



**COMBINED ALLEN COUNTY GENERAL HEALTH DISTRICT
ALLEN COUNTY**

SINGLE AUDIT

FOR THE YEAR ENDED DECEMBER 31, 2021

**COMBINED ALLEN COUNTY GENERAL HEALTH DISTRICT
ALLEN COUNTY
DECEMBER 31, 2021**

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OHIO AUDITOR OF STATE KEITH FABER



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INDEPENDENT AUDITOR'S REPORT

Combined Allen County General Health District
Allen County
219 East Market Street
P.O. Box 1503
Lima, Ohio 45801

To the Members of the Board:

Report on the Audit of the Financial Statements

Opinions

We have audited the cash-basis financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Combined Allen County General Health District, Allen County, Ohio (the Health District), as of and for the year ended December 31, 2021, and the related notes to the financial statements, which collectively comprise the Health District's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective cash-basis financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the Health District, as of December 31, 2021, and the respective changes in cash-basis financial position thereof and the respective comparisons for the General and Women, Infants and Children funds for the year then ended in accordance with the cash-basis of accounting described in Note 2.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Health District, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Emphasis of Matter - Accounting Basis

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Emphasis of Matter

As discussed in Note 4 to the financial statements, the Health District restated the December 31, 2020 General Fund unencumbered fund balance to correct an error. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the cash basis of accounting described in Note 2, and for determining that the cash basis of accounting is an acceptable basis for preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audit was conducted to opine on the financial statements as a whole that collectively comprise the Health District's basic financial statements.

The Schedule of Expenditures of Federal Awards as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards is presented for purposes of additional analysis and is not a required part of the financial statements.

Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied to the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, this schedule is fairly stated in all material respects in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated September 9, 2022, on our consideration of the Health District's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Health District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health District's internal control over financial reporting and compliance.



Keith Faber
Auditor of State
Columbus, Ohio

September 9, 2022

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Combined Allen County General Health District
Statement of Net Position - Cash Basis
December 31, 2021

	Governmental Activities
Assets	
Equity in Pooled Cash and Cash Equivalents	<u>\$1,376,807</u>
<i>Total Assets</i>	<u><u>\$1,376,807</u></u>
Net Position	
Restricted for:	
Other Purposes	695,201
Unrestricted	<u>681,606</u>
<i>Total Net Position</i>	<u><u>\$1,376,807</u></u>

See accompanying notes to the basic financial statements

Combined Allen County General Health District
Statement of Activities - Cash Basis
For the Year Ended December 31, 2021

	Program Cash Receipts		Net (Disbursements) Receipts and Changes in Net Position
	Cash Disbursements	Charges for Services and Sales	Operating Grants and Contributions
			Governmental Activities
Governmental Activities			
Current:			
Health:			
Public Health	\$4,563,976	\$1,544,331	\$2,576,901
Debt Service:			
Principal Retirement	43,494		(43,494)
Interest and Fiscal Charges	20,199		(20,199)
<i>Total Governmental Activities</i>	\$4,627,669	\$1,544,331	\$2,576,901
General Receipts:			
Subdivision			715,930
Miscellaneous			39,350
<i>Total General Receipts</i>			755,280
Change in Net Position			248,843
<i>Net Position Beginning of Year</i>			1,127,964
<i>Net Position End of Year</i>			\$1,376,807

See accompanying notes to the basic financial statements

Combined Allen County General Health District
Statement of Assets and Fund Balances- Cash Basis
Governmental Funds
December 31, 2021

	General	Women, Infants and Children	Building Improvement Fund	Other Governmental Funds	Total Governmental Funds
Assets					
Equity in Pooled Cash and Cash Equivalents	\$515,422	\$28,504	\$166,184	\$666,697	\$1,376,807
<i>Total Assets</i>	<u>515,422</u>	<u>28,504</u>	<u>166,184</u>	<u>666,697</u>	<u>1,376,807</u>
Fund Balances					
Restricted		28,504		666,697	695,201
Committed	79,914				79,914
Assigned	435,056		166,184		601,240
Unassigned	452				452
<i>Total Fund Balances</i>	<u>\$515,422</u>	<u>\$28,504</u>	<u>\$166,184</u>	<u>\$666,697</u>	<u>\$1,376,807</u>

See accompanying notes to the basic financial statements

Combined Allen County General Health District
Statement of Receipts, Disbursements and Changes in Fund Balances - Cash Basis
Governmental Funds
For the Year Ended December 31, 2021

	General	Women, Infants and Children	Building Improvement Fund	Other Governmental Funds	Total Governmental Funds
Receipts					
Subdivision fees	\$715,930	0	0	0	\$715,930
Fines, Licenses and Permits	1,005,117	0	0	\$496,027	1,501,144
Contractual Services	71,084	0	0	0	71,084
Federal Grants	0	\$587,768	0	1,596,636	2,184,404
State Grants	227,748	0	0	117,738	345,486
Miscellaneous	39,350	5	0	19,109	58,464
<i>Total Receipts</i>	<u>2,059,229</u>	<u>587,773</u>	<u>0</u>	<u>2,229,510</u>	<u>4,876,512</u>
Disbursements					
Current:					
Salary	854,492	343,246	0	1,098,941	2,296,679
Benefits	321,505	162,310	0	412,325	896,140
Materials & Supplies	314,660	15,895	0	167,297	497,852
Services & Charges	278,261	91,420	0	187,041	556,722
State Remittances	194,059	0	0	33,873	227,932
Equipment	43,173	0	0	45,478	88,651
Debt Service:					
Principal Retirement	43,494	0	0	0	43,494
Interest and Fiscal Charges	20,199	0	0	0	20,199
<i>Total Disbursements</i>	<u>2,069,843</u>	<u>612,871</u>	<u>0</u>	<u>1,944,955</u>	<u>4,627,669</u>
<i>Excess of Receipts Over (Under) Disbursements</i>	<u>(10,614)</u>	<u>(25,098)</u>	<u>0</u>	<u>284,555</u>	<u>248,843</u>
Other Financing Sources (Uses)					
Transfers In	0	0	\$100,000	0	100,000
Transfers Out	(100,000)	0	0	0	(100,000)
Advances In	519,000	65,000	0	379,000	963,000
Advances Out	(444,000)	(65,000)	0	(454,000)	(963,000)
<i>Total Other Financing Sources (Uses)</i>	<u>(25,000)</u>	<u>0</u>	<u>100,000</u>	<u>(75,000)</u>	<u>0</u>
<i>Net Change in Fund Balances</i>	<u>(35,614)</u>	<u>(25,098)</u>	<u>100,000</u>	<u>209,555</u>	<u>248,843</u>
<i>Fund Balances Beginning of Year</i>	<u>551,036</u>	<u>53,602</u>	<u>66,184</u>	<u>457,142</u>	<u>1,127,964</u>
<i>Fund Balances End of Year</i>	<u><u>\$515,422</u></u>	<u><u>\$28,504</u></u>	<u><u>\$166,184</u></u>	<u><u>\$666,697</u></u>	<u><u>\$1,376,807</u></u>

See accompanying notes to the basic financial statements

Combined Allen County General Health District
Statement of Receipts, Disbursements and Changes
In Fund Balance - Budget and Actual - Budget Basis
General Fund
For the Year Ended December 31, 2021

	Budgeted Amounts		Actual	Variance with Final Budget Positive (Negative)
	Original	Final		
Receipts				
Subdivision fees	\$715,930	\$715,930	\$715,930	0
Fines, Licenses and Permits	843,540	843,540	1,005,118	\$161,578
Contractual Services	52,285	52,285	71,084	18,799
State Grants	250,000	250,000	227,748	(22,252)
Miscellaneous	10,000	10,000	39,350	29,350
Reimbursements	2,097,241	2,097,241	1,967,792	(129,449)
<i>Total Receipts</i>	<u>3,968,996</u>	<u>3,968,996</u>	<u>4,027,022</u>	<u>58,026</u>
Disbursements				
Current:				
Salary	2,256,350	2,218,850	2,202,283	16,567
Benefits	917,564	933,564	846,313	87,251
Materials & Supplies	371,480	325,530	315,880	9,650
Services & Charges	282,100	310,877	286,566	24,311
State Remittances	160,000	195,000	194,059	941
Equipment	62,626	43,301	43,173	128
Debt Service:				
Principal Retirement	43,000	44,000	43,494	506
Interest and Fiscal Charges	24,961	23,961	20,199	3,762
<i>Total Disbursements</i>	<u>4,118,081</u>	<u>4,095,083</u>	<u>3,951,967</u>	<u>143,116</u>
<i>Excess of Receipts Over (Under) Disbursements</i>	<u>(149,085)</u>	<u>(126,087)</u>	<u>75,055</u>	<u>201,142</u>
Other Financing Sources (Uses)				
Transfers Out	(30,000)	(190,000)	(190,000)	0
Advances In	340,000	519,000	519,000	0
Advances Out	(340,000)	(462,998)	(444,000)	18,998
<i>Total Other Financing Sources (Uses)</i>	<u>(30,000)</u>	<u>(133,998)</u>	<u>(115,000)</u>	<u>18,998</u>
<i>Net Change in Fund Balance</i>	<u>(179,085)</u>	<u>(260,085)</u>	<u>(39,945)</u>	<u>220,140</u>
<i>Unencumbered Fund Balance Beginning of Year Restated (Note 3)</i>	<u>475,453</u>	<u>475,453</u>	<u>475,453</u>	<u>0</u>
<i>Unencumbered Fund Balance End of Year</i>	<u>\$296,368</u>	<u>\$215,368</u>	<u>\$435,508</u>	<u>\$220,140</u>

See accompanying notes to the basic financial statements

Combined Allen County General Health District
Statement of Receipts, Disbursements and Changes
In Fund Balance - Budget and Actual - Budget Basis
Women, Infants and Children Fund
For the Year Ended December 31, 2021

	Budgeted Amounts		Actual	Variance with Final Budget Positive (Negative)
	Original	Final		
Receipts				
Federal Grants	\$668,479	\$668,479	\$587,768	(\$80,711)
Miscellaneous	0	18,926	5	(18,921)
<i>Total Receipts</i>	668,479	687,405	587,773	(99,632)
Disbursements				
Current:				
Salary	430,084	405,046	343,246	61,800
Benefits	188,297	196,261	162,310	33,951
Materials & Supplies	10,398	20,398	15,895	4,503
Services & Charges	69,700	95,700	91,420	4,280
Equipment	0	0	0	0
<i>Total Disbursements</i>	698,479	717,405	612,871	104,534
<i>Excess of Receipts Over (Under) Disbursements</i>	(30,000)	(30,000)	(25,098)	4,902
Other Financing Sources (Uses)				
Advances In	65,000	65,000	65,000	0
Advances Out	(65,000)	(65,000)	(65,000)	0
<i>Total Other Financing Sources (Uses)</i>	0	0	0	0
<i>Net Change in Fund Balance</i>	(30,000)	(30,000)	(25,098)	4,902
<i>Unencumbered Fund Balance Beginning of Year</i>	53,602	53,602	53,602	0
<i>Unencumbered Fund Balance End of Year</i>	\$23,602	\$23,602	\$28,504	\$4,902

See accompanying notes to the basic financial statements

Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2021

Note 1 – Reporting Entity

The Combined Allen County General Health District (the Health District), is a body corporate and politic established to exercise the rights and privileges conveyed to it by the constitution and laws of the State of Ohio. A seven-member Board of Health appointed by the District Advisory Council governs the Health District. The Board appoints a health commissioner and all employees of the Health District.

The reporting entity is composed of the primary government, component units, and other organizations that are included to ensure the financial statements of the Health District are not misleading. The Health District's reporting entity does not include component units or other organizations.

Primary Government

The primary government consists of all funds, departments, boards and agencies that are not legally separate from the Health District. The Health District's services include vital statistics, communicable disease investigations, immunization clinics, inspections, public health nursing services, the issuance of health-related licenses and permits, and emergency response planning.

Public Entity Risk Pools

The Health District participates in a public entity risk pool. Note 9 to the financial statements provide additional information for this entity.

The Health District's management believes these financial statements present all activities for which the Health District is financially accountable.

Note 2 – Summary of Significant Accounting Policies

As discussed further in the "Basis of Accounting" section of this note, these financial statements are presented on a cash basis of accounting. This cash basis of accounting differs from accounting principles generally accepted in the United States of America (GAAP). Generally accepted accounting principles include all relevant Governmental Accounting Standards Board (GASB) pronouncements, which have been applied to the extent they are applicable to the cash basis of accounting. Following are the more significant of the Health District's accounting policies.

Basis of Presentation

The Health District's basic financial statements consist of government-wide financial statements, including a statement of net position and a statement of activities, and fund financial statements which provide a more detailed level of financial information.

Government-Wide Financial Statements The statement of net position and the statement of activities display information about the Health District as a whole. These statements include the financial activities of the primary government, except for fiduciary funds. The statements distinguish between those activities of the Health District that are governmental in nature and those that are considered business-type activities. Governmental activities generally are financed through taxes, intergovernmental receipts or other nonexchange transactions. Business-type activities are financed in whole or in part by fees charged to external parties for goods or services. The Health District has no fiduciary funds or business-type activities.

Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2021

The statement of net position presents the cash balance of the governmental and business-type activities of the Health District at year end. The statement of activities compares disbursements and program receipts for each program or function of the Health District's governmental activities and business-type activities. Disbursements are reported by function. A function is a group of related activities designed to accomplish a major service or regulatory program for which the Health District is responsible. Program receipts include charges paid by the recipient of the goods or services offered by the program, grants and contributions that are restricted to meeting the operational or capital requirements of a particular program, and receipts of interest earned on grants that are required to be used to support a particular program. Receipts which are not classified as program receipts are presented as general receipts of the Health District, with certain limited exceptions. The comparison of direct disbursements with program receipts identifies the extent to which each governmental program is self-financing on a cash basis or draws from the general receipts of the Health District.

Fund Financial Statements During the year, the Health District segregates transactions related to certain Health District functions or activities in separate funds in order to aid financial management and to demonstrate legal compliance. Fund financial statements are designed to present financial information of the Health District at this more detailed level. The focus of governmental fund financial statements is on major funds. Each major fund is presented in a separate column. Nonmajor funds are aggregated and presented in a single column.

Fund Accounting

The Health District uses funds to maintain its financial records during the year. A fund is defined as a fiscal and accounting entity with a self-balancing set of accounts. The funds of the Health District are presented as governmental.

Governmental Funds Governmental funds are those through which governmental functions of the Health District are financed. The following are the Health District's major governmental funds:

General The general fund accounts for and reports all financial resources not accounted for and reported in another fund. The general fund balance is available to the Health District for any purpose provided it is expended or transferred according to the general laws of Ohio.

Women, Infants and Children Fund This fund accounts for and reports federal grant monies restricted to the Women, Infants and Children program. This grant is awarded annually by the Ohio Department of Health and all funds are federal funds. All federal and state guidelines are followed in disbursements of expenditures.

Building Improvement Fund This fund accounts for a reserve for major building improvements or repairs. The balance of the fund includes transfers from the general fund with the sole purpose of expenses related to major improvements or repairs to our building located at 219 E. Market St., Lima OH.

The other governmental funds of the Health District account for and report grants and other resources whose use is restricted, committed or assigned to a particular purpose.

Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2021

Basis of Accounting

The Health District's financial statements are prepared using the cash basis of accounting. Receipts are recorded in the Health District's financial records and reported in the financial statements when cash is received rather than when earned and disbursements are recorded when cash is paid rather than when a liability is incurred.

As a result of the use of this cash basis of accounting, certain assets and their related revenues (such as accounts receivable and revenue for billed or provided services not yet collected) and certain liabilities and their related expenses (such as accounts payable and expenses for goods or services received but not yet paid, and accrued expenses and liabilities) are not recorded in these financial statements.

Budgetary Process

All funds, except custodial funds, are legally required to be budgeted and appropriated. The major documents prepared are the tax budget, the certificate of estimated resources, and the appropriations resolution, all of which are prepared on the budgetary basis of accounting. The tax budget demonstrates a need for existing or increased tax rates. The certificate of estimated resources establishes a limit on the amount the Health District may appropriate. The appropriations resolution is the Health District's authorization to spend resources and sets annual limits on disbursements plus encumbrances at the level of control selected by the Health District. The legal level of control has been established by the Health District at the fund, department, and object level for all funds.

ORC Section 5705.28(C)(1) requires the Health District to file an estimate of contemplated revenue and expenses with the municipalities and townships within the Health District by about June 1 (forty-five days prior to July 15). The County Auditor cannot allocate property taxes from the municipalities and townships within the Health District if the filing has not been made.

ORC Section 3709.28 establishes budgetary requirements for the Health District, which are similar to ORC Chapter 5705 budgetary requirements. On or about the first Monday of April, the Health District must adopt an itemized appropriation measure. The appropriation measure, together with an itemized estimate of revenues to be collected during the next fiscal year, shall be certified to the county budget commission. Subject to estimated resources, the Health District may, by resolution, transfer appropriations from one appropriation item to another, reduce or increase any item, create new items, and make additional appropriations or reduce the total appropriation. Such appropriation modifications shall be certified to the county budget commission for approval.

The amounts reported as the original budgeted amounts on the budgetary statements reflect the amounts on the certificate of estimated resources in effect when the original appropriations were adopted. The amounts reported as the final budgeted amounts on the budgetary statements reflect the amounts on the amended certificate of estimated resources in effect at the time final appropriations were passed by the Health District.

The appropriations resolution is subject to amendment throughout the year with the restriction that appropriations cannot exceed estimated resources. The amounts reported as the original budget reflect the first appropriation resolution that covered the entire year, including amounts automatically carried forward from prior years. The amount reported as the final budgeted amounts represents the final appropriations passed by the Health District during the year.

Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2021

Cash and Investments

The County Treasurer is the custodian for the Health District's cash and investments. The County's cash and investment pool holds the Health District's cash and investments, which are reported at the County Treasurer's carrying amount. Deposits and investments disclosures for the County as a whole may be obtained from the County. The Allen County Treasurer is Krista Bohn, 301 N Main St., Suite 203, Lima, OH 45801, phone 419-223-8515, email kbohn@allencountyohio.com.

Restricted Assets

Assets are reported as restricted when limitations on their use change the nature or normal understanding of the availability of the asset. Such constraints are either externally imposed by creditors, contributors, grantors, or laws of other governments, or are imposed by law through constitutional provisions or enabling legislation.

Inventory and Prepaid Items

The Health District reports disbursements for inventory and prepaid items when paid. These items are not reflected as assets in the accompanying financial statements.

Capital Assets

Acquisitions of property, plant and equipment are recorded as disbursements when paid. These items are not reflected as assets in the accompanying financial statements.

Interfund Receivables/Payables

The Health District reports advances-in and advances-out for interfund loans. These items are not reflected as assets and liabilities in the accompanying financial statements.

Accumulated Leave

In certain circumstances, such as upon leaving employment or retirement, employees are entitled to cash payments for unused leave. Unpaid leave is not reflected as a liability under the Health District's cash basis of accounting.

Employer Contributions to Cost-Sharing Pension Plans

The Health District recognizes the disbursement for employer contributions to cost-sharing pension plans when they are paid. As described in Notes 10 and 11, the employer contributions include portions for pension benefits and for other postemployment benefits (OPEB).

Long-Term Obligations

The Health District's cash basis financial statements do not report liabilities for long-term obligations. Proceeds of debt are reported when cash is received and principal and interest payments are reported when paid. Since recording a capital asset when entering into a capital lease is not the result of a cash transaction, neither another financing source nor a capital outlay expenditure is reported at inception. Lease payments are reported when paid.

Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2021

Net Position

Net position is reported as restricted when there are limitations imposed on their use through external restrictions imposed by creditors, grantors, or laws or regulations of other governments. Net position restricted for other purposes include resources restricted for food service, water pollution control, public health emergency preparedness, Naloxone access and infrastructure, childhood immunizations, cribs for kids and improving nutrition among women, infants and children.

The Health District's policy is to first apply restricted resources when an expense is incurred for purposes for which both restricted and unrestricted resources are available.

Fund Balance

Fund balance is divided into five classifications based primarily on the extent to which the Health District is bound to observe constraints imposed upon the use of the resources in the governmental funds. The classifications are as follows:

Nonspendable The nonspendable fund balance category includes amounts that cannot be spent because they are not in spendable form, or are legally or contractually required to be maintained intact. The "not in spendable form" criterion includes items that are not expected to be converted to cash. It also includes the long-term amount of interfund loans.

Restricted Fund balance is reported as restricted when constraints placed on the use of resources are either externally imposed by creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments; or is imposed by law through constitutional provisions.

Committed The committed fund balance classification includes amounts that can be used only for the specific purposes imposed by formal action (resolution) of the Health District. Those committed amounts cannot be used for any other purpose unless the Health District removes or changes the specified use by taking the same type of action (resolution) it employed to previously commit those amounts. Committed fund balance also incorporates contractual obligations to the extent that existing resources in the fund have been specifically committed for use in satisfying those contractual requirements.

Assigned Amounts in the assigned fund balance classification are intended to be used by the Health District for specific purposes but do not meet the criteria to be classified as restricted or committed. In governmental funds other than the general fund, assigned fund balance represents the remaining amount that is not restricted or committed. In the general fund, assigned amounts represent intended uses established by the Health District or a Health District official delegated that authority by resolution, or by State Statute.

Unassigned Unassigned fund balance is the residual classification for the general fund and includes amounts not contained in the other classifications. In other governmental funds, the unassigned classification is used only to report a deficit balance.

Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2021

The Health District applies restricted resources first when expenditures are incurred for purposes for which either restricted or unrestricted (committed, assigned, and unassigned) amounts are available. Similarly, within unrestricted fund balance, committed amounts are reduced first followed by assigned, and then unassigned amounts when expenditures are incurred for purposes for which amounts in any of the unrestricted fund balance classifications could be used.

Internal Activity

Internal allocations of overhead expenses from one function to another or within the same function are eliminated on the Statement of Activities. Payments for interfund services provided and used are not eliminated.

Exchange transactions between funds are reported as receipts in the seller funds and as disbursements in the purchaser funds. Subsidies from one fund to another without a requirement for repayment are reported as interfund transfers. Interfund transfers are reported as other financing sources/uses in governmental funds. Repayments from funds responsible for particular disbursements to the funds that initially paid for them are not presented in the financial statements.

Note 3 – Accountability and Compliance

Accountability

Negative fund balance reported within COVID-19 Enhanced Operations Fund in the amount of \$(21,188). Deficit was resolved January 2022. November expenditure report was submitted to the Ohio Department of Health on December 9, 2021. Payment was expected before year-end but did not arrive until January 6, 2022.

Note 4 – Restatement of Unencumbered Fund Balance End of Year

The General Fund December 31, 2020 Unencumbered Fund Balance End of Year was restated as a result of the overstatement of reimbursement receipts from the allocation of activity to other funds on the budgetary basis. This had the following impact on the reported fund balance

Unencumbered Fund Balance End of Year	\$1,432,665
Overstatement	(957,212)
Restated Unencumbered Fund Balance End of Year	\$ 475,453

Note 5 – Budgetary Basis of Accounting

The budgetary basis as provided by law is based upon accounting for certain transactions on the basis of cash receipts, disbursements, and encumbrances. The Statement of Receipts, Disbursements and Changes in Fund Balance – Budget and Actual – Budgetary Basis presented for the general fund and the Women, Infants and Children fund are prepared on the budgetary basis to provide meaningful comparison of the actual results with budget. The difference between the budgetary basis and the cash basis is as follows: The severance reserve fund is included in the general fund (cash basis), but has a separate legally adopted budget (budget basis).

Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2021

Adjustments necessary to convert the results of operations at the end of the year on the budget basis to the cash basis are as follows:

	<u>General</u>
Cash Basis Fund Balance	\$515,422
Fund Balance:	
2021 Severance Reserve Fund	<u>(79,914)</u>
Budget Basis Fund Balance	<u><u>\$435,508</u></u>

Note 6 – Deposits and Investments

As required by the Ohio Revised Code, the Allen County Treasurer is custodian for the Health District's deposits. The County's deposit and investment pool holds the Health District's assets, valued at the Treasurer's reported carrying amount.

Note 7 – Intergovernmental Funding

The County apportions the excess of the Health District's appropriations over estimated receipts among the townships and municipalities composing the Health District, based on their taxable property valuations. The County withholds the apportioned excess from property tax settlements and distributes it to the Health District. The financial statements present these amounts as subdivision fee receipts.

Note 8 – Interfund Balances and Transfers

Transfers

During 2021, the following transfers were made:

<u>Transfer to</u>	<u>Transfer From</u>	
	General Fund	Total
Building Improvement Fund	\$100,000	\$100,000

The above-mentioned Transfer From/To was used to move unrestricted receipts collected in the General Fund to finance Building Improvement Fund activities in accordance with budgetary authorization.

Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2021

Interfund Balances

Interfund balances as of December 31, 2021, consisted of the following individual fund receivables and payables:

	<u>Receivable</u>	<u>Payable</u>
	<u>Interfund</u>	<u>Interfund</u>
Major Funds		
General Fund	\$444,000	
Women, Infants and Children Fund		\$65,000
Other Governmental Funds		
Moms and Babies First Fund		\$24,000
Public Health Workforce Fund		\$10,000
Creating Healthy Communities Fund		\$15,000
Reproductive Health and Wellness Fund		\$15,000
Public Health Emergency Preparedness Fund		\$25,000
STI Prevention Fund		\$15,000
HIV Prevention Program Fund		\$20,000
FEMA Mass Vaccination		\$90,000
COVID-19 Response First		\$25,000
COVID-19 Enhanced Operations Fund		\$140,000
<i>Total Governmental Activities</i>	<u>\$444,000</u>	<u>\$444,000</u>

Interfund balances at December 31, 2021, consisted of \$444,000 advanced from the General Fund to the Women, Infants and Children fund and other governmental funds to provide working capital for operations or projects. The interfund receivables/payables are expected to be repaid within one year.

Note 9 – Risk Management

The Health District is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. During 2021, the Health District contracted with several companies for various types of insurance as follows:

<u>Type of Coverage</u>	<u>Coverage</u>	<u>Deductible</u>
Grange Insurance Company		
Blanket Property and Contents, Replacement	\$916,000	\$1,000
Building Coverage	\$1,697,000	\$1,000
Spoilage Coverage	\$100,000	\$500
Building Earthquake	\$1,697,000	10%
Contents Earthquake	\$840,000	10%
Furniture and Fixtures	\$10,000	\$1,000
Employee Theft	\$10,000	\$250
Other Theft	\$10,000	\$250
Outside Premises	\$10,000	\$250
Automobile Liability	\$1,000,000	\$500

Settled claims have not exceeded this commercial coverage in any of the past three years and there was no significant reduction in coverage from the prior year.

Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2021

During 2021, the Health District offered health insurance to employees working on average 30 hours or more during the look back period, October 1, 2019 to September 30, 2020. Health insurance offered by the Health District is through the Allen County Commissioners, contracting with County Employee Benefit Consortium of Ohio (CEBCO). The Health District pays 88% of monthly premiums for employees working 37.50 hours per week and, 78% of the monthly premiums for employees that average 30 or more hours per week, but under 37.50 hours.

The Health District insures against injuries to employees through the Ohio Bureau of Worker's Compensation. This coverage is obtained through the Allen County Commissioners.

Risk Pool Membership

The Health District is a member of the Public Entities Pool of Ohio (The Pool). The Pool assumes the risk of loss up to the limits of the Health District's policy. The Pool covers the following risks:

- General liability and casualty
- Public official's liability
- Cyber
- Law enforcement liability
- Automobile liability
- Vehicles
- Property
- Equipment breakdown

The Pool reported the following summary of assets and actuarially-measured liabilities available to pay those liabilities as of December 31, 2021:

Cash and investments	\$ 41,996,850
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Actuarial liabilities	\$ 14,974,099
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Note 10 – Defined Benefit Pension Plans

Plan Description – Ohio Public Employees Retirement System (OPERS)

Plan Description – Health District employees, other than board of health members, participate in the Ohio Public Employees Retirement System (OPERS). OPERS administers three separate pension plans. The traditional pension plan is a cost-sharing, multiple-employer defined benefit pension plan. The member-directed plan is a defined contribution plan, and the combined plan is a combination cost-sharing, multiple-employer defined benefit/defined contribution pension plan. Participating employers are divided into state, local, law enforcement and public safety divisions. While members in the state and local divisions may participate in all three plans, law enforcement and public safety divisions exist only within the traditional plan.

OPERS provides retirement, disability, survivor and death benefits, and annual cost-of-living adjustments to members of the traditional and combined plans. Authority to establish and amend benefits is provided by Chapter 145 of the Ohio Revised Code.

Combined Allen County General Health District

Notes to the Basic Financial Statements
For the Year Ended December 31, 2021

OPERS issues a stand-alone financial report that includes financial statements, required supplementary information and detailed information about OPERS' fiduciary net position that may be obtained by visiting <https://www.opers.org/financial/reports.shtml>, by writing to the Ohio Public Employees Retirement System, 277 East Town Street, Columbus, Ohio 43215-4642, or by calling 800-222-7377.

Senate Bill (SB) 343 was enacted into law with an effective date of January 7, 2013. In the legislation, members in the traditional and combined plans were categorized into three groups with varying provisions of the law applicable to each group. The following table provides age and service requirements for retirement and the retirement formula applied to final average salary (FAS) for the three-member groups under the traditional and combined plans as per the reduced benefits adopted by SB 343 (see OPERS Annual Comprehensive Financial Report referenced above for additional information, including requirements for reduced and unreduced benefits):

Group A Eligible to retire prior to January 7, 2013, or five years after January 7, 2013	Group B 20 years of service credit prior to January 7, 2013, or eligible to retire ten years after January 7, 2013	Group C Members not in other Groups and members hired on or after January 7, 2013
State and Local	State and Local	State and Local
Age and Service Requirements: Age 60 with 60 months of service credit or Age 55 with 25 years of service credit	Age and Service Requirements: Age 60 with 60 months of service credit or Age 55 with 25 years of service credit	Age and Service Requirements: Age 57 with 25 years of service credit or Age 62 with 5 years of service credit
Traditional Plan Formula: 2.2% of FAS multiplied by years of service for the first 30 years and 2.5% for service years in excess of 30	Traditional Plan Formula: 2.2% of FAS multiplied by years of service for the first 30 years and 2.5% for service years in excess of 30	Traditional Plan Formula: 2.2% of FAS multiplied by years of service for the first 35 years and 2.5% for service years in excess of 35
Combined Plan Formula: 1% of FAS multiplied by years of service for the first 30 years and 1.25% for service years in excess of 30	Combined Plan Formula: 1% of FAS multiplied by years of service for the first 30 years and 1.25% for service years in excess of 30	Combined Plan Formula: 1% of FAS multiplied by years of service for the first 35 years and 1.25% for service years in excess of 35
Public Safety	Public Safety	Public Safety
Age and Service Requirements: Age 48 with 25 years of service credit or Age 52 with 15 years of service credit	Age and Service Requirements: Age 48 with 25 years of service credit or Age 52 with 15 years of service credit	Age and Service Requirements: Age 52 with 25 years of service credit or Age 56 with 15 years of service credit
Law Enforcement	Law Enforcement	Law Enforcement
Age and Service Requirements: Age 52 with 15 years of service credit	Age and Service Requirements: Age 48 with 25 years of service credit or Age 52 with 15 years of service credit	Age and Service Requirements: Age 48 with 25 years of service credit or Age 56 with 15 years of service credit
Public Safety and Law Enforcement	Public Safety and Law Enforcement	Public Safety and Law Enforcement
Traditional Plan Formula: 2.5% of FAS multiplied by years of service for the first 25 years and 2.1% for service years in excess of 25	Traditional Plan Formula: 2.5% of FAS multiplied by years of service for the first 25 years and 2.1% for service years in excess of 25	Traditional Plan Formula: 2.5% of FAS multiplied by years of service for the first 25 years and 2.1% for service years in excess of 25

Final average Salary (FAS) represents the average of the three highest years of earnings over a member's career for Groups A and B. Group C is based on the average of the five highest years of earnings over a member's career.

Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2021

Members who retire before meeting the age and years of service credit requirement for unreduced benefits receive a percentage reduction in the benefit amount. The initial amount of a member's pension benefit is vested upon receipt of the initial benefit payment for calculation of an annual cost-of-living adjustment.

When a traditional plan benefit recipient has received benefits for 12 months, current law provides for an annual cost-of-living adjustment (COLA). This COLA is calculated on the base retirement benefit at the date of retirement and is not compounded. Members retiring under the combined plan receive a cost-of-living adjustment of the defined benefit portion of their pension benefit. For those retiring prior to January 7, 2013, current law provides for a 3 percent COLA. For those retiring subsequent to January 7, 2013, beginning in calendar year 2019, current law provides that the COLA will be based on the average percentage increase in the Consumer Price Index, capped at 3 percent.

Defined contribution plan benefits are established in the plan documents, which may be amended by the Board. Member-directed plan and combined plan members who have met the retirement eligibility requirements may apply for retirement benefits. The amount available for defined contribution benefits in the combined plan consists of the member's contributions plus or minus the investment gains or losses resulting from the member's investment selections. The amount available for defined contribution benefits in the combined plan consists of the member's contributions plus or minus the investment gains or losses resulting from the member's investment selections. Combined plan members wishing to receive benefits must meet the requirements for both the defined benefit and defined contribution plans. Member-directed participants must have attained the age of 55, have money on deposit in the defined contribution plan and have terminated public service to apply for retirement benefits. The amount available for defined contribution benefits in the member-directed plan consists of the members' contributions, vested employer contributions and investment gains or losses resulting from the members' investment selections. Employer contributions and associated investment earnings vest over a five-year period, at a rate of 20 percent each year. At retirement, members may select one of several distribution options for payment of the vested balance in their individual OPERS accounts. Options include the annuitization of their benefit (which includes joint and survivor options), partial lump-sum payments (subject to limitations), a rollover of the vested account balance to another financial institution, receipt of entire account balance, net of taxes withheld, or a combination of these options. When members choose to annuitize their defined contribution benefit, the annuitized portion of the benefit is reclassified to a defined benefit.

Beginning in 2022, the Combined Plan will be consolidated under the Traditional Pension Plan (defined benefit plan) and the Combined Plan option will no longer be available for new hires beginning in 2022.

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Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2021

Funding Policy – The Ohio Revised Code (ORC) provides statutory authority for member and employer contributions as follows:

	State and Local	Public Safety	Law Enforcement
2021 Statutory Maximum Contribution Rates			
Employer	14.0 %	18.1 %	18.1 %
Employee *	10.0 %	**	***
2021 Actual Contribution Rates			
Employer:			
Pension ****	14.0 %	18.1 %	18.1 %
Post-employment Health Care Benefits ****	0.0	0.0	0.0
Total Employer	14.0 %	18.1 %	18.1 %
Employee	10.0 %	12.0 %	13.0 %

* Member contributions within the combined plan are not used to fund the defined benefit retirement allowance.

** This rate is determined by OPERS' Board and has no maximum rate established by ORC.

*** This rate is also determined by OPERS' Board, but is limited by ORC to not more than 2 percent greater than the Public Safety rate.

**** These pension and employer health care rates are for the traditional and combined plans. The employer contributions rate for the member-directed plan is allocated 4 percent for health care with the remainder going to pension.

Employer contribution rates are actuarially determined and are expressed as a percentage of covered payroll.

For 2021, the Health District's contractually required contribution was \$307,547 for the year 2021.

Social Security

Three members of the Health District Board of Health contributed to Social Security. This plan provides retirement benefits, including survivor and disability benefits to participant.

Employees contributed 6.2 percent of their gross salaries. The Health District contributed an amount equal to 6.2 percent of participants' gross salaries. The Health District has paid all contributions required through December 31, 2021.

Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2021

Note 11 – Postemployment Benefits

Ohio Public Employees Retirement System

Plan Description – The Ohio Public Employees Retirement System (OPERS) administers three separate pension plans: the traditional pension plan, a cost-sharing, multiple-employer defined benefit pension plan; the member-directed plan, a defined contribution plan; and the combined plan, a cost-sharing, multiple-employer defined benefit pension plan that has elements of both a defined benefit and defined contribution plan.

OPERS maintains a cost-sharing, multiple-employer defined benefit postemployment health care trust, which funds multiple health care plans including medical coverage, prescription drug coverage and deposits to a Health Reimbursement Arrangement to qualifying benefit recipients of both the traditional pension and the combined plans. Currently, Medicare-eligible retirees are able to select medical and prescription drug plans from a range of options and may elect optional vision and dental plans. Retirees and eligible dependents enrolled in Medicare Parts A and B have the option to enroll in a Medicare supplemental plan with the assistance of the OPERS Medicare Connector. The OPERS Medicare Connector is a relationship with a vendor selected by OPERS to assist retirees, spouses and dependents with selecting a medical and pharmacy plan. Monthly allowances, based on years of service and the age at which the retiree first enrolled in OPERS coverage, are deposited into an HRA. For non-Medicare retirees and eligible dependents, OPERS sponsors medical and prescription coverage through a professionally managed self-insured plan. An allowance to offset a portion of the monthly premium is offered to retirees and eligible dependents. The allowance is based on the retiree's years of service and age when they first enrolled in OPERS coverage.

Medicare-eligible retirees who choose to become re-employed or survivors who become employed in an OPERS-covered position are prohibited from participating in an HRA. For this group of retirees, OPERS sponsors secondary coverage through a professionally managed self-insured program. Retirees who enroll in this plan are provided with a monthly allowance to offset a portion of the monthly premium. Medicare-eligible spouses and dependents can also enroll in this plan as long as the retiree is enrolled.

OPERS provides a monthly allowance for health care coverage for eligible retirees and their eligible dependents. The base allowance is determined by OPERS.

The health care trust is also used to fund health care for member-directed plan participants, in the form of a Retiree Medical Account (RMA). At retirement or separation, member directed plan participants may be eligible for reimbursement of qualified medical expenses from their vested RMA balance.

Effective January 1, 2022, OPERS will discontinue the group plans currently offered to non-Medicare retirees and re-employed retirees. Instead, eligible non-Medicare retirees will select an individual medical plan. OPERS will provide a subsidy or allowance via an HRA allowance to those retirees who meet health care eligibility requirements. Retirees will be able to seek reimbursement for plan premiums and other qualified medical expenses.

In order to qualify for postemployment health care coverage, age and service retirees under the traditional pension and combined plans must have twenty or more years of qualifying Ohio service credit with a minimum age of 60, or generally 30 years of qualifying service at any age. Health care coverage for disability benefit recipients and qualified survivor benefit recipients is available.

Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2021

Current retirees eligible (or who become eligible prior to January 1, 2022) to participate in the OPERS health care program will continue to be eligible after January 1, 2022. Eligibility requirements will change for those retiring after January 1, 2022, with differing eligibility requirements for Medicare retirees and non-Medicare retirees. The health care coverage provided by OPERS meets the definition of an Other Post Employment Benefit (OPEB) as described in GASB Statement 75. See OPERS' Annual Comprehensive Financial Report referenced below for additional information.

The Ohio Revised Code permits, but does not require OPERS to provide health care to its eligible benefit recipients. Authority to establish and amend health care coverage is provided to the Board in Chapter 145 of the Ohio Revised Code.

Disclosures for the health care plan are presented separately in the OPERS financial report. Interested parties may obtain a copy by visiting <https://www.opers.org/financial/reports.shtml>, by writing to OPERS, 277 East Town Street, Columbus, Ohio 43215-4642, or by calling (614) 222-5601 or 800-222-7377.

Funding Policy – The Ohio Revised Code provides the statutory authority requiring public employers to fund postemployment health care through their contributions to OPERS. When funding is approved by the OPERS Board of Trustees, a portion of each employer's contribution to OPERS is set aside to fund OPERS health care plans. Beginning in 2018, OPERS no longer allocated a portion of its employer contributions to health care for the traditional plan and the combined plan.

Employer contribution rates are expressed as a percentage of the earnable salary of active members. In 2021, state and local employers contributed at a rate of 14.0 percent of earnable salary and public safety and law enforcement employers contributed at 18.1 percent. These are the maximum employer contribution rates permitted by the Ohio Revised Code. Active member contributions do not fund health care.

Each year, the OPERS Board determines the portion of the employer contribution rate that will be set aside to fund health care plans. For 2021, OPERS did not allocate any employer contribution to health care for members in the Traditional Pension Plan and Combined Plan. The OPERS Board is also authorized to establish rules for the retiree or their surviving beneficiaries to pay a portion of the health care provided. Payment amounts vary depending on the number of covered dependents and the coverage selected. The employer contribution as a percentage of covered payroll deposited into the RMA for participants in the Member-Directed Plan for 2021 was 4.0 percent.

Employer contribution rates are actuarially determined and are expressed as a percentage of covered payroll. The Health District's contractually required contribution was \$0.00 for the year 2021.

Note 12 – Debt

The Health District's long-term loan activity for the year ended December 31, 2021, was as follows:

Loan	Interest Rate	Balance December 31, 2020	Retired	Balance December 31, 2021	Due Within One Year
Building Mortgage	4.25%	\$ 467,944	\$ (37,656)	\$430,288	\$ 42,331
Improvement	5.50%	\$ 5,838	\$ (5,838)	\$ 0	\$ 0
Total		\$ 473,782	\$ (43,494)	\$430,288	\$ 42,331

Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2021

The Health District secured a mortgage loan from the Union Bank Company in the amount of \$800,000, bearing a variable interest rate of 4.67%, subject to change every 5 years, to complete the purchase and renovation of its office building. Effective 2/18/2021 the interest rate decreased from 4.67% to 4.25%. The interest rate is subject to change again on 2/18/2026. The Health District principal and interest payments are due monthly with final payment due January 18, 2031. The loan is collateralized by the property located at 219 E. Market Street, Lima, Ohio.

During 2011, the Health District entered into a loan agreement with the First National Bank for improvements to the Property at 219 E. Market Street. The principal amount of the loan is \$75,000 bearing an interest rate of 6.50% with principal and interest payments due monthly with the final payment due July 29, 2021.

This loan, although amortized through July 29, 2021, required a balloon payment after 5 years, July 29, 2016. The balloon payment was paid with the proceeds of a new loan secured by the Health District with First National Bank with a principal amount of the loan \$44,300 bearing an interest rate of 5.50%. The loan was paid in full as of July 30, 2021.

The following is a summary of the Health District's future annual debt service requirements:

Year	Building Mortgage	
	Principal	Interest
2022	42,331	19,635
2023	44,379	17,587
2024	46,481	15,485
2025	48,776	13,190
2026	51,136	10,830
2027-2031	197,185	17,645
Total	\$430,288	\$94,372

Leases

In November 2019, the Health District entered into a lease agreement for office space designated for use by the Women, Infants, and Children (WIC) Division. The Health District signed a Letter of Intent with C & C Property Management (formerly known as 2200 Allentown Rd, LLC) in November 2019 for office space to house the WIC Division located at 2200 Allentown Rd., Lima, OH. The Lease with C & C Property Management was entered into the initial term beginning May 1, 2020 and ending September 30, 2020, at the monthly rate of \$4,050, with the option to renew for six years. The first two renewal years rate is \$13.50 per square foot, or a monthly rental of \$4,050 ending September 30, 2022. The next two-year renewable rate beginning October 1, 2022, is at \$14.00 per square foot, or \$4,200 per month ending September 30, 2024. The final two-year renewable term beginning October 1, 2024 is at \$14.50 per square foot, or \$4,350 ending September 30, 2026.

Office Equipment

In October 2017 the Health District entered into a five-year equipment lease with US Bank. This lease covers two new Konica Minolta bizhubs/copiers and replaces three equipment leases the Health District had entered into previously. Two of the completed lease agreements were with US Bank, and one with Konica. The Health District leases the equipment under non-cancellable leases. The final lease payment for the new lease is 2022, with a total lease cost of \$45,000.

Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2021

The Health District has also entered into two lease agreements with Quadient (formerly known as Mail Finance) both are for postage meter equipment. The lease for Postage Meter 1 is a five-year lease which was signed April 2018 and ends July 2023. The lease for the Postage Meter 2 is also a five-year lease, and is signed in January 2019, and will end March 2024. District leases the equipment under non-cancellable leases. The leases are for a total cost of \$6,174 and \$11,277 respectively. Future lease payments for the above leases are as follows:

Year	US Bank Amount Due	Postage Meter 1 Amount Due	Postage Meter 2 Amount Due
2022	7,500	1,176	2,148
2023	-0-	686	2,148
2024	-0-	-0-	537
Total	\$ 7,500	\$ 1,862	\$ 4,833

Note 13 – Contingent Liabilities

- A. Litigation – The Health District is not a party to any litigations.
- B. Amounts grantor agencies pay to the Health District are subject to audit and adjustment by the grantor, principally the federal government. Grantors may require refunding any disallowed costs. Management cannot presently determine amounts grantors may disallow. However, based on prior experience, management believes any refunds would be immaterial.

Note 14 – Public Entity Risk Pools

The Health District participates in a public entity risk pool. Note 9 to the financial statements provides additional information for this entity.

Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2021

Note 15 – Fund Balances

Fund balance is classified as nonspendable, restricted, committed, assigned and/or unassigned based primarily on the extent to which the Health District is bound to observe constraints imposed upon the use of the resources in the government funds. The constraints placed on fund balance for the major governmental funds and all other governmental funds are presented on the following page:

Fund Balances	General Fund	Women, Infants and Children Fund	Building Improvement Fund	Other Governmental Funds	Total Governmental Funds
Restricted for					
Women, Infants and Children		\$28,504			\$28,504
Get Vaccinated				\$54,057	\$54,057
Cribs for Kids				\$40,664	\$40,664
Moms & Babies First				\$27,062	\$27,062
Maternal Child Health				\$32,817	\$32,817
Food Service				\$123,939	\$123,939
Public Health Workforce				\$8,948	\$8,948
Campgrounds				\$7,805	\$7,805
Water				\$12,699	\$12,699
Creating Healthy Communities				\$12,521	\$12,521
Reproductive Health and Wellness				\$14,960	\$14,960
Pools				\$31,502	\$31,502
IAP Grant				\$1,695	\$1,695
Naloxone				\$58,521	\$58,521
CT21 Contact Tracing				\$0	\$0
FEMA Mass Vaccination				\$0	\$0
Public Health Emergency Preparedness				\$60,795	\$60,795
Vaccine Needs Assessment Program				\$0	\$0
STI Prevention Program				\$8,034	\$8,034
COVID-19 Response				\$0	\$0
Water Pollution Control Loan Fund				\$113,953	\$113,953
Sewage Program				\$35,315	\$35,315
CT20 Contact Tracing				\$0	\$0
HIV/AIDS Prevention				\$2,613	\$2,613
COVID-19 Vaccine Equity Program				\$39,985	\$39,985
COVID-19 Enhanced Operations				(\$21,188)	(\$21,188)
Total Restricted		\$28,504		\$666,697	\$695,201
Committed to					
Sick & Vacation Leave Payout	\$79,914				\$79,914
<i>Total Committed</i>	<i>\$79,914</i>				<i>\$79,914</i>
Assigned to					
Future Capital Improvements			\$166,184		\$166,184
Subsequent Year Budget	\$435,056				\$435,056
<i>Total Assigned</i>	<i>\$435,056</i>		<i>\$166,184</i>		<i>\$601,240</i>
Unassigned (Deficits)	\$452				\$452
Total Fund Balances	\$515,422	\$28,504	\$166,184	\$666,697	\$1,376,807

Combined Allen County General Health District

Notes to the Basic Financial Statements

For the Year Ended December 31, 2021

Note 16 – Subsequent Events

The Health District has no subsequent events that would affect the financial position of the Health District.

Note 17 – COVID-19

The United States and the State of Ohio declared a state of emergency in March of 2020 due to the COVID-19 pandemic. Ohio's state of emergency ended in June, 2021 while the national state of emergency continues. During 2021, the District received COVID-19 funding. The financial impact of COVID-19 and the continuing emergency measures will impact subsequent periods of the District. The impact on the District's future operating costs, revenues, and additional recovery from emergency funding, either federal or state, cannot be estimated.

During 2021, the Health District received \$874,305 as a subrecipient of COVID-19 funding, \$787,764 was spent on COVID-19 projects or operations. The amounts are recorded in 6 applicable Special Revenue Funds.

<u>Fund Name</u>	<u>Receipts</u>
Contact Tracing – CT21 Grant	73,996
FEMA Mass Vaccination Grant	68,948
COVID-19 Response Grant	247,152
COVID-19 Vaccine Equity Grant	95,604
COVID-19 Enhanced Operations Grant	388,605
Total	<u>\$ 874,305</u>

Children with Medical Handicaps program receipts within the General Fund totaled \$141,020 in 2019, \$70,210 in 2020, and \$47,720 in 2021. General Fund lost revenue from 2020 to 2021 totaled \$164,110 due to staff reassignments to COVID-19 projects and operations.

Combined Allen County General Health District
Allen County

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2021

FEDERAL GRANTOR Pass Through Grantor Program / Cluster Title	Federal AL Number	Pass Through Entity Identifying Number	Total Federal Expenditures
U.S. DEPARTMENT OF AGRICULTURE			
Passed Through Ohio Department of Health			
Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	WA-14-21 WA-15-22	\$ 471,925 125,261
Total Special Supplemental Nutrition Program for Women, Infants, and Children			<u>597,186</u>
Total U.S. Department of Agriculture			<u>597,186</u>
U.S. DEPARTMENT OF HOMELAND SECURITY			
Passed Through Ohio Emergency Management Agency			
Disaster Grants - Public Assistance (Presidentially Declared Disasters) COVID-19 Mass Vaccination in response to FEMA-4507-DR	97.036	176085	<u>68,949</u>
Total U.S. Department of Homeland Security			<u>68,949</u>
U.S. DEPARTMENT OF THE TREASURY			
Passed Through Ohio Department of Health			
COVID-19 Coronavirus Relief Fund Coronavirus Response Supplemental	21.019	CO-01-21	<u>247,152</u>
Total U.S. Department of the Treasury			<u>247,152</u>
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Passed Through Ohio Department of Health			
Immunization Cooperative Agreements Get Vaccinated Ohio - Public Health Initiative	93.268	GV-03-21	21,381
Get Vaccinated Ohio - Public Health Initiative		GV-04-22	29,367
COVID-19 Vaccine Equity Supplement Local Health Department Subgrants		VE-01-21	95,604
Total Immunization Cooperative Agreements			<u>146,352</u>
Family Planning_Services Reproductive Health and Wellness	93.217	RH-10-21 RH-11-22	20,254 78,720
Total Family Planning_Services			<u>98,974</u>
Maternal and Child Health Services Block Grant to the States Cribs for Kids and Safe Sleep	93.994	CK-03-21	2,641
Moms and Babies First: Black Infant Vitality		MB-03-21	60,265
Reproductive Health and Wellness		RH-10-21	11,161
Total Maternal and Child Health Services Block Grant to the States			<u>74,067</u>
Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response Public Health Workforce	93.354	WF-01-22	<u>3,001</u>
Preventive Health and Health Services Block Grant Creating Healthy Communities	93.991	CC-12-21	<u>75,915</u>
Opioid STR Integrated Naloxone Access and Infrastructure	93.788	IN-03-22 IN-04-23	29,250 9,750
Total Opioid STR			<u>39,000</u>
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) COVID-19 Contact Tracing Supplemental COVID-19 Enhanced Operations	93.323	CT-01-21 EO-01-22	73,996 388,605
Total Epidemiology and Laboratory Capacity for Infectious Diseases			<u>462,601</u>
Public Health Emergency Preparedness Public Health Emergency Preparedness	93.069	PH-12-21 PH-13-22	59,716 34,119
Total Public Health Emergency Preparedness			<u>93,835</u>
Preventive Health Services_Sexually Transmitted Diseases Control Grants STI Prevention	93.977	ST-04-21	33,123
HIV Prevention Activities_Health Department Based HIV Prevention	93.940	HP-03-21	<u>69,555</u>
Total U.S. Department of Health and Human Services			<u>1,096,423</u>
U.S. ENVIRONMENTAL PROTECTION AGENCY			
Passed Through Ohio Water Development Authority			
Clean Water State Revolving Fund Cluster Capitalization Grants for Clean Water State Revolving Funds	66.458	OWDA 8581 OWDA 9288	99,404 9,936
Total Clean Water State Revolving Fund Cluster			<u>109,340</u>
Total U.S. Environmental Protection Agency			<u>109,340</u>
Total Expenditures of Federal Awards			<u>\$2,119,050</u>

The accompanying notes are an integral part of this schedule.

**Combined Allen County General Health District
Allen County**

**NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
2 CFR 200.510(b)(6)
FOR THE YEAR ENDED December 31, 2021**

NOTE A – BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of the Combined Allen County General Health District (the Health District) programs of the federal government for the year ended December 31, 2021. The information on this Schedule is prepared in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Health District, it is not intended to and does not present the financial position, changes in net position, or cash flows of the Health District

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the cash basis of accounting. Such expenditures are recognized following the cost principles contained in Uniform Guidance wherein certain types of expenditures may or may not be allowable or may be limited as to reimbursement.

NOTE C – INDIRECT COST RATE

The Health District has elected not to use the 10-percent de minimis indirect cost rate as allowed under the Uniform Guidance.

NOTE D - SUBRECIPIENTS

The Health District did not pass through funds to subrecipients in the year ending December 31, 2021.

NOTE E - MATCHING REQUIREMENTS

Certain Federal programs require the Health District to contribute non-Federal funds (matching funds) to support the Federally-funded programs. The Health District has met its matching requirements. The Schedule does not include the expenditure of non-Federal matching funds

NOTE F – MEDICAID ADMINISTRATIVE CLAIMING ADJUSTMENTS

During the calendar year, the Health District received a deferred payment from the Ohio Department of Health (ODH) for the Medicaid program (CFDA #93.778) in the amount \$90,191. The deferred payment was for Medicaid Administrative Claiming (MAC) expenses the Health District incurred in prior reporting periods due to federal funding received by ODH to reimburse these expenses and also due to changes in the health district's Medicaid Eligibility Rate (MER) for certain activity codes within MAC. This revenue is not listed on the Health District's Schedule of Expenditures of Federal Awards since the underlying expenses are on a cost reimbursement basis and occurred in prior reporting periods.

OHIO AUDITOR OF STATE KEITH FABER



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INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS REQUIRED BY GOVERNMENT AUDITING STANDARDS

Combined Allen County General Health District
Allen County
219 East Market Street
P.O. Box 1503
Lima, Ohio 45801

To the Members of the Board:

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Combined Allen County General Health District, Allen County, (the Health District) as of and for the year ended December 31, 2021, and the related notes to the financial statements, which collectively comprise the Health District's basic financial statements and have issued our report thereon dated September 9, 2022, wherein we noted the Health District uses a special purpose framework other than generally accepted accounting principles. We also noted the Health District restated the December 21, 2020 General Fund unencumbered fund balance.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Health District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purposes of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control. Accordingly, we do not express an opinion on the effectiveness of the Health District's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Health District's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Health District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Health District's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Keith Faber
Auditor of State
Columbus, Ohio

September 9, 2022



**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS
APPLICABLE TO EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER
COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

Combined Allen County General Health District
Allen County
219 East Market Street
P.O. Box 1503
Lima, Ohio 45801

To the Members of the Board:

Report on Compliance for Each Major Federal Program

Qualified and Unmodified Opinions

We have audited the Combined Allen County General Health District's (the Health District) compliance with the types of compliance requirements identified as subject to audit in the U.S. Office of Management and Budget (OMB) *Compliance Supplement* that could have a direct and material effect on each of the Combined Allen County General Health District's major federal programs for the year ended December 31, 2021. The Combined Allen County General Health District's major federal programs are identified in the *Summary of Auditor's Results* section of the accompanying schedule of findings.

Qualified Opinion on Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

In our opinion, except for the noncompliance described in the *Basis for Qualified and Unmodified Opinions* section of our report, the Combined Allen County General Health District complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) major federal program for the year ended December 31, 2021.

Unmodified Opinion on the Other Major Federal Program

In our opinion, the Combined Allen County General Health District complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its other major federal program identified in the *Summary of Auditor's Results* section of the accompanying schedule of findings for the year ended December 31, 2021.

Basis for Qualified and Unmodified Opinions

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the *Auditor's Responsibilities for the Audit of Compliance* section of our report.

We are required to be independent of the Health District and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Health District's compliance with the compliance requirements referred to above.

Matter Giving Rise to Qualified Opinion on Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

As described in finding 2021-001 in the accompanying schedule of findings, the Health District did not comply with requirements regarding reporting applicable to its Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) major federal program.

Compliance with this requirement is necessary, in our opinion, for the Health District to comply with requirements applicable to that program.

Responsibilities of Management for Compliance

The Health District's Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Health District's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Health District's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Health District's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.

- identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Health District's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- obtain an understanding of the Health District's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Government Auditing Standards requires the auditor to perform limited procedures on the Health District's response to the noncompliance finding identified in our audit described in the accompanying schedule of findings and corrective action plan. The Health District's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

Report on Internal Control Over Compliance

Our consideration of internal control over compliance was for the limited purpose described in the *Auditor's Responsibilities for the Audit of Compliance* section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as discussed below, we did identify a deficiency in internal control over compliance that we consider to be a material weakness.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings as item 2021-001, to be a material weakness.

A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

Government Auditing Standards requires the auditor to perform limited procedures on the Health District's response to the internal control over compliance finding identified in our audit described in the accompanying schedule of findings and corrective action plan. The Health District's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

Combined Allen County General Health District
Allen County
Independent Auditor's Report on Compliance with Requirements
Applicable to Each Major Federal Program and on Internal Control Over
Compliance Required by the Uniform Guidance
Page 4

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of this testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.



Keith Faber
Auditor of State
Columbus, Ohio

September 9, 2022

**COMBINED ALLEN COUNTY GENERAL HEALTH DISTRICT
ALLEN COUNTY**

**SCHEDULE OF FINDINGS
2 CFR § 200.515
DECEMBER 31, 2021**

1. SUMMARY OF AUDITOR'S RESULTS

(d)(1)(i)	Type of Financial Statement Opinion	Unmodified
(d)(1)(ii)	Were there any material weaknesses in internal control reported at the financial statement level (GAGAS)?	No
(d)(1)(ii)	Were there any significant deficiencies in internal control reported at the financial statement level (GAGAS)?	No
(d)(1)(iii)	Was there any reported material noncompliance at the financial statement level (GAGAS)?	No
(d)(1)(iv)	Were there any material weaknesses in internal control reported for major federal programs?	Yes
(d)(1)(iv)	Were there any significant deficiencies in internal control reported for major federal programs?	No
(d)(1)(v)	Type of Major Programs' Compliance Opinion	Unmodified Special Supplemental Nutrition Program for Women, Infants, and Children - AL #10.557 Qualified Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - AL #93.323
(d)(1)(vi)	Are there any reportable findings under 2 CFR § 200.516(a)?	Yes
(d)(1)(vii)	Major Programs (list):	Special Supplemental Nutrition Program for Women, Infants, and Children - AL #10.557 Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - AL #93.323
(d)(1)(viii)	Dollar Threshold: Type A/B Programs	Type A: > \$ 750,000 Type B: all others
(d)(1)(ix)	Low Risk Auditee under 2 CFR § 200.520?	No

**2. FINDINGS RELATED TO THE FINANCIAL STATEMENTS
 REQUIRED TO BE REPORTED IN ACCORDANCE WITH GAGAS**

None

3. FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARDS

Noncompliance and Material Weakness – Reporting

Finding Number	2021-001		
Assistance Listing Number and Title	AL #93.323 Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)		
Federal Award Identification Number / Year	CT-01-21 EO-01-22		
Federal Agency	U.S. Department of Health and Human Services		
Compliance Requirement	Reporting		
Pass-Through Entity	Ohio Department of Health		
Repeat Finding from Prior Audit?	No	Finding Number (if repeat)	N/A

45 CFR § 75.341 - Financial reporting: Unless otherwise approved by OMB, the HHS awarding agency may solicit only the standard, OMB-approved government-wide data elements for collection of financial information (at time of publication the Federal Financial Report or such future collections as may be approved by OMB and listed on the OMB Web site). This information must be collected with the frequency required by the terms and conditions of the Federal award, but no less frequently than annually nor more frequently than quarterly except in unusual circumstances, for example where more frequent reporting is necessary for the effective monitoring of the Federal award or could significantly affect program outcomes, and preferably in coordination with performance reporting.

The COVID-19 Contract Tracing Supplemental grant project number 00210012CT0121 required the final expenditure report to be submitted through the Grants Management Information System (GMIS) by August 5, 2021. Per GMIS, the Health District did not submit the final expenditure report until August 23, 2021.

Noncompliance with grant agreements could jeopardize current or future federal funding.

The Health District should implement a control(s) and/or procedure(s), such as a reminder system, to help ensure grant reports are submitted timely.

OFFICIAL’S RESPONSE: A monthly procedure will be put in place to review grant expenditure report due dates and verify all expenditure reports have been submitted before the due date.



ALLEN COUNTY
PUBLIC HEALTH
Allen County Combined Health District

CORRECTIVE ACTION PLAN
2 CFR § 200.511(c)
DECEMBER 31, 2021

Finding Number: 2021-001
Planned Corrective Action: A monthly procedure will be put in place to review grant expenditure report due dates and verify all expenditure reports have been submitted before the due date.
Anticipated Completion Date: 9/30/2022
Responsible Contact Person: Alison Johanning, Director of Finance & Human Resources

OHIO AUDITOR OF STATE KEITH FABER



COMBINED ALLEN COUNTY GENERAL HEALTH DISTRICT

ALLEN COUNTY

AUDITOR OF STATE OF OHIO CERTIFICATION

This is a true and correct copy of the report, which is required to be filed pursuant to Section 117.26, Revised Code, and which is filed in the Office of the Ohio Auditor of State in Columbus, Ohio.



Certified for Release 9/29/2022

88 East Broad Street, Columbus, Ohio 43215
Phone: 614-466-4514 or 800-282-0370

This report is a matter of public record and is available online at
www.ohioauditor.gov