

Annual Choose Life Specialty License Plate Affidavits to DHSMV by County

County _____

Fiscal Year _____

	<u>County</u>	<u>Agency</u>
Beginning Balance (Prior Year Ending Balance)	\$ _____	\$ _____
Annual Plate Fees Received from State	\$ _____	
Interest Earned	\$ _____	
Total Available for Distribution	\$ _____	
Annual Plate Fees Distributed to Agencies	<\$ _____ >	\$ _____
Total Available for Agency Expenditures		\$ _____

Annual Plate Fee Expenditures by Agencies

Primary:	Women	Infants	Total
Clothing			
Housing			
Medical Care			
Food			
Utilities			
Transportation			
Other Material Needs			
Total Primary Expenditures			

Secondary:	Women	Infants	Total
Counseling			
Training			
Advertising			
Adoption			
Total Secondary Expenditures			

Total Agency Expenditures (Total Primary + Total Secondary Expenditures)		<\$ _____ >
Primary Expenditures as a % of Total Expenditures		_____ %
Secondary Expenditures as a % of Total Expenditures		_____ %
Percentage of Distributed Fees Utilized (Total Agency Expenditures / Total Available for Agency Expenditures)		_____ %
Amount Returned By Agency (if any) to County	\$ _____	<\$ _____ >
Fiscal Year ending Balance	\$ _____	\$ _____

We certify that all recipient agencies and the County have complied with Florida Statutes, 320.08056 and 320.08058(29).

Chair, Board of County Commissioners

Date

Affidavit Completed By

Phone Number