

Kansas Department of Health and Environment
Bureau of Community Health Systems

Authorization to Direct 2015-2016 PHEP Local Funds to Regional Group

As the Administrator of the _____ Health Department, by my signature on this document, I am authorizing officials of the Kansas Department of Health and Environment, Bureau of Community Health Systems, to direct a portion of this county's 2015-2016 Public Health Emergency Preparedness award to the control of the _____ (region name) regional group effective _____ (date).

The amount of funding _____ Health Department wishes to transfer is: _____ (enter whole dollar amount not to exceed 50% of total local health department's allocation).

It is clearly understood that this action allows the regional group to spend the funds in a manner agreed upon by the regional council and approved by KHDE to benefit the region as a whole. It is further understood that the _____ Health Department will hold no expectation that the regional group will purchase goods and/or services for this local health department using said funds.

Local Health Department Administrator Printed Name

Date

Local Health Department Administrator Signature

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|---|
| For KDHE Use ONLY: |
| Date Received _____ |
| Date Processed _____ |
| Amount Transferred _____ |
| Notification to Regional Fiscal Agent _____ |