rmation
Year: 2013
Unit Dependency: Dependent
Contact Information
Name:
Title:
Phone:
Email:
Address:
,

Certification		
Chairman/Elected Offic	ial	
Name:		
Title:		
Ye	s No	
gency in this year?		
	Chairman/Elected Offic Name: Title: Ye	

## AFR Details

## **Original AFR**

AFR Status: Certified

AFR Received Date: 6/25/2014

Audit Received Date: 6/20/2014

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 2013** 

Expenditures Report for FYE 2013

Data Element Worksheet Report for FYE: 2013, Bradford County Health Facilities Authority

Affiliates Report for FYE 2013