## Unit Information

Unit Type: Special District

Year: 2020

Unit Name: Brevard 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: 4/22/2021

Audit Received Date: 4/16/2021

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

**Revenues Report for FYE 2020**

**Expenditures Report for FYE 2020**

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

**Affiliates Report for FYE 2020**