

### Unit Information

Unit Type: Special District                      Year: 2020  
Unit Name: Broward County Health Facilities Authority                      Unit Dependency: Dependent  
Unit Status: Active

#### Location Information

Name:  
Title:  
Phone:  
Address:  
,

#### Contact Information

Name:  
Title:  
Phone:  
Email:  
Address:  
,

### AFR Details

#### Original AFR

AFR Status: Verified By DFS  
AFR Received Date: 6/1/2021  
Audit Received Date: 6/1/2021  
Submission Type: Electronic

### Long-Term Debt Information

Long-Term Debt:

### Audit Information

Was an audit performed?  
Audit Performed Date:  
Auditor Name:

Address:

### Certification

#### Chief Financial Officer

Name:  
Title:

#### Chairman/Elected Official

Name:  
Title:

Yes    No

Have You Experienced a Financial Emergency in this year?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes, Have You Compiled With Section 218.503(2), Florida Statues?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

**Revenues Report for FYE 2020**

**Expenditures Report for FYE 2020**

**Data Element Worksheet Report for FYE: 2020, Broward County  
Health Facilities Authority**

**Affiliates Report for FYE 2020**