

**National Public Health Performance Standards Program
Local Public Health Governance Performance Assessment Instrument
Demographic Information Form
OMB Control No. 0920-0580**

Board of Health or other Governing Body:

Note: See Governance Instrument Forward for guidance on types of governance and question #1 below

Address: _____

State: _____ ZIP: _____ Email: _____
Phone: _____ Fax: _____
Presiding Officer: _____ Email: _____
Health Commissioner/Officer: _____ Email: _____

Contact Information for Board of Health if it is not the Governing Body:

Address: _____

State: _____ ZIP: _____ Email: _____
Phone: _____ Fax: _____
Presiding Officer: _____ Email: _____

1. Characteristics of local boards of health:
 - a) Is your board elected or appointed? _____
 - b) If appointed, by whom? _____
 - c) Number of members? _____

2. How many people are employed in your health department?
 - a) Total full time equivalent employees (FTEs): _____
 - b) Total part-time employees: _____
 - c) Total number of employees: _____

3. For your current fiscal year, what is the total budget for your local public health agency? _____

Budget for board of health training? _____

4. What is the population of your jurisdiction? _____
Date of census/estimate? _____
5. Who was involved in the governance assessment?
 - a) Number of board/governing body members? _____ Person hours? _____
 - b) Number of health department employees? _____ Person hours? _____
 - c) Other LPHS representatives? _____ Person hours? _____