**FUNDING FORMULA INFORMATION SHEET**

**SUBMITTED TO CLHO HEALTHY STRUCTURE COMMITTEE**

Submitted by (CLHO Committee): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date presented to CLHO Healthy Structure Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our intent for this review is so we can better understand the public health system at the state and local levels. We want to maximize our partnership in providing services for Oregonians. Please provide the following information in regards to the funding formula for which you are requesting review and approval:

(Note: The CLHO Healthy Structure Committee needs the information at a minimum seven working days prior to our monthly meeting.)

**Update of existing funding formula?** Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please say why.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is new work required? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the program element reviewed in regards to the amount of funding/

formula change/new work required? Yes \_\_\_\_\_ No \_\_\_\_\_

**Level Funding?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the process used in reviewing the program element and agreeing on with any changes to the required work since level funding is actually considered a reduction in funding.

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**Reduction in Funding?** Yes \_\_\_\_\_ No\_\_\_\_\_\_

If yes, please describe the process used in reviewing the program element and agreeing on changes to the required work.

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**New funding formula?** Yes \_\_\_\_\_ No \_\_\_\_\_

Is the formula replacing other funds? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this a mandated program/service? Yes \_\_\_\_\_ No \_\_\_\_\_

Is new work required? Yes \_\_\_\_\_ No \_\_\_\_\_

Was a program element written? Yes \_\_\_\_\_ No \_\_\_\_\_

**Exception to formula?**

 One-time only funds? Yes\_\_\_\_\_\_ No\_\_\_\_\_

 Mid-year change? Yes\_\_\_\_\_\_ No\_\_\_\_\_

Explain exception:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What is the funding source and basic criteria for the expenditure of funds?

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2. What is the eligibility criteria for these funds?

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3. What is the state/county split of these funds? What are the expectations at state and county level for expenditure of funds?

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4. If there is a base in the funding formula, how was it determined? What is the committee’s rationale for the base? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. What state infrastructure is needed to provide support to the local programs?

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Other comments:
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In order for the CLHO Funding Formula Committee to have ample time to read, review and consider this request, please submit all information, at a minimum, seven working days prior to the Committee’s monthly scheduled meeting (fourth Monday of each month, 3:00-4:30 pm via conference call). Please provide all supporting documentation with this information sheet (e.g. program elements, spreadsheets).

Thank you very much,

CoChairs: Pat Crozier(pcrozier@co.linn.or.us)

 Pam Hutchinson (phutchinson@co.marion.or.us)

 Healthy Structure Committee Members

Amended July 2015