Unit Information Init Type: Special District Year: 2019 Unit Name: Broward County Health Facilities Authority Unit Dependency: Dependent Unit Status: Active Init Dependency: Dependent Location Information Contact Information Name: Philip C. Allen Name: Title: Title: Phone: (954) 357-7130 Phone: Address: Address: Address: Address: Titl S. Andrews Avenue, Suite 121 ,			
Unit Name: Broward County Health Facilities Unit Dependency: Dependent Unit Status: Active Contact Information Location Information Contact Information Name: Philip C. Allen Name: Title: Title: Phone: (954) 357-7130 Phone: Email: Address: 115 S. Andrews Avenue, Suite 121 Address:	Unit Information		
Authority Unit Status: Active Location Information Contact Information Name: Philip C. Allen Name: Title: Title: Phone: (954) 357-7130 Phone: Address: Address: 115 S. Andrews Avenue, Suite 121 Authority	Unit Type: Special District	Year: 2019	
Location InformationContact InformationName: Philip C. AllenName:Title:Title:Phone: (954) 357-7130Phone:Address:Address:115 S. Andrews Avenue, Suite 121Home:		Unit Dependency: Dependent	
Name:Name:Title:Title:Phone: (954) 357-7130Phone:Address:Address:Andrews Avenue, Suite 121Address:	Unit Status: Active		
Title:Title:Phone: (954) 357-7130Phone:Email:Email:Address:Address:115 S. Andrews Avenue, Suite 121Email:	Location Information	Contact Information	
Phone: (954) 357-7130 Phone: Email: Address: Address: Address: Address:	Name: Philip C. Allen	Name:	
Email: Address: Address: 115 S. Andrews Avenue, Suite 121	Title:	Title:	
Address: Address: 115 S. Andrews Avenue, Suite 121	Phone: (954) 357-7130	Phone:	
115 S. Andrews Avenue, Suite 121		Email:	
	Address:	Address:	
		,	

Certification		
Chief Financial Officer	Chairman/Elected Official	
Name:	Name:	
Title:	Title:	
	Yes No	
Have You Experienced a Financial Emergency in this year?		

AFR Details

Original AFR

AFR Status: Verified By DFS

AFR Received Date: 5/21/2020

Audit Received Date: 5/21/2020

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 2019

Expenditures Report for FYE 2019

Data Element Worksheet Report for FYE: 2019, Broward County Health Facilities Authority

Affiliates Report for FYE 2019