EO23	630	000	14	7220 0000	\$10,800		\$10,800		\$10,800
					PRINTING					
8460	EO23	999	000	14	9900 9901	<u>\$75,000</u>		<u>\$75,000</u>		<u>\$75,000</u>
					ADVANCE OUT					
					<b>TOTAL ENHANCED OPERATIONS GRANTS</b>	\$382,250		\$382,250	\$0	\$382,250
<b>INTERGRATED HARM REDUCTION GRANT</b>										
8460	IH24	630	000	14	5000 5001	\$65,750		\$65,750		\$65,750
					SALARIES					
8460	IH24	630	000	14	5040 0000	\$8,810		\$8,810		\$8,810
					P.E.R.S.					
8460	IH24	630	000	14	5060 0000	\$950		\$950		\$950
					MEDICARE					
8460	IH24	630	000	14	5080 5080	\$840		\$840		\$840
					HEALTH INSURANCE					
8460	IH24	630	000	14	5100 0000	\$700		\$700		\$700
					WORKERS COMP					
8460	IH24	630	000	14	6000 0000	\$13,900		\$13,900		\$13,900
					SUPPLIES					
8460	IH24	630	000	14	6000 6002	\$610		\$610		\$610
					POSTAGE					
8460	IH24	630	000	14	6200 0000	\$17,150		\$17,150		\$17,150
					CONTRACTS					
8460	IH24	630	000	14	7070 7080	\$3,720		\$3,720		\$3,720
					INTERDEPT REIMBURSEMENT					
8460	IH24	630	000	14	7220 7220	\$10,000		\$10,000		\$10,000
					PUBLIC EDUCATION					
8460	IH24	999	000	14	9900 9901	<u>\$75,000</u>		<u>\$75,000</u>		<u>\$75,000</u>
					ADVANCE OUT					
					<b>TOTAL IH GRANTS</b>	\$197,430		\$197,430	\$0	\$197,430
<b>PERINATAL BEHAVIOR</b>										
8460	PB24	630	000	14	5000 5001	\$19,070		\$19,070		\$19,070
					SALARIES					
8460	PB24	630	000	14	5040 0000	\$2,670		\$2,670		\$2,670
					P.E.R.S.					
8460	PB24	630	000	14	5060 0000	\$280		\$280		\$280
					MEDICARE					
8460	PB24	630	000	14	5080 5080	\$5,550		\$5,550		\$5,550
					HEALTH INSURANCE					

**LORAIN COUNTY PUBLIC HEALTH**

							<b>2024</b>	<b>1/10/2024</b>	<b>1/10/2024</b>	<b>4/10/2024</b>	<b>4/10/2024</b>
ACCOUNT NUMBER							OPENING	PROPOSED	CURRENT	PROPOSED	PROPOSED
8460	PB24	630	000	14	5100	0000					
								\$220		\$220	\$220
8460	PB24	630	000	14	6200	0000					
							\$50,000		\$50,000	\$50,000	
8460	PB24	630	000	14	7070	7080					
							\$2,400		\$2,400	\$2,400	
8460	PB24	999	000	14	9900	9901					
							<u>\$75,000</u>		<u>\$75,000</u>	<u>\$75,000</u>	
							<b>TOTAL PERINATAL BEHAVIOR</b>	\$155,190	\$155,190	\$0	\$155,190
<b>PUBLIC HEALTH EMERGENCY PREPAREDNESS</b>											
8460	PH24	630	000	14	5000	5001					
							\$66,785		\$66,785	\$66,785	
8460	PH24	630	000	14	5040	0000					
							\$9,350		\$9,350	\$9,350	
8460	PH24	630	000	14	5060	0000					
							\$970		\$970	\$970	
8460	PH24	630	000	14	5080	5080					
							\$22,800		\$22,800	\$22,800	
8460	PH24	630	000	14	5100	0000					
							\$755		\$755	\$755	
8460	PH24	630	000	14	6000	0000					
							\$1,500		\$1,500	\$1,500	
8460	PH24	630	000	14	6200	6202					
							\$2,000		\$2,000	\$2,000	
8460	PH24	630	000	14	7000	0000					
							\$3,000		\$3,000	\$3,000	
8460	PH24	630	000	14	7070	7080					
							\$3,450		\$3,450	\$3,450	
8460	PH24	630	000	14	7200	0000					
							\$1,350		\$1,350	\$1,350	
8460	PH24	630	000	14	7200	7200					
							\$3,045		\$3,045	\$3,045	
8460	PH24	999	000	14	9900	9901					
							<u>\$75,000</u>		<u>\$75,000</u>	<u>\$75,000</u>	
							<b>TOTAL PHEP 24</b>	\$190,005	\$190,005	\$0	\$190,005
<b>PUBLIC HEALTH EMERGENCY PREPAREDNESS</b>											
8460	PH25	630	000	14	5000	5001					
							\$66,785		\$66,785	\$66,785	
8460	PH25	630	000	14	5040	0000					
							\$9,350		\$9,350	\$9,350	
8460	PH25	630	000	14	5060	0000					
							\$970		\$970	\$970	
8460	PH25	630	000	14	5080	5080					
							\$22,800		\$22,800	\$22,800	
8460	PH25	630	000	14	5100	0000					
							\$755		\$755	\$755	
8460	PH25	630	000	14	6000	0000					
							\$1,500		\$1,500	\$1,500	
8460	PH25	630	000	14	6200	6202					
							\$2,000		\$2,000	\$2,000	
8460	PH25	630	000	14	7000	0000					
							\$3,000		\$3,000	\$3,000	
8460	PH25	630	000	14	7070	7080					
							\$3,450		\$3,450	\$3,450	
8460	PH25	630	000	14	7200	0000					
							\$1,350		\$1,350	\$1,350	
8460	PH25	630	000	14	7200	7200					
							\$3,045		\$3,045	\$3,045	
8460	PH25	999	000	14	9900	9901					
							<u>\$75,000</u>		<u>\$75,000</u>	<u>\$75,000</u>	
							<b>TOTAL PHEP 25</b>	\$190,005	\$190,005	\$0	\$190,005
<b>TEMPORARY ASSIST NEEDY FAMILIES GRANTS</b>											
8460	TANF	630	000	14	5000	5001					
							\$77,510		\$77,510	\$77,510	
8460	TANF	630	000	14	5040	0000					
							\$10,430		\$10,430	\$10,430	
8460	TANF	630	000	14	5060	0000					
							\$1,120		\$1,120	\$1,120	
8460	TANF	630	000	14	5080	5080					
							\$8,430		\$8,430	\$8,430	
8460	TANF	630	000	14	5100	0000					
							\$850		\$850	\$850	
8460	TANF	630	000	14	6000	0000					
							\$4,970		\$4,970	\$4,970	
8460	TANF	630	000	14	7070	7080					
							\$3,300		\$3,300	\$3,300	
8460	TANF	630	000	14	7200	0000					
							\$1,170		\$1,170	\$1,170	
8460	TANF	630	000	14	7200	7200					
							\$450		\$450	\$450	
8460	TANF	630	000	14	7220	7220					
							\$8,780		\$8,780	\$8,780	
8460	TANF	999	000	14	9900	9901					
							<u>\$50,000</u>		<u>\$50,000</u>	<u>\$50,000</u>	
							<b>TOTAL TANF GRANTS</b>	\$167,010	\$167,010	\$0	\$167,010
<b>CHW WD23 GRANT</b>											
8460	WD23	630	000	14	5000	5001					
							\$16,470		\$16,470	\$16,470	
8460	WD23	630	000	14	5040	0000					
							\$2,310		\$2,310	\$2,310	
8460	WD23	630	000	14	5060	0000					
							\$240		\$240	\$240	
8460	WD23	630	000	14	5080	5080					
							\$7,590		\$7,590	\$7,590	
8460	WD23	630	000	14	5100	0000					
							\$190		\$190	\$190	
8460	WD23	630	000	14	6200	0000					
							\$0		\$0	\$8,000	\$8,000
8460	WD23	630	000	14	6200	6219					
							\$3,000		\$3,000	\$3,000	
8460	WD23	630	000	14	7200	0000					
							\$5,000		\$5,000	\$5,000	
8460	WD23	630	000	14	7200	7200					
							\$2,500		\$2,500	\$2,500	
8460	WD23	999	000	14	9900	9901					
							<u>\$0</u>		<u>\$0</u>	<u>\$0</u>	
							<b>TOTAL CHW WD23</b>	\$37,300	\$37,300	\$8,000	\$45,300
<b>WORKFORCE DEVELOPMENT GRANT</b>											
8460	WF23	630	000	14	5000	5001					
							\$83,710		\$83,710	\$83,710	
8460	WF23	630	000	14	5040	0000					
							\$11,720		\$11,720	\$11,720	

**LORAIN COUNTY PUBLIC HEALTH**

ACCOUNT NUMBER							DESCRIPTION	<b>2024</b>	1/10/2024	1/10/2024	4/10/2024	4/10/2024
								OPENING	PROPOSED	CURRENT	PROPOSED	PROPOSED
8460	WF23	630	000	14	5060	0000	MEDICARE	\$1,210		\$1,210		\$1,210
8460	WF23	630	000	14	5080	5080	HEALTH INSURANCE	\$24,250		\$24,250		\$24,250
8460	WF23	630	000	14	5100	0000	WORKERS COMP	\$960		\$960		\$960
8460	WF23	630	000	14	7070	7080	INTERDEPT REIMBURSEMENT	\$5,190		\$5,190		\$5,190
8460	WF23	630	000	14	7200	0000	TRAVEL	\$10,000		\$10,000		\$10,000
8460	WF23	630	000	14	7200	7200	TRAINING	\$33,000		\$33,000		\$33,000
8460	WF23	999	000	14	9900	9901	ADVANCE OUT	<u>\$75,000</u>		<u>\$75,000</u>		<u>\$75,000</u>
<b>TOTAL WORKFORCE DEVELOPMENT</b>								\$245,040		\$245,040	\$0	\$245,040
<b>TOTAL FEDERAL GRANTS - 8460</b>								<b>\$4,265,775</b>	<b>\$47,000</b>	<b>\$4,312,775</b>	<b>\$265,560</b>	<b>\$4,578,335</b>
<b>SMOKE FREE OHIO</b>												
8470	0000	630	000	14	5000	5001	SALARIES	\$27,880		\$27,880		\$27,880
8470	0000	630	000	14	5040	0000	PERS	\$3,840		\$3,840		\$3,840
8470	0000	630	000	14	5060	0000	MEDICARE	\$400		\$400		\$400
8470	0000	630	000	14	5080	5080	HEALTH INSURANCE	\$7,290		\$7,290		\$7,290
8470	0000	630	000	14	5100	0000	WORKERS COMP	\$320		\$320		\$320
8470	0000	630	000	14	6200	0000	CONTRACTS	\$23,500		\$23,500		\$23,500
8470	0000	630	000	14	6200	6219	CLIENT CARE	\$800		\$800		\$800
8470	0000	630	000	14	7070	0000	OTHER EXPENSE	\$1,600		\$1,600		\$1,600
8470	0000	630	000	14	7070	7080	INTERDEPT REIMBURSEMENT	\$3,960		\$3,960		\$3,960
8470	0000	630	000	14	7200	0000	TRAVEL	\$930		\$930		\$930
8470	0000	999	000	14	9900	9901	SMOKE FREE ADVANCE OUT	<u>\$60,000</u>		<u>\$60,000</u>		<u>\$60,000</u>
<b>TOTAL SMOKE FREE - 8470</b>								<b>\$130,520</b>		<b>\$130,520</b>	<b>\$0</b>	<b>\$130,520</b>
<b>HEALTH INSURANCE SERVICE FUND</b>												
8480	0000	630	000	14	5080	5080	HEALTH INSURANCE CLAIMS PAYMT	<u>\$2,117,000</u>		<u>\$2,117,000</u>		<u>\$2,117,000</u>
<b>TOTAL APPROPRIATION BUDGET</b>								<b><u>\$21,033,770</u></b>	<b><u>\$92,000</u></b>	<b><u>\$21,125,770</u></b>	<b><u>\$314,560</u></b>	<b><u>\$21,440,330</u></b>
<b>NET REVENUE OVER EXPENSES</b>								<b><u>\$50,973</u></b>	<b><u>\$0</u></b>	<b><u>\$50,973</u></b>	<b><u>\$57,390</u></b>	<b><u>\$108,363</u></b>

Details for Proposed Changes April 10, 2024

\$0  
**\$50,973**  
 Beginning Revenue over Expenses Approved November, 2023  
 Re-estimation of Real Estate taxes by County  
 Adjusted Beginning of the Year Revenue over Expenses  
**\$50,973**

**REVENUES**

Amount	Reason	Fund/ sub-fund	Object code
(\$100,000)	Immunization Fees Revenue - reduce to closer to expected	8410-0000	4050-4069
\$75,000	NEW National Child Fatality Review Planning - Child Fatality Infant Death Review grant	8410-0000	4350-0000
\$180,000	Advance In	8410-0000	4900-4901
\$15,000	CCBH - HIV extension	8460-8461	4354-0000
\$100,400	NACCHO CCAPS grant - 2023 grant payment received in 2024	8460-8465	4354-0000
\$1,000	NACCHO CCAPS grant - refund / reimbursement	8460-8465	4600-4608
\$2,550	Additional amount for ODH Water Quality Beach grant	8460-8474	4354-0000
\$60,000	NEW COVID-19 Bridge Vaccination grant	8460-CB24	4354-0000
\$30,000	NEW COVID-19 Bridge Vaccination Advance In	8460-CB24	4900-4901
\$8,000	Additional amount to be claimed for CHW Workforce Development grant	8460-WD23	4354-0000

new acct  
 new acct

**\$371,950** **Net Revenue Changes**

**APPROPRIATED EXPENSES**

Amount	Reason	Fund/ sub-fund	Object code
\$3,000	NCFRP - Child Fatality Infant Death Review grant - Supplies	8410-0000	6000-0000
\$5,000	NCFRP - Child Fatality Infant Death Review grant - Software	8410-0000	6000-6009
\$3,000	NCFRP - Child Fatality Infant Death Review grant - Other Expenses	8410-0000	7070-0000
\$5,000	NCFRP - Child Fatality Infant Death Review grant - Public Education	8410-0000	7220-7220
\$2,000	Summit County - Regional Prevention and Linkage to Care Collab (RL24) - Travel	8410-0000	7200-0000
\$1,000	Interdepartment Reimbursement	8410-0000	7070-7080
\$30,000	General Fund Advance Out	8410-0000	9900-9901
\$7,500	HIV - Salaries	8460-8461	5000-5001
\$1,050	HIV - PERS	8460-8461	5040-0000
\$800	HIV - Interdepartment Reimbursement	8460-8461	7070-7080
\$5,650	HIV - Public Education	8460-8461	7220-7220
\$180,000	Advance Out	8460-8465	9900-9901
\$3,900	ODH Water Quality Beach Grant - Salaries	8460-8474	5000-5001
\$550	ODH Water Quality Beach Grant - PERS	8460-8475	5040-0000
\$60	ODH Water Quality Beach Grant - Medicare	8460-8476	5060-0000
\$550	ODH Water Quality Beach Grant - Hospitalization	8460-8477	5080-5080
(\$2,500)	ODH Water Quality Beach Grant - Lab Services	8460-8478	6200-6210
\$38,500	NEW COVID-19 Bridge Vaccination grant - Salaries	8460-CB24	5000-5001
\$5,400	NEW COVID-19 Bridge Vaccination grant - PERS	8460-CB24	5040-0000
\$560	NEW COVID-19 Bridge Vaccination grant - Medicare	8460-CB24	5060-0000
\$7,700	NEW COVID-19 Bridge Vaccination grant - Hospitalization	8460-CB24	5080-5080
\$3,840	NEW COVID-19 Bridge Vaccination grant - Medical supplies	8460-CB24	6000-6004
\$4,000	NEW COVID-19 Bridge Vaccination grant - Public Education	8460-CB24	7220-7220
\$8,000	CHW Workforce Development grant - contract services	8460-WD23	6200-0000

new account  
 new account  
 new account  
 new account  
 new account  
 new account

**\$314,560** **Net Appropriation Expense Changes**

**\$57,390** **Net change**


**\$108,363** **Net Revenue and Expenses**

**Details for Proposed Changes April 10, 2024**

**\$0**  
**\$50,973**  
**\$50,973**


**Beginning Revenue over Expenses Approved November, 2023**  
**Re-estimation of Real Estate taxes by County**  
**Adjusted Beginning of the Year Revenue over Expenses**

**REVENUES**



<b>Amount</b>	<b>Reason</b>	<b>Fund/ sub-fund</b>	<b>Object code</b>
(\$100,000)	Immunization Fees Revenue - reduce to closer to expected	8410-0000	4050-4069
\$75,000	NEW National Child Fatality Review Planning - Child Fatality Infant Death Review grant	8410-0000	4350-0000
\$180,000	Advance In	8410-0000	4900-4901
\$15,000	CCBH - HIV extension	8460-8461	4354-0000
\$100,400	NACCHO CCAPS grant - 2023 grant payment received in 2024	8460-8465	4354-0000
\$1,000	NACCHO CCAPS grant - refund / reimbursement	8460-8465	4600-4608
\$2,550	Additional amount for ODH Water Quality Beach grant	8460-8474	4354-0000
\$60,000	NEW COVID-19 Bridge Vaccination grant new account 	8460-CB24	4354-0000
\$8,000	Additional amount to be claimed for CHW Workforce Development grant	8460-WD23	4354-0000
<b>\$341,950</b>	<b>Net Revenue Changes</b>		

**APPROPRIATED EXPENSES**

<b>Amount</b>	<b>Reason</b>	<b>Fund/ sub-fund</b>	<b>Object code</b>
\$3,000	NCFRP - Child Fatality Infant Death Review grant - Supplies	8410-0000	6000-0000
\$5,000	NCFRP - Child Fatality Infant Death Review grant - Software	8410-0000	6000-6009
\$3,000	NCFRP - Child Fatality Infant Death Review grant - Other Expenses	8410-0000	7070-0000
\$5,000	NCFRP - Child Fatality Infant Death Review grant - Public Education	8410-0000	7220-7220


\$2,000	Summit County - Regional Prevention and Linkage to Care Collab (RL24) - Travel	8410-0000	7200-0000
\$1,000	Interdepartment Reimbursement	8410-0000	7070-7080
\$7,500	HIV - Salaries	8460-8461	5000-5001
\$1,050	HIV - PERS	8460-8461	5040-0000
\$800	HIV - Interdepartment Reimbursement	8460-8461	7070-7080
\$5,650	HIV - Public Education	8460-8461	7220-7220
\$180,000	Advance Out	8460-8465	9900-9901
\$3,900	ODH Water Quality Beach Grant - Salaries	8460-8474	5000-5001
\$550	ODH Water Quality Beach Grant - PERS	8460-8475	5040-0000
\$60	ODH Water Quality Beach Grant - Medicare	8460-8476	5060-0000
\$550	ODH Water Quality Beach Grant - Hospitalization	8460-8477	5080-5080
(\$2,500)	ODH Water Quality Beach Grant - Lab Services	8460-8478	6200-6210
\$38,500	NEW COVID-19 Bridge Vaccination grant - Salaries	8460-CB24	5000-5004
\$5,400	NEW COVID-19 Bridge Vaccination grant - PERS	8460-CB24	5040-0000
\$560	NEW COVID-19 Bridge Vaccination grant - Medicare	8460-CB24	5060-0000
\$7,700	NEW COVID-19 Bridge Vaccination grant - Hospitalization	8460-CB24	5080-5080
\$3,840	NEW COVID-19 Bridge Vaccination grant - Medical supplies	8460-CB24	6000-6004
\$4,000	NEW COVID-19 Bridge Vaccination grant - Public Education	8460-CB24	7220-7220
	new accounts 		
\$8,000	CHW Workforce Development grant - contract services	8460-WD23	6200-0000
<b>\$284,560</b>	<b>Net Appropriation Expense Changes</b>		
<b>\$57,390</b>	<b>Net change</b>		
<b>\$108,363</b>	<b>Net Revenue and Expenses</b>		

# April 2024 Obsolete Inventory

Item Number	Qty	Description/Location	Photo	Minimum Bid
<ul style="list-style-type: none"> <li>1 (a-b)</li> </ul>	2	Cardiac Science Automated External Defibrillator (AED)	 A photograph of a Cardiac Science AUT Matic Automated External Defibrillator (AED). The device is primarily grey with yellow accents on the top handle and a yellow label on the front that reads "CARDIAC SCIENCE AUT Matic". A "RESCUE READY" logo is visible on the right side of the handle. The device is sitting on a grey carpeted floor.	\$10
<ul style="list-style-type: none"> <li>2</li> </ul>	1	5 ft Table	 A photograph of a simple wooden table with a light-colored top and black metal legs. The table is positioned in a storage area, with a bicycle wheel visible in the foreground and some equipment in the background. A sign with the text "Management Control Surveillance" is partially visible in the background.	\$10



# April 2024 Obsolete Inventory

Item Number	Qty	Description/Location	Photo	Minimum Bid
<ul style="list-style-type: none"><li>• 3 (a-d)</li></ul>	4	Turquoise chairs without arms		\$10

## April 2024 LCPH Agreements, Contracts, and MOUs

Name of Agreement/Contract/MOU	Non-LCPH Party Involved	New or Renewal?	Amount	Term Start Date	Term End Date	Applicable Grant	Division Assigned	Division Personnel Assigned	Social Determinant of Health
National Association of County and City Health Officials - Agreement - Contract #MRC 24-1416	NACCHO	New	\$10,000.00	1/1/2024	9/29/2024	ORA 2024	Emergency Preparedness & Epidemiology	Lynn Rebman	
Agreement for Regional Prevention and Linkage to Care Collaborative (RL24)	Summit County Health Department	New	\$100,000.00	1/1/2024	8/31/2024	RL 24	Community Health	Natalie Karn	Access to healthcare
Outfront Media	Outfront Media	New	\$672.00	4/29/2024	4/29/2024	OEI	Population Health	Catherine Maverich	Social & community context
Travel Boards	Ohio Turnpike Service Plaza	New	\$3,150.00	4/1/2024	8/31/2024	OEI	Population Health	Catherine Maverich	Social & community context

# National Association of County and City Health Officials

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## AGREEMENT

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National Association of County and City Health Officials  
1201 (I) Eye Street NW 4th Fl., Washington, DC 20005  
Tel. (202)783-5550 Fax. (202)783-1583

**CONTRACT # MRC 24 - 1416**

This Agreement is entered into, effective as of the date of the later signature indicated below (the “Effective Date”), by and between the **National Association of County and City Health Officials** (“NACCHO”), with its principal place of business at 1201 (I) Eye Street NW 4th Fl., Washington, DC 20005 and **Lorain County General Health District** (“Organization”), with its principal place of business at 9880 Murray Ridge Rd., Elyria, OH 44035-6999.

WHEREAS, NACCHO has received a grant from the Department of Health and Human Services’ Office of the Assistant Secretary of Preparedness and Response (Grant No. 1 U3REP230718-01-00, CFDA # 93.008) (the “Grant”) to build the capacity of local Medical Reserve Corps (“MRC”) units;

WHEREAS, pursuant to the terms of the Grant, NACCHO has agreed, among other things, to provide support to MRC units and to encourage these units to provide certain information to The Office of the Assistant Secretary of Preparedness and Response (“ASPR”), Medical Reserve Corps Program (“MRC Program”);

WHEREAS, Organization is either houses or is itself an MRC unit that is registered in good standing with the MRC Program;

WHEREAS, pursuant to the terms of the Grant, NACCHO desires to provide funding to Organization in exchange for Organization agreeing, among other things, to undertake the activities indicated in their capacity building application or oversee such activities and to provide certain information to the MRC Program;

NOW, THEREFORE, NACCHO and Organization, intending to be legally bound, in consideration of the promises and mutual covenants and obligations contained herein, hereby agree as follows:

1. **TERM OF AGREEMENT:** The term of the Agreement shall begin from the Effective Date and shall continue until September 29, 2024 (the “Term”).
2. **PAYMENT FOR SERVICES:** In consideration for the completion of services performed by Organization as set forth in Section 3, NACCHO shall pay Organization a Firm Fixed Price payment of \$10,000.00. The parties agree that payment method shall be made by check, via postage-paid first-class mail, at the address for the giving of notices as set forth in Section 19 of this Agreement. Any changes of payment method would require a modification signed by both parties.

# National Association of County and City Health Officials

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## AGREEMENT

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3. ORGANIZATION’S OBLIGATIONS: In consideration for the payment described, Organization agrees, during the Term of this Agreement, by performing the following criteria below:
  - a. Has 501c (3) or comparable status or be housed in an organization capable of and willing to receive federal funds on its behalf.
  - b. Organization receiving the funds must be registered and active on SAM.gov.
  - c. Utilizes MRC Operational Readiness Award funds for approved purposes, and as indicated in their award application.
  - d. Submission of Deliverable 1 using the template provided by NACCHO and signed contract by May 03, 2024 (Required to receive 100% of payment - See Appendix A)
  - e. Submission of Deliverable 2 by July 29, 2024– See Appendix B. If not completed by July 29, 2024, 50% of received payment shall be refunded back to NACCHO. Organization shall contact NACCHO promptly to notify and start the process of refund.
  - f. Submission of Deliverable 3 by March 2025 – See Appendix C. All awardees will be required to complete a final project survey as part of the funding agreement. Completion is required to be considered in the next MRC award selection.
4. REVISIONS AND AMENDMENTS: Any revisions or amendments to this Agreement, including changes of payment method and/or address, must be made in writing and signed by both parties.
5. ASSIGNMENT: Organization may not assign this Agreement nor delegate any duties herein without the expressed written approval of NACCHO.
6. INTERFERING CONDITIONS: Organization shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Organization’s duties and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Organization of said duties and responsibilities under this Agreement.
7. PUBLICATION: All Organization publications, including research publications press releases other publications or documents about research that is funded by ASPR must include the following two statements: (1) A specific acknowledgment of ASPR grant support, such as: “Research reported in this [*publication/ press release*] was supported by [*name of the program office(s), or other ASPR offices*] the Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response under award number [*specific ASPR grant number(s)*].” (2) A disclaimer that says: “The content is solely the responsibility of the authors and does not necessarily represent the official views of the Department of health and Human Services Office of the Assistant Secretary for Preparedness and Response.”
8. RESOLUTION OF DISPUTES: The parties shall use their best, good faith efforts to

# National Association of County and City Health Officials

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## AGREEMENT

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cooperatively resolve disputes and problems that arise in connection with this Agreement. Both parties will make a good faith effort to continue without delay to carry out their respective responsibilities under the Agreement while attempting to resolve the dispute under this section. If a dispute arises between the parties that cannot be resolved by direct negotiation, the dispute shall be submitted to a dispute board for a nonbinding determination. Members of the dispute board shall be the Director or Chief Executive Officer of the Organization, the Senior Staff of the Organization the Executive Director of NACCHO, and the Senior Staff of NACCHO responsible for this Agreement. The costs of the dispute board shall be paid by the Organization and NACCHO in relation to the actual costs incurred by each of the parties. The dispute board shall timely review the facts, Agreement terms and applicable law and rules, and make its determination..

9. TERMINATION: Either party may terminate this Agreement upon at least fifteen (15) days prior written notice to the other party. NACCHO will pay Organization for services rendered through the date of termination.
10. ENTIRE AGREEMENT: This Agreement contains all agreements, representations, and understandings of the parties and supersedes and replaces all previous understandings, commitments, or agreements, oral or written.
11. PARTIAL INVALIDITY: If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law, that part, term, or provision shall be restated to effectuate the parties' intentions, and the validity of the remaining portions or provisions shall not be affected.
12. GOVERNING LAW: RESERVED.
13. COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS: Organization's use of funds under this Agreement is subject to the directives of and full compliance with 2 CFR Part 200 (Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards), and 45 CFR Part 75 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards), and 45 CFR Part 74 (Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations and Commercial Organizations). It is the Organization's responsibility to understand and comply with all requirements set forth therein. The terms and conditions of this award and other requirements have the following order of precedence if there is any conflict in what they require: (1) Federal Statutes; (2) Federal Regulations; (3). Executive Orders; (4) OMB Policies to include 2 CFR 200; (5) Terms and conditions of the award.
14. DEBARRED OR SUSPENDED ORGANIZATIONS: Pursuant to Executive Order 12549 and

# National Association of County and City Health Officials

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## AGREEMENT

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Executive Order 12689 entitled “Debarment and Suspension” and 2 CFR 180, Organization certifies to the best of its knowledge that it is not presently debarred or suspended and will execute no subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Non-procurement Programs.

15. LOBBYING RESTRICTIONS AND DISCLOSURES: Organization must comply with 45 CFR Part 93.
16. SALARY LIMITATION: Pursuant to CDC Additional Requirement – 32: Appropriation Act, General Provisions, cap on Salaries (Division H, Title II, General Provisions, Sec. 202): None of the funds appropriated in this Agreement shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with federal funds.
17. PROCUREMENT: Organization must comply with procurement standards at 45 CFR Part 75.329 Procurement procedures, which requires the performance and documentation of some form of cost or price analysis with every procurement action.
18. AUDITING: Organization agrees to permit independent auditors to have access to its books, records, and financial statements for the purpose of monitoring compliance with this contract.
19. NOTICE: All notices under this Agreement shall be in writing and shall be sent via email and first-class mail, postage prepaid, to the addresses below. Either party may update its address by providing written notice to the other party pursuant to the terms of this provision.

### FOR NACCHO:

National Association of County and City Health Officials  
Attn: NACCHO MRC Team  
1201 (I) Eye Street NW 4th Fl.  
Washington, DC 20005  
Tel. (202) 783-5550  
Fax (202) 783-1583  
Email: mrc@naccho.org

### FOR ORGANIZATION:

Legal Address:  
Lorain County General Health District  
Attn.: Lynn Rebman  
9880 Murray Ridge Rd.,

Check Mailing Address:  
Lorain County Medical Reserve Corps  
9880 Murray Ridge Rd.,  
Elyria, OH 44035-6999

**National Association of County and City Health Officials**

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**AGREEMENT**

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National Association of County and City Health Officials  
1201 (I) Eye Street NW 4th Fl., Washington, DC 20005  
Tel. (202)783-5550 Fax. (202)783-1583

Elyria, OH 44035-6999  
Tel. (440) 284-3241  
Email: [rebman@loraincountyhealth.com](mailto:rebman@loraincountyhealth.com)

IN WITNESS WHEREOF, the persons signing below warrant that they are duly authorized to sign for and on behalf of, the respective parties.

AGREED AND ACCEPTED AS ABOVE:

**NACCHO:**  
Authorized Signature:

**ORGANIZATION:**  
Authorized Signature:

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: Jerome Chester  
Title: Chief Financial Officer  
EIN: 52-1426663  
UEI: SRH7DCCTU3G7  
Date: \_\_\_\_\_

Name: Mark H. Adams  
Title: Health Commissioner  
EIN: 34-6001704  
UEI: FCM4NMDNMH43  
Date: \_\_\_\_\_

## CERTIFICATION OF NON-DEBARMENT OR SUSPENSION

In accordance with Executive Order 12549 and Executive Order 12689, entitled Debarment and Suspension, and any applicable implementing regulations, this certification must be completed by the Organization:

1. Under penalty of perjury, except as noted below, all persons or firms or any person associated therewith in the capacity of owner, partner, director, officer, or manager:
  - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency.
  - b. Have not, within the three (3) year period preceding this certification, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of Federal or state antitrust statutes, or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses listed in subparagraph (1)(b) of this certification; and
  - d. Have not, within the three (3) year period preceding this certification, had one or more public transactions (Federal, state, or local) terminated for cause or default.
  - e. Will not subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Non-procurement Programs
2. If such persons or firms later become aware of any information contradicting the statements of paragraph (1), they will promptly provide that information to NACCHO.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
ORGANIZATION	DATE SIGNED
Lorain County General Health District	



**APPENDIX A – MRC ORA Invoice & Action Plan**

**2024 MRC Operational Readiness Awards Deliverable 1  
ORA Invoice & Action Plan**

**Due: May 3, 2024**

<b>Unit Administrative Information</b>	
<b>MRC Unit Number</b>	
<b>MRC Unit Name</b>	
<b>MRC Unit Point of Contact (POC)</b>	
<b>POC Email</b>	
<b>Total Award Amount</b>	
<b>Date Invoice 1 submitted</b>	

<b>Tasks completed</b>	<b>Invoice Amount</b>
Invoice & ORA Action Plan	\$

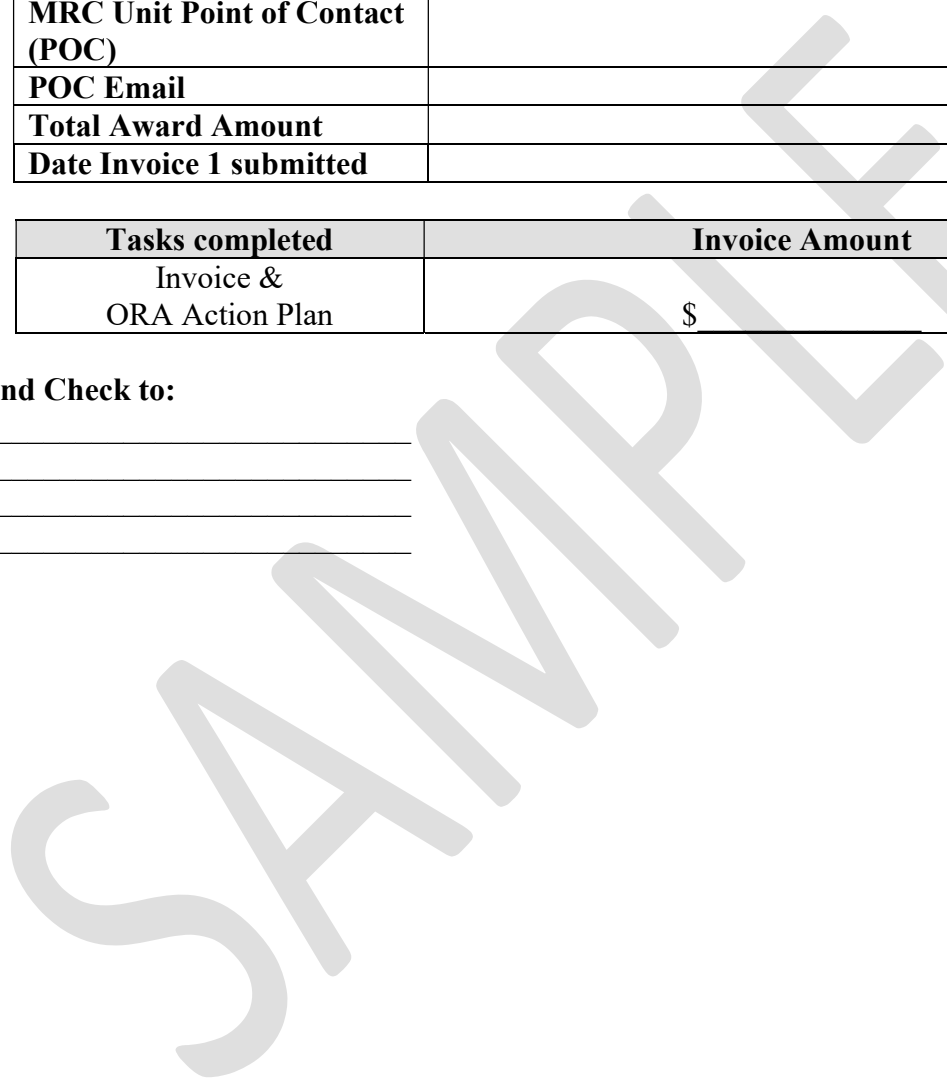
**Send Check to:**

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**2024 MRC Operational Readiness Award Action Plan**  
(Refer to your application to complete the following sections)

**1. Current State:**

Describe the current readiness and capabilities of the MRC unit. Describe barriers to deploying MRC volunteers. Describe the challenges and strengths to support the level of funding requested. Units requesting the Tier 2 award should be able to demonstrate their current capacity to develop and/or strengthen response plans and mission sets. Include how the MRC unit is currently integrated into response plans and opportunities to support new or evolving missions.

**2. Future State:**

Describe the goals of the project (i.e., building or strengthening the unit's operational readiness over the next 12-36 months). Consider what is realistic this project year and what specific steps the unit will take to achieve the project goals (i.e., the objectives). Use [SMART criteria](#) to develop goals and objectives.

**2024 MRC Operational Readiness Award Action Plan**  
(Refer to your application to complete the following sections)

**3. Implementation Plan:**

Describe the activities and/or training events to be conducted to meet the project goals, objectives, and outcomes. Include a brief timeline that covers the next 12 months.

SAMPLE

## **APPENDIX B – MRC ORA Interim Project Survey**

### **2024 MRC Operational Readiness Awards Deliverable Overview of Interim Project Survey Due: July 29, 2024**

MRC unit leaders will receive a link via email in June 2024 to complete the Interim Project Survey. For planning purposes, the Interim Project Survey may contain the following sample questions:

- Has the MRC unit begun the project? Yes/No
- If no, please explain the challenges that have prevented the initiation of the project.
- Describe progress on the implementation plan.
- Describe progress on measurable outcomes.
- Approximately how many MRC volunteers are expected to contribute to the implementation of the project and how many are expected to directly benefit from the project?
- Describe any improvements you would suggest to NACCHO for future award application cycles.

## **APPENDIX C - MRC ORA Final Project Evaluation**

### **2024 MRC Operational Readiness Awards Deliverable 3 Overview of Final Project Evaluation Survey Due: March 2025**

MRC unit leaders will receive a link via email in January 2024 to complete the Final Project Evaluation Survey. For planning purposes, the Final Project Evaluation Survey may contain the following sample questions:

- Was your unit able to complete planned award activities? Yes/No
- What activities were supported by the ORA grant?
- Were the ORA activities evaluated? If so, how?
- What were the measurable outcomes and community impact of your award activities?
- Approximately how many MRC volunteers contributed to ORA activities?
- Approximately how many MRC volunteer hours did the ORA activities benefit from?
- Do you feel that the ORA helped improve the capability/capacity of your MRC unit?
- What resources or tools did the unit develop through your project?
- How many and what types of Mission Sets did the unit develop/strengthen?
- What best practices or resources utilized for ORA activities would you recommend to other MRC units?
- Do you have any success stories, pictures, and/or resources that you would like to share

## PURCHASE OF SERVICE AGREEMENT

### SUMMIT COUNTY PUBLIC HEALTH

Regional Prevention and Linkage to Care Collaborative (RL24)

FY24

This Agreement is made by and between Lorain County Public Health (Partner) located at 9880 Murray Ridge Rd, Elyria, OH 44035 and Summit County Combined General Health District d/b/a Summit County Public Health (SCPH) (collectively, the “Parties”) located at 1867 West Market Street, Akron, Ohio 44313 acting as Administrative and Fiscal agent pursuant to the Regional Prevention and Linkage to Care Collaborative and BJA/COSSUP supplemental funding for this project. Now therefore, for and in consideration of the mutual covenants and conditions contained herein and intending to be legally bound, hereby, SCPH and the Partner agree to this Purchase of Service Agreement.

#### **ARTICLE I: PURPOSE**

Summit County Public Health in collaboration with Lorain County Public Health will create a needs assessment of Region 2 as determined by the Ohio Department of Health with regard to the assigned subregion which includes Ashland, Erie, Huron, Lorain, and Richland Counties, assess the subregion for opportunities to expand naloxone access, harm reduction access, and will be responsible for determining where to place a linkage navigator as determined by the needs assessment.

Now, therefore, in consideration of the covenants and promises set forth below, the Parties agree as follows:

#### **ARTICLE II: CONTRACTING AUTHORITY**

Partner possesses legal authority to execute this Agreement including all understandings and assurances contained herein and directing and authorizing the person(s) identified as the official representative of the Partner to act in connection with the execution of this Agreement.

#### **ARTICLE III: DELIVERABLES**

A. Beginning January 1, 2024 Partner agrees to the following:

1. Document and deliver the Program Components which include, but are not limited to, the following:
  - a.LCPH will attend monthly project meetings with SCPH and subregions
  - b. LCPH will participate in ODH calls as necessary/required
  - c. LCPH will assist in the development of the Region 2 needs assessment with the provision of subregional resources and data

d. LCPH will submit required quarterly data to SCPH for grant reporting purposes

e. LCPH will assist with year two application submission with subregional updates/goals

2. LCPH will comply with all applicable federal and state regulations, rules, statutes and guidelines regarding the expenditure of funds and program requirements.

3. LCPH will provide sufficiently trained staff to provide RL24 activities and services. Partner is responsible for notifying the Project Coordinator of any changes /additions in RL24 personnel.

4. LCPH will assure that RL24 personnel cooperate fully with the Project Coordinator and provide all necessary and appropriate data in a timely manner.

5. LCPH will submit a Monthly Expenditure Report created by ODH detailing time and effort of staff for both RL24 base and supplemental funding by the 5th day of the subsequent month.

6. LCPH must follow and meet programmatic performance requirements. The Partner further understands that their present allocation and/or future allocations will be determined based on the success in fully meeting the programmatic performance requirements.

B. Beginning January 1, 2024 Summit County Public Health agrees to:

1. SCPH shall monitor eligibility and that terms of the Agreement are being carried out. Objectives will be set and level of compliance monitored in order to evaluate the extent to which program objectives contained in the Agreement are being achieved. This may include, but is not limited to: scheduled meetings with supervisors to review completion of the needs assessment; review of time and effort, and data submitted per site.

2. SCPH may, from time to time, communicate specific instructions and requests to the Partner concerning the performance of the work described in this Agreement. Upon such notice and within 10 days after receipt of instructions, the Partner agrees to comply with such instructions and to fulfill such requests to the satisfaction of SCPH. The Parties understand that these instructions and requests will be made only to ensure satisfactory completion of the work described in this contract and are not intended to amend or alter the Agreement or any part of it.

3. SCPH will communicate any renegotiation of the Deliverables and the outcome expectations with the Partner at any time during the term of this Agreement.

#### **ARTICLE IV: Agreement Term and Renewal**

A. This Agreement shall be in effect for RL24 Year 1 from January 1, 2024 through August 31, 2024, subject to the cancellation provisions set forth below in Article X. Partner acknowledges that the contract and contract renewal is subject to the availability of funds from the Ohio Department of Health and COSSUP/Bureau of Justice.

B. The Partner understands that if unable to meet either the state or grant goals, Summit County Public Health may recommend to the Summit County Board of Health that funding be terminated, reduced to that site, or reallocated to an existing site(s) and/or to a new site. Upon such recommendation, SCPH will notify Partner, in writing, within ten (10) days.

#### **ARTICLE V: REPORTS AND RECORDS**

A. Maintain and Provide. Partner shall maintain records, documents, reports and other evidence diligently pertinent to the performance of work under this Agreement in a confidential manner in accordance with Ohio Department of Health and HIPAA guidelines. SCPH or any of its duly authorized representatives shall have access to such records, documents, reports and other evidence for purposes of inspection, auditing and copying upon reasonable notice to Partner. Partner agrees to maintain and provide SCPH access to the following records upon reasonable notice.

1. Accounting and fiscal records adequate to enable the County and/or the State of Ohio (including but not limited to ODH, the Auditor of State, the Inspector General, the Comptroller General of the United States, or any of their duly appointed law enforcement officials) and agencies of the United States government to audit and otherwise verify claims for reimbursement.

2. Other records and reports as required by SCPH, the Ohio Department of Health needed to enable SCPH to comply with local, state and Federal statutes and regulations may include monthly, quarterly, semi-annual records of program progress.

B. Five-year retention. Partner shall maintain all records related to this Agreement and the administration of the program for five (5) years after SCPH makes final payment hereunder and all other pending matters are closed. If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the five-year (5-year) period, the Partner shall retain the records until completion of the action and all issues which arise from it or until the end of the five-year (5) period, whichever is later.

#### **ARTICLE VI: COMPENSATION AND BILLING**

A. Compensation. Subject to the availability of funding from the Ohio Department of Health and COSSUP/Bureau of Justice, Summit County Public Health shall reimburse RL24 Subregions for grant activities, up to an amount not to exceed fifty thousand dollars (\$50,000.00) for RL24 base funding and up to an amount not to exceed fifty thousand dollars (\$50,000.00) for RL24 supplemental funding.



B. Invoicing. Partner shall submit to SCPH approved invoices for both base and supplemental funding by the following dates: April 5, July 5, and September 5. Partner shall make all reasonable efforts to include all services provided during the service month on the invoice. Invoices must be accompanied by documentation supporting all claimed expenses. SCPH will review such invoices for completeness/correctness and for any further information necessary before making payment.

C. Availability of Funds. Payments for all services provided in accordance with the provisions of this Agreement are contingent upon availability of funds.

D. Compliance with OGAPP Manual. Partner acknowledges that according to ODH guidelines, "Any cash balance left at the end of the grant period must be returned to ODH within forty-five (45) days of the invoice date."

E. Reimbursement. SCPH will reimburse the Partner for services provided under this Agreement on a quarterly basis, with the total allocation to this Partner billed quarterly by line item which reflects the budget proposal submitted for FY24 by SCPH.

F. The Partner shall submit an approved and completed invoice to the Director of Facilities and Technology who oversees RL24. The Partner shall certify that all costs are allowable and appropriate as well as the services submitted for payment were actually delivered.

## **ARTICLE VII: RESPONSIBILITY FOR AUDIT EXCEPTIONS**

A. Partner agrees to accept responsibility for receiving, replying to and complying with any audit exception from the appropriate local, state or federal audit authority directly related to the provisions of this Agreement.

1. Partner agrees to reimburse SCPH the full amount of payment it received for services not covered by Partner's contract as set forth in the audit exception.
2. Partner agrees to reimburse SCPH the full amount of payment received for duplicate billing, erroneous billing, deceptive claims, or falsification as found by the appropriate auditing authority.
3. Partner agrees to submit such audits, monitoring, quality assurance or other reports as requested in writing by SCPH during the Agreement Period. Partner agrees to a special audit of expenditures if requested by the Director of SCPH on the basis of evidence of misuse or improper accounting of funds. Failure to provide such information may be reason to suspend payments to Partner until any and all questions or irregularities are resolved. Partner shall submit to SCPH a final report not more than sixty (60) days after the end of the cycle containing a complete Financial Reconciliation and a full Program Evaluation.
4. Partner acknowledges that SCPH may conduct their own audit of Partner's records and invoices pursuant to the principles contained in Circular No. A-133.

## **ARTICLE VIII: SPECIAL CERTIFICATION**

A. Debarment and Suspension. Partner will, upon notification by any Federal, State, or Local government agency, immediately notify SCPH of any debarment or suspension of the Partner being imposed or contemplated by the Federal, State, or Local government agency. Partner will immediately notify SCPH if it is currently under debarment or suspension by any Federal, State or Local government agency.

B. Lobbying Prohibition. Partner certifies and assures that no Federally-appropriated funds have been paid or will be paid by or on behalf of the Partner to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any Federal contract, grant loan or cooperative agreement.

C. Cooperation with CSEA. Partner agrees to cooperate with County and any child support enforcement agency (CSEA) in ensuring that Partner or employees of Partner meet child-support obligations established under state law. Further, by executing this Agreement, Partner certifies present and future compliance with any court order for the withholding support that is issued pursuant to Sections 3113.21 to 3113.27 of the Ohio Revised Code.

## **ARTICLE IX: EQUAL OPPORTUNITY EMPLOYMENT/NON-DISCRIMINATION**

A. Non-discrimination in performance. Partner shall not discriminate in any manner in its performance under this Agreement by reason of race, handicap, color, religion, sex, age or national origin, disability or any other factor as specified in Title VI of the Civil Rights Act of 1964 or Section 504 of the Rehabilitation Act of 1983 and subsequent amendments. Further, Partner shall not discriminate in any manner against any individual regardless of sexual orientation or veteran status. The Partner shall comply with all appropriate Federal and State laws regarding such discrimination and the rights to and method of appeal will be made available to all persons under this Agreement. Any Partner found to be out of compliance may be subject to investigation by the office of Civil Rights, Department of Health and Human Services and termination of this contract.

B. EEO Employer. The Partner warrants that it is an Equal Employment Opportunity employer and is in compliance with all Equal Employment Opportunity statutes, rules, regulations, and Executive Orders and amendments.

C. Non-discrimination in Employment. In carrying out this Agreement, Partner will not discriminate against any employee or applicant for employment by reason of race, handicap, color, religion, sex, age or national origin, disability, or any other factor as specified in Title VII of the Civil Rights Act of 1964 or Section 504 of the Rehabilitation Act of 1983 and subsequent amendments. Partner will ensure that applicants are hired, and that employees are treated during employment without regard to their race, handicap, color, religion, sex, age or national origin,

disability, or any other factor as specified in Title VII of the Civil Rights Act of 1964 or Section 504 of the Rehabilitation Act of 1983 and subsequent amendments. Such action includes, but is not limited to, the following: Employment, Upgrading, Demotion, or Transfer; Recruitment or Recruitment Advertising; Layoff or Termination; Rates of Pay or other forms of Compensation; and Selection for training including Apprenticeship.

D. Posting. Partner agrees to post in conspicuous places, available to employees and applicants for employment, notices stating that Partner complies with all applicable federal and state non-discrimination laws. Partner will, in all solicitations or advertisements for employees placed by or on behalf of Partner, state all qualified applicants shall receive consideration for employment without regard to race, handicap, color, religion, sex, age or national origin, disability, or any other factor as specified in Title VII of the Civil Rights Act of 1964 or Section 504 of the Rehabilitation Act of 1983 and subsequent amendments. Partner will incorporate the foregoing requirements of this paragraph in all of its Agreements for any of the work prescribed herein, and will require all of its subcontractors, for any part of such work, to incorporate such requirements in all subcontracts for such work.

#### **ARTICLE X: TERMINATION/CANCELLATION**

SCPH reserves the right to immediately terminate this Agreement or any part of this Agreement for its sole convenience by supplying written notice to Partner. Partner may terminate this Agreement by providing 30 business days prior written notice to SCPH. Upon termination of this Agreement by either party, Partner must immediately cease all activities relating to the Agreement and immediately deliver to SCPH all work in progress, all property of SCPH, and all information and other materials received or developed under this Agreement. At SCPH's request, Partner must also assist SCPH in efficiently transitioning the project to the new Partner who will continue with the project. SCPH must pay Partner for all services satisfactorily rendered prior to notice of termination upon submission of a proper invoice less any funds previously paid by or on behalf of SCPH. SCPH is not liable for any further claims, and the claims submitted by the Partner are not to exceed the total amount of consideration stated in the Agreement.

#### **ARTICLE XI: SUBCONTRACTING**

If the Partner needs to subcontract in order to provide the services that it has contracted with SCPH to provide, the Partner will obtain written permission from SCPH prior to entering into such an agreement. Partner will also enter into a written subcontracting agreement with the Subcontractor, which contains the same terms, conditions, and covenants contained in the Agreement between the Partner and SCPH. Partner will provide a copy of the subcontracting agreement to the Director of SCPH upon execution of such an agreement. The subcontractor shall comply with those rules set forth in all relevant state and federal requirements, and all requirements contained in this Agreement.

#### **ARTICLE XII: PROPERTY OF SUMMIT COUNTY PUBLIC HEALTH**

Any item produced under this Agreement or with funds provided under this Agreement, including any documents, data, photographs and negatives, electronic reports/records, or other media, are the property

of SCPH, which has unrestricted right to reproduce, distribute, modify, maintain, and use the deliverables. The Partner will not obtain copyright, or other proprietary protection from the deliverables. The Partner will not include, in any deliverable, any copyrighted matter unless the copyright owner gives prior written approval to use such copyrighted matter in the manner provided in this Agreement. The Partner agrees that the deliverables will be made freely available to the general public unless SCPH determines that, pursuant to state or federal law, such materials are confidential.

**ARTICLE XIII: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) of 1996.**

Partner hereby acknowledges that HIPAA requires that all “Covered Entities” notify their members regarding their privacy rights and that the Covered Entity’s responsibility is to safeguard its members’ protected health information. Moreover, as Partner is undertaking public health services under this Agreement, Partner must execute a Business Associate Agreement with SCPH. Said Business Associate Agreement is attached hereto as Exhibit A.

**ARTICLE XIV: LANGUAGE ASSISTANCE TO PERSONS WITH LIMITED ENGLISH PROFICIENCY (LEP) TITLE VI OF THE CIVIL RIGHTS ACT OF 1964:**

Partner hereby acknowledges that Title VI makes it unlawful for an individual or an organization to discriminate against persons with Limited English Proficiency (LEP). Also, agencies who receive federal funding from the U.S. Department of Health and Human Services (HHS) are required to provide oral and/or written translation services to individuals whose primary language (spoken or written) is not English. Partner warrants that if it is an individual or an organization that is a recipient of federal financial assistance from HHS, it has an obligation to ensure that LEP persons have meaningful and equal access to benefits and services.

**ARTICLE XV: ENTITLED GRIEVANCE PROCEDURES**

The Partner will promptly notify SCPH in writing of all grievances initiated by participants that involve the services provided through this Agreement. The Partners shall follow the Grievance Procedure as developed by SCPH and the guidelines set by the Ohio Department of Health. Partner shall submit all pertinent facts and/or resolution of the grievances to the Director of Administration.

**ARTICLE XVI: FEDERAL COMPLIANCE**

Notwithstanding other provisions in this Agreement, Partner will comply with the following provisions, as outlined in OAC 5101:9-4-07 (K), as applicable. Compliance with these provisions does not relieve Partner of having to comply with all other provisions in this Agreement or any other applicable state and/or federal laws.

A. Equal Employment. Partner will comply with Executive Order 11246 of September 24, 1965, entitled “equal Employment Opportunity,” as amended by Executive Order 11375 of October 13, 1967, and as supplemented in department of labor regulations (41 C.F.R.Chapter 60).

B. Davis-Bacon. Partner will comply with the Davis-Bacon Act (40 U.S.C. 276a to 276a-7) as supplemented in U. S. Department of Labor Regulations (29 C.F.R. Part 5).

C. Copeland “Anti Kickback” Act. Partner will comply with the Copeland “Anti-Kickback” Act (18 U.S.C. 874) as supplemented in U.S. Department of Labor Regulations (29C.F.R. Part 3).

D. Contract Work Hours and Safety Standards Act. Partner will comply with 103 and 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-330) as supplemented by U.S. Department of Labor Regulations (29 C.F.R.Part 5).

E. Environment. Partner will comply with all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 1857(h), Section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and U.S. Environmental Protection Agency Regulations (40 C.F.R. Part 15).

F. Whistleblower Protection. Partner will comply with the mandatory standards and policies pursuant to 41 U.S.C. 4712, and all other relevant state and federal whistleblower protection laws.

G. Energy Efficiency. Partner will comply with the majority standards and policies relating to energy efficiency, which are contained in the State Energy Conservation Plan issued in compliance with the Energy Policy and Conservation Act (Pub. L. 94-163, 89 Stat.871).

#### **ARTICLE XVII: COMPLIANCE WITH VENDOR CAMPAIGN CONTRIBUTION LAW**

If this is an Agreement for goods or services in excess of Five Hundred Dollars (\$500) the Partner hereby certifies that all persons identified in Ohio Revised Code sections 3517.13(I) and 3517(J), as applicable, are in compliance with Ohio Revised Code sections 3517.13(I) and 3517.13(J), respectively.

#### **ARTICLE XVIII: MISCELLANEOUS**

A. Non-Assignment. Partner agrees to perform personally all duties and obligations imposed under the terms of this Agreement. Partner agrees not to assign (including by operation of law or otherwise) or delegate the performance of its duties under this Agreement without written consent from SCPH. Any assignments, delegations or substitutions attempted without the previous written consent of SCPH will affect, at the option of SCPH, and cancel of all of SCPH’s obligations under this Agreement.

B. Notice. Any notice required or permitted under this Agreement shall be given in writing and shall be deemed to have been given when personally delivered to any officer of the party receiving notice or when posted in the United States mail by certified mail addressed to:

Director of Facilities and Technology

Summit County Public Health

1867 West Market Street

Akron, Ohio 44313

Health Commissioner

Lorain County Public Health

9880 Murray Ridge Rd.

Elyria, OH 44035

C. **Publicity.** The Partner must acknowledge SCPH as a funding source when publicizing a service funded in any way by SCPH. Partner shall not use the name of SCPH for any commercial purpose without SCPH prior written consent, including Partner's usage for all media and any other printed publications, (i.e. pamphlets, brochures). Additionally, Partner shall submit, to SCPH a copy of all approved publicity and releases prior to the time of release (i.e. news articles, annual reports).

D. **Entire Agreement, Modification and Severability.** This written Agreement represents the entire Agreement between the parties and supersedes all previous Agreements, written and oral, pertaining to the provision of services. This Agreement shall not be modified except in writing signed by both parties. In the event any provision of this Agreement is determined to be invalid by a court of competent jurisdiction; such determination shall not affect the validity of other provisions in the Agreement, which shall be severable.

E. **Waiver.** The remedies contained in this Agreement will be cumulative and additional to any other remedies provided in law or equity. If Partner fails to perform an obligation, and SCPH waives that failure, such waiver is limited to the particular failure so waived and shall not be deemed to waive other failures. Waiver by SCPH is not effective unless it is in writing signed by SCPH.

F. **Reservation of Rights.** A delay or failure in enforcing any right or remedy afforded here under or by law must not prejudice or operate to waive that right or remedy or any other right or remedy, including any remedy, for a future breach of this Agreement, whether of a like or a different character.

G. **Governing Law.** This Agreement is to be governed by and construed in accordance with the laws of the State of Ohio. Any suit brought to enforce any provision of this Agreement or arising from this Agreement must be litigated in the Akron Municipal Court or in the Summit County Court of Common Pleas and Partner permits itself to the jurisdiction and venue of those courts.

H. **Injunctive Relief.** Partner acknowledges that a material breach of this Agreement would cause immediate and irreparable damage to SCPH, which could not be compensated adequately by monetary damages. Accordingly, Partner consents to the entry of appropriate injunctive relief, in

addition to any damages that may be awarded, to prevent, stop or cure any actual or threatened breach of this Agreement.

I. No Authority to Bind. Neither party has the power or authority to bind the other party to contracts or other obligations.

J. Insurance. Partner agrees to provide and maintain throughout the term of this Agreement the following with regard to insurance:

1. General Liability insurance from a commercial carrier or produce proof of self-Insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence;
2. Worker's compensation insurance in such limits as prescribed by law; and;
3. 30 days advance written notice of policy cancellation, non-renewal, and reduction of limits or other material modification.

K. Confidentiality. The parties agree this Agreement is subject to the Ohio Public Records Act and this Agreement shall not be construed to supersede the party's duties to disclose non-exempt public records under Ohio Revised Code 149.43.

L. Employee Compliance. Partner must ensure that all employees of Partner are informed of and agree in writing to abide by all applicable terms of this Agreement applicable to them prior to performing any Services.

M. Review by Legal Counsel. Each party has had the opportunity to review this Agreement with the assistance of legal counsel.

N. Force Majeure. Neither party must be considered in default in the performance of any obligation hereunder, except the obligation to make payment, to the extent that the performance of such obligation is prevented or delayed by pandemic, fire, flood, explosion, strike war, insurrection, embargo, government requirement, civil or military authority, act of God, or any other event, occurrence or condition which is not caused, in whole or in part by that party, and which is beyond the reasonable control of that party. The parties must take all reasonable action to minimize the effects of any such event, occurrence, or condition.

O. Ethics Compliance. Partner agrees to comply with Ohio Ethics Laws as listed in the Ohio Revised Code Chapters 102 & 2921 and the Ohio Administrative Code Chapter 5101. By signing this contract Partner certifies to be in compliance with these provisions.

P. Incident Reports. Partner must immediately inform SCPH of any and all accidents/incidents at their site(s) during program hours that involve program participants. Partner shall be responsible for developing a process for the reporting of incidents/accidents to SCPH.

Q. House Bill 95 - Unresolved findings of recovery. Partner hereby acknowledges that effective January 1, 2004, House Bill 95 enacted a new provision of law (Ohio Revised Code-Section 9.24)

which prohibits any state agency or political subdivision from awarding a contract for goods, services or construction to any periods (i.e. an individual, corporation, business, trust, estate, trust partnership, association) against whom a finding is unresolved. Additionally, the statute limits this prohibition to contracts which are paid in part or whole with state funds and shall exceed \$25,000. Furthermore, the Auditor of State has established a database pursuant to Ohio Revised Code Section 9.24 which lists all persons who have unresolved findings for recovery dating back to January 1, 2001.

R. Independent contractor. The Partner agrees that no agency, employment, joint venture, or partnership has been or will be created between the Parties hereto pursuant to the terms and conditions of this Agreement. The Partner also agrees that, as an independent contractor, the Partner assumes all responsibility for all its employees' federal, state, municipal, or other tax liabilities along with workers compensation, unemployment compensation, retirement and insurance premiums which may accrue as a result of compensation received for services or deliverables rendered hereunder.

S. State Executive Order 2011-12K: Partner has read and understands the contents of Executive Order 2011-12K and shall abide by those requirements in the performance of this Agreement, and shall provide no services required by this Agreement outside of the United States.

T. Remedies. In the event of a breach or default by any party to this Agreement, all parties reserve the right to pursue appropriate remedies to address such breach or default. These remedies may include, but are not limited to, administrative, contractual, equitable, or legal actions. Specifically, any party may seek specific performance to enforce the terms of this Agreement. The waiver of any breach or default on any occasion shall not constitute a waiver of any subsequent breach or default. All parties retain the right to enforce their rights and remedies under this Agreement with respect to any breach or default, regardless of whether such breach or default has been previously waived.

U. Assurances. Partner shall upon execution of this Agreement submit a completed "Assurances Form" attached hereto as Exhibit B, the terms and content of which are incorporated herein by reference.

In Witness whereof, the Parties have caused this Agreement to be executed

SIGNATURES OF AUTHORIZED AGENTS:

Mark Adams

Health Commissioner

Lorain County Public Health

Tax ID# 34-6001704

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Date

Donna Skoda

Health Commissioner

Summit County Combined

General Health District

Tax ID# 34-6002767

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*Donna Skoda*  
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Date

Approved as to Form:

DocuSigned by:  
*Una Laskie* 04/03/2024 | 2:18:14 PM EDT  
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Summit County Assistant Prosecutor

## BUSINESS ASSOCIATE AGREEMENT

THIS AGREEMENT is entered into this 1st day of January, 2024, by and between Lorain County Public Health (referred to as "Business Associate") and Summit County Combined General Health District (referred to as "Agency") in conformance with the Health Insurance Portability and Accountability Act of 1996, its regulations, and the HITECH Act of 2009.

WHEREAS, Agency will make available and/or transfer to Business Associate confidential, personally identifiable health information in conformance with the Agreement for Services executed simultaneously with this Business Associate Agreement, and

WHEREAS, such information may be used or disclosed only in accordance with the privacy regulations [45 CFR §§ 164.502(e); 164.504(e)] and the security regulations [45 CFR §§ 164.308; 164.314] issued pursuant to the Health Insurance Portability and Accountability Act [42 USC §§ 1320 - 1320d-8], relevant amendments effected by the American Recovery and Reinvestment Act of 2009 [Pub. L. 111-5, §§ 13400 *et seq.*] and the terms of this Agreement, or more stringent provisions of the law of the State of Ohio;

NOW THEREFORE, the parties agree as follows:

### 1. Definitions.

- 1.1. **Protected Health Information ("PHI")** means individually identifiable information relating to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual, as more fully defined in 45 CFR § 160.103, and any amendments thereto, received from or on behalf of the Agency.
- 1.2. **Unsecured PHI** is PHI that is not rendered unusable, unreadable or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary of the U.S. Department of Health and Human Services.
- 1.3. **Business Associate** shall have the meaning given to such term in 45 CFR § 160.103.
- 1.4. **Individual** means the person who is the subject of the PHI, as defined in 45 CFR § 160.103, and includes the person's personal representative.
- 1.5. **Privacy Rule** means the Standards for Privacy of Individually Identifiable Health Information found at 45 CFR Parts 160 and Part 164, Subparts A and E, and any amendments thereto.
- 1.6. **Underlying Agreement** means the agreement unto which this Business Associate Agreement is attached and which defines the data set and PHI covered by this Business Associate Agreement.
- 1.7. **Required by law** shall have the same meaning as the term "required by law" in 45 CFR § 164.103.
- 1.8. Any terms not specifically defined herein shall have the same meaning as those terms have in the Privacy Rule.

2. **Copy of Privacy Practices.** If applicable, Agency shall provide to the Business Associate a copy of the current Notice of Privacy Practices and any relevant information on changes to or agreed upon restrictions relating to legal permissions for the use or disclosure of PHI.

3. **Permitted Use.** The Business Associate agrees that it shall not receive, create, use or disclose PHI except as follows:

- 3.1. **Covered Functions.** Except as otherwise limited in this Agreement, Business Associate may use or disclose the PHI on behalf of, or to provide services to, Agency for the purposes necessary to complete the tasks, or provide the services, associated with, and required by the terms of the Underlying Agreement.

**3.2. Disclosure Restrictions.** If necessary for the proper management and administration of the Business Associate or to carry out legal responsibilities of the Business Associate. PHI may only be disclosed to another person/entity for such purposes if:

- 3.2.1. Disclosure is required by law; or
- 3.2.2. Where the Business Associate obtains reasonable assurances from the person to whom disclosure is made that the PHI released will be held confidentially and only may be used or further disclosed as required by law or for the purposes of the disclosure; and person/entity agrees to notify Business Associate of any breaches of confidentiality in a timely fashion and in writing. Documentation needs to follow the same standards and time frames as item 6 below.

**3.3. Data Aggregation.** To permit the Business Associate to provide data aggregation services relating to the health care operations of Agency. Aggregation is defined as combining PHI received from multiple Business Associates to produce data analysis that relates to the operation of the respective Covered Entities.

**3.4. With Patient Authorization.** Agency and Business Associate agree to obtain any consent, authorization, or permission that may be required by the Privacy Rule, Part 2, or any other applicable federal, state, or local laws and/or regulations prior to furnishing such Protected Health Information to Business Associate or Agency.

**4. Minimize Use of PHI.** The Business Associate agrees that it will not request, use, or release more than the minimum necessary amount of PHI to accomplish the purpose of the use, disclosure, or request.

**5. Business Associate Safeguards.** The Associate will use appropriate safeguards to prevent any unauthorized use or disclosure of PHI and shall implement the administrative, physical and technical safeguards that reasonably protect the confidentiality, integrity and availability of the PHI that it creates, receives, maintains or transmits on behalf of the Agency. The Business Associate will use all appropriate safeguards under 45 CFR 164 Subpart C including those identified as addressable. The Business Associate will comply with 74 FR 19006 Guidance Specifying the Technologies and Methodologies That Render PHI Unusable, Unreadable, or Indecipherable to Unauthorized Individuals for Purposes of the Breach Notification Requirements under Section 13402 of Title XIII. With regard to electronic PHI not covered by the Guidance published at 74 FR 19006, the Business Associate will protect electronic PHI at rest and in transit through encryption that complies with the State of Ohio IT Standard, ITS-SEC-01 Data Encryption and Cryptography.

**6. Unauthorized Disclosure and Incident Reporting and Remediation and Privacy and Security Breach Notification.**

**6.1. Incident Reporting.**

6.1.1. Business Associate shall report to Agency the following:

- 6.1.1.1. Any use or disclosure of PHI which is not in compliance with the terms of this Agreement or applicable law of which it becomes aware; and
- 6.1.1.2. Any security incident of which it becomes aware. For purposes of this Agreement, "security incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.

6.1.2. Within 24 hours of discovery of a suspected reportable incident as described in 6.1.1 above, Business Associate shall notify Agency of the existence and nature of the incident as understood at that time. Business Associate shall immediately investigate the incident and within 72 hours of discovery shall provide Agency, in writing, a report describing the results of Business Associate's investigation, including:

- 6.1.2.1. What data elements were involved, the extent of the data involved in the incident, and the identification of affected individuals, if applicable;

- 6.1.2.2. A description of the unauthorized persons known or reasonably believed to have improperly used or disclosed PHI, or to have been responsible for the incident;
  - 6.1.2.3. A description of where the PHI is believed to have been improperly transmitted, sent, or utilized, if applicable;
  - 6.1.2.4. A description of the probable causes of the incident;
  - 6.1.2.5. A description of the proposed plan for preventing similar future incidents, including ongoing risk remediation plan approval; and
  - 6.1.2.6. Whether the Business Associate believes any federal or state laws requiring notifications to individuals are triggered.
- 6.1.3. Reporting and other communications made to the Agency under this section must be made to the Agency's HIPAA privacy officer at:

Summit County Public Health  
Legal Division  
330-926-5736  
[jrichmond@schd.org](mailto:jrichmond@schd.org)  
1867 W. Market St.  
Akron, OH 44313

- 6.2. Business Associate Mitigation.** In addition, Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement, and report its mitigation activity back to the Agency. Business Associate shall preserve evidence.
- 6.3. Coordination.** Business Associate will coordinate with the Agency to determine additional, specific actions that will be required of the Business Associate for mitigation of the Breach, which may include notification to the individuals, entities or other authorities. Notifications, if any, will be made at the direction of the Agency.
- 6.4. Incident costs.** Business Associate shall bear all costs associated with the incident. This may include, but not be limited to, costs associated with notifying affected individuals. It also may include the cost of investigation, remediation, and assistance to individuals including services such as a standard level of credit-monitoring such as Debix's standard service or other comparable service available to Ohio agencies under state term schedules.
- 7. Agency Indemnification.** Business Associate hereby indemnifies Agency and agrees to hold Agency harmless from and against any and all losses, expense, damage or injury that Agency may sustain as a result of, or arising out of, Business Associate, or its agent's or subcontractor's, unauthorized use or disclosure of PHI. This paragraph does not apply to any Business Associate that is a government agency or a political subdivision.
- 8. Subcontractor Obligations.** Business Associate shall ensure that all of its subcontractors and agents are bound, in writing, by the same restrictions and obligations contained herein, including but not limited to the obligation to implement reasonable and appropriate safeguards to protect the information, whenever PHI is made accessible to such subcontractors or agents. The Business Associate shall obtain Agency approval prior to entering into such agreements.
- 9. Access to PHI.** Business Associate shall make all PHI and related information maintained by Business Associate or its agents or subcontractors available as soon as practicable following a request for PHI, but within fifteen (15) days, to the extent necessary to fulfill the following obligations:
- 9.1. Inspection and Copying.** Make the PHI maintained by Business Associate or its agents or subcontractors in Designated Record Sets available to Agency for inspection and copying to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.524 and consistent with Section 13405 of the HITECH Act.

- 9.2. Accounting.** To account for disclosures of PHI in accordance with the provisions of the Privacy Rule, including, but not limited to 45 CFR § 164.528 and the HITECH Act; and shall make all PHI in its possession available to Agency as soon as practicable following a request for PHI, but within fifteen (15) days, to fulfill Agency's obligation to amend PHI and related information in accordance with 45 CFR § 164.526, and shall, as directed by Agency, incorporate any amendments or related statements into the information held by the Business Associate and any subcontractors or agents.
- 10. Compliance and HHS Access.** The Business Associate shall make available to the Agency and to the Secretary of the U.S. Department of Health and Human Services any and all internal practices, documentation, books, and records related to the use and disclosure of PHI received from the Agency, or created or received by the Business Associate on behalf of the Agency. Such access is for the purpose of determining the Agency's compliance with HIPAA, regulations promulgated by the United States Department of Health and Human Services, and any amendment thereto. Any non-compliance by the Business Associate with the terms of this Agreement or the privacy and security regulations shall be a breach of this Agreement if the Business Associate knew of the breach and failed to take immediate and reasonable steps to cure the non-compliance. The Business Associate agrees that Agency has the right to immediately terminate this Agreement and seek relief, including the right to contract for replacement service through another entity at the same cost, with the Business Associate responsible for paying any difference in cost, if Agency determines that the Business Associate has violated a material term of the Agreement.
- 11. Ownership and Destruction of Information.** The PHI and any related information created or received from or on behalf of Agency is and shall remain the property of the Agency. The Business Associate agrees that it acquires no title in or rights to the information, including any de-identified information. Upon termination of this Agreement, Business Associate agrees, at the option of Agency, to return or securely destroy all PHI created or received from or on behalf of Agency following 74 FR 19006 Guidance Specifying the Technologies and Methodologies That Render PHI Unusable, Unreadable, or Indecipherable to Unauthorized Individuals for Purposes of the Breach Notification Requirements under Section 13402 of Title XIII. The Business Associate agrees that it will not retain any copies of PHI except as required by law. If PHI is destroyed, the Business Associate agrees to provide Agency with appropriate documentation or certification evidencing such destruction. If return or destruction of all PHI and all copies of PHI is not feasible, the Business Associate agrees to extend the protections of this Agreement to such information for as long as it is maintained and to limit further uses and disclosures to those which make return or destruction infeasible. Termination of this Agreement shall not affect any of its provisions that, by wording or nature, are intended to remain effective and to continue in operation.
- 12. Termination.** Notwithstanding any term or condition in the Underlying Agreement, the Agency may terminate the Underlying Agreement if at any time it determines that the Business Associate has violated a material term of this Business Associate Agreement. In the alternative, the Agency may, at its sole discretion, take any action provided in the Underlying Agreement, may suspend the Agreement, or may allow Business Associate a reasonable period of time to cure before termination, when such action is determined to be in the Agency's best interest. Upon suspension of the agreement, the Agency may, at its sole discretion, require the Business Associate to comply with the requirements of the above Ownership and Destruction of Information paragraph, in the same manner as though the agreement had been terminated. This paragraph shall in no way alter, amend, limit or change the terms and conditions in the Underlying Agreement as they relate to performance of the Underlying Agreement, and shall solely relate to violation of the terms of the Business Associate Agreement.
- 13. Survivorship.** The obligations to safeguard the confidentiality, privacy and security of PHI imposed herein shall survive the termination of this Agreement.
- 14. Injunctive Relief.** Notwithstanding any rights or remedies under this Agreement or provided by law, Agency retains all rights to seek injunctive relief to prevent or stop the unauthorized use or disclosure of PHI by the Business Associate, any of its subcontractors or agents, or any third party who has received PHI from the Business Associate.

**15. Binding Effect.** Subject to the limitations on assignment provided elsewhere in this Agreement, the Agreement shall be binding on the parties and their successors, but neither party may assign the Agreement without the prior written consent of the other, which consent shall not be unreasonably withheld. This Agreement will be binding upon and inure to the benefit of the respective successors and assigns of the Agency and the Business Associate.

**16. Ambiguities, Strict Performance and Priorities.** Any ambiguities in this Agreement shall be resolved in favor of an interpretation that promotes compliance with HIPAA, regulations promulgated thereunder and HITECH. Any conflicts in the security and privacy terms and conditions of this agreement with those in the Underlying Agreement shall be interpreted to favor of the terms and conditions that promote greater degree of security and privacy. The parties agree that any modifications to those laws shall modify the obligations of the parties hereunder without the need for formal amendment of the Agreement. Any other amendments to this Agreement shall not be effective without the written agreement of both parties. This Agreement will be construed in accordance with the plain meaning of its language and neither for nor against the drafting party. The headings in this Agreement are for convenience only and will not affect the interpretation of any of the Agreement terms and conditions. If at any time either party fails to demand strict performance by the other party of any of the terms of this Agreement, such failure will not be construed as a waiver of any such term, and either party may at any time demand strict and complete performance by the other party.

**17. Notice.** For any notice under this Agreement to be effective the notice must be made in writing and sent to the address of the appropriate contact provided in the Agreement.

IN WITNESS WHEREOF, the parties hereto agree to the foregoing,

For Lorain County Public Health

**For Summit County Combined General Health District**

\_\_\_\_\_  
Mark Adams

DocuSigned by:  
*Donna Skoda*  
\_\_\_\_\_  
Donna Skoda, M.S., R.D., L.D.

\_\_\_\_\_  
Health Commissioner

\_\_\_\_\_  
Health Commissioner

Date: \_\_\_\_\_

04/03/2024 | 3:21:07 PM EDT  
Date: \_\_\_\_\_

Approved as to Form:

DocuSigned by:  
*Una Lakie* 04/03/2024 | 2:18:14 PM EDT  
\_\_\_\_\_  
Summit County Assistant Prosecutor

## Summit County Public Health

### Grant Sub-recipient / Contractor

### Acknowledgement of Notice of Information

I hereby acknowledge I received notice of program administration material available at the website, <https://www.scpH.org/grants> ("Forms and Reference Materials for SCPH Grant Sub-recipients and Contractors").

I reviewed the guidelines related to my responsibilities as a contractor for Summit County Public Health. I agree to adhere to provisions of the federal, state, and local laws related to my responsibilities as a contractor paid through grant monies administered by Summit County Public Health.

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Mark Adams, Health Commissioner,  
Lorain County Public Health

---

(Date)

nkarn@loraincountyhealth.com

---

(Email address)

**Certificate Of Completion**

Envelope Id: 5D5F5911ACA14F7CB61CC5B21D5A70B2	Status: Sent
Subject: Lorain Cty Public Health/Summit Cty Public Health RLA FY24 200133	
Source Envelope:	
Document Pages: 19	Signatures: 4
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	SCPH Contracts
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	1867 West Market Street
	Akron, OH 44313
	contracts@schd.org
	IP Address: 38.94.202.217

**Record Tracking**

Status: Original	Holder: SCPH Contracts	Location: DocuSign
3/29/2024 1:33:50 PM	contracts@schd.org	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Summit County Public Health	Location: DocuSign

**Signer Events**

Una Lakic  
 ulakic@prosecutor.summitoh.net  
 Assistant Prosecuting Attorney  
 Security Level: Email, Account Authentication (None)

**Signature**

DocuSigned by:  
  
 EA5B149F0DBC485...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 172.82.26.86

**Timestamp**

Sent: 3/29/2024 2:06:28 PM  
 Viewed: 4/3/2024 2:04:38 PM  
 Signed: 4/3/2024 2:18:14 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 8/19/2021 4:30:23 PM  
 ID: 52400341-a38b-48ae-bdb4-48aab863d947

Donna Skoda  
 dskoda@schd.org  
 Health Commissioner  
 Summit County Health Department  
 Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
 AA9733A8446146A...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 38.94.202.217  
 Signed using mobile

Sent: 4/3/2024 2:18:16 PM  
 Viewed: 4/3/2024 3:14:48 PM  
 Signed: 4/3/2024 3:21:07 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 9/15/2021 5:40:01 PM  
 ID: de4e48d0-86d5-4073-ad98-24fd0f3388b

Natalie Karn  
 nkarn@loraincountyhealth.com  
 Security Level: Email, Account Authentication (None)

Sent: 4/3/2024 3:21:09 PM  
 Viewed: 4/3/2024 3:23:03 PM

**Electronic Record and Signature Disclosure:**  
 Accepted: 4/3/2024 3:23:03 PM  
 ID: 47f99d51-d0a6-4e1a-aa94-5a82a440534a

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp



<b>Carbon Copy Events</b>	<b>Status</b>	<b>Timestamp</b>
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SCPH Contracts

contracts@sched.org

Security Level: Email, Account Authentication  
(None)

**Electronic Record and Signature Disclosure:**

Accepted: 9/7/2021 10:44:05 AM

ID: f141bc7e-8fa0-400e-a8ef-846bffd6796

<b>Witness Events</b>	<b>Signature</b>	<b>Timestamp</b>
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<b>Notary Events</b>	<b>Signature</b>	<b>Timestamp</b>
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<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
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Envelope Sent

Hashed/Encrypted

3/29/2024 2:06:28 PM

Certified Delivered

Security Checked

4/3/2024 3:23:03 PM

<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
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<b>Electronic Record and Signature Disclosure</b>
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## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, Carahsoft OBO - Summit County Public Health (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

**How to contact Carahsoft OBO - Summit County Public Health:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [emink@schd.org](mailto:emink@schd.org)

**To advise Carahsoft OBO - Summit County Public Health of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [emink@schd.org](mailto:emink@schd.org) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

**To request paper copies from Carahsoft OBO - Summit County Public Health**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [emink@schd.org](mailto:emink@schd.org) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with Carahsoft OBO - Summit County Public Health**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [emink@schd.org](mailto:emink@schd.org) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### **Required hardware and software**

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Carahsoft OBO - Summit County Public Health as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Carahsoft OBO - Summit County Public Health during the course of your relationship with Carahsoft OBO - Summit County Public Health.

# ADVERTISER AGREEMENT

## OUTFRONT/

OUTFRONT Media  
7500 Pingue Drive  
Columbus, OH 43085  
(614) 846-5600  
(614) 846-4387

CONTRACT NO.: **3834301**

DATE: 03/07/24

ADVERTISER: Lorain County Public Health  
BRAND:  
CAMPAIGN:

CLIENT SUPPLIES PRODUCTION: Yes  
ACCOUNT EXECUTIVE: JR Lesniok (G85)

*Copy must meet Production specifications and be received 10 working days prior to each advertising period.*  
THIS AGREEMENT AND THE COPY TO BE DISPLAYED HEREUNDER IS SUBJECT TO THE APPROVAL OF OUTFRONT MEDIA'S MARKET GENERAL MANAGER AND THE OWNER OF THE LOCATION AS APPLICABLE

Advertiser Bill-To# 1164840  
Lorain County Public Health  
9880 Murray Ridge Rd  
Elyria, OH 44035  
440-322-6367  
Attn: Amanda Accordinio

Subject to the terms of the Production Information Addendum Page and the OUTFRONT Media Terms and Conditions of Advertising Service each attached hereto and made a part hereof, the advertiser and/or agency listed on this page (collectively, "Advertiser") hereby contracts with Outfront Media LLC ("Company") for the display of advertising copy ("Copy") on the advertising display(s) described below, commencing approximately on the commencement date of the Advertising Period listed below and delivered in accordance with and subject to Company's Specifications for Inventory and Packages located at [www.outfrontmedia.com/resources/posting-standards](http://www.outfrontmedia.com/resources/posting-standards) (the "Inventory Specifications"). Advertiser shall provide the Copy in the form and type and within the timeframe specified by Company, including sufficient coverage Copy and posting instructions.  
See Production Information Addendum page for shipping quantities and addresses for static copy. For further specifications regarding the inventory and packages purchased under this Contract, see the asset descriptions at [www.outfrontmedia.com/resources/posting-standards](http://www.outfrontmedia.com/resources/posting-standards).

Market/Media	Specifications	#Units	Copy Size	Total Sq. Ft.	Date(s)	No. of Periods	*	Period Cost T=Tax Value B=Barter Value	Period Total
Cleveland, OH Production: Costs	Unit# 10200A-O S/S I-80, 7/10 mile W. of Lorain Blvd (Rt. 57), M	1	14'x48'		04/29/24	1.00	OT	\$672.00	\$672.00

Ref. Space Contract#  
Customer Ref#  
Special Instructions:

Total Net Amount: \$672.00  
Total Shipping Cost: \$0.00  
Total Sales Tax: \$0.00  
Net Non-Space Total: \$672.00

**THIS AGREEMENT IS NON-CANCELABLE BY ADVERTISER EXCEPT AS SET FORTH IN THE TERMS AND CONDITIONS ATTACHED HERETO. THIS CONTRACT CONSISTS OF THIS PAGE, THE INVENTORY SPECIFICATIONS LOCATED AT [WWW.OUTFRONTMEDIA.COM/RESOURCES/POSTING-STANDARDS](http://WWW.OUTFRONTMEDIA.COM/RESOURCES/POSTING-STANDARDS), THE PRODUCTION INFORMATION ADDENDUM PAGE, ANY ADDENDA APPLICABLE TO OTHER PRODUCTS AND SERVICES (SUCH AS MOBILE ADVERTISING OR ATTRIBUTION SERVICES), AND THE OUTFRONT MEDIA TERMS AND CONDITIONS OF ADVERTISING SERVICE INCORPORATED HEREIN, ALL OF WHICH ADVERTISER HEREBY ACKNOWLEDGES RECEIVING AND APPROVING. ANY MISSING PAGES OF THIS CONTRACT MAY BE OBTAINED OR REQUESTED THROUGH ANY OUTFRONT MEDIA OFFICE OR REPRESENTATIVE IF LOST OR NOT RECEIVED BY ADVERTISER. FACSIMILE OR ELECTRONIC SIGNATURES SHALL HAVE THE SAME FORCE AND EFFECT AS ORIGINAL SIGNATURES. THIS CONTRACT MAY BE EXECUTED IN SEVERAL COUNTERPARTS, EACH OF WHICH SHALL CONSTITUTE ONE AND THE SAME INSTRUMENT. THE AGENCY AND/OR THE SIGNATORY HERETO REPRESENTS AND WARRANTS THAT THEY ARE AUTHORIZED TO EXECUTE THIS CONTRACT ON BEHALF OF AND BIND THE ADVERTISER AND THAT THE ADVERTISER APPROVES SAME.**

\* Period Codes: M=Monthly; W=Weekly; 4W=4 Weeks; D=Daily; OT=One Time TF=Till Forbid \*\*\* Configured Spots is the maximum number of spots on a digital display



# ADVERTISER AGREEMENT - PRODUCTION INFORMATION ADDENDUM

PAGE 3 OF 5

## OUTFRONT/

Advertiser Bill-To# 1164840  
 Lorain County Public Health  
 9880 Murray Ridge Rd  
 Elyria, OH 44035  
 440-322-6367  
 Attn: Amanda Accordino

CONTRACT NO.: 3834301

DATE: 03/07/24

ADVERTISER: Lorain County Public Health

ACCOUNT EXECUTIVE: JR Lesniok (G85)

BRAND:

CAMPAIGN:

*Copy must meet Production specifications and be received 10 working days prior to each advertising period.*

THIS AGREEMENT AND THE COPY TO BE DISPLAYED HEREUNDER IS SUBJECT TO THE APPROVAL OF OUTFRONT MEDIA'S MARKET GENERAL MANAGER AND THE OWNER OF THE LOCATION AS APPLICABLE

Market	Media/Location(s)	Configured Spots***	Size	Copy Due Date	Shipping Quantity	Shipping Address	Service AE	Ext. Fab Per Sq Ft
Cleveland, OH	Bulletins/Unit# 10200A-O S/S I-80, 7/10 mile W. of Lorain Blvd (Rt. 57), MM 145 F	NA	14'x48'	04/15/24	1	OUTFRONT Media 7500 Pingue Dr. Columbus, OH 43085 (614) 846-5600 Attn Outdoor Operations		



## OUTFRONT MEDIA TERMS AND CONDITIONS OF ADVERTISING SERVICE

Page 4 of 5

- 1. Scope of the Contract.** The "Contract" consists of these terms and conditions, the facing page, the Production Information Addendum, any attached addenda applicable to other products and services (such as mobile advertising or attribution services), if any, and Company's Specifications for Inventory and Packages located at [www.outfrontmedia.com/resources/posting-standards](http://www.outfrontmedia.com/resources/posting-standards) (the "Inventory Specifications"), which are incorporated by reference herein. If an advertising agency or other agent or licensee of Advertiser ("Agency") is entering into this Contract on Advertiser's behalf, Agency represents that it has the authority to act and is acting as agent for Advertiser.
- 2. Delivery of Copy.** At least ten working days before the estimated start date (unless otherwise agreed in writing by Company or set forth in the Inventory Specifications), Advertiser, at its sole expense, shall furnish and deliver to Company or to service points designated by Company sufficient supply of advertising copy ("Copy"), in the form and type specified by Company, with all necessary coverage supply and posting instructions. If Copy is not timely and properly received in accordance with the Contract, a loss of service may occur and additional costs may be charged by Company, although commercially reasonable efforts will be used to post late Copy as promptly as practicable after receipt from Advertiser. If Advertiser requests expedited installation within five working days of Company's receipt of late Copy, a fee of not less than \$650 per location will be payable. Company may use the location(s) in any manner prior to posting the late received Copy without limiting Advertiser's liability to pay for such location(s).
- 3. Copy Approval and Responsibility for Content.** The character, design, text and illustrations on Copy and the material used are subject to approval by Company and by the location owner, transit company/authority or third party controlling the location ("Owner"). Nudity, pornographic, profane or obscene Copy is prohibited. If Copy is rejected, Advertiser shall provide acceptable replacement Copy within ten days of notification of rejection. If Advertiser fails to provide acceptable replacement Copy within such ten-day period, Company shall have the right to use the location(s) in any manner, without releasing Advertiser from its obligation to pay for such location(s). If after installation or posting, the Owner of a display disapproves any advertisement or if Company determines that adverse publicity, reputational harm or liability to Company or third parties has or is likely to result from any display, Company shall have the right to remove the advertisement and, at its option, either terminate this Contract or request new acceptable Copy in accordance with this paragraph. ~~Advertiser shall indemnify, defend and save harmless Company and Owner against all claims and liabilities (including reasonable attorneys' fees and expenses) arising out of the advertising material displayed under this Contract, including, but not limited to, any claim for defamation, fraud, misrepresentation, any claim for infringement of any copyright, trademark, or other intellectual property right, or any claim for violation of any right of privacy, common law right or any other right of any person or entity.~~
- 4. Publicity for Certain Copy.** If the Copy concerns a political, religious or social issue, Advertiser (including Agency) shall not make any press release or other public announcement or media outreach regarding this Contract or the related Copy that refers to Company without Company's express prior written consent (which consent may be granted or denied in Company's sole discretion), except as required under applicable law, in which case Advertiser shall obtain the approval of Company as to the form, nature and extent of the press release, public announcement or media outreach prior to issuing the press release or making the public announcement.
- 5. Inspection of Displays.** Advertiser shall inspect each display within three days after installation or posting. Unless Advertiser gives written notice to Company specifying any defect within such three-day period, the display shall be conclusively presumed to have been inspected and approved by Advertiser for all purposes whatsoever, including the content and location of displays.
- 6. Maintenance and Damage.** Company will use commercially reasonable efforts to maintain static displays in good condition to the extent of matters reasonably within Company's control. Should Advertiser's static Copy be lost, stolen, damaged, defaced, or deteriorated for any reason whatsoever, including ordinary wear and tear, Advertiser shall furnish replacement Copy, upon Company's request, without liability or expense to Company. If Advertiser fails to provide such replacement Copy, Company may use the location in any manner, without releasing Advertiser from its obligation to pay for such location. Any repainting or reposting requested by Advertiser in addition to that specified herein shall be paid by Advertiser in advance per Company's current quoted prices.
- 7. Inability to Post Copy.** If for any reason whatsoever (i) Company is unable to secure any specified location or loses the right to use any location, or (ii) Company posts fewer locations or less Copy than specified, or (iii) any location becomes obstructed, destroyed or defaced, or (iv) Company fails to display digital Copy in accordance with the minimum display standard for digital displays as set forth in the Inventory Specifications, or (v) Company fails to deliver the minimum number of guaranteed impressions in accordance with the Inventory Specifications (where Company has provided an impression guarantee), or (vi) Company otherwise fails to meet its obligations hereunder, such failure shall not be deemed a breach or termination of this Contract and shall not render Company liable for any damages or offsets of any kind other than as set forth in this paragraph. As Advertiser's sole remedy and Company's sole obligation for any such failure (except where a more specific remedy is expressly provided for in this Contract), Company shall, at its sole option, either (A) extend the Advertising Period and/or post additional Copy to provide an equivalent amount of advertising service at the contracted location or a replacement location of equal value (per Company's prices and/or classifications), (B) provide a pro-rated credit for advertising services equivalent to the amounts paid for services not rendered, or (C) terminate the Contract in whole or in part and receive payment in full for services rendered through the termination date, with all other remedies at law or equity being expressly waived by Advertiser.
- 8. Illumination of Static Displays.** Where illuminated static displays are provided, illumination will be from dusk to midnight unless otherwise specified by Company for a specific display. If illumination is halted or reduced for any reason, including, but not limited to, compliance with law or malfunction of equipment, and such period of halted or reduced illumination continues for more than five days after Company's receipt of notice from Advertiser, as Advertiser's sole remedy for such illumination failure, Advertiser shall receive a credit for the period of reduced or non-illumination at the rate of 15% of the contract price for the impacted period.
- 9. Invoicing and Payment.** Invoicing will be rendered monthly in advance dating from the commencement date of the first Advertising Period. Where the facing page of this Contract specifies delivery by impressions and Company approves payment in arrears, invoicing will be rendered monthly as of the last business day of each month during the Advertising Period and following the end of the Advertising Period based on the number of impressions delivered during the prior monthly period or part thereof. Invoices rendered to Advertiser shall be conclusive as to the correctness of the items stated unless Company receives written objection within 15 days of the invoice date. Non-receipt of invoices or lack of invoicing shall not impact Advertiser's liability hereunder. All rates and adjustments are computed on the basis of 30 days to the month, unless



a different period is specified on the facing page of this Contract. Invoices shall be due 30 days after the date of invoice and failure to pay within such timeframe shall result in a default hereunder and shall further be deemed a default under any other agreements with Company. Invoices not paid when due shall accrue interest at the rate of 1.5% per month (18% annually), or such lesser rate permitted by law. Additionally, any discounts given shall be forfeited/reversed for invoices not paid within 60 days from the date thereof. Notwithstanding the foregoing, in the event that Company accepts payment by ACH or credit card, Company shall have the right, at Company's option, to either (i) require Advertiser to pay all amounts due or coming due under the Contract on the date of the ACH or credit card payment or (ii) require Advertiser to set up recurring payments whereby Advertiser's ACH or credit card is charged on each invoice date for the full invoice amount.

10. **Credit Approval.** Acceptance of this Contract is subject to credit check and approval by Company. Company, in its sole discretion, may extend or reject credit, or at any time during the term withdraw credit, and Company may thereupon require partial or full payment of the remaining contract amount in advance.

11. **Advertiser Default.** In the event of default or material breach by Advertiser, in addition to other remedies available at law, Company may: (i) cancel this Contract without prior notice and demand payments of all amounts remaining due and owing; (ii) without terminating this Contract, declare the entire balance of payments to be made hereunder immediately due and payable; (iii) remove all of Advertiser's Copy without limiting Advertiser's liability hereunder; and/or (iv) declare Advertiser in default under any other agreement with Company. Waiver by Company of any breach by Advertiser hereunder shall not prejudice the rights of Company with respect to any breach not specifically waived by Company.

12. **Unused Copy.** Company shall not be held responsible for unused posters, displays or other Copy provided by Advertiser and Company may dispose of any such materials in its discretion. Company may promote Company's own business through the use of Advertiser's Copy or displays in any manner whatsoever.

13. **General.** This Contract contains the full agreement of the parties, and no prior representation or assurance, verbal or written not contained herein, shall affect or alter the obligations of either party hereto. Company and Advertiser accept this Contract subject to all federal, state and municipal laws and regulations. In the event any advertisement becomes illegal, Company reserves the right to terminate same upon notice to Advertiser. This Contract is not cancelable or assignable by Advertiser, nor may the subject of the advertising be changed without the consent of Company. All parties comprising Advertiser hereunder, including Agency, shall be jointly and severally liable under this Contract. This Contract and all related claims shall be construed according to the laws of the State of New York and New York County, New York shall be the proper and exclusive legal jurisdiction and venue for any resulting legal action. Company is an Equal Opportunity Employer.

14. **Counterpart Signatures.** This Contract may be executed in numerous counterparts, all of which shall be considered one and the same agreement. For purposes of this Contract, facsimile or electronic signatures shall be considered original signatures.

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End of Terms and Conditions





## Advertising Agreement

### Ohio Turnpike Service Plaza Advertising

AGREEMENT FOR ADVERTISING SPACE ("Agreement") entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2024, by Travel Boards, Inc. ("Travel Boards") and Lorain County Public Health ("Advertiser").

**Advertiser Information:**

Company: Lorain County Public Health  
 Address: 9880 S. Murray Ridge Road  
 City/State/Zip: Elyria, OH 44035  
 Phone: 440.322.637 Fax: 440.322.0911

**Contract #** 24TBI066DI  
**Initial Term:** 5 Months  
**Term Start Date:**  
*Term start date will be completed by TBI.*

**Billing Information (if different):**

Company:  
 Address:  
 City/State/Zip:  
 Phone:  
 Fax:  
 Email:

**Contact Information:**

Contact: Amanda Accordino  
 Title: Health Education Specialist  
 Phone 1: 440.284.3211  
 Phone 2: 440.322.6367  
 Fax: 440.322.0911  
 Email: aaccordino@loraincountyhealth.com

### Digital Advertising

Service Plaza	Milepost	Type	Rate
Middle Ridge	139.5	20-30 second Ad	\$1,575.00
Vermilion Valley	139.5	20-30 Second Ad	\$1,575.00

Total Cost: \$3,150.00

**Production Information:**

**Due Dates:**

Company Name: Lorain County Public Health  
 Contact: Amanda Accordino  
 Phone: 440.284.3211  
 Email: aaccordino@loraincountyhealth.com

Signed Agreement: 3/13/24  
 Payment: 3/20/24  
 Approved Creative: 3/20/24  
 Run Date: April 2024 through August 2024

Advertiser agrees to purchase advertising as indicated above. By signing this Agreement, Advertiser or its Agent/Representative and Travel Boards, Inc. hereby agree to all of the terms and conditions contained herein, and cause this Agreement to be executed.

**Advertiser**

**Travel Boards, Inc.**

Signature: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Garrett L. Evans

Title: \_\_\_\_\_

President

Company: Lorain County Public Health

Travel Boards, Inc

Date: \_\_\_\_\_

\_\_\_\_\_

*See Page 2 for Terms and Conditions*

## TERMS AND CONDITIONS

This Agreement for Advertising and Related Services ("Advertising"), is by and between Lorain County Public Health ("Advertiser"), and Travel Boards, Inc., ("Travel Boards"). Travel Boards is licensed to act as the marketing and advertising contractor for the Ohio Turnpike and Infrastructure Commission ("OTIC").

1. **THE OHIO TURNPIKE AND INFRASTRUCTURE COMMISSION** is not a party to this Agreement and shall not be liable for any direct, indirect, incidental or consequential damages of any kind with respect to the performance or non-performance, acts, errors and/or omissions of Travel Boards with respect to this Agreement.
2. **START DATE.** Travel Boards agrees that if the Advertising is posted after the Start Date, it will refund to the Advertiser the prorated share of the Total Cost, or it will arrange to extend the term for a period equal to the number of days elapsed between the Start Date and the date the Advertising is posted.
3. **LIMIT OF LIABILITY.** Should any Ad experience downtime, become blocked from view, or should there be removals, alterations or installation delays at any time for any reason, Travel Boards' sole liability shall be limited to crediting Advertiser with its prorata share of the Total Cost for the time the Advertising is not viewable in the manner contemplated herein. Advertiser shall have no claim, for any reason, for lost business opportunities, lost profits, costs, expenses, or any other direct, indirect, incidental or consequential damages of any kind.
4. **INVOICES AND PAYMENT.** Invoices are due upon receipt. Invoices not paid as agreed may result in Travel Boards canceling this Agreement and removal of Advertising. Upon such cancellation, Advertiser shall not be relieved of its obligation to pay 100% of the Total Cost indicated on the face of this Agreement. In the event of non-payment, Travel Boards shall be entitled to reimbursement of all of its expenses incurred in the collection process, including Attorney's fees.
5. **ADVERTISING APPROVAL.** All advertising copy submitted for Ohio Turnpike advertising is subject to the provisions of the OTIC's Advertising Policy (which will be provided upon request and is incorporated by reference as if fully rewritten herein) as well as all Federal, State, and local laws and regulations applicable to the showing of the Advertising. Copy may be edited with the approval of Advertiser, or rejected at the sole discretion of the OTIC at any time without prior notice. Any rejection prior to posting the Advertising shall result in the refund to Advertiser of any and all payments of Total Cost, less any production costs incurred by Travel Boards.
6. **INDEMNIFICATION.** Advertiser represents and covenants to Travel Boards that it has full right, title and interest in the logo, trademark and trade name being used in the Advertising, or that Advertiser has valid and existing license which is currently in full force and effect, to use such logo, trade name and trademark in the manner contemplated herein, and that all materials submitted and/or approved by Advertiser for inclusion in the Advertising is accurate and lawful to publish and market. ~~Advertiser shall indemnify, defend and hold harmless Travel Boards and OTIC, their officers, directors, board members, employees, agents, affiliates, successors and assigns, against any and all claims, judgments, liabilities, losses, damages, costs and expenses (including without limitation attorney's fees and the costs of defense) which Travel Boards and/or OTIC may incur or be required to pay as a result of or arising out of the posting of the Advertising, or breach by Advertiser of any of the representations and warranties set forth in this Agreement, including but not limited to, the content and design of the Advertising.~~ This provision shall survive the termination or expiration of this Lease.
7. **PROOF APPROVAL.** Travel Boards will not be liable for any typographical or copy errors or omissions. Proofs of Advertiser's Advertising shall be submitted to Advertiser prior to publication for approval and to be checked for accuracy. Advertiser shall be solely responsible to ensure the accuracy and correctness of its Advertising.
8. **NON-EXCLUSIVE AGREEMENT.** Advertiser understands that this Agreement does not constitute an exclusive arrangement for advertising. Nothing herein shall be construed to preclude Travel Boards from marketing, soliciting or selling advertising space at the same location or any other location to other entities including competitors of any existing advertiser. However, if Advertiser wishes to renew the Agreement for additional terms, and is otherwise an advertiser in good standing with Travel Boards, then it shall be given preference to continue advertising in the space provided under the previous term of the Agreement; provided, however, that Advertiser notifies Travel Boards in writing of its intent to renew at least sixty (60) days prior to the expiration of the term currently in effect.
9. **DEFAULT.** In the event Advertiser is in default of any provision of this Agreement, or if Advertiser is in default of any other Agreement it has with Travel Boards or its affiliates, Travel Boards may, at its option, suspend or cancel this Agreement by notifying Advertiser in writing.
10. **NON WAIVER.** No waiver by Travel Boards of any term, condition or representation of this Lease and Addendum(s) or the breach of any term, condition or representation shall constitute a waiver of any subsequent breach. No delay on the part of Travel Boards in exercising any right, power or privilege hereunder shall operate as a waiver thereof, nor shall any single or partial exercise of any right, power or privilege preclude any other or further exercise thereof or the exercise of any other right, power or privilege.
11. **MODIFICATIONS TO AGREEMENT.** This Agreement constitutes the entire understanding between the parties and supersedes all prior oral or written understanding(s) of the parties regarding the subject matter in this Agreement, and may not be modified, amended or waived other than by a writing signed by the parties hereto. No conditions, printed or otherwise, appearing on contracts, orders, or copy instructions that conflict with the provisions on this Agreement will be binding on Travel Boards.
12. **GOVERNING LAW.** This Agreement shall be governed by the laws of the State of Ohio, and each party hereto hereby submits to the jurisdiction of the appropriate court of and within the State of Ohio.
13. **FACSIMILE SIGNATURES.** Facsimile signatures shall be sufficient to bind the parties hereto; provided however, upon either party's request, this Agreement may be signed in duplicate, and the originals shall be exchanged between the parties.
14. **ASSIGNMENT BY ADVERTISER.** This Agreement may not be assigned by Advertiser without the written consent of Travel Boards.

\_\_\_\_\_  
Initial  
Advertiser

\_\_\_\_\_  
Initial  
Travel Boards



## LCPH Travel Requests for April 10, 2024

Employee Name	LCPH Department	Name of Event	Event Start Date	Event End Date	Location of Event (City, State)	Approximate Total of Expenses	Program/Grant to be Charged
Heather Pasterak	Community Health	Hospital Visit at Metro for POSC	3/12/2024	3/12/2024	Cleveland, OH	\$50.00	TANF
Heather Pasterak	Community Health	CHW and OB Navigator Retreat	3/14/2024	3/14/2024	Cleveland, Ohio	\$60.00	TANF
Kathryn DuBois	Community Health	New Employee Training AOHC	3/14/2024	3/14/2024	Delaware, OH	\$40.00	CMH
Janine Trottier	Emergency Preparedness & Epi	NEO Regional Meetings	3/15/2024	3/15/2024	Pepper Pike, Ohio	\$90.00	PHEP
Mackenzie Foster	Community Health	LCCS Visit	3/15/2024	3/15/2024	Cleveland Heights, OH	\$60.00	Children Services
Scott R. Pozna	Environmental Health	NOACA Water Quality Subcommittee Meeting	3/15/2024	3/15/2024	Cleveland, Ohio	\$50.00	EH /Sewage
Brent Styer	Emergency Preparedness & Epi	NACCHO Preparedness Summit	3/25/2024	3/28/2024	Cleveland, Ohio	\$881.42	Enhanced Operations (EO) Grant
Janine Trottier	Emergency Preparedness & Epi	2024 Preparedness Summit	3/25/2024	3/28/2024	Cleveland, Ohio	\$1,044.65	EO
Jill Lis	Emergency Preparedness & Epi	2024 Preparedness Summit	3/25/2024	3/28/2024	Cleveland, Ohio	\$869.84	EO/Covid Enhanced Operations
Lynn Rebman	Emergency Preparedness & Epi	2024 Preparedness Summit	3/25/2024	3/28/2024	Cleveland, Ohio	\$755.53	EO
Mark Adams	Administrative Services	NACCHO Preparedness Summit	3/25/2024	3/25/2024	Cleveland, OH	\$40.00	Administration
Mark Adams	Administrative Services	Guest lecture on public health at CSU	3/26/2024	3/26/2024	Cleveland, OH	\$40.00	Administration
Tracy Verlotti	Community Health	LCCS visit	3/29/2024	3/29/2024	Broadview Heights	\$49.58	LCCS
Janine Trottier	Emergency Preparedness & Epi	PHEP Discussion	4/2/2024	4/2/2024	Pepper Pike, Ohio	\$95.00	PHEP
Jennifer Day	Community Health	LCCS visit	4/4/2024	4/4/2024	New London, OH	\$45.00	LCCS
Mark Adams	Administrative Services	Kent State University Job Fair	4/4/2024	4/4/2024	Kent, OH	\$80.00	Admin General
Mitchell Dandurand	Emergency Preparedness & Epi	Kent State Career Fair	4/4/2024	4/4/2024	Kent, Ohio	\$60.00	EO

Janine Trottier	Emergency Preparedness & Epi	NEO Healthcare Coalition Meetings	4/5/2024	4/5/2024	Mentor, Ohio	\$100.00	PHEP
Caitlin Dahler	Population Health	TFOA Quarterly Meeting	4/9/2024	4/9/2024	Columbus, OH	\$225.00	Tobacco
Mackenzie Foster	Community Health	RL24 in-person meeting	4/9/2024	4/9/2024	Akron, OH	\$80.00	RL24
Natalie Karn	Community Health	RL24 in-person meeting	4/9/2024	4/9/2024	Akron, Ohio	\$80.00	RL24
Greg Putka	Environmental Health	Ohio Environmental Health Association Conference	4/11/2024	4/12/2024	Dublin, OH	\$500.00	General EH
Greg Putka	Environmental Health	NEO EH Director's Meeting	4/15/2024	4/15/2024	Akron, OH	\$50.00	General EH
Catherine Mavrich	Population Health	2024 Ohio Child Passenger Safety Conference	4/23/2024	4/24/2024	Columbus, Ohio	\$251.44	WD23 (CHW)
Danielle Benham	Population Health	Car seat conference	4/23/2024	4/25/2024	Dublin, OH	\$645.00	WD23 (CHW)
Ebony Smith	Administrative Services	Ohio Child Passenger Safety Conference	4/23/2024	4/24/2024	Dublin, OH	\$525.00	WD23 (CHW)
Danielle Benham	Population Health	CHW completion ceremony	4/25/2024	4/25/2024	Columbus, OH	\$135.00	WD23 (CHW)
Ebony Smith	Administrative Services	Ohio Public Health Conference	4/29/2024	5/1/2024	Lewis Center, OH	\$300.00	Admin General
Marissa Wayner	WIC	Ohio WIC Directors Mtg and 50th Anniversary Celebration	5/2/2024	5/2/2024	Columbus, Ohio	\$250.00	WIC
Marissa Wayner	WIC	Directors mtg	5/2/2024	5/2/2024	Columbus, Ohio	\$250.00	WIC
Amanda Accordino	Population Health	Ohio State University Summer Program in Population Health 2024	5/27/2024	5/31/2024	Columbus, Ohio	\$2,000.00	EO23
Andrea Ferguson	Population Health	Summer Program in Population Health 2024	5/27/2024	5/31/2024	Columbus, Ohio	\$2,200.00	EO grant
Nancy McGinty	Administrative Services	CMH PHN Regional Meeting	6/10/2024	6/10/2024	Mt. Vernon, OH	\$140.00	CMH
Mackenzie Foster	Community Health	AOHC New Employee training	7/10/2024	7/10/2024	Delaware, OH	\$190.00	Nursing General

**\$12,232.46 TOTAL**