

**CITIZENS ADVISORY COMMITTEE MEETING
WEST VOLUSIA HOSPITAL AUTHORITY
MARCH 7, 2023
THE CHISHOLM CENTER, 520 S. CLARA AVENUE, DELAND
5:30PM**

AGENDA

1. Call to Order / Opening Observance
2. Approval of Agenda
3. Citizens Comments
4. CAC Organizational/Orientation Meeting Minutes February 7, 2023
5. CAC Review/Overview of Funding Application
 - A. Non-Primary Care Funding Application
 - B. CAC Ranking Sheet
 - C. Funding Application Calendar
 - D. Steps in Funding Review Process
6. Current Funding Agreements & Adopted Budget Emailed 2/20/23
7. Applicant Workshop - Question & Answer Session Between Applicants and CAC Members
8. CAC Comments
9. Adjournment

If any person decides to appeal any decision made by the CAC with respect to any matter considered at this meeting or hearing he/she will need a record of the proceedings, and for such purpose he/she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based (FS 286.0105). Individuals with disabilities needing assistance to participate in any of these proceedings should contact the WVHA Administrator at least three (3) working days in advance of the meeting date and time at (386) 626-4870.

**CITIZENS ADVISORY COMMITTEE MEETING
WEST VOLUSIA HOSPITAL AUTHORITY
DELAND CITY HALL
120 S. FLORIDA AVENUE DELAND, FL
FEBRUARY 7, 2023 - 5:15PM
MINUTES**

CAC Members/Attendance:

Lyda Kiser
Christian Brown
Taylor Hibel
Jacquie Lewis
Patrick Rogers
Althea King
Lorna Owens

Absent:

Ella Ran (Excused)
Maria Valdivia (Excused)
Jenneffer Pulapaka (Excused)

Others Present:

Commissioner Judy Craig
Commissioner Donna Pepin
Attorney for the Authority: Theodore Small, Law Office of Theodore W. Small, P.A.
WVHA Administrator Stacy Tebo

Call to Order / Opening Observance

Acting Vice-Chair Lewis called the CAC Meeting to order and established that there was a quorum present. Acting Vice-Chair Lewis opened the meeting with a moment of silence and The Pledge of Allegiance.

Approval of Agenda

Member King moved to approve the agenda. Member Hibel seconded the motion. The motion passed by a 7-0-3 vote.

**Election of Officers
Chair**

Acting Vice-Chair Lewis opened the floor for nominations.

Member Rogers nominated Member Lewis to the Office of CAC Chair. Acting Vice-Chair Lewis declined the nomination.

Acting Vice-Chair Lewis nominated Member Hibel to the Office of CAC Chair. Member Kiser seconded the nomination.

There were no further nominations for the Office of CAC Chair; by acclimation, Member Hibel was declared CAC Chair.

Vice-Chair

Acting Vice-Chair Lewis opened the floor for nominations.

Acting Vice-Chair Lewis nominated Member Rogers to the Office of CAC Vice-Chair. Member Rogers declined the nomination.

Chair Hibel nominated Member King to the Office of CAC Vice-Chair.

There were no further nominations for the Office of CAC Vice-Chair.

Member King was declared CAC Vice-Chair by acclimation.

Citizens Comments

Commissioner Pepin addressed the CAC and thanked the members for volunteering their time to assist the West Volusia Hospital Authority.

The new CAC members were welcomed. Each CAC member, Commissioner Craig, Ms. Tebo, and Attorney Small introduced themselves.

Attorney Theodore W. Small, Legal Counsel CAC Bylaws

Attorney Small explained the bylaws, along with the two changes recently adopted by the WVHA Board of Commissioners.

WVHA Enabling Legislation

Attorney Small provided a history of the WVHA and the enabling legislation that created it to provide access to health care for the qualified indigent residents of the taxing district.

Florida Sunshine Law

Attorney Small explained Florida's Sunshine Law and stressed that CAC members cannot have discussion outside of the public meetings with other CAC members if the discussion pertains to something that might foreseeably come before the CAC for a vote.

Member Owens left at 6:33 p.m. for a prior appointment.

Conflicts of Interest

Attorney Small explained conflicts of interest and noted that if a CAC member is voting on something, it cannot be a benefit to the member or the member's organization. He advised that if a specific question arises, members can call the Commission on Ethics to help avoid any trouble.

Attorney Small also spoke about the funding application that would be released soon and the CAC's role in reviewing submitted applications.

Commissioner Judy Craig – Parliamentary Procedure

Commissioner Craig provided handouts to the CAC regarding parliamentary procedure and explained the importance of following it for maintaining order during meetings. She provided a cheat sheet to the members outlining the basics of a meeting and how to move through a meeting agenda. She explained the purpose of making motions and how to make them.

WVHA Contact List/Board Member Terms/2023 CAC Members

This was provided to the Committee Members for informational purposes. Vice-Chair King noted that her last name on the list was incorrect.

Tentatively Scheduled Meetings – 2023 **Time, Date & Location of CAC Meetings**

Ms. Tebo explained that at the previous Board meeting, there was discussion from present CAC members that the current meeting schedule was problematic. She said that the Board wanted the CAC's input on meeting day, time, and location. Ms. Tebo asked if the individual meetings should continue to be held on Tuesday.

Chair Hibel moved to continue holding the CAC meetings on Tuesdays. Member Rogers seconded the motion. The motion passed 5-1-4.

Chair Hibel entertained a motion to move the meeting to a later time. Vice-Chair King moved to hold the CAC meetings at 5:30 p.m. Member Lewis seconded the motion. The motion passed 6-0-4.

Ms. Tebo asked the members if they preferred to hold their meetings in DeLand or Deltona. Vice-Chair King moved that two of the individual meetings will be held in Deltona and two in DeLand. Member Rogers seconded the motion. The motion passed 6-0-4.

Attorney Small noted that May 2nd will be a really important meeting for the funded agencies to attend so that the CAC is able to ask questions.

Funding Process **Steps in Funding Review Process**

These documents and schedules were provided to the Committee Members in order for them to have the dates for the funding review process and to place these dates in their personal calendars.

Attorney Small suggested that Ms. Tebo email the funding application to the CAC members.

Adjournment

There being no further business before the Committee, the meeting was adjourned.

Taylor Hibel, CAC Chair

**WEST VOLUSIA HOSPITAL AUTHORITY
C/O STACY TEBO – WVHA miCare Clinic
844 W. PLYMOUTH AVE.
DELAND, FLORIDA 32720
TEL: (386) 456-1252**

NON-PRIMARY CARE APPLICATION

(Reviewed Initially by Citizen Advisory Committee)

**APPLICATIONS ARE DUE BY 12:00 P.M.,
NOON, THURSDAY, APRIL 6, 2023**

Thank you for your recent request for the West Volusia Hospital Authority (WVHA) Funding Application Packet. Please pay close attention to the enclosed information designed to assist your efforts. We look forward to reviewing your proposal.

ELIGIBLE APPLICANTS

Applications will be accepted from other governmental entities or Florida corporations (for-profit or non-profit) with the capacity, competence, and experience to accomplish proposed program goals and objectives. A different application and process is applicable to primary care providers.

ELIGIBLE SERVICES

Services must be provided within the boundaries of the West Volusia Hospital Authority. Only those programs which provide medical, health care related or access to health care services to indigent residents of West Volusia County (as set forth in Chapter 57-2085, Laws of Florida, as amended, and pursuant to section 200.065, Florida Statutes) will be considered for funding. All program requests must include measurable goals or outcomes and cost effectiveness/efficiency data.

CONTENT OF APPLICATIONS

Applications for funding must be submitted in the attached format and must address, at a minimum, the specific information requested in each section. Submissions are limited to no more than 14 pages (not counting required documents) and no smaller than 11 pt. font.

APPLICATION SUBMISSION DEADLINE

One original and seventeen copies of the completed application and attachments must be submitted by **NOON, April 6, 2023**, a strictly enforced deadline, at the following address:

West Volusia Hospital Authority
c/o Stacy Tebo – WVHA miCare Clinic
844 W. Plymouth Avenue
DeLand, Florida 32720

Applicants are encouraged to submit well in advance of this deadline to avoid any traffic, technical, weather or other unforeseen difficulties that result in missing that strict deadline.

APPLICATION REVIEW

The Citizens Advisory Committee (CAC) of the West Volusia Hospital Authority reviews all applications. Applications will subsequently be placed on the Agenda of the West Volusia Hospital Authority Board of Commissioners (Board) for final determination for funding. The CAC will recommend and the Board will determine finally whether a proposed program is fully funded, funded in part or not funded at all. Generally funding commitments will conform to the October 1st – September 30th fiscal year and require applicants to execute a written funding agreement in a form acceptable to West Volusia Hospital Authority. Applicants that have not previously received funding are encouraged to request a sample of the required written funding agreement to ensure that funding requests comply with the required fee-for-service model and that program participants can be screened individually for qualifications pursuant to the *West Volusia Hospital Authority (WVHA) HealthCard Program Eligibility Guidelines and Procedures*.

REPORTING REQUIREMENTS/INVOICES

Reporting requirements will vary according to program/service and will be determined at the time of approval for funding. Invoices submitted to the Authority for services must include, at a minimum, invoice amount, time period covered, services rendered, a de-identified reference number for the individual client served, the aggregate number of individuals served and the cost per unit of service. No cost or rate of reimbursement charged to the Authority may exceed that charged to any other insurance payer, funding entity, public or private, for the same or substantially the same services. A final report must be submitted to the Authority within 30 days of the end of the fiscal year and shall include services rendered, number served, outcomes and final budget information.

AGENCY: _____

EXECUTIVES DIRECTOR/PRESIDENT: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

AGENCY STATUS (Circle One) Government Not for Profit For Profit Other
Explanation, if you marked other:

TOTAL PROGRAM COST: \$ _____ APPLICATION YEAR _____ PRIOR YEAR GRANTED \$ _____

*WVHA FUNDS REQUESTED: \$ _____ \$ _____

**AVERAGE COST/UNIT OF SERVICE WITH COMPARATIVE REIMBURSEMENT:

Description of Service (Separately describe each type and RX fee)	Agency cost per unit of service	WVHA Reimbursement rate per unit of service	Medicaid Reimbursement rate per unit of service	Medicare Reimbursement rate per unit of service	Private Insurance Reimbursement rate per unit of service

* If you received funding last year and there is a significant change between the funds received or the reimbursement rate structure last year and the funds requested or the reimbursement rate structure proposed this year, please explain below:

**If your response is N/A, please explain in detail why it is not applicable. If service is not reimbursed by Medicaid, Medicare or private insurance in Florida, please provide comparative rate information from another state where it is covered. If service is not reimbursed by another state or private insurance, please explain why you believe it should be reimbursed by WVHA. If rates vary by carrier, please provide the range of rates:

Mission of your Agency:

SECTION I – PROPOSAL (See Appendix A)

A. Identify why funds are being requested and how funds will be used: _____

B. Describe your target population (the specific segment of the serviceable population you will be serving – i.e. children, seniors, pregnant, etc) in West Volusia:

1. Identify any obstacles you anticipate in individually qualifying your target population pursuant to the ***West Volusia Hospital Authority (WVHA) HealthCard Program Eligibility Guidelines and Procedures*** and if any, describe how you will overcome them to comply with those Eligibility Guidelines and Procedures:

C. Estimate the total number of people that will be served for the proposed budget year:

D. What measurable (i.e. outcomes that can be evaluated) outcomes/goals will this service address

E. Describe the outcome measures your agency uses to assess if the goals are met

1. If industry standards are used, identify source: _____

a.) What was your agency's rating against this standard(s): _____

2. If questionnaires were used:

a) Last year how many questionnaires were completed: _____

b) Number of valid complaints issued _____

c) Please attach summary of results.

3. If your agency uses any other monitoring method please explain methodology and outcome:

F. Identify which of the health issues cited in the current Volusia County Community Health Needs Assessment report does this program address.

SECTION II - AGENCY ORGANIZATION

A. Administrative and/or Financial Personnel provide organizational chart and qualifications related to their role in providing oversight and fiduciary responsibilities

B. Medical and/or Professional Personnel list the education, experience, qualifications and describe the roles of personnel involved in providing the direct service to be funded by WVHA.

Remainder of this page intentionally blank

SECTION III – FUNDING

Proposed Program Budget

Complete this section only for the program for which funds are being requested. The West Volusia Hospital Authority prior to finalization of the funding agreement may request a copy of the Agency Operating Budget.

Program Revenue (Program associated with WVHA funding request only)	Amount	% Of Program Revenue**
Federal		
State		
County		
Other Local Funding (list)		
In-Kind Contributions		
3 rd Party Reimbursements		
Fees		
Medicaid/Medicare		
Other (list anything over 10% of Program Revenue)		
Amount Requested from the WVHA		
TOTAL REVENUE *		

Request brief narrative... Program Expenses (Program associated with WVHA funding request only)	Amount	% Of Program Expenses **
Salaries and benefits		
Contracted services		
Administrative and other services		
Medical		
Pharmacy		
Other (list anything over 10% of Program Expense)		
TOTAL EXPENSE *		

*** TOTAL REVENUE MUST EQUAL TOTAL EXPENSES - ** % COLUMN MUST TOTAL 100%**

- A. Describe any upcoming opportunities for receiving matching and/or other funding whether through federal and state governmental funds other than WVHA funding that may become available to support or reduce WVHA financial support of this program in the future.

- B. What attempts have you made to locate other funding sources or partners to meet this program's needs?

- C. If the funding that the agency is requesting from the WVHA is dependent in any way upon another agency's support or activities, show substantiation and identity of that relationship.

- D. Describe how your agency can save the WVHA taxpayers money:

BUDGET NARRATIVE

Attach, in narrative form, an explanation and justification of all line items listed for this program of service using the following guidelines. All items should be addressed. Indicate N/A where appropriate and explain why not applicable.

Personnel:

List each person who will be employed with position title, description and salary, payroll taxes and cost of benefits for each position.

Contracted Services:

Justify services provided under subcontracts and explain why agency staff cannot perform them.

Administrative and Other Services:

List other categories of expenses incurred in operating Proposed Program. Justify any exceptional amounts.

Medical:

Describe how these services are provided and how cost is determined.

Pharmacy:

Describe how these services are provided and how cost is determined.

Other:

Include any expected costs not listed above. Provide clear justification for each item.

AGENCY ATTESTATION FORM

AGENCY: _____

SERVICE NAME: _____

TO COMPLY WITH WEST VOLUSIA HOSPITAL AUTHORITY APPLICATION REQUIREMENTS FOR FUNDING OF MEDICAL SERVICES FOR FISCAL YEAR 2022-2023, THE ABOVE REFERENCED AGENCY OR CORPORATION ATTESTS THAT:

1. **INCORPORATION.** Applicant is a governmental agency or a corporation registered with the Office of Secretary of State for the State of Florida.
2. **NEGOTIATION.** Applicant is aware that a mutually agreed written funding agreement is necessary before any approved funding can be disbursed and the applicant recognizes that the West Volusia Hospital Authority reserves the right to disapprove funding if it deems any proposed modification of its standard funding agreement as unacceptable. The applicant may request a sample of this standard funding agreement by contacting the WVHA Attorney.
3. **SERVICE AVAILABILITY.** Services will be made available on a nondiscriminatory basis regardless of race, religion, color, sex, national origin, age, handicap or marital status.
4. **DOCUMENTS.** Applicant will submit the following documents by NOON on April 6, 2023 with all other parts of the completed application:
 - a) Basic Financial Statements, Audit Reports and Management Letter from an independent audit for the previous fiscal year (if an audit was performed) or most current organizational financial statement if no audit was performed
 - b) A copy of all licenses that are legally required for Applicant to perform proposed services.
 - c) If tax exempt, a Tax Exempt Determination Letter from the Internal Revenue Service or signed letter from CPA verifying exempt filing status
 - d) Fire and Health Inspection Certificates for service site(s) (if applicable)
 - e) Certificates of insurance
5. **BACKGROUND CHECK.** All employees of the agency working directly with children or vulnerable adults must have a background screening completed through the abuse registry prior to working directly with children or vulnerable adults.
6. **FISCAL CONDITIONS.** Circle the appropriate response to each of the following questions:

a)	Yes	No	Has your agency ever had a contract canceled for cause?
b)	Yes	No	Does your organization owe any repayment of funds to any funding sources?
c)	Yes	No	Has your organization declared bankruptcy or had any assets attached by any court within the last 3 years?

If the answer to any of the questions stated above is “yes”, please attach a written explanation.

**FAILURE TO CERTIFY AND COMPLY WITH THE ABOVE REQUIREMENTS
MAY RESULT IN PROGRAM FUNDS BEING DENIED AND, IF ALLOCATED,
BEING WITHDRAWN, REALLOCATED, OR DELAYED.**

(Chief Agency Officer)

(Date)

(Type Name/Title)

(Date)

(Authorized Agency Countersignature)

(Date)

(Type Name/Title)

(Date)

APPENDIX A Guide to Assist Applicants

Identify Why Funds are Being Requested: Examples

1. To provide health or mental health care services or access to such services to residents of West Volusia who are experiencing poverty as defined by WVHA.
2. To add capacity. I will now be able to serve X amount of people as opposed to Y.
3. Program start up. Based on population of X people who are eligible for this service, we propose to provide this particular service and our proposed population will be Y number of people

What Outcome(s)/Goals will this Service Address: **Must be quantifiable statements** (examples)

1. This service will improve health care or access to health care to this target population in the following quantifiable ways.
2. X amount of people will receive treatment for Y period of time with an expected rate of recovery of Z%. This is in compliance with the national average of a recovery rate of B based on the standard for this disorder.
3. X number of people will receive treatment that will limit hospital emergency room cost. It is estimated that our average cost for this treatment per person is Y where it is estimated that a hospital treatment cost is Z.

Describe the Outcome Measures Your Agency Uses to Assess if the Goals are Met

State what they are and how your agency ranked: e.g. "I used the American Medical Association's scoring standards and we were at X percentile which is Y% above, below, or on the mark of the National Goal."

The following questions will be used by the CAC in ranking all funding applications

If it were up to you as a member of the CAC or the Board would you:

- A) Fund this applicant at 100% of the requested amount. Why:
- B) Not fund this applicant. Why:
- C) Fund this applicant but not at the requested amount of \$ _____.
But fund the amount of \$ _____. Why:

WVHA/CAC Ranking Sheet

CAC Member: _____

Please write your answers below for questions A), B), or C) if it were up to you would you:

A) Fund this applicant at 100% of the requested amount, why:

B) Not fund this applicant, why:

C) Fund this applicant but not at the requested amount but fund the amount of \$ _____, why:

**Please provide detailed explanations for your rankings in the spaces below
each Agency Name**

CURRENTLY FUNDED APPLICANTS APPLYING FOR 2022-2023

A, B or C

1	Florida Department of Health Dental Services \$150,000.00	
	A)	
	B)	
	C)	
2	The Neighborhood Center Outreach-Access to Care \$100,000.00	
	A)	
	B)	
	C)	
3	The House Next Door Therapeutic \$60,000.00	
	A)	
	B)	
	C)	
4	SMA Baker Act \$300,000.00	
	A)	
	B)	
	C)	
5	SMA Psychiatric/Homeless \$78,336.00	
	A)	
	B)	
	C)	
6	SMA Residential \$550,000.00	
	A)	
	B)	
	C)	
7	Community Legal Services of Mid-Florida \$105,794	
	A)	
	B)	
	C)	

8	Healthy Start Coalition of Flagler & Volusia (HSCFV) Outreach \$81,560.00	
	A)	
	B)	
	C)	
9	HSCFV FSC \$76,331.00	
	A)	
	B)	
	C)	
10		
	A)	
	B)	
	C)	
11	Hispanic Health Initiative \$75,000.00	
	A)	
	B)	
	C)	
12	Rising Against All Odds \$145,140.00	
	A)	
	B)	
	C)	

**West Volusia Hospital Authority
Funding Process
Funding Application Calendar 2023-2024
Citizens Advisory Committee Schedule**

Feb 7, 5:15 p.m.	CAC Organizational/Orientation
March 7, 5:15 p.m.	CAC Regular meeting followed by an applicant workshop meeting with agency representatives present
<i>April 6, NOON</i>	<i>ENFORCED Deadline for submission of funding applications to WVHA Administrator Stacy Tebo at miCare Deltona clinic: 840 Deltona Blvd. Unit M, Deltona, FL 32725</i>
April 20, 5:00 p.m.	Joint meeting of CAC and WVHA Board of Commissioners to review applications received
May 2, 5:15 p.m.	CAC Discussion & Q&A meeting and review of applications received with representatives from agencies applying for funding present
May 9, 5:15 p.m.	Preliminary Ranking Discussion Meeting for CAC Members to discuss upcoming ranking results
May 23, 5:15 p.m.	Citizens Advisory Committee FINAL Ranking meeting and funding recommendations prepared for the Board
June 15, 5:00 p.m.	Joint meeting of CAC and WVHA Board of Commissioners to present final funding recommendations.

Location for the WVHA Board Meetings and the CAC Meetings will be determined by the WVHA at its meeting on February 16, 2023 at 5:00 p.m. It will be held in Ballroom B at The Sanborn Center, 815 S Alabama Ave, DeLand, FL 32724.

All meetings are open to the public.

WVHA - Citizen's Advisory Committee Steps in Funding review process 2023			
Step	Responsible	Time needed	Projected Date
Applications received	Administrator	1 day	4/6
List of applicants distributed to CAC & Board members by email	Administrator	1 day	4/6
Applications reviewed for licensing, insurance and math errors (sent back for corrections if needed)	Administrator	7 days	4/13
Applications picked up by CAC members	CAC members	7 days	4/13
Board notified of new programs applying for funding (On Joint mtg Agenda)	Administrator	Joint meeting of Board and CAC	4/20
Applications reviewed by CAC	CAC members	19 days (from 4/13)	5/2
Discussion/Q&A Meeting	CAC members	N/A	5/2
1st Ranking Discussion Meeting	CAC Members	N/A	5/9
Prepare and distribute minutes from Q&A /Ranking to CAC members	Administrator	7 days	5/16
Final Ranking and comments meeting	CAC members	N/A	5/23
Prepare and distribute draft of funding recommendations to CAC members by email			
Finalize funding recommendations	Administrator	14 days	6/6
Present funding recommendations to Board	CAC Members	Joint meeting of Board and CAC	6/15



**West Volusia Hospital Authority
Adopted Budget 9/30/2023**

Millage Rate	1.0816
FUND BALANCE FROM PRIOR FISCAL YEAR	\$ 20,000,000
REVENUES AND OTHER SOURCES	
<i>Revenues</i>	
Ad Valorem Taxes	\$ (15,900,000)
Investment Income	(45,000)
<i>Total Revenues</i>	<u>(15,945,000)</u>
<i>Other Sources</i>	
Addition to (Use of) Reserves	-
<i>Total Revenues and Other Sources</i>	<u>\$ (15,945,000)</u>
EXPENDITURES AND OTHER USES	
<i>Healthcare Expenditures</i>	
Specialty Care Services	\$ 3,000,000
Emergency Room Care	1,000,000
Florida Dept of Health Dental Svcs	150,000
Hispanic Health Initiatives	75,000
Community Legal Services	105,794
Rising Against All Odds	145,140
Halifax Hospital	3,000,000
AdventHealth	
Primary Care	2,500,000
Pharmacy	900,000
HSCFV - Outreach	81,560
HSCFV - Fam Services	76,331
The House Next Door	60,000
SMA - Homeless Program	78,336
SMA - Residential Treatment	550,000
SMA - Baker Act - Match	300,000
H C R A - In County	400,000
H C R A - Outside County	400,000
The Neighborhood Center	100,000
Other Healthcare Expenditures	370,000
<i>Total Healthcare Expenditures</i>	<u>13,292,161</u>
<i>Personnel Services</i>	
Regular salaries and wages	65,588
FICA	5,017
Retirement	8,467
Life and Health Insurance	12,000
Workers Compensation Claims	25,000
<i>Total Personnel Services</i>	<u>116,072</u>
<i>Other Expenditures</i>	
Legal Counsel	85,000
Outside Legal Counsel	72,000
Outside Legislative Advisory	72,000
Audit	20,000
General Accounting	108,000
Healthy Communities Kid Care Outreach	72,202
Application Screening - THND	447,364
Application Screening - RAAO	81,452
TPA Services	682,000
Building Occupancy Costs	100,000
Advertising	10,000
Other Operating Expenditures	30,000
Office Supplies	6,749
Tax Collector & Appraiser Fee	650,000
City of DeLand Tax Increment District	100,000
<i>Total Other Expenditures</i>	<u>2,536,767</u>
Total Expenditures	<u>\$ 15,945,000</u>