

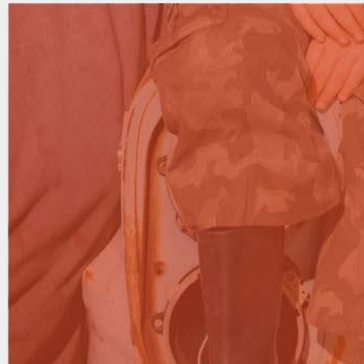
FY26 BUDGET BOOK

Proposed Budget for Fiscal Year 2026
July 1, 2025 - June 30, 2026

Serving Adams, Canyon, Gem, Owyhee,
Payette, and Washington Counties



Healthier Together | [SWDH.org](https://www.swdh.org)





Esteemed Members of the Board and Budget Committee,

The following budget book is a culmination of effort put forth by Southwest District Health's (SWDH) leadership team and managers who oversee the day-to-day work of their respective programs.

The fiscal year 2026 (FY 2026) budget supports the regulatory and public health programs and services SWDH is obligated to deliver as well as the infrastructure necessary to support the daily operations and mission of the district per Idaho Code §39-409. This year's budget includes additional investments in food safety and protection, WIC, home visiting, and pre-prosecution diversion programs to meet the growing demand for services in these areas. This budget also includes additional one-time expenditures for landscape and signage repairs needed following the expansion of Highway 55 along the southern border of SWDH's Caldwell facility.

Accountability is a core value of SWDH and as such we use the following guiding principles when developing and managing our budget.

1. Ensure every position has an essential role and purpose in the organization.
2. Evaluate staffing models when vacancies occur, or funding streams go away or change.
3. When applicable, request the Board of Health establish a fee to cover the cost of delivering a service.
4. Pursue public and private grant funding to deliver services that directly align with SWDH's mission and meet the specific needs of our community; prioritizing services that will make the greatest positive impact on health and vitality.
5. Strategically utilize county tax-payer funding to address the public's needs that cannot be fully supported by fees or other funding opportunities.

Maintaining a lean, but agile and professional workforce allows the SWDH team to successfully carry out its mission and work toward our vision of a healthier southwest Idaho.

Looking ahead, our consistently conservative approach to budgeting puts the financial health of SWDH on a good trajectory.

Respectfully submitted,

Nikki Zogg, District Director

Aaron Howard, Financial Officer

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Board of Health

Idaho Code 39-414 outlines the powers and duties of the Board of Health. The board's duties include but are not limited to the administration and enforcement of all state and district health laws, regulations, and standards. They are furthermore responsible for determining the location of the main office and any branch offices, entering into contracts, depositing money or payments, establishing the fiscal control policy and fees, and entering into leases and purchasing, exchanging, or selling real property among other responsibilities.



Kelly Aberasturi
COMMISSIONER
BOARD OF HEALTH
CHAIRMAN AND TRUSTEE
 Owyhee County



Zach Brooks
COMMISSIONER
BOARD OF HEALTH
VICE-CHAIRMAN
 Canyon County



Viki Purdy
COMMISSIONER
BOARD OF HEALTH
EXECUTIVE COUNCIL REP
 Adams County



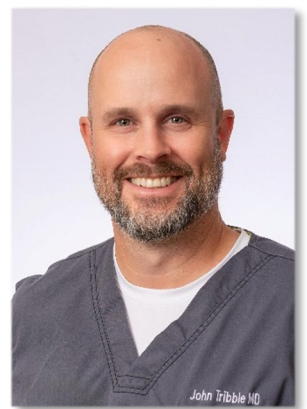
Bill Buttici
COMMISSIONER
BOARD OF HEALTH
 Gem County



Jennifer Riebe
COMMISSIONER
BOARD OF HEALTH
 Payette County

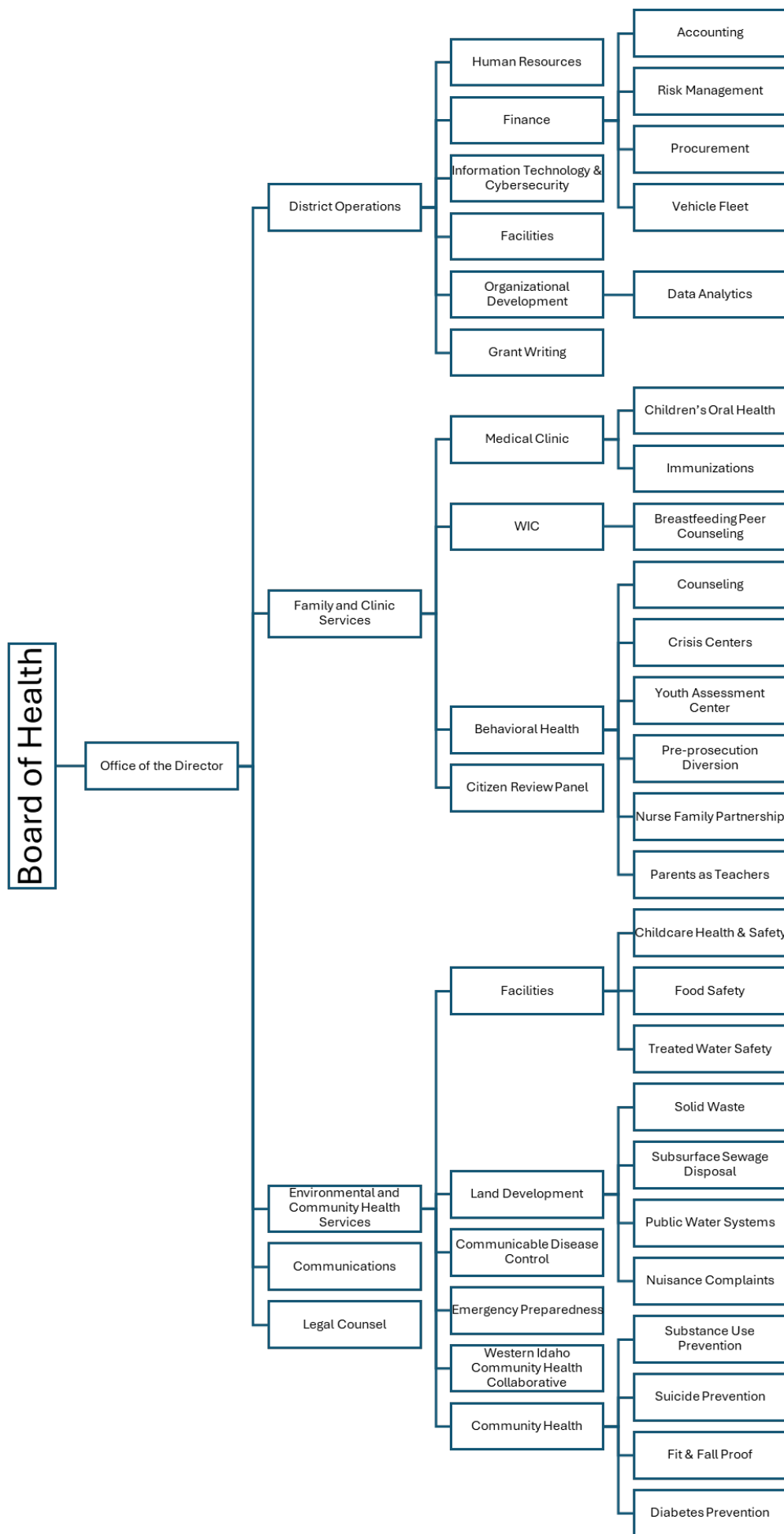


Jim Harberd
COMMISSIONER
BOARD OF HEALTH
 Washington County

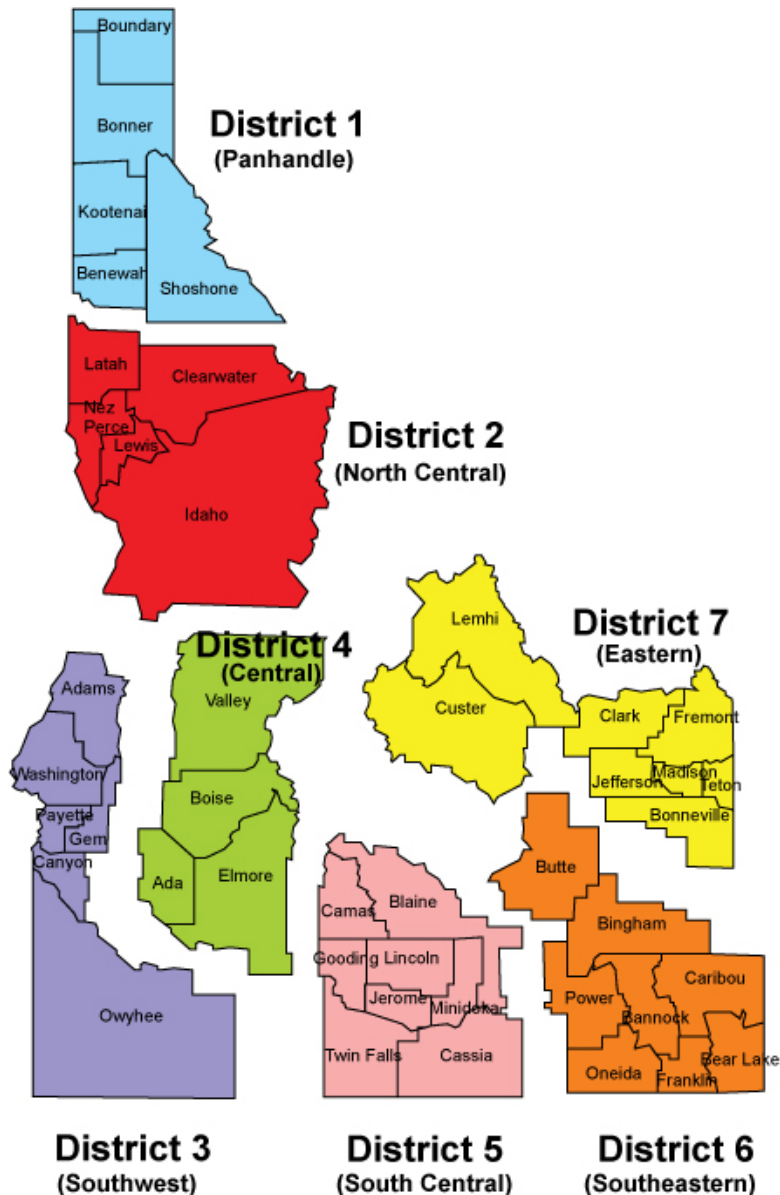


John Tribble, MD
BOARD OF HEALTH
PHYSICIAN
REPRESENTATIVE

Organizational Chart



History



Established in 1970

Idaho's seven public health districts were established in 1970 under Chapter 4, Title 39, Idaho Code. They were created to ensure essential public health services are made available to protect the health of all citizens of the state—no matter the size of their county population.

It is legislative intent that health districts operate and be recognized not as state agencies or departments, but as governmental entities whose creation has been authorized by the state, much in the manner as other single purpose districts.

For the purposes of this chapter, a public health district is not a subdivision of the state and shall be considered an independent body corporate and politic pursuant to section 1, article VIII, of the constitution of the state of Idaho, and is not authorized hereby to levy taxes nor to obligate the state of Idaho concerning such financing.

The law (IDAPA 39-409) stipulates that public health districts provide the basic services of public health education, physical health, environmental health, and health administration. However, the law does not restrict the districts solely to these categories.

District Profile

Southwest District Health serves a six-county region across Southwest Idaho including Adams, Canyon, Gem, Owyhee, Payette, and Washington counties. The region includes a unique blend of urban, rural and frontier areas.

The region boasts a strong construction industry, agriculture, and all forms of manufacturing, from semi-conductors to trailers to cheese and frozen potato products. The region is also home to many recreational activities with easy access to skiing, snowboarding, fishing, hiking and biking trails, rushing rivers, sand dunes, historical sites, top-notch wineries, and other easily accessible adventures.

County	Population
Adams	4,998
Canyon	266,892
Gem	21,857
Owyhee	12,748
Payette	27,662
Washington	11,539
TOTAL	345,696

316,198



Population

36.4



Median Age

\$70,076



Median Household
Income

62%



Labor Force
Participation

3.4%



Unemployment
Rate

Source: Idaho Oregon Community Health Atlas: American Community Survey (ACS) (Table B27022)

Leading Infectious Diseases (2024)*

*Excluding COVID-19

Respiratory Syncytial virus (RSV)
Pertussis
Chlamydia



Children (0-18 years)

Chlamydia
Gonorrhea
Chronic Hepatitis C



Adults (19-59)

Respiratory Syncytial virus (RSV)
Campylobacteriosis
Chronic Hepatitis C



Seniors (60+)

Leading Causes of Death (2021-2023)

Accidents
Suicide
Congenital Malformations

Accidents
Malignant Neoplasms
Disease of Heart

Diseases of Heart
Malignant Neoplasms
Chronic Lower Respiratory Diseases

Source: National Electronic Disease Surveillance System Base System.
(2025). *Leading Infectious Diseases 2024 by Age Group*

Source: Idaho Department of Health and Welfare; Harder, P. (2025). *Idaho Resident Leading Causes of Death by Age Group and District 2018*

District Health Needs & Priorities

According to the Community Health Needs Assessment (CHNA) completed in 2023, residents across the six-county region Southwest District Health serves ranked the following three areas as priority needs. In addition, children in foster care is a state Department of Health & Welfare priority and one that SWDH has also adopted.

Safe, Affordable Housing, and Homelessness



Housing Units	115,376
Housing Vacancy Rate	4.8%

A vacancy rate below 5% indicates higher demand than housing supply. A vacancy rate above 10% indicates more housing supply than demand.

Behavioral Health, Including Mental Health and Well-Being, and Substance Misuse



Drug Overdose Deaths per 100,000 Residents	14.7
Suicide Deaths per 100,000 Residents	20.2
Depression in Adults	23%

Access to Affordable Health Care, Including Oral and Vision Health



Delayed Needed Physician Care Due to Cost	19.3%
Uninsured Rate	11.7%
Public Insurance	37.8%
Private Insurance	63.5%

Decreasing the Number of Youth Entering Foster Care

of Children in Foster Care

329

*in Region 3 as of March 12, 2025



Top Reasons for Removal

- Neglect
- Physical Abuse
- Caretaker/Parent Substance Use
- Incarceration of Caretaker/Parent
- Unstable Home environment

Executive Summary

Executive Summary: Fiscal Year 2026 Southwest District Health Budget

Southwest District Health (SWDH) has successfully navigated a challenging fiscal landscape for the Fiscal Year (FY) 2025, exacerbated by the ongoing pressures of inflation. These economic factors have increased the need for careful attention to financial planning and budget flexibility. Despite these challenges, the projected economic development within our counties offers a slight upturn in revenue for the FY2026 budget, with continued growth in both population and infrastructure. This will notably impact the Land Development and Subsurface Sewage Disposal programs, leading to an expected 3.1% increase in fee revenues. County contributions are forecasted to rise by 2.25%, equating to a \$70,264 increase in total funding from the counties.

For every dollar counties contribute to SWDH, \$5.33 is allocated to sustaining the infrastructure, personnel, and operational needs that enable the agency to deliver critical services protecting and improving public health. Additionally, these county contributions create significant local economic benefits through the multiplier effect, including increased community reinvestment, higher tax revenues, and job creation.

Despite the relentless impact of inflation, which has driven up operational costs across the health care industry, SWDH is committed to balancing its budget through a cautious 2.25% increase in county contributions. This increase is necessary to offset rising expenses, particularly in the areas of healthy outcomes and staffing, where higher wages are required to attract and retain qualified personnel amidst a competitive labor market.

Furthermore, other revenue sources and state grants are projected to rise above the FY2025 budget levels, with additional funding earmarked for critical public health initiatives, including the enhancement of infrastructure, drug overdose prevention, and tobacco education programs. These funds are primarily provided through federal pass-through sub-grants and opioid settlement resources. Additionally, carry-forward funds from the previous fiscal year will be directed toward restricted expenditures, ensuring the continued fulfillment of public health priorities.

In conclusion, while inflation presents significant financial challenges, SWDH remains poised to manage its budget prudently, ensuring continued service delivery and positive community outcomes with careful stewardship of resources.



Aaron Howard

Financial Officer, Southwest District Health

Budget Calendar

Budget development is a process of fiscal strategic planning that involves decisions and guidance from the Board of Health, input from the community, and close coordination between the executive team and numerous staff across all divisions and program areas. During the internal development of the budget document, all staff are encouraged to advance budgetary concerns and needs for their programs through their respective program manager and division administrator.

Community input is sought through our Board of Health meetings, which occur monthly and are open to the public. Starting in January each year, our staff present budget elements to the board for guidance and decisions. Below is a list of elements the board acts on leading up to the final approved proposed budget.

1. 5-Year Facility and IT Infrastructure Plan
2. Changes in Fees
3. Change in Employee Compensation
4. Opioid Settlement Plan
5. Change in County Contributions
6. Proposed Budget

In the month of May, the public has additional opportunities to provide input as the Director and Financial Officer present the proposed budget to each board of county commissioners in the district (i.e., Adams, Canyon, Gem, Owyhee, Payette, and Washington). Furthermore, the proposed budget is printed in each local newspaper in all six counties with a notice for the public hearing where the proposed budget will be approved by the Budget Committee.

Idaho Code 39-423 describes the duties of the Budget Committee. The chairman of the Boards of County Commissioners located within the public health district are constituted as the Budget Committee. The Board of Health will submit to the Budget Committee by the first Monday in June of each year the preliminary budget for the public health district and the estimated cost to each county, as determined by Idaho Code 39-424. The Budget Committee must meet and hold a public hearing on the proposed budget on or before the first Monday in July. A budget for the public health district shall be agreed upon and approved by a majority of the Budget Committee. Such a determination shall be binding upon all counties within the district and the district itself.

Financial Information

Basis of Accounting

Basis of accounting refers to when revenues and expenditures are recognized in the accounts and reported in the financial statements, regardless of the measurement that is applied. All funds are accounted for using the modified accrual basis of accounting. Fund revenues are recognized when they become measurable and available as net current assets. Measurable means the amount of the transaction can be determined and available means the amount is collectible within the current period or soon enough thereafter to be used to pay liabilities of the current period.

Expenditures are also generally recognized under the modified accrual basis of accounting.

Cost Accounting

The district uses cost accounting to determine the proper allocation to recover costs for services provided. For each service or program, in addition to direct staff support and allocations for supplies and services, it also receives support from the administrative and operations staff and benefits from centralized services. These indirect costs (also known as administrative and overhead costs) need to be allocated to each major service or program in order to determine the full cost of providing services. Centralized service costs are typically budgeted and advanced by District dollars. District dollars are noncommitted funds that include contributions paid by the counties in the district in accordance with Idaho Code 39-424 and fee revenue. Cost allocation is necessary to ensure that each of these operating funds share the administrative and overhead costs equitably.

Budget Request Summary

The Budget Request Summary section details the:

- SWDH's budget request,
- County contributions, and
- Summarizes the service delivery and budgetary information for each division as follows: mission, services, and budget request highlights.

Fiscal Year 2026 Budget Request Summary

We have taken a conservative approach to our staffing model by retaining essential positions and finding ways to offer a competitive compensation package that considers salaries, benefits, and workplace culture. Table 1 captures our budgeted full-time equivalent (FTE) employee data for the past three years and Figure 1 shows SWDH's FTE compared to district population growth. Seven new positions are proposed for fiscal year 2026 and are further described on page 13. Figure 2 shows the change in fiscal year budget to district population growth.

Table 1: SWDH FTE

Division	FY2023 Adopted Budget	FY2024 Adopted Budget	FY2025 Adopted Budget	FY2026 Proposed Budget
Office of the Director	6	5	3	3.2
District Operations	15	15	26	18.5
Environmental and Community Health	47	48	41	36
Family and Clinic Services	47	41	34	53
Total	115	109	104	110.7

Figure 1: Population and FTE Trends FY 2005 - FY 2025

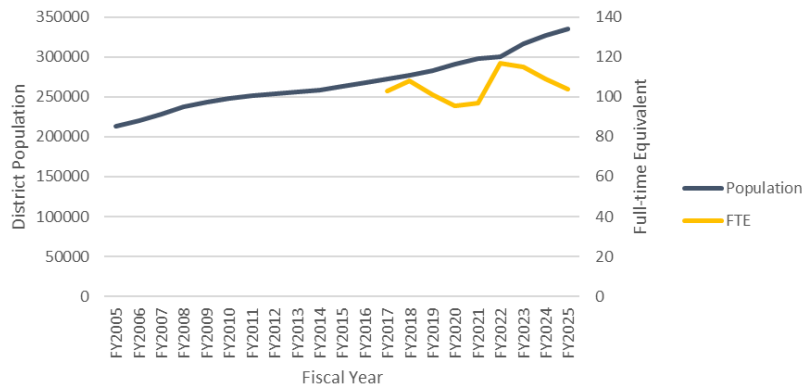
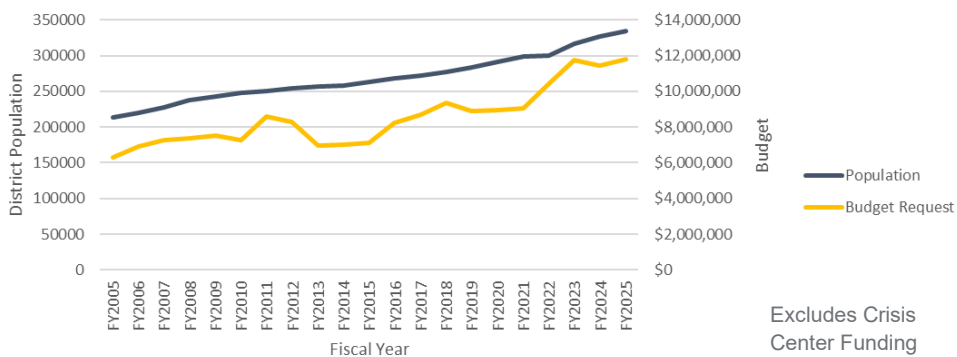


Figure 2: Population and Budget Request Trends FY 2005 - FY 2025



Fiscal Year 2026 New Positions

There are a total of 7.0 new positions. The new positions are as follows:

1. Case manager – 2 positions

The Pre-Prosecution Diversion program is expanding to serve more individuals. Increase in referrals received from the Canyon County Prosecuting Attorney's (CCPA) office and projected increase in clients served necessitate this request to ensure appropriate staff to client ratios. These positions are funded by an Idaho Department of Correction grant awarded to CCPA and passed through to SWDH to perform the work.

2. Peer Recovery Support Specialist – 2 positions

The Pre-Prosecution Diversion program is expanding to serve more individuals. Increase in referrals received from the Canyon County Prosecuting Attorney's (CCPA) office and projected increase in clients served necessitate this request to ensure appropriate staff to client ratios. These positions are funded by an Idaho Department of Correction grant awarded to CCPA and passed through to SWDH to perform the work.

3. Environmental Health Specialist – 1 position

The Food Establishment Licensing and Permitting program has experienced an increase in inspection counts due to increased facilities in district 3. FDA recommends 280-320 inspections per inspector annually. The current staffing is 600 inspections per inspector. The position will be funded by the existing staff model within the food program (food licensing fees, NEHA grant and district support).

4. Resources and Services Navigator (Home Visitor) – 1 position

Parents As Teachers (PAT) home visiting program supports a parent's role in promoting school readiness and healthy development of children. PAT program serves 30-40% families that are child welfare involved. The program's current waitlist is eleven families. This position is being requested to address current and future needs in collaboration with DHW for increased referrals to support the goal of decreasing the number of children entering foster care. This position will be funded by Opioid Settlement funds.

5. Program Specialist – 1 position

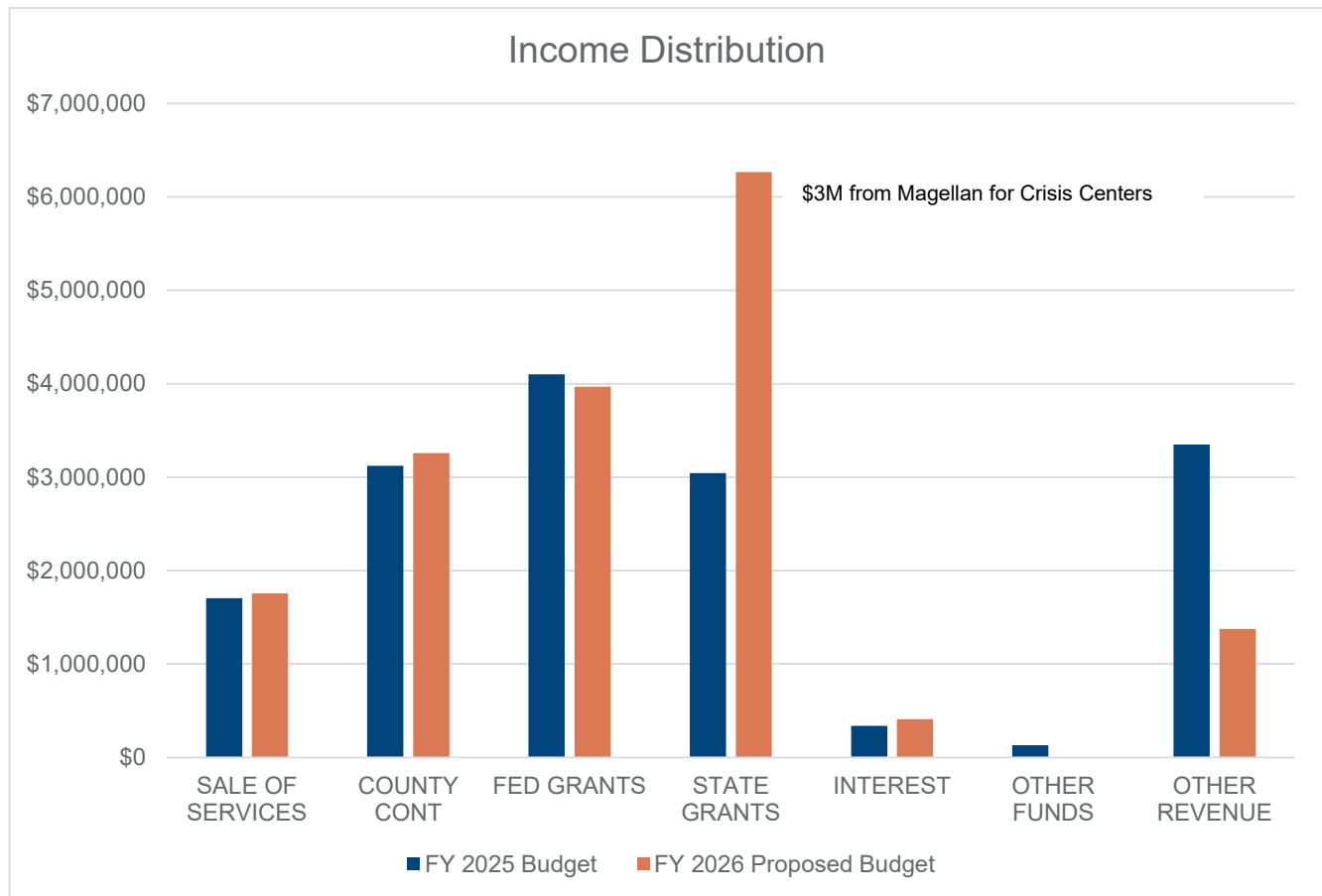
Current WIC program staffing levels exceed the ideal span of control for supervisors. This position will supervise clinical assistants and will support individual staff development, team development, and oversight. This position will be funded by the existing staff model within WIC (grant and district support).

As shown in the budget summary on page 14, the proposed FY 2026 budget (including the crisis center work) is balanced, with \$17 million in both revenues and expenditures. The estimated revenue for FY 2026 across all funds is \$17 million, which represents a net increase of \$1.24 million, or 7.9%, compared to the FY 2025 adopted budget's estimated revenue of \$15.8 million. This increase is primarily due to the Family and Clinic Services crisis funding and the carry-forward of grant funding, which is included in our revenue but falls under restricted funding. Southwest District Health is requesting a 3% COLA for all staff who successfully complete probation in FY2026, this equates to a \$176,573 increase in salary and wages should the Board of Health approve. These figures are accounted for in the proposed budget year-over-year growth, as are the funding for recommended positions described above. Capital expenditures are reduced over FY 2025 as a result of no scheduled capital projects.

Budget Summary

District Revenue	FY 2025 Adopted Budget	FY 2026 Proposed Budget	Year over Year \$	Year over Year %
SALE OF SERVICES	\$1,704,841	\$1,757,051	\$52,210	3.1%
CITY CO GRANTS	\$3,122,831	\$3,193,095	\$70,264	2.2%
FED GRANTS	\$4,101,722	\$3,966,968	-\$134,754	-3.3%
STATE GRANTS	\$3,043,715	\$6,329,028	\$3,285,313	107.9%
INTEREST	\$337,850	\$410,400	\$72,550	21.5%
OTHR FND STATUTE TXFR	\$132,307	\$0	-\$132,307	-100.0%
OTHER REVENUE	\$3,349,107	\$1,376,631	-\$1,972,476	-58.9%
Total	\$15,792,373	\$17,033,535	\$1,241,162	7.9%

District Expenditures	FY 2025 Adopted Budget	FY 2026 Proposed Budget	Year over Year \$	Year over Year %
SALARY AND WAGE	\$6,625,145	\$7,250,473	\$625,328	9.4%
EMPLOYEE BENEFITS	\$2,940,379	\$3,154,988	\$214,610	7.3%
EXPENSES	\$3,198,592	\$3,319,778	\$121,185	3.8%
CAPITAL	\$80,000	\$0	-\$80,000	-100.0%
TRUSTEE AND BENEFITS	\$2,948,257	\$3,307,933	\$359,676	12.2%
Total	\$15,792,373	\$17,033,535	\$1,241,161	7.9%

Budget Funding Sources – FY 2025 and Projected FY 2026

County Contributions

Section 31-862, Idaho Code authorizes counties to establish a special tax to be used solely and exclusively for preventive health services by county or district boards of health. The board of county commissioners is authorized to levy a special tax not to exceed four hundredths per cent (.04%) of market value. The current approved values for each county in Public Health District 3 (Southwest District Health) are as follows:

2024 Approved Preventive Health Levy Rates	
County	Levy Rate
Adams	0.000038449
Canyon	0.000063909
Gem	0.000065753
Owyhee	0.000064107
Payette	0.000060367
Washington	0.000068992

Source: Idaho State Tax Commission

Section 39-424, Idaho Code describes the formula that is to be used to determine the apportionment to each county in the public health district. Seventy percent (70%) shall be apportioned among the various counties based on population and 30% based on taxable market value.

	FY 2024	FY2025	Population	FY 2024	FY 2025	TMV
	2023 Pop	2024 Pop	Percent	CY 2023	CY 2024	Percent
County	Population Est.	Change	Net Taxable Values		Change	
Adams	4,903	4,998	1.94%	\$1,304,695,948	\$1,399,467,082	7.26%
Canyon	257,674	266,892	3.58%	\$34,916,246,030	\$37,883,599,077	8.50%
Gem	21,071	21,857	3.73%	\$3,108,928,476	\$3,072,576,729	-1.17%
Owyhee	12,722	12,748	0.20%	\$1,407,915,287	\$1,549,383,438	10.05%
Payette	27,279	27,662	1.40%	\$3,519,906,134	\$3,720,156,753	5.69%
Washington	11,425	11,539	1.00%	\$1,315,390,375	\$1,393,698,340	5.95%
Total	335,074	345,696		\$45,573,082,250	\$49,018,881,419	

County Request - 2.25%

Budget Request for County Fiscal Year 2026
 Period Covered: October 2025 – September 2026
 Based on Idaho code §39-424

County Fiscal Year Request

County Contribution = 70% Population Distribution + 30% Taxable Market Value (TMV)

County	2024 Population	Percent Current Year	Amount	2024 Dollar	Amount	County Total FY25	County Total FY24
	Estimate			TMV		Contribution	Contribution
ADAMS	4,998	1.45%	\$32,316	2.85%	\$27,348	\$59,664	\$59,153
CANYON	266,892	77.20%	\$1,725,644	77.28%	\$740,322	\$2,465,967	\$2,396,685
GEM	21,857	6.32%	\$141,321	6.27%	\$60,044	\$201,365	\$200,977
OWYHEE	12,748	3.69%	\$82,425	3.16%	\$30,278	\$112,703	\$112,518
PAYETTE	27,662	8.00%	\$178,854	7.59%	\$72,699	\$251,554	\$251,624
WASHINGTON	11,539	3.34%	\$74,608	2.84%	\$27,236	\$101,843	\$101,874
TOTAL	345,696	100.00%	\$2,235,168	100.00%	\$957,928	\$3,193,096	\$3,122,831

County Contribution Year over Year

CHANGE FY 2025 to FY 2026				
County	Approved FY2025	Total Annual FY 2026 County Cost	Dollar Change	% Change
	SWDH Budget	Jul - June	Annual	Annual
ADAMS	\$59,153	\$59,471	\$318	0.54%
CANYON	\$2,396,685	\$2,452,835	\$56,150	2.34%
GEM	\$200,977	\$199,960	(\$1,017)	-0.51%
OWYHEE	\$112,518	\$109,204	(\$3,314)	-2.95%
PAYETTE	\$251,624	\$247,915	(\$3,709)	-1.47%
WASHINGTON	\$101,874	\$98,580	(\$3,294)	-3.23%
TOTAL	\$3,122,831	\$3,167,964	\$45,133	1.45%

Office of the Director

Office: Director
FY 2025 budgeted full-time positions: 3

The mission of the Office of the Director is to be the public health leader of the region and of service to the employees, board members, and public within whom we are entrusted.

Services	
Oversees the daily operations of the district.	Serves as the administrative officer to the Board of Health.
Prescribes the policies and procedures of the district in accordance with local, state, and federal laws.	Establishes the positions and qualifications of all personnel under the district director and sets rate of pay.
Manages communications for the district.	Serves as district representatives at public events and functions.

FY 2026 Requested Budget Highlights

It is recommended that the 0.19 FTE communications outreach coordinator be increased to 0.24 FTE. This increase in personnel time will be funded by a federal grant. Should the grant no longer be available the position will be assessed and if needed, will be funded through the indirects like all other positions in the Office of the Director.

OFFICE OF THE DIRECTOR

Category	FY 2025 Budget	FY 2026 Proposed Budget	Year over Year \$
Income - Total	\$ 3,460,681	\$ 3,731,858	\$ 271,177
Personnel - Total	\$ 348,015	\$ 415,241	\$ 67,226
Expenses - Total	\$ 73,524	\$ 81,581	\$ 8,057
Capital - Total	\$ -	\$ -	\$ -
T&B - Total	\$ -	\$ -	\$ -
Expenditures Total:	\$ 421,539	\$ 496,822	\$ 75,283

District Operations Division

Division: District Operations

FY 2025 budgeted full-time positions: 26

The mission of District Operations is to provide professional services, support, and customer service that empowers our whole team to carry out the mission and move closer to our vision of a healthier southwest Idaho.

Services	
Information Technology & Cybersecurity	Facilities Maintenance & Building Safety
Human Resources & Employee Engagement	Organizational & Workforce Development, Data Analytics
Fleet Management	Finance, Accounting, & Procurement
Grant Writing & Management	Risk Management & Compliance

FY 2026 Requested Budget Highlights

- Facilities staff will be contracting and overseeing repairs to exterior signage and landscape following the expansion of Highway 55 on the south side of SWDH's main facility in Caldwell. Southwest District Health received \$128,000 from ITD for the repairs and that is what has been budgeted.
- Broad impacts to the division were realized with the Customer Service reorganization and all customer service staff were moved to District Operations in FY25. The customer service changes for FY26 will move 4 FTEs from the indirect pool to FCS division and move 3 FTEs from the indirect pool to ECHS division for direct program support. Four FTE staff will remain centralized in District Operations.

District Operations

Category	FY 2025 Budget	FY 2026 Proposed Budget	Year over Year \$
Income - Total	\$ 783,500	\$ 441,787	\$ (341,713)
Personnel - Total	\$ 1,707,277	\$ 1,971,578	\$ 264,301
Expenses - Total	\$ 1,002,974	\$ 1,051,357	\$ 48,383
Capital - Total	\$ 80,000	\$ -	\$ (80,000)
T&B - Total	\$ -	\$ -	\$ -
Expenditures Total:	\$ 2,790,250	\$ 3,022,935	\$ 232,684

Family & Clinic Services Division

Division: Family & Clinic Services

FY 2025 budgeted full-time positions: 34

Together, empowering southwest Idaho communities to create healthier lives.

Services	
Women, Infants, and Children (WIC) Nutrition Program	Family Medical Clinic
Idaho Home Visiting Programs (IHVP)	Behavioral Health Counseling
YouthROC – Safe Teen Early Intervention Program	Behavioral Health Partnerships for Early Diversion
Pre-Prosecution Diversion Program	Project Oversight for Crisis Centers

FY 2026 Requested Budget Highlights

- Broad impacts to the division were realized with the Customer Service reorganization and the change in indirect rate from 34.3% in FY25 to 24.95% in FY26. The customer service changes for FY26 will move 4 FTEs from the indirect pool to FCS division for direct program support.
- The WIC program estimates a 3% or a \$48,378 increase in the grant funding and are requesting a 1 FTE for a Program Specialist. WIC enrollment and participation increased 4% or 232 in FY25.
- Family Medical Clinic has seen an increased demand for family planning appointments, an uptick in positive STI screenings, and immigration exams.
- Idaho Home Visiting programs offered in all counties in District 3 include Parents As Teachers and Nurse-Family Partnership. These home visiting programs support families and first-time moms through parent skills training, improved pregnancy outcomes, and early childhood health and development milestones. 1 FTE to fill increased need and caseload. Funding stream changes include a request to use a portion (\$272K) of Opioid Settlement Funds to support personnel costs in FY26 that align with Prevention/Connectedness under Activity E.6-9.
- YouthROC is in its last year of funding support from the Millenium Fund. Alternate funding by other community behavioral health partners will need to be effectuated for sustainability.
- Behavioral Health Partnership for Early Diversion expects to see an increase in number of clients served due to the addition of the community paramedicine program in Washington County.
- Pre-Prosecution Diversion Program in partnership with the Canyon County Prosecuting Attorney's Office diverts adults with behavioral health needs from entering the justice system. 4 FTE projected need for increased referrals from the prosecuting attorney's office to ensure appropriate staff to client ratio.
- Crisis centers expected income to remain unchanged unless Magellan changes the current funding and billing structure. Operating expenses are projected to increase in rental expense.

Family and Clinical Services

Category	FY 2025 Budget	FY 2026 Proposed Budget	Year over Year \$
Income - Total	\$ 3,655,725	\$ 4,525,915	\$ 870,190
Personnel - Total	\$ 3,931,222	\$ 4,182,081	\$ 250,859
Expenses - Total	\$ 880,104	\$ 1,380,293	\$ 500,189
Capital - Total	\$ -	\$ -	\$ -
T&B - Total	\$ -	\$ 59,077	\$ 59,077
Expenditures Total:	\$ 4,811,327	\$ 5,621,452	\$ 810,125

Family and Clinical Services: Crisis Centers

Category	FY 2025 Budget	FY 2026 Proposed Budget	Year over Year \$
Income - Total	\$ 4,003,352	\$ 4,086,678	\$ 83,327
Personnel - Total	\$ 337,970	\$ 218,996	\$ (118,973)
Expenses - Total	\$ 575,347	\$ 245,754	\$ (329,593)
Capital - Total	\$ -	\$ -	\$ -
T&B - Total	\$ 2,809,507	\$ 3,114,856	\$ 305,349
Expenditures Total:	\$ 3,722,823	\$ 3,579,606	\$ (143,217)

Environmental & Community Health Services Division

Division: Environmental & Community Health

FY 2025 budgeted full-time positions: 41

The mission of Environmental & Community Health is to be physically present in our communities, building relationships to create and maintain a healthier southwest Idaho.

Services	
Public health emergency preparedness and epidemiological response	Community health education, prevention, and partnerships
Facility based programs	Land development and wastewater

FY 2026 Requested Budget Highlights

- Broad impacts to the division were realized with the Customer Service reorganization and the change in indirect rate from 34.3% in FY25 to 24.95% in FY26. The customer service changes for FY26 will move 3 FTEs from the indirect pool to ECHS division for direct program support.
- Public health emergency preparedness projects a \$70K increase in revenue due to a formula change with Cities Readiness Initiative funding. Epidemiological response will realize a \$20K decrease in revenue due to a change in funding amount from the Epidemiologic Laboratory Capacity (ELC) grant. The ELC grant will continue to support the same staffing and funding structure.
- Facility based programs include the licensing, inspecting, and enforcement of regulations for food establishments, childcare facilities, and public swimming pools. Income projected to increase due to more food license applications and potential increased funding through National Environmental Health Association (NEHA) and Food and Drug Administration (FDA). Added 1 FTE to address increased inspection counts in District 3.
- The Land development programs anticipate increased revenue due to a rise in land-use applications, pre-development meetings, and subsurface sewage permit applications, driven by population growth and new construction. The Land Development team oversees various programs, including engineered subdivision reviews, subsurface sewage disposal permitting, solid waste management, public water system inspections, water quality testing, and nuisance inspections related to wastewater and solid waste compliance. As development expands, the demand for these services continues to grow, contributing to higher permit volumes and overall program revenue.
- Community health programming focuses on individual and group level behavior changes to prevent disease and improve health. This includes vape prevention education with youth, fit and fall proof, suicide prevention collaboratives, drug overdose prevention training, youth substance use prevention, and facilitating community health collaboratives across the region. No significant changes to programmatic budgets for FY26.

Environmental and Community Health

Category	FY 2025 Budget	FY 2026 Proposed Budget	Year over Year \$
Income - Total	\$ 3,889,116	\$ 4,247,298	\$ 358,182
Personnel - Total	\$ 3,241,040	\$ 3,617,565	\$ 376,524
Expenses - Total	\$ 666,643	\$ 561,154	\$ (105,489)
Capital - Total	\$ -	\$ -	\$ -
T&B - Total	\$ 138,750	\$ 134,000	\$ (4,750)
Expenditures Total:	\$ 4,046,434	\$ 4,312,719	\$ 266,286

Fiscal Policies

General Financial Goals

1. To maintain a financially viable district that can maintain an adequate level of services.
2. To maintain financial flexibility to be able to continually adapt to local, state, and national economic change.
3. To ensure we can meet our legal obligations under Idaho State Law and contractual agreements through our grants and agreements with our partners.
4. To maintain and enhance, long-term, the sound fiscal condition of the district.
5. To ensure the financial position necessary to successfully carry out SWDH's mission and strategic priorities.
6. Committed funds are defined as those funds which are committed by the Board of Health for specific purposes, and Restricted funds are defined as those funds restricted by an outside source such as a donor, funder, or grantor. These funds are incorporated in the annual budget as needed and are tracked using a balance sheet approach.

Operating Budget Policies

7. The district will adopt a balanced budget by June 30th of each year.
8. Budget development begins in December each year. SWDH staff begin validating the remainder of the current fiscal year, while planning for the next fiscal year. SWDH has established effective controls to ensure accuracy throughout the budget development and execution process and to maintain adherence throughout the budget cycle.
9. The district will maintain appropriate internal controls to minimize financial reporting misstatements, fraud, waste, abuse, and reduce risk to the organization.
10. During the annual budget development process, the existing base budget will be thoroughly examined to assure sound fiscal stewardship and strategic alignment.
11. The district will avoid balancing the current budget at the expense of future budgets, unless the use of reserves or committed funds is expressly authorized by the Board of Health.
12. The district will maintain no more than a three (3) month operating reserve.
13. The district's operating budget will be prepared on a basis consistent with generally accepted accounting principles (GAAP) except that encumbered, committed, and restricted funds are considered budgetary expenditures in the year of the commitment to purchase.

Revenue Policies

14. The district will try to maintain a diversified and stable revenue system to avoid over-reliance on any one revenue source.
15. Revenue estimates are to be accurate and realistic, sensitive to local, state, and national economic conditions.
16. The district will estimate its annual revenues by an objective, analytical process utilizing trend, judgmental, and statistical analysis, as appropriate.
17. Fees that are set by the Board of Health will be reviewed periodically and increased or decreased in accordance with Idaho Code 39-414.

Expenditures Policies

18. Employee benefits and salaries will be consistent with local trends for governmental entities and maintained at competitive levels. The district's compensation schedule and change in employee compensation is reviewed and approved by the Board of Health annually.
19. Fixed assets will be maintained and replaced as necessary, minimizing deferred

maintenance.

20. The district will develop and use technology and productivity enhancements that are cost effective in reducing or avoiding increased personnel costs.

Capital Budget Policies

21. The district will review and revise an annual Five-Year Capital Improvement Plan/Facility Plan (CIP) with the goal to develop and maintain infrastructure in support of existing facilities and future anticipated development.
22. The CIP will identify the estimated full cost of each project which includes administration, design, development and implementation, and operating costs once the projects are completed.
23. Each CIP project will be assigned to a project manager whose responsibilities are to monitor all phases of the project to ensure timely completion of the project and compliance with the project budget and all regulations and laws.
24. Generally, anticipated or emergency capital projects that exceed \$10,000 in a fiscal year will be paid for using the Facilities and Infrastructure board committed fund. This will allow for stable year-to-year budgeting for general maintenance or improvement-related costs in the facilities and IT budgets.

Accounting, Auditing, and Financial Reporting Policies

25. The district's accounting and financial reporting systems will be maintained in conformance with generally accepted accounting principles as they apply to governmental accounting.
26. An annual audit of all financial transactions will be performed by an independent public accounting firm and presented to the Board of Health for approval each year in accordance with Idaho Code 39-414A.
27. Monthly financial reports and status reports will be submitted to the Board of Health at the monthly board meeting. The reports will provide an analysis of budgeted versus actual revenues and expenditures, on a year-to-date basis.

Budget Guidelines

Through the adoption of the annual operating budget, the Budget Committee approves the funding of District services and estimates of resources available to fund the district's services.

The Board of Health is responsible for proposing a balanced budget which is consistent with the district's service level priorities and sound business practices. A Balanced Budget is defined as a budget where the anticipated operating revenues and other financing resources including carryover of outstanding funding requirements from the prior year are equal to or exceed operating expenditures.

The Financial Officer is responsible for developing the operating budget on behalf of the District Director, establishing budget and fiscal policy, providing periodic budget status reports to the District Director and the Board of Health, and developing internal monthly budget management reports for the Division Administrators to facilitate control and compliance with the budget. The District Director is responsible for establishing a system for the preparation, execution, and control of the budget which provides reasonable assurances that the intent of agency priorities is met.

Division Administrators are responsible for assisting in the development of annual budgets and monitoring their respective budgets for compliance with the intent of district priorities to ensure that budget authorizations of the aggregate total of the district are not exceeded.

Managers are responsible for assisting in the development of their specific budgets and monitoring their budgets to include monthly revenues and expenditures to ensure they remain within budget, compliant with all contract and grant requirements and rules or laws and identify and report any issues or concerns to their division administrator.

Summary of Budget Guidelines

1. Basis of Budgeting

District budgets are adopted on a basis consistent with generally accepted accounting principles (GAAP) except where funds that are encumbered, restricted, or committed. These exceptions are considered budgetary expenditures in the year of the commitment to purchase. For all governmental funds, revenues and expenditures are budgeted on a modified accrual basis.

2. Budget Calendar

The Financial Officer publishes a budget preparation calendar for the District Director and Division Administrators at the beginning of the budget process each year. The calendar sets forth, at a minimum, dates for the following:

- a) Review of agency priorities.
- b) Review of potential fee updates.
- c) Engagement and Outreach for District employees.
- d) Personnel costs review and input.
- e) Operating costs review and input.
- f) Capital Improvement Projects Budget.
- g) Presentation of the Proposed Budget to the Board of Health before the first day of May.
- h) Posting of the public hearing notice.
- i) Presentation of the Proposed Budget to each of the Boards of County Commissioners prior to the first Monday in June.

- j) Presentation to the Budget Committee on or prior to the first Monday in July.

3. Adoption of the Budget

In accordance with Idaho Code 39-424, the Budget Committee will adopt the budget by majority vote on or prior to the first Monday in July, setting forth the amount of authority of the District Director to administer the adopted budget.

4. Budget Authority of the District

The district shall have the authority to revise the adopted budget provided that the Board of Health is notified in writing of the revision, giving the reason, the amount of the revision and the year-to-date total amount of revisions in a publicly noticed meeting where the request for a budget revision is listed on the agenda as an informational item.

Additionally, the District shall have the authority, without a budget revision, to:

- Amend and/or transfer authority among divisions, programs, and projects, provided that the amount is \$100,000 or less.
- Reasonably deviate from the budgeted personnel allocation schedule provided that at no time the personnel cost appropriations authorized by the district is exceeded without prior Board of Health approval.
- Double fill positions for no more than six months as long as total authority is not exceeded to ensure adequate staffing levels, to facilitate training of new employees in critical positions by the outgoing incumbents, or to respond to urgent staffing needs.
- Add/delete positions or to move positions between divisions and/or programs to respond to organizational needs, as long as the total district approved personnel cost authority is not exceeded.

Prior approval from the Board of Health is required for changes that:

- Increase the overall district spending authority.
- Result in changes not consistent with the purpose and intent of the Budget as adopted.
- Require an appropriation action from any unassigned fund balances or reserves.

5. Budget Amendments by the District

At Board of Health meetings, the Board may from time to time approve expenditures and identify funding sources not provided for in the adopted budget including those expenditures funded through unassigned fund balances or reserves.

6. Budget Monitoring and Reporting

Monthly, the Financial Officer will prepare and make available a monthly budget report including actual expenditures for distribution to the District Director, Division Administrators, and Managers to facilitate monitoring of the budget.

Quarterly, as part of the 4th Quarter Financial Status Report, the Financial Officer shall report on all active grants and grants closed out during the fiscal year including the purpose of the grant, the granting agency, and the grant amount awarded.

Appendix: Fiscal Year 2026 Budget Request Detail



FY26 BUDGET REQUEST

Revenue

Expenditures

Description		Income	Personnel	Operating	Capital	T&B
Administration						
11010	Administration	\$ -	\$ 271,940	\$ 28,502	\$ -	\$ -
11020	County, Interest & Other Revenues	\$ 3,603,858	\$ -	\$ -	\$ -	\$ -
11030	Indirect Excluded Costs	\$ -	\$ -	\$ 8,775	\$ -	\$ -
11110	Board of Health	\$ -	\$ 11,556	\$ 6,950	\$ -	\$ -
11120	Board of Health Committed	\$ 128,000	\$ -	\$ -	\$ -	\$ -
11210	Public Information	\$ -	\$ 86,861	\$ 14,182	\$ -	\$ -
11220	Marketing	\$ -	\$ 44,883	\$ 23,172	\$ -	\$ -
Subtotal		\$ 3,731,858	\$ 415,241	\$ 81,581	\$ -	\$ -

District Operations

27210	Infrastructure Grant - A1	\$ 399,000	\$ 219,047	\$ 64,172	\$ -	\$ -
27215	Infrastructure Grant - A2	\$ 42,787	\$ -	\$ 34,243	\$ -	\$ -
21010	District Operations Administration	\$ -	\$ 273,552	\$ 13,642	\$ -	\$ -
26010	Fleet Management	\$ -	\$ -	\$ 45,712	\$ -	\$ -
28010	District Customer Service	\$ -	\$ 296,761	\$ 10,416	\$ -	\$ -
22010	Finance	\$ -	\$ 441,143	\$ 37,292	\$ -	\$ -
22110	Grants and Procurements	\$ -	\$ 97,551	\$ 5,373	\$ -	\$ -
23010	Human Resources	\$ -	\$ 211,472	\$ 13,803	\$ -	\$ -
24010	Information Technology	\$ -	\$ 337,163	\$ 262,719	\$ -	\$ -
25010	Caldwell	\$ -	\$ 94,890	\$ 441,178	\$ -	\$ -
25110	Emmett	\$ -	\$ -	\$ 40,804	\$ -	\$ -
25210	Payette	\$ -	\$ -	\$ 50,480	\$ -	\$ -
25310	Weiser	\$ -	\$ -	\$ 31,524	\$ -	\$ -
Subtotal		\$ 441,787	\$ 1,971,578	\$ 1,051,358	\$ -	\$ -

Environmental & Community Health Services

Community Health						
41010	CHAT	\$ -	\$ 112,715	\$ 19,215	\$ -	\$ -
41025	Fit & Fall Proof - PHHS	\$ 65,897	\$ 67,327	\$ 8,771	\$ -	\$ -
41030	Fit & Fall Proof - State General	\$ 30,000	\$ 18,637	\$ 5,400	\$ -	\$ -
41035	Diabetes	\$ 16,000	\$ 10,439	\$ 2,408	\$ -	\$ -
41040	Diabetes Prevention Classes	\$ -	\$ 4,173	\$ -	\$ -	\$ -
41050	Comprehensive Cancer	\$ 19,366	\$ 21,635	\$ 2,290	\$ -	\$ -
41055	Prescription Drug Overdose Prevention	\$ 78,500	\$ 65,740	\$ 5,707	\$ -	\$ -
41056	Prescription Drug Overdose Prevention_BJA	\$ 40,000	\$ 27,956	\$ 4,261	\$ -	\$ -
41060	Opioid Settlement	\$ 436,933	\$ 272,986	\$ 56,718	\$ -	\$ 20,000
41110	Suicide Prevention	\$ 45,000	\$ 62,549	\$ 4,900	\$ -	\$ -
41126	Partnership For Success SAMSHA YR2	\$ 114,497	\$ 31,694	\$ 32,918	\$ -	\$ 28,500
41127	Partnership For Success SAMSHA YR3	\$ 312,780	\$ 105,647	\$ 89,791	\$ -	\$ 85,500
41240	Tobacco Prevention Grant	\$ 56,000	\$ 42,648	\$ 5,870	\$ -	\$ -
41255	Tobacco Cancer Control	\$ 8,000	\$ 6,278	\$ 125	\$ -	\$ -
41260	Millennium Fund IDHW	\$ 397,038	\$ 257,689	\$ 60,002	\$ -	\$ -
Subtotal		\$ 1,620,012	\$ 1,108,113	\$ 298,376	\$ -	\$ 134,000
Epidemiological Response						
42010	Epidemiology & Lab Capacity	\$ 121,412	\$ 95,499	\$ 1,683	\$ -	\$ -
45010	Communicable Disease	\$ 74,372	\$ 55,992	\$ 6,629	\$ -	\$ -
45020	Active TB - FED	\$ 5,500	\$ 5,858	\$ 600	\$ -	\$ -
45025	Active TB - State	\$ 14,102	\$ 3,840	\$ 7,568	\$ -	\$ -
45030	Perinatal HEP B	\$ 6,356	\$ 5,086	\$ -	\$ -	\$ -
45031	Viral Hep Prev & Control	\$ 12,711	\$ 10,173	\$ -	\$ -	\$ -
45065	NEDSS	\$ 140,000	\$ 119,166	\$ 4,471	\$ -	\$ -
Subtotal		\$ 374,453	\$ 295,614	\$ 20,950	\$ -	\$ -

Facility Based Programs						
43010	Food Primary	\$ 245,000	\$ 466,076	\$ 42,593	\$ -	\$ -
43015	Requested Inspections	\$ 30,000	\$ 15,819	\$ 2,600	\$ -	\$ -
43020	Food Safety Trainings	\$ 25,200	\$ 15,279	\$ 5,400	\$ -	\$ -
43025	Food Plan Reviews	\$ 16,200	\$ 76,511	\$ 1,615	\$ -	\$ -
43030	Food Secondary	\$ -	\$ 20,377	\$ -	\$ -	\$ -
43035	FDA Standards	\$ 18,500	\$ 14,549	\$ 5,000	\$ -	\$ -
43036	FDA Standards Mentorship	\$ 15,000	\$ 14,549	\$ 5,000	\$ -	\$ -
43040	Swimming Pools Primary	\$ -	\$ 9,850	\$ -	\$ -	\$ -
43045	Childcare Inspections	\$ 114,000	\$ 140,192	\$ 4,971	\$ -	\$ -
43050	Complaints	\$ 16,104	\$ 8,924	\$ 600	\$ -	\$ -
43051	CC Administration	\$ 12,180	\$ 11,482	\$ -	\$ -	\$ -
43055	Animal Bites Rabies	\$ -	\$ 24,983	\$ 600	\$ -	\$ -
Subtotal		\$ 492,184	\$ 818,592	\$ 68,379	\$ -	\$ -
Land Development Programs						
44010	Solid Waste	\$ 9,658	\$ 27,275	\$ 3,707	\$ -	\$ -
44020	Wastewater	\$ 751,538	\$ 574,098	\$ 89,035	\$ -	\$ -
44030	Water Quality	\$ 1,500	\$ 3,530	\$ 1,391	\$ -	\$ -
44040	Public Water Systems	\$ 135,934	\$ 103,008	\$ 6,094	\$ -	\$ -
44050	Land Development	\$ 144,000	\$ 107,023	\$ 8,859	\$ -	\$ -
44060	Nuisance: Land/Sewage/Open Dump/Other	\$ -	\$ 22,648	\$ 1,020	\$ -	\$ -
Subtotal		\$ 1,042,630	\$ 837,581	\$ 110,106	\$ -	\$ -
Public Health Preparedness						
45040	Preparedness Assessment	\$ 415,000	\$ 344,533	\$ 30,746	\$ -	\$ -
45045	Cities Readiness	\$ 143,000	\$ 109,614	\$ 5,257	\$ -	\$ -
45051	MRC RISE	\$ 15,000	\$ -	\$ 15,000	\$ -	\$ -
Subtotal		\$ 573,000	\$ 454,147	\$ 51,003	\$ -	\$ -
Community Health						
46020	WICHC Administration	\$ 145,020	\$ 103,519	\$ 12,340	\$ -	\$ -
Subtotal		\$ 145,020	\$ 103,519	\$ 12,340	\$ -	\$ -
Family & Clinic Services						
Family Medical Clinic						
31010	Medical Clinic	\$ 162,000	\$ 573,493	\$ 214,401	\$ -	\$ -
31110	STD Prevention	\$ 31,000	\$ 24,794	\$ 7,038	\$ -	\$ -
31120	Disease Prevention Workforce	\$ 102,000	\$ 83,571	\$ 3,709	\$ -	\$ -
31130	HIV Prevention	\$ 52,250	\$ 27,649	\$ 11,316	\$ -	\$ -
31210	Women's Health Check	\$ 16,461	\$ 11,253	\$ 3,910	\$ -	\$ -
31220	Women's Health Check - Outreach	\$ 3,600	\$ 4,042	\$ 2,882	\$ -	\$ -
31310	Immunizations Clinic - District	\$ 71,255	\$ 83,014	\$ 108,325	\$ -	\$ -
31320	Immunization Cooperative Agreement	\$ 117,769	\$ 100,764	\$ 17,568	\$ -	\$ -
31415	School Health Marsing	\$ 81,000	\$ 69,784	\$ -	\$ -	\$ -
31510	Oral Health - MCH	\$ 80,000	\$ 88,321	\$ 5,548	\$ -	\$ -
31530	Oral Health - District	\$ 3,600	\$ 22,838	\$ 7,344	\$ -	\$ -
Subtotal		\$ 720,935	\$ 1,089,524	\$ 382,041	\$ -	\$ -
Idaho Home Visiting Programs						
32010	NFP - MIECHV	\$ 284,110	\$ 294,537	\$ 41,717	\$ -	\$ -
32030	NFP - Medicaid	\$ 90,000	\$ 116,645	\$ 16,686	\$ -	\$ -
32035	NFP - General	\$ 98,040	\$ 112,891	\$ 16,686	\$ -	\$ -
32040	PAT - General	\$ 73,960	\$ 97,858	\$ 10,651	\$ -	\$ -
32050	PAT - MIECHV	\$ 214,332	\$ 221,650	\$ 26,429	\$ -	\$ -
32070	PAT - Medicaid	\$ 90,000	\$ 85,547	\$ 17,279	\$ -	\$ -
Subtotal		\$ 850,442	\$ 929,127	\$ 129,449	\$ -	\$ -
Community Behavioral Health						
32110	Citizens Review Panels	\$ 6,000	\$ 2,128	\$ 773	\$ -	\$ -
32210	Behavioral Health Administration	\$ 90,670	\$ 101,959	\$ 4,300	\$ -	\$ -
Subtotal		\$ 96,670	\$ 104,087	\$ 5,073	\$ -	\$ -
Crisis						
32220	Adult Crisis Center	\$ 1,704,000	\$ 23,657	\$ 74,902	\$ -	\$ 1,392,000
32225	Youth Crisis - Magellan	\$ 1,737,510	\$ -	\$ 46,974	\$ -	\$ 1,452,000
32230	YouthROC - IDJC	\$ 420,000	\$ 130,282	\$ 12,707	\$ -	\$ 270,856
32240	Youth Crisis Center - IDJC	\$ -	\$ -	\$ -	\$ -	\$ -
32255	Social Services Block Grant	\$ 125,000	\$ 65,057	\$ 11,003	\$ -	\$ -

32275	Social Services Block - Ongoing	\$ 92,337	\$ -	\$ 92,337	\$ -	\$ -
32280	Mental Health Block Grant - Additional	\$ 7,832	\$ -	\$ 7,832	\$ -	\$ -
Subtotal		\$ 4,086,678	\$ 218,996	\$ 245,754	\$ -	\$ 3,114,856
Pre-Prosecution Diversion						
32260	Pre-Prosecution Div Grant	\$ 1,419,794	\$ 574,713	\$ 703,480	\$ -	\$ -
Subtotal		\$ 1,419,794	\$ 574,713	\$ 703,480	\$ -	\$ -
Early Diversion						
32286	SAMSHA - Early Diversion of Adults	\$ 36,427	\$ 19,781	\$ 1,981	\$ -	\$ 21,644
32287	SAMSHA - Early Diversion of Adults	\$ 94,686	\$ 59,343	\$ 9,743	\$ -	\$ 37,433
Subtotal		\$ 131,113	\$ 79,124	\$ 11,724	\$ -	\$ 59,077
Women/Infant/Children (WIC)						
33010	WIC - General Admin	\$ 283,600	\$ 314,917	\$ 17,181	\$ -	\$ -
33020	WIC - Client Services	\$ 634,400	\$ 542,877	\$ 56,817	\$ -	\$ -
33030	WIC - Breastfeeding Promotion	\$ 61,200	\$ 89,719	\$ 16,049	\$ -	\$ -
33040	WIC - Nutrition Education	\$ 244,800	\$ 379,023	\$ 46,175	\$ -	\$ -
33050	WIC - Breastfeeding Peer Counseling	\$ 82,960	\$ 78,972	\$ 12,304	\$ -	\$ -
Subtotal		\$ 1,306,960	\$ 1,405,507	\$ 148,526	\$ -	\$ -
Total		\$ 17,033,535	\$ 10,405,461	\$ 3,320,141	\$ -	\$ 3,307,933