

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
State (Non-Federal) and Federal Funds Distributed to Political Subdivision of the State
Schedule B-1

Fiscal Year _____

UNIT: _____

APPN NUMBER(S): _____

DATE: _____

SUBDIVISION	BRIEF DESCRIPTION	STATE FUNDS	FEDERAL FUNDS	TOTAL

Signature of Chief Financial Officer

Printed Name of Chief Financial Officer