Unit Information		
Year: 2017		
Unit Dependency: Dependent		
Contact Information		
Name:		
Title:		
Phone:		
Email:		
Address:		
,		

Certification		
Chief Financial Officer	Chairman/Elected Official	
Name:	Name:	
Title:	Title:	
	Yes No	
Have You Experienced a Financial Emergen If Yes, Have You Compiled With Section 218		

AFR Details

Original AFR

AFR Status: Certified

AFR Received Date: 6/29/2018

Audit Received Date: 6/26/2018

Submission Type: Electronic

Long-Term Debt Information

Long-Term Debt:

Audit Information

Was an audit performed?

Audit Performed Date:

Auditor Name:

Address:

Revenues Report for FYE 2017

Expenditures Report for FYE 2017

Data Element Worksheet Report for FYE: 2017, Bradford County Health Facilities Authority

Affiliates Report for FYE 2017