

## Avita Health System, fiscal agent for Crawford County Health Partners

Date: April 28, 2015

To: Galion City Health Department 113 Harding Way East Galion OH 44833

Description		То	otal
Funding for Community Health Needs Assessment			\$10,000
and Community Health Improvement Plan process			
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	Carlet	-t-1 ¢	10 000 00
	Subtotal Sales Tax		10,000.00
			10,000.00

Make all checks payable to Avita Health System and mail to: 269 Portland Way S; Galion OH 44833 Attention: Cinda Kropka