

## State Formula

### Program Purpose

State Formula (General Health) Funds are provided to local health departments to form the base for public health service support. These funds are intended to help insure that "adequate health services are available to all inhabitants of the State of Kansas." There are no specific program requirements at this time for this funding however all applicants who are local health departments must complete the "State Formula Program Request" questions.

### Funding

Funding will be allocated to each local health department based on the formula contained in the Kansas Statutes Annotated (K.S.A. 65-241) applied to funds appropriated for this purpose by the current Legislature. The attached document (County Population and General Health Award) lists the amount that will be allocated to each health department based on that projected appropriation level. If the actual appropriation varies from that amount, a new allocation list will be prepared and distributed. [County Population and General Health Award](#).

The statute authorizing the State Formula Grant, K.S.A. 65-241 et. seq., requires a [Local Maintenance of Effort](#).

**Local Health Department administrators should communicate with appropriate county officials to ensure that local maintenance of effort amounts are adequately and correctly certified.**

### Specific Program Information

- a. Complete the "State Formula Program Request" form.
- b. List the previous year Local Tax Revenue Amount on the "Application for Grant" summary page.

### Additional Consideration

To be eligible to receive Formula Funding, a health department must:

- a. Be a county, city-county, or multi-county department of health.
- b. During the current year, receive and expend local tax revenue in accordance with attached KDHE maintenance of effort clarification memorandum.
- c. Submit an application requesting funding, completing all questions on the "State Formula Program Request".

### Reporting Requirements

- a. No narrative report is required.
- b. Submit the following information on a quarterly basis: A Certified Affidavit of Expenditures which will require reporting of total local tax and other non-state, non-federal revenue and expenditures.

### Program Contact Person

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Form: Program Request  
County Population and General Health Award

References: [Local Maintenance of Effort](#)