

**National Public Health Performance Standards Program  
Local Public Health Governance Performance Assessment Instrument  
Demographic Information Form  
OMB Control No. 0920-0580**

**Board of Health or other Governing Body:**

Note: See Governance Instrument Forward for guidance on types of governance and question #1 below

Address: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Presiding Officer: \_\_\_\_\_ Email: \_\_\_\_\_  
Health Commissioner/Officer: \_\_\_\_\_ Email: \_\_\_\_\_

**Contact Information for Board of Health if it is not the Governing Body:**

Address: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Presiding Officer: \_\_\_\_\_ Email: \_\_\_\_\_

1. Characteristics of local boards of health:
  - a) Is your board elected or appointed? \_\_\_\_\_
  - b) If appointed, by whom? \_\_\_\_\_
  - c) Number of members? \_\_\_\_\_
  
2. How many people are employed in your health department?
  - a) Total full time equivalent employees (FTEs): \_\_\_\_\_
  - b) Total part-time employees: \_\_\_\_\_
  - c) Total number of employees: \_\_\_\_\_
  
3. For your current fiscal year, what is the total budget for your local public health agency? \_\_\_\_\_

Budget for board of health training? \_\_\_\_\_

4. What is the population of your jurisdiction? \_\_\_\_\_  
Date of census/estimate? \_\_\_\_\_
5. Who was involved in the governance assessment?
  - a) Number of board/governing body members? \_\_\_\_\_ Person hours? \_\_\_\_\_
  - b) Number of health department employees? \_\_\_\_\_ Person hours? \_\_\_\_\_
  - c) Other LPHS representatives? \_\_\_\_\_ Person hours? \_\_\_\_\_