

Financial Reports for Month End



By signing below, I acknowledge I have reviewed the financial reports enclosed in this packet and hereby accept the reports as presented.

Tom O'Leary, President

Katelyn Strickler, President Pro Tem

Dennis Long, Vice President

Wendy Kerr, CNP

Wade Cramer



Expenses - February 2016				
Vendor	Vendor #	Description	Account #	Amount
Gordon Stowe	E00001	Audiometer repair	52338	\$54.00
Time Warner Cable	T01516	PRI Monthly Payment	52317	\$33.16
Ohio Division of Real Estate	O01370	Burial Permit Fees	52351	\$17.50
A-1 Printing	A00115	Technology Upgrades/Updates	52317	\$2,431.00
Ohio State Board of Pharmacy	O03070	Pharmacy License Fee	52359	\$112.50
Treasurer, State of Ohio	O02500	Registration - School Nurses Conf (Kara)	52333	\$40.00
Staples Advantage	S04961	Shoe Cover Tyvek	52410	\$127.84
Treasurer, State of Ohio	O02500	Registration -Food Safety, Tobacco Prev - Steph	52333	\$17.00
Quill Corporation	Q02300	Envelopes, '17 Stickers	52402	\$44.48
Quill Corporation	Q02300	Toilet Cleaner	52410	\$1.99
Time Warner Cable	T01516	Monthly Phone Service	52323	\$27.34
Time Warner Cable	T01516	PRI Monthly Payment	52317	\$6.48
Osupplies.com	O01914	Ink, postcards, HDMI Cable, File folders	52402	\$97.56
Kimerline, Kara	K01521	Mileage Reimbursement	52332	\$16.10
Civitas Media	C01750	Legal Notice	52326	\$43.00
Columbia Gas	C03100	Monthly Gas Bill (Jan)	52323	\$143.34
US Bank Equipment Finance	U02792	Copier Lease & Copies	52335	\$171.12
			Total:	\$3,384.41



Income - Fiscal Year 2016
Galion City Health Department

Income Source	Projected	January	February	March	April	May	June	July	August	September	October	November	December	Totals	% of Projected
BCMH	\$4,000.00	\$0.00	\$450.00											\$450.00	11.25%
Car Seats / Boosters	\$350.00	\$50.00	\$30.00											\$80.00	22.86%
Immn Clinic Fees	\$1,000.00	\$30.00	\$0.00											\$30.00	3.00%
Imms - Medicaid	\$4,500.00	\$682.23	\$516.42											\$1,198.65	26.64%
Imms - Medicare	\$20.00	\$0.00	\$0.00											\$0.00	0.00%
Imms - Private Ins	\$30,000.00	\$3,323.48	\$1,102.92											\$4,426.40	14.75%
Imms - Cash	\$2,500.00	\$100.53	\$283.78											\$384.31	15.37%
Flu - Medicaid	\$900.00	\$49.43	\$75.38											\$124.81	13.87%
Flu - Medicare	\$10,000.00	\$176.85	\$59.06											\$235.91	2.36%
Flu - Private Ins	\$2,500.00	\$744.44	\$37.44											\$781.88	31.28%
Flu - Cash	\$2,700.00	\$80.44	\$0.00											\$80.44	2.98%
Flu Clinic Fees	\$200.00	\$0.00	\$0.00											\$0.00	0.00%
Lice Checks	\$0.00	\$0.00	\$0.00											\$0.00	0.00%
ODH-Ohio Youth Occupant Conf.	\$200.00	\$0.00	\$0.00											\$0.00	0.00%
Refunds	\$0.00	\$0.00	\$54.00											\$54.00	#DIV/0!
Shampoo	\$60.00	\$24.00	\$12.00											\$36.00	60.00%
Visuals	\$200.00	\$0.00	\$0.00											\$0.00	0.00%
School Nursing - Galion	\$65,000.00	\$3,171.00	\$7,476.00											\$10,647.00	16.38%
School Nursing - St. Joe's - Galion	\$550.00	\$0.00	\$0.00											\$0.00	0.00%
School Nursing St. Joes - Crestline	\$175.00	\$0.00	\$0.00											\$0.00	0.00%
Total Nursing	\$124,855.00	\$8,432.40	\$10,097.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,529.40	14.84%
State Subsidy	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
MAC	\$28,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
GRF Grant	\$20,500.00	\$20,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,500.00	100.00%
Phep / Pher Grant	\$4,930.00	\$120.00	\$82.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$202.50	4.11%
Ebola Supplement	\$1,429.00	\$0.00	\$163.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$163.02	11.41%
Total Grants	\$26,859.00	\$20,620.00	\$245.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,702.50	77.08%
Retail Food Estab. License Fees	\$10,678.00	\$0.00	\$8,099.65											\$8,099.65	75.85%
Retail Food Estab. Review Fees	\$0.00	\$0.00	\$0.00											\$0.00	0.00%
Food Service Op. License Fees	\$38,003.19	\$0.00	\$21,030.22											\$21,030.22	55.34%
Food Service Op Plan Review Fees	\$1,200.00	\$0.00	\$0.00											\$0.00	0.00%
Food Safety Class	\$1,000.00	\$0.00	\$0.00											\$0.00	0.00%
Mobile Home Park Inspection Fees	\$225.00	\$0.00	\$0.00											\$0.00	0.00%
Pools	\$2,320.00	\$0.00	\$0.00											\$0.00	0.00%
Water Testing	\$20.00	\$0.00	\$0.00											\$0.00	0.00%
Trash Hauler Fees	\$650.00	\$0.00	\$0.00											\$0.00	0.00%
Temporary Campground	\$125.00	\$0.00	\$0.00											\$0.00	0.00%
Total EH	\$54,221.19	\$0.00	\$29,129.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$29,129.87	53.72%
Vital Statistics	\$37,500.00	\$2,940.00	\$3,063.00											\$6,003.00	16.01%
Totals-Monthly	\$31,992.40	\$42,535.39		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$74,527.79	27.26%
Totals - YTD	\$273,435.19	\$31,992.40	\$74,527.79												
Percentage Incr / Decr over 2015 yr		294.7%	72.8%												
Monthly Totals 2015		\$8,104.51	\$35,030.34	\$38,673.99	\$8,650.03	\$18,784.92	\$22,908.73	\$8,049.83	\$10,638.89	\$16,670.36	\$25,483.19	\$24,571.90	\$15,560.82	\$233,127.51	
Monthly Totals - YTD - 2015		\$8,104.51	\$43,134.85	\$81,808.84	\$90,458.87	\$109,243.79	\$132,152.52	\$140,202.35	\$150,841.24	\$167,511.60	\$192,994.79	\$217,566.69	\$233,127.51		

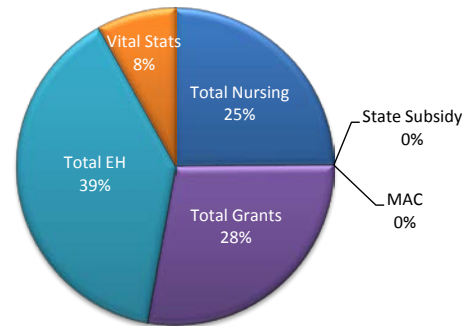
Notes

*\$30 return check fee added to VS in Feb as transaction was for Birth Certificate

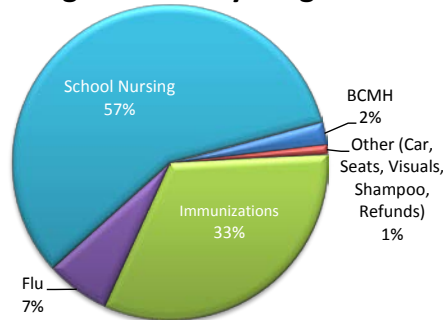
Revenue Report 2016

Category	Projected Amount	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals	% Collected
Total Nursing	\$124,855.00	\$8,432.40	\$10,097.00											\$18,529.40	14.84%
State Subsidy	\$2,000.00	\$0.00	\$0.00											\$0.00	0.00%
MAC	\$28,000.00	\$0.00	\$0.00											\$0.00	0.00%
Total Grants	\$26,859.00	\$20,620.00	\$245.52											\$20,865.52	77.69%
Total EH	\$54,221.19	\$0.00	\$29,129.87											\$29,129.87	53.72%
Vital Stats	\$37,500.00	\$2,940.00	\$3,063.00											\$6,003.00	16.01%
Totals:	\$273,435.19	\$31,992.40	\$42,535.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$74,527.79	27.26%

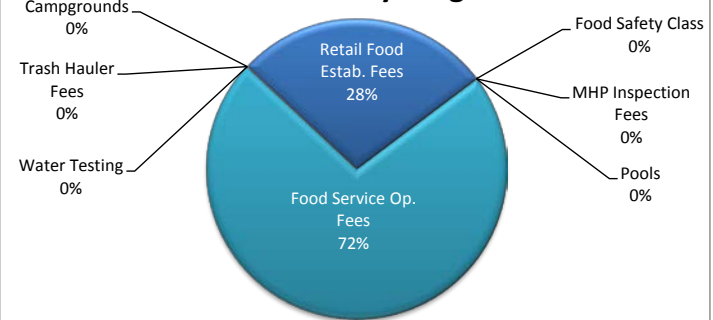
YTD Revenue by Department



Nursing Revenue by Program



EH Revenue by Program



Expense Report 2016

Category	Original Budget Amount	Current Budget Amount	January	February	March	April	May	June	July	August	September	October	November	December	YTD Totals	% Spent
Salaries	\$ 312,900.00	\$ 312,900.00	\$ 24,434.44	\$ 24,652.68											\$ 49,087.12	15.69%
Benefits	\$ 128,800.00	\$ 128,800.00	\$ 9,791.73	\$ 9,151.83											\$ 18,943.56	14.71%
Contractual Svcs.	\$ 82,395.00	\$ 82,395.00	\$ 6,773.64	\$ 3,112.54											\$ 9,886.18	12.00%
Mat'ls & Supplies	\$ 39,340.00	\$ 39,340.00	\$ 3,187.10	\$ 271.87											\$ 3,458.97	8.79%
Capital Outlay	\$ -	\$ -	\$ -	\$ -											\$ -	0.00%
Totals:	\$ 563,435.00	\$ 563,435.00	\$ 44,186.91	\$ 37,188.92	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 81,375.83	14.44%

Expenses by Category

