**Date:** *Date here*

**LHD Name:** *LHD name here*

**LHD Administrator Name:** *LHD Administrator Name here*

*How has PHEP made a difference for your local health department or community during Budget Period 3 (July 1, 2021 to March 31, 2022)?* This should be a written summary of how PHEP funds assisted/impacted your county and/or community. You can include success stories, activities, or items purchased that would not have been available/possible without PHEP funding. The maximum length for this narrative is 1 (one) page.

|  |
| --- |
| <Write LHD Success Story here>  |