## STANDARD CONTRACT BETWEEN

#### COUNTY

# NASSAU BOARD OF COUNTY COMMISSIONERS

#### AND

# STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Pursuant to the Laws of Florida, Chapter 83-177 and 154, F.S. as revised, this contract is entered into between the Department of Health and Rehabilitative Services, hereinafter referred to as the "department", and \_ Nassau \_County, hereinafter referred to as the "county". This contract stipulates the services that will be provided by the county public health unit, hereinafter referred to as the CPHU, the sources and amount of funds that will be committed to the provision of these services, the administrative and programmatic requirements which will govern the use of these fund, and the respective responsibilities of the department and the county in enabling the CPHU "to promote, protect, maintain, and improve the health and safety of the citizens and visitors through promotion of the public health, the control and eradication of preventable diseases, and the provision of primary health care for special populations." ۰.

I. General Provision:

Both parties agree that the CPHU shall:

- A. Provide services according to the conditions specified in Attachment I and all other attachments to this contract; and
- B. Fund the services specified in Attachment II, Part III, at the funding level specified for each program service area in that attachment.
- II. Federal State Laws and Regulations:

Both parties agree that the CPHU shall:

- A. Comply with the provisions contained in the Civil Rights Certificate, hereby incorporated into this contract as Attachment III;
- B. Comply with the provisions of 45 CFR, Part 74, and other applicable regulations if this contract contains federal funds;
- C. Comply with all applicable standards, orders, or regulations issued pursuant to the Clean Air Act as amended (42 USC 1857 et seq.) and the Federal Water

Pollution Control Act as amended (33 USC 1368 et seq.), if this contract contains federal funds and the total contract amount is over \$100,000; and

- D. Comply with applicable sections of Chapter 427, Florida Statutes, (Transportation Services) and Chapter 41-2, Florida Administrative Code, (Coordinated Community Transportation Services) regarding the provision of transportation services for the transportation disadvantaged if this contract contains any state, federal or local funds which are used to provide for direct or indirect (ancillary) transportation services.
- III. Records, Reports and Audits:

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Both parties agree that the CPHU shall:

- A. Maintain books, records and documents in accordance with accounting procedures and practices which sufficiently and properly reflect all expenditures of funds provided by the department, the county and other sources under this contract. Books, records and documents must be adequate to enable the CPHU to comply with the following reporting requirements:
  - 1. The revenue and expenditure requirements in the State Automated Management Accounting System 2.2;
  - 2. The client registration and services reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Manual and any revisions subsequent to the January 1, 1984 version, or the equivalent as approved by the State Health Office. Any reporting system used by or on behalf of the CPHU to produce the above information must provide data in a machine readable format approved by the department which can be transferred electronically to the Client Information System;
  - 3. The CPHU is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported back to the CPHU in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Manual and any revisions subsequent to the January 1, 1984 version;
  - 4. Financial procedures specified in the department's Accounting Procedures Manuals and Accounting memoranda;

- 5. All appropriate CPHU employees shall report time in the Client Information System/Health Management Component compatible format by program component for at least the sample periods specified by the department; and
- 6. Any other state and county program specific reporting requirements detailed in attachments to this contract.
- B. Assure these records shall be subject during normal business hours to inspection, review or audit by state or county personnel duly authorized by the department or the county, as well as by federal personnel;
- C. Retain all financial records, supporting documents, statistical records, and any other documents pertinent to this contract in conformance with the retention schedules required in HRSM 15-1, "Records Management Manual";
- D. Allow persons duly authorized by state or county, and federal auditors, pursuant to 45 CFR, Part 74.24(a), (b), and (d) to have full access to, and the right to examine and of said records and documents during said retention period; and
- E. Include these aforementioned audit and record-keeping requirements in all approved subcontracts and assignments.

Both parties further agree that:

The department shall provide uniform financial statements of program account balances for each level of service on a quarterly basis to the county and to the director or administrator of the CPHU.

IV. Monitoring:

Both parties agree that, as either determines necessary, the department and/or the county shall monitor the budget and services as detailed in Attachment II and operated by the CPHU or its subcontractor or assignee.

V. Safeguarding Information:

Both parties agree that the CPHU shall not use or disclose any information concerning a recipient of services under this contract for any purpose not in conformity with the state law, regulations or manual (HRSM 50-2 Security of Data and Information Technology) and federal regulation (45 CFR, part 205.50), except by written consent of the recipient, or

his/her responsible parent or guardian when authorized by law.

## VI. Assignments:

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Both parties agree that the CPHU shall not assign the responsibility of this contract to another party without prior written approval of the department and the county. No such approval by the department and the county of any assignment shall be deemed in any event or in any manner to provide for the occurrence of any obligation of the department or the county in addition to the dollar amount agreed upon in this contract. All such assignments shall be subject to the conditions of this contract and to any conditions of approval that the department and the county shall deem necessary.

## VII. Subcontracts:

Both parties agree that the CPHU shall be permitted to execute subcontracts with the approval of the delegated authority in the department for services necessary to enable the CPHU to carry out the programs specified in this contract, provided that the amount of any such subcontract shall not be for more than ten (10) percent of the total value of this contract.

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In the event that the CPHU needs to execute a subcontract for an amount greater than ten (10) percent of the value for this contract, both parties to this contract must agree in writing to such a subcontract prior to its execution.

No subcontracts shall be deemed in any manner to provide for the occurrence of any obligation of the department or the county in addition to the total dollar amount agreed upon in this contract. All such subcontracts shall be subject to the conditions of this contract and to any conditions of approval that the department and the county shall deem necessary.

VIII. Payment for Services:

A. The department agrees:

a grand total State cash contribution of  $\frac{1,386,933}{1,386,933}$ . The State's obligation to pay under this contract is contingent upon an annual appropriation by the legislature.

B. The county agrees:

To pay for services identified in Attachment II, Part II, as the county's responsibility in an appropriated amount not to exceed  $\frac{369,752}{.}$ . In addition the county shall provide its share of all county authorized fees in an anticipated amount of  $\frac{44,231}{.}$ . These amounts, plus any "OTHER" local revenues in the amount of  $\frac{38,396}{.}$ , includes all revenues from whatever sources to be appropriated to the HRS County Public Health Unit Trust Fund for services to be provided by the county health unit for a grand total county cash contribution of  $\frac{452,379}{.}$ .

- IX. The department and the county mutually agree:
  - A. Effective date:
    - 1. This contract shall begin on October 1,  $19\underline{93}$  or the date on which the contract has been signed by both parties, whichever is later.
    - 2. This contract shall end on September 30, 19<u>94</u>.
  - B. Termination:
    - 1. Termination because of lack of funds:

In the event funds to finance this contract become unavailable, either party may terminate the contract upon no less than twenty-four hours notice in writing to the other party. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The department or the county shall be the final authority as to the availability of funds, staffing and services shall be reduced appropriately.

2. Termination for breach:

Unless breach is waived by either party in writing, either party may, by written notice to the other party, terminate this contract upon no less than twenty-four (24) hours notice. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. If applicable, either party may employ the default provisions in Chapter 13A-1,

- Florida Administrative Code. Waiver of breach of any provision of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of the contract. The provisions herein do not limit either party's right to remedies at law or to damages.
- 3. Termination at will:

This contract may be terminated by either party upon no less than thirty (30) days notice, without cause. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

C. Notice and contact:

The contract manager for the department for this contract is <u>James A. Pearson</u>. The representative of the county for this contract is <u>T. J. (Jerry) Greeson</u>. In the event that different representatives are designated by either party after execution of this contract, notice of the name and address of the new representative will be rendered in writing to the other party and said notification attached to originals of this contract.

D. Modification:

Modifications of provisions of this contract shall, unless otherwise specified in Attachment I, be enforceable only when they have been reduced to writing and duly signed by both parties to this contract.

E. Name and address of payee:

The name and address of the official payee to whom the payment shall be made is: Public Health Unit Trust Fund, <u>Nassau</u> County, Florida .

F. All terms and conditions included:

This contract and its attachments as referenced, (Attachment I through  $\_IX\_\_$ ), contain all the terms and conditions agreed upon by the parties.

In WITNESS THEREOF, the parties hereto have caused this <u>47</u> page contract to be executed by their undersigned officials as duly authorized.

BOARD OF COUNTY COMMISSIONERS FOR\_\_\_\_NASSAU COUNTY SIGNED BY uner NAME: James Testone TITLE: Chairman DATE: 10-11-93 ATTESTED TO; SIGNED BY: NAME: T. J. (Jerry) Greeson TITLE: <u>Ex-Officio</u> Clerk DATE: 10-11-93

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| STATE OF FLORIDA  |
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| DEPARTMENT OF HEALTH AND  |
| REHABILITATIVE SERVICES   |
| SIGNED BY:<br>(Department Authority)  |
| NAME: <u>Lee Johnson, ACSW</u>  |
| TITLE: <u>District Administrator</u>  |
| DATE: 10-20-93  |
| t   |
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| SIGNED BY: Shoo Seideling   |
|   |
| CPHU Director/Administrator   |
| NAME: E. J. Ngo-Seidel, M.D.  |
| TITLE: Acting Medical Director  |
| DATE:9/21/93  |

## ATTACHMENT I

## SPECIAL PROVISIONS

## I. Public Health Unit Trust Fund:

Both parties agree:

- A. That all funds to be expended by the CPHU shall be deposited in the County Public Health Unit Trust Fund (CPHUTF) maintained by the state treasurer.
- B. That all funds deposited in the Public Health Unit Trust Fund shall be expended by the department solely for services rendered by the CPHU as specified in this contract. Nothing shall prohibit the rendering of additional services not specified in this contract.
- That funds deposited in the Public Health Unit Trust с. Fund for the CPHU in \_\_\_\_\_ Nassau County shall be accounted for separately from funds deposited for other CPHUs, and shall be used only for public Nassau health unit services in County. If actual expenditures should exceed the total planned expenditure amount for either the county or the state as agreed to in this contract, the HRS county public health unit will, by agreement between the department and the county, draw down from the trust fund balance, if any, to cover the excess expenditures, or will cut back services to come within budget.
- D. That any surplus funds, including fees or accrued interest, remaining in the CPHUTF account at the end of the contract year shall be credited to the state or county, as appropriate, based on the funds contributed by each and the expenditures incurred by each. Expenditures will be charged to the program accounts by state and county based on the ratio of planned expenditures in the core contract, then funding from all sources is credited to the program accounts by state and county. The equity share of any surplus funds accruing to the state and county is determined each month and at contract year end. Such surplus funds may be applied toward the funding requirements of each participating governmental entity in the following However, in each such case, all surplus funds, year. including fees and accrued interest, shall remain in the trust fund and shall be accounted for in a manner which clearly illustrates the amount which has been credited to each participating governmental entity. The planned use of surplus funds shall be reflected in

Attachment II, Part I of this contract, with special projects explained in Attachment VIII.

- There shall be no transfers of funds between the three Ε. levels of services without a contract amendment duly signed by both parties to this contract and the proper budget amendments unless the CPHU director/administrator determines that an emergency exists wherein a time delay would endanger the public's health and the Deputy Secretary for Health has approved the transfer. The Deputy Secretary for Health shall forward written evidence of this approval to the CPHU within 30 days after an emergency transfer.
- That either party may increase or decrease funds to F. this contract by notifying the other party in writing of the amount and purpose for the increased/decreased funding, and allowing 30 days for written objection before the additional funds are released for expenditure or the state allocation is decreased. Α decrease in funds must be related to a reduction, shortfall, sequestering of anticipated or appropriations.
- G. That the contract shall include as Part III of Attachment II a section entitled "Planned Staffing, Clients, Service and Expenditures by Type of Service Within Each Level of Service". This section shall include the following information for each type of service area within each level of service:
  - the planned number of full-time equivalents (FTE's) by level of service;
  - the planned number of services to be provided;
  - the planned number of individuals/units to be served; and
  - the planned state and county expenditures.

Expenditure information shall be displayed in a quarterly plan to facilitate monitoring of contract performance.

- H. That adjustments in the planned expenditure of funds for each type of service within each level of service are permitted without an amendment to this contract.
- I. That the CPHU shall submit quarterly reports to the county and the department which shall include at least the following sections:
  - 1. A transmittal letter briefly summarizing CPHU activity year-to-date;

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- 2. DE385L1 "CPHU Contract Management Variance Report";
- 3. DE580L1 "Analysis of Fund Equities"; and
- 4. A written explanation of the variances reflected in the DE385L1 report for each quarter of the contract year if the CPHU exceeds the tolerance levels as specified below as of the end of the quarterly report period:
  - a. The cumulative percent variance cannot exceed by more than 25 percent the planned expenditures for a particular type of service or fall below planned expenditures by more than 25 percent.
  - b. However, if the cumulative amount of Variance between actual and planned expenditures for the report period for a program service area does not exceed one percent of the cumulative planned expenditures for the level of service in which the type of service is included, a variance explanation is not required.
- 5. The CPHU Contract Management Variance Report shall:
  - a. Explain the reason for the variances in expenditures in any program service area which exceeds the tolerance levels established above;
  - b. Specify steps that will be taken to comply with the contract expenditure plan, including a contract amendment, if necessary; and
  - с. Provide a time table for completing the steps Failure necessary to comply with the plan. of the CPHU to accomplish the planned steps by the dates established in the written explanation shall constitute non-performance under the contract and the county or the department may withhold funds from the contract take or other appropriate administrative action to achieve compliance.
- J. The required dates for the CPHU director's/administrator's quarterly report to the county and the department shall be as follows:
  - 1. March 1, 19<u>94</u> for the report period October 1, 1993 through December 31, 19<u>93</u>;

- 2. June 1, 19<u>94</u> for the report period October 1, 1993 through March 31, 19<u>94</u>;
- 3. September 1, 19<u>94</u> for the report period October 1, 19<u>93</u> through June 30, 19<u>94</u>; and
- 4. December 1, 19<u>94</u> for the report period October 1, 19<u>93</u> through September 30, 19<u>94</u>.

## II. Fees:

A. Environmental regulatory fees:

The department shall establish by administrative rule, fees for environmental regulatory functions designated in Attachment IV of this contract and conducted by the CPHU. Such fees shall supersede any environmental regulatory fees existing prior to the effective date of the department's rule. The county may, however, establish fees pursuant to Florida Statutes, Section 381.0016 which are not inconsistent with department rules and to the statutes, after consultation with the department.

B. Communicable disease service fees:

The department may establish by administrative rule, fees for communicable disease services, other than environmental regulatory services, designated in this contract and conducted by the CPHU. The county may establish fees pursuant to Florida Statutes, Section 381.0016 which are not inconsistent with department rules and other statutes. All state or federally authorized communicable disease services fees shall be listed in Attachment IV of this contract. All county authorized communicable disease services fees shall be listed in Attachment V of this contract.

C. Primary Care Fees:

The county may establish fees for primary care services designated in this contract and conducted by the CPHU except for those services for which fee schedules are specified in federal or state law or regulations.

Both parties further agree:

1. That such fees shall be established by resolution of the Board of County Commissioners, if promulgated by the county, or by administrative rule, if promulgated by the department;

- 2. That there shall be no duplication of fees by the department and the county for communicable disease or primary care services provided by the CPHU;
- 3. That primary care fees shall be listed in Attachment V (county) of this contract.
- D. Communicable disease and primary care fees shall automatically be established by the department and the county at the medicaid rate upon signature of this contract unless otherwise specified by either party according to procedures set forth in II, B and C of this section.
- E. Collection and use of fees:

Both parties agree that:

1. Proceeds from all fees collected by or on behalf of the CPHU, whether for environmental, communicable disease, or primary care services, shall only be used to fund services provided by the CPHU;

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- 2. All fees collected by or on behalf of the CPHU shall be deposited with the State Treasury and credited to the Public Health Unit Trust Fund or other appropriate state account if required by Florida Statute or the State Comptroller.
- III. Service Policies and Standards:

Both parties agree that the CPHU shall adhere to the service policies and standards published by the department in program manuals and other guidelines provided by the department, where they exist, as a guide for providing each funded service specified in Attachment II, Part III of this contract.

IV. Fair Hearing Guidelines:

The provider shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The contractor will advise applicants of the right to appeal a denial or exclusion from services, of failure to take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment IX of this contract.

The provider shall post in a readily accessible location and visible to all clients either procedures or a poster

informing clients how they may contact the Human Rights Advocacy Committee (HRAC).

V. Personnel:

Both parties agree:

- A. The CPHU shall have at least the following employees:
  - 1. A director or administrator appointed by the Secretary of the department after consultation with the Deputy Secretary for Health and with the concurrence of the Board of County Commissioners;
  - 2. A full-time community health nurse;
  - 3. An environmental health specialist; and
  - 4. A clerk.
- B. That all department employees working in the CPHU shall be supervised by the department and subject to Department of Management Services rules.
- C. Staffing levels shall be established in this contract in Attachment II, Part III as FTE's, and may be changed in accordance with the availability of funds and/or program needs.
- D. The number and classification of employees working in the CPHU that are county employees rather than department employees shall be listed in Attachment VI of this contract.
- VI. Facilities:

Both parties agree that:

- A. CPHU facilities shall be provided as specified in Attachment VII of this contract. This attachment shall include a description of all the facilities used by the CPHU, including the location of the facility and by whom the facility is owned;
- B. The county shall own the facilities used by the CPHU unless otherwise provided in Attachment VII of this contract; and
- C. Facilities and equipment provided by either party for the CPHU shall be used for public health services provided that the county shall have the right to use such facilities and equipment, owned or leased by the county, as the need arises, to the extent that such use

would not impose an unwarranted interference with the operation of the CPHU.

VII. Use of Funds for Lobbying Prohibited:

To comply with the provisions of section 216.347, Florida Statutes, which prohibits the expenditure of contract funds for the purpose of lobbying the legislature or a state agency.

VIII Method of Payment:

A. The county shall deposit its annual contribution to the County Public Health Unit Trust Fund as specified below.

The county shall deposit a proportional share of its annual contribution as tax dollars are æcceived.

- B. The department shall release state contributions to this contract as follows:
  - 1. Funds appropriated as "Aid to Local Government" shall be released in four quarterly amounts, at the beginning of each quarter of the contract year;
  - 2. WIC and other state funds appropriated in a cost reimbursement category (e.g. expense and special) shall be released on the basis of invoices documenting expenditures.
- IX. Laboratory and Pharmacy Support:

The department agrees to supply laboratory and pharmacy support services for the CPHU at least at the level provided in the prior state fiscal year if funds are available.

X. Emergencies:

Both parties agree, to the extent of their respective resources, that they may assist each other in meeting public health emergencies.

XI. Sponsorship:

In compliance with Section 286.25 Florida Statutes, the provider assures that all notices, informational pamphlets, press releases, advertisements, descriptions of the sponsorship of the program, research reports, and similar public notices prepared and released by the provider shall include the statement: Sponsored by <u>HRS Nassau County Public Health Unit</u>

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Provider
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and the State of Florida, Department of Health and Rehabilitative Services." If the sponsorship reference is in written material, the words, "State of Florida, Department of Health and Rehabilitative Services" shall appear in the same size letters or type as the name of the organization.

XII. Indicate in the space below the income eligibility limit for comprehensive primary care clients.

<u>100</u> **%** of OMB Poverty Guidelines.

XIII Program Specific Reporting Requirements:

Specific information not available through CIS/HMC or SAMAS must be supplied by completing the following:

A. Specify in the space below the minimum number of clients who will receive comprehensive primary care services (clients registered in Program Component 99 who will receive services during this contract period).

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- B. Specify in the space below the amount of any county funds earmarked by the Board of County Commissioners for hospitalization in the Improved Pregnancy Outcome program if such funds are deposited in the CPHU Trust Fund and included in the IPO line on Attachment II, Part III, of this contract.
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- C. Complete the planned Family Planning budget information on the following page for this contract period.

XIV. County Fees:

Those individual fees established by the county per ordinance or resolution and listed in Attachment V shall automatically be adjusted to, at least, the medicaid reimbursement rate without formal amendment to this contract in accordance with F.S. 154.06 should said reimbursement rate be increased or decreased. See Page 12, Section D.

|   |         |                                |           | <b>~</b> 11  |       |         |
|---|---------|--------------------------------|-----------|--|-------|---------|
| Object Class  | Title X | State FP<br>General<br>Revenue | Title XIX | Other<br>(include G.R.<br>non-categorical<br>for FP) |       | Total   |
| Personnel<br>Salaries   | 14,076  | 15,358                         |           |  | 4,153 | ·       |
| Fringe<br>Benefits  | 4,223   | 4,607                          |           |  | 1,246 | 33,587  |
| Other   | 3,537   | 3,859                          |           | 19,696   | 1,043 | 28,135  |
| Contracts<br>(excluding<br>sterilizations)  | 0       | 0                              |           | 0  | 0     | 0       |
| SUBTOTAL<br>(must equal<br>Schedule C<br>Title X and/or<br>State FP<br>general revenue) | 21,836  | 23,824                         |           |  | 6,442 |         |
| Sterilizations<br>(if funds are<br>in CPHU trust<br>fund)                               | 0       | 0                              |           | 0  | 0     | 0       |
| TOTAL*  | 21,836  | 23,824                         |           | 121,578  | 6,442 | 173,680 |

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# PLANNED FUNDING & EXPENDITURES

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# ATTACHMENT II

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| Part I. H | PLANNED U | USE OF | COUNTY | PUBLIC | HEALTH | UNIT | TRUST | FUND | BALANCES |  |
|-----------|-----------|--------|--------|--------|--------|------|-------|------|----------|--|
|-----------|-----------|--------|--------|--------|--------|------|-------|------|----------|--|

|    | • · · · · · · · · · · · · · · · · · · ·   | Estimated State Share<br>of CPHU Trust Fund<br>Balance of as 9/30/ <u>93</u> | Estimated County Share<br>of CPHU Trust Fund<br>Balance as of 9/30/ <u>9</u> 3 | Total     |
|----|---|--|--|-----------|
| 1. | CPHUTF Ending Balance 9/30/ <u>93</u>   | \$148,839  | \$ 64,788  | \$213,627 |
| 2. | Drawdown for Contract Year<br>October 1, 19 <u>9</u> 3 to September 30, 19 <u>94</u>  | ξ.   |  |           |
| 3. | Special Project use for Contract Year<br>October 1, 19 <u>9</u> 3 to September 30, 19 <u>94</u>   |  |  |           |
| 4. | Balance Reserved for Contingency Fund<br>October 1, 19 <u>93</u> to September 30, 19 <u>94</u><br>(12% Recommended for Emergency or<br>Cash Flow) | \$148,839  | \$ 64,788  | \$213,627 |

Note: The total of items 2, 3 and 4 must equal the ending balance in item 1.

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|                           | STATE  | CPHU Trust Fund (Cash) | Other<br>Contributions | Total   |
|---------------------------|--|------------------------|------------------------|---------|
| 1. GE                     | NERAL REVENUE                                      |                        |                        |         |
| Revenue<br>Object<br>Code | ALG/Contributions to CPHU<br>(Cat. 050329)         |                        |                        |         |
| 015050                    | Contributions to CPHU                              | 528,652                | 0                      | 528,652 |
| 015050                    | Mig Lbr Camp Sanitation                            | 0                      | 0                      | 0       |
| 015050                    | CMS/Nurse Coord                                    | . 0                    | 0                      | 0       |
| 015050<br>015050          | Home Health Svc Pilot                              | 0                      | 0                      | .0      |
| 015050<br>015050          | EPSDT/Nurs Case Mgr<br>Sovereign Immunity          | 10,000                 | 0                      | 10,000  |
| 015050                    | Immunization Outreach Teams                        | 0<br>0                 | 0<br>0                 | 0       |
| 015050                    | Community TB Program                               | 9                      | 9                      | 0       |
| 015011                    | ALG/Contr to CPHUs-Primary Care                    | 6,500                  | 0                      | 6,500   |
| 015048                    | STD Program  | 0                      | 0                      | 0       |
| 015065                    | AIDS Prev & Surveillance                           | Ō                      | 0                      | 0       |
| 015065                    | AIDS Patient Care                                  | 0                      | 0                      | 0       |
| 015066                    | TB Control Program                                 | 0                      | 0                      | 0       |
| 004015                    | ALG/School Health                                  | 28,044                 | 0                      | 28,044  |
| 004023                    | ALG/Family Planning                                | 23,824                 | 0                      | 23,824  |
| 004024                    | ALG/IPO (050707)                                   | 37,773                 | 0                      | 37,773  |
| 004024                    | ALG/IPO (050870)                                   | 4,296                  | 0                      | 4,296   |
| 004037                    | AGL/IPO Healthy Start                              | 59,571                 | 0                      | 59,571  |
| 004040                    | ALG/School Health Supplement                       | 0                      | 0                      | 0       |
|                           | Other General Revenue:<br>(Specify by Object Code) |                        |                        |         |
|                           |  | 0                      | 0                      | 0       |
|                           |  | 0                      | 0                      | 0       |
|                           |  | 0                      | 0                      | 0       |
|                           |  | . 0                    | 0                      | 0       |
|                           |  | 0                      | 0                      | 0       |
| Total St                  | ate General Revenue                                | 698,660<br>19          | 0                      | 698,660 |
| •••                       |  | ± 2                    |                        |         |

|  | STATE  | CPHU Trust Fund (Cash)  | Other<br>Contributions                              | Total  |
|--|--|---|---|--|
| 2.   | Other State Funds (Non General<br>Revenue Funds)   |   |   |  |
| 004019<br>004020<br>004021<br>011001<br>015020<br>015026<br>J15029<br>015029<br>015047<br>015072 | ALG/Primary Care<br>State Match-Medicaid CPHU<br>Super Act Reimbursement (CPHU)<br>Stationary Pollutant Storage-DER<br>Radon TF/Radon SurTrans<br>Biomedical Waste (DER)<br>X-Ray Inspection - Transfer<br>Radioactive License Fee Transfer<br>Super Act-Transfer<br>Alg/Contr to CPHU-Safe Drinking Water-<br>Other Non General Revenue<br>(Specify by Object Code) | 123,500<br>0<br>62,389<br>255<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 123,500<br>0<br>62,389<br>255<br>0<br>0<br>0<br>0<br>0   |
|  |  | 0<br>0<br>0<br>0<br>0   | 0<br>0<br>0<br>0<br>0                               | 0<br>0<br>0<br>0<br>0                                    |
| Total St   | tate Non General Revenue   | 186,144   | 0   | 186,144  |
| 3.   | Federal Funds  |   |   |  |
| 004025<br>004026<br>004027<br>004032<br>004033<br>004034<br>004034                               | CHIP-PH Blk Grant/HERR (101505)<br>Family Planning Sterilization (050001)<br>ALG/MCH-MCH Blk. GrtChild Health (05<br>ALG/MCH-MCH Blk. GrtDental Proj. (05<br>Family Planning (Title X) (050001)<br>ALG/IPO-MCH Blk. GrtIPO (050870)  |   | 0<br>0<br>0<br>0<br>0<br>0<br>0                     | 0<br>0<br>13,300<br>30,300<br>21,839<br>15,284<br>10,913 |

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| STATE   | CPHU Trust Fund (Cash) | Other<br>Contributions | Total   |
|---|------------------------|------------------------|---------|
| 3. Federal Funds (continued)                    |                        |                        |         |
| 004038 ALG/IPO-MCH Blk. GrtHealthy Star         | ct (050707) 2,814      | 0                      | 2,814   |
| 015030 Prev Hlth Blk Grt Migrant Labor          | 0                      | 0                      | 0       |
| 015044 Prev Hlth Blk Grt Rape Awareness         | 0                      | 0                      | 0       |
| 015045 Prev Hlth Blk Grt Minority Wellnes       |                        | 0                      | 0       |
| 015046 Prev Hlth Blk Grt HIV Educ & Prev        | 0                      | 0                      | . 0     |
| 015049 ALG/Contr. to CPHU-STD Program           | 0                      | 0                      | 0       |
| 015051 WIC Administration Transfer              | 190,550                | 0                      | 190,550 |
| 015058 Hypertension (PHB GrtTrans.)             | 4,180                  | 0                      | 4,180   |
| 015058 Prev. SVC for Elder (PHB GrtTran         |                        | 0                      | 0       |
| 015063 CHIP PH Blk Grt. (Trans.)                | 0                      | 0                      | 0       |
| 015064 G & D TF/Aids Prevention                 | 0                      | 0                      | 0       |
| 015064 G & D TF/Aids Surveillance/Serop.        | 0                      | 0                      | 0       |
| 015064 G & D TF/Aids Ryan White                 | 0                      | 0                      | 0       |
| 015064 G & D TF/AIDS Epid Research Study        | (180000) 0             | 0                      | 0       |
| 015067 ALG/Contr. to CPHU-T.B. Control Pr       | rogram O               | 0                      | 0       |
| 015067 ALG/Contr. to CPHU Community TB          | 0                      | 0                      | 0       |
| 015071 AIDS Ped. HIV Sero./Surv-Trans. (0       | DCA 7R000) 0           | 0                      | 0       |
| 015071 Water Quality AssurTrans.                | 0                      | 0                      | 0       |
| 015071 OSHA Field Sanitation                    | 0                      | 0                      | 0       |
| 015071 G & D TF/EMS Injury Control Grant        | _0                     | 0                      | 0       |
| 015071 G & D TF/CHIP                            | 0                      | 0                      | 0       |
| 015073 ALG/Contr to CPHUs Immun. Outreach       | n Teams 0              | 0                      | 0       |
| 015084 Immunization Action Plan                 | 11,257                 | 0                      | 11,257  |
| Other Federal Funds<br>(Specify by Object Code) |                        |                        |         |
|   | 0                      | 0                      | 0       |
|   | 0                      | 0                      | 0       |
|   | 0                      | 0                      | 0       |
|   | 0                      | 0                      | 0       |
|   | 0                      | 0                      | 0       |
| Total Federal Funds                             |                        | 0                      | 300,437 |
|   | 21                     | <b>-</b>               |         |

|          | STATE .   | CPHU Trust Fund (Cash) | Other<br>Contributions | Total   |
|----------|---|------------------------|------------------------|---------|
| 4.       | Fees Assessed by State or<br>Federal Rules or Regulations |                        |                        |         |
| 001091   | Communicable Disease Fees                                 | 0                      | 0                      | 0       |
| 001092   | Environmental Health Fees                                 | 0                      | 0                      | 0       |
| 001113   | Mobile Home and Parks                                     | 1,778                  | 0                      | 1,778   |
| 001117   | Vital Stats-Adm. Fee 50 cents                             | 0                      | 0                      | 0       |
| 001132   | Food Hygiene Permit                                       | 0                      | 0                      | 0       |
| 001134   | OSDS Permit Fee   | 69,300                 | 0                      | 69,300  |
| 001135   | OSDS Variance Fee   | 0                      | 0                      | 0       |
| 001136   | I & M Zoned Operating Permit                              | 150                    | 0                      | 150     |
| 001137   | Aerobic Operating Permit                                  | 0                      | 0                      | 0       |
| 001138   | Septic Tank Site Evaluation                               | 35,000                 | 0                      | 35,000  |
| 001139   | Migrant Housing Permit                                    | 0                      | 0                      | 0       |
| 001140   | Biohazard Waste Permit                                    | 1,995                  | 0                      | 1,995   |
| 001141   | Non-SDWA System Permit                                    | 0                      | 0                      | 0       |
| 01142    | Non SDWA Lab Sample                                       | 0                      | 0                      | 0       |
| 001144   | Tanning Facilities  | 780                    | 0                      | 780     |
| 001145   | Swimming Pools  | 3,600                  | 0                      | 3,600   |
| 001164   | Public Water Constr Permit                                | 0                      | 0                      | 0       |
| 001165   | Private Water Constr Permit                               | 0                      | 0                      | 0       |
| 001166   | Public Water Annual Oper Permit                           | 17,800                 | 0                      | 17,800  |
| 015053   | Bottled Water Trans Fees                                  | 0                      | 0                      | 0       |
| 015054   | Water Vending Machine Trans.                              | 0                      | 0                      | 0       |
|          | Other State Fees  |                        |                        |         |
|          | (Specify by Object Code)                                  |                        |                        |         |
|          |   | 0                      | 0                      | 0       |
|          |   | 0                      | 0                      | 0       |
|          |   | 0                      | 0                      | 0       |
|          |   | 0                      |                        | 0       |
|          |   | 0                      | 0                      | 0       |
| Total St | tate Fees   | 130,403                | 0                      | 130,403 |

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|                            | STATE   | CPHU Trust Fund (Cash) | Other<br>Contributions | Total                |
|----------------------------|---|------------------------|------------------------|----------------------|
| 5.                         | Other Cash Contributions  |                        |                        |                      |
| 090001                     | Draw down from Public Health Unit<br>Trust Fund, if any.                        | 0                      | 0                      | 0                    |
| 6.                         | Medicaid  |                        |                        |                      |
| <b>0</b> 01056<br>001080   | CHU Incm:Medicd-Pharmarcy<br>CHU Incm:Medicd-Other                              | 0<br>0                 | 0<br>0                 | 0<br>0               |
| 001081<br>001082<br>001083 | CHU Incm:Medicd-EPSDT<br>CHU Incm:Medicd-Dental<br>CHU Incm:Medicd-FP           | 15,039<br>0<br>6,442   | 0<br>0<br>0            | 15,039<br>0<br>6,442 |
| 001084<br>001085           | CHU Incm:Medicd-Physician<br>CHU Incm:Medicd-Nursing                            | 14,460<br>35,348       | 0                      | 14,460<br>35,348     |
| 001087<br>001089<br>001181 | CHU Incm:Medicd-STD<br>CHU Incm:Medicd-Aids<br>CHU Incm:Medicaid Transportation | 0<br>0<br>0            | 0<br>0<br>0            | 0<br>0<br>0          |
| 001194                     | CHU Incm:Medicaid Sonagram  | 0                      | 0                      | 0                    |
|                            | Other Medicaid (Specify by Object Code  | )                      |                        |                      |
|                            |   | 0 0                    | 0<br>0                 | 0<br>0               |
|                            |   | 0<br>0                 | 0<br>0                 | 0                    |
|                            |   | 0                      | 0                      | 0                    |
| Total Me                   | edicaid   | 71,289                 | 0                      | 71,289               |

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| Total A                 | 005040                           |            | 7.                                  |                        |  |
|-------------------------|----------------------------------|------------|-------------------------------------|------------------------|--|
| Total Allocable Revenue | Interest Earned State Investment |            | locable Revenue<br>pecify by Object |                        | A<br>Part II. SOURCE                                     |
| 0                       | 0                                |            |                                     | U Trust Fund (Cash)    | ATTACHMENT II Nassau<br>SOURCES OF CONTRIBUTIONS TO CPHU |
| 0                       | 0                                |            |                                     | Other<br>Contributions |  |
| 0                       | 0                                | 0000000000 |                                     | Total                  | •  |

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|       | STATE   | CPHU Trust Fund (Cash) | Other<br>Contributions | Total     |
|-------|---|------------------------|------------------------|-----------|
| 8.    | Other State Contributions not<br>Deposited in the CPHU Trust Fund | 0                      | 0                      | 0         |
|       | beposited in the trub flust rund                                  | 0                      | Ŭ                      | v         |
|       | State Pharmacy Services   | 0                      | 91,165                 | 91,165    |
|       | State Laboratory Services   | 0                      | 34,060                 | 34,060    |
|       | State TB Services   | 0                      | 1,388                  | 1,388     |
|       | State Immunization Services                                       | 0                      | 39,248                 | 39,248    |
|       | State STD Services  | 0                      | 0                      | 0         |
|       | State Construction/Renovation                                     | · 0                    | 0                      | . 0       |
|       | WIC Food  | 0                      | 924,398                | 924,398   |
|       | Other (Specify)   |                        |                        |           |
|       |   | 0                      | 0                      | 0         |
|       |   | 0                      | 0                      | 0         |
|       |   | 0                      | 0                      | 0         |
|       |   | 0                      | 0                      | 0         |
|       |   | 0                      | 0                      | 0         |
| Total | Other Non Cash Contributions                                      | <br>0                  | 1,090,259              | 1,090,259 |
|       |   |                        |                        |           |
| Total | State Contributions   | 1,386,933              | 1,090,259              | 2,477,192 |

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|  | COUNTY   | CPHU Trust Fund (Cash)                            | Other<br>Contributions | Total   |
|--|--|---|------------------------|---|
| 1.   | Board of County Commissioners<br>Annual Appropriation:   |   |                        |   |
| 008030<br>008034   | Grants-County Tax Direct<br>Grants Cnty Commsn Other   | 369,752<br>0                                      | 0<br>0                 | 369,752<br>0                                      |
| 2.   | Fees Authorized by County<br>Ordinance or Resolution:  |   |                        |   |
| 001077<br>001093<br>001094<br>001114<br>001115<br>001116<br>001060 | Primary Care Fees<br>Communicable Disease Fees<br>Environmental Health Fees<br>New Birth Certificates<br>Death Certificates<br>Computer Access Fee<br>Vital Statistics Fees Other<br>Other County Fees<br>(Specify by Object Code) | 33,031<br>0<br>2,700<br>3,020<br>5,420<br>0<br>60 |                        | 33,031<br>0<br>2,700<br>3,020<br>5,420<br>0<br>60 |
|  |  | 0<br>0<br>0<br>0<br>0                             | 0<br>0<br>0<br>0<br>0  | 0<br>0<br>0<br>0                                  |
| Total Co   | ounty Fees   | 44,231  | 0                      | 44,231  |

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| 00              | 00                     | 00  |   |                  |
|-----------------|------------------------|---|---|------------------|
| 0 0             | 0                      | 0   |   |                  |
| 0               | 0                      | 0   |   |                  |
| 0               | 0                      | 0   |   |                  |
|                 |                        | ·   | Other Local Contributions<br>(Specify by Object Code)                 |                  |
| 5,067<br>30,900 | 00                     | 5,067<br>30,900                           | Medicare<br>Grants-Cnty Sch Board Direct                              | 001090<br>008050 |
| 0               | 0                      | 0   | Draw down from Public Health Unit<br>Trust Fund if any: (non revenue) | 190002           |
|                 |                        |   | Other Cash and Local Contributions                                    | بب<br>•          |
| Total           | Other<br>Contributions | CPHU Trust Fund (Cash)                    | COUNTY  |                  |
|                 |                        | Part II. SOURCES OF CONTRIBUTIONS TO CPHU | Part II. SOURCE   |                  |

Total Cash and Other Local Contributions

35,967

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# ATTACHMENT II Nassau II. SOURCES OF CONTRIBUTIONS TO CPHU

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| ,429 0 0000<br>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 2,4                         |   | Total C |
|--|-----------------------------|---|---------|
| 0 00000  |                             | Total County Allocable Revenue                | Total C |
| 00000  |                             | Interest Earned State Investment              | 005040  |
| 00000  |                             |   |         |
| 0000   |                             |   |         |
| 00   |                             |   |         |
| 0  |                             |   |         |
|  |                             |   |         |
| 0 0  |                             |   |         |
| 0 2,   | 2,4                         | Grnts/Contracts Oth Agencies Direct           | 008094  |
| 0  | 2                           | Third Party Reimbursement                     | 01029   |
|  | ça.                         | Allocable Revenue<br>(Specify by Object Code) |         |
| Other<br>ash) Contributions Total              | CPHU Trust Fund (Cash)      | COUNTY  |         |
| TO CPHU  | SOURCES OF CONTRIBUTIONS TO | Part II. SOUR                                 |         |

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| Part II. SOURCE  | SUURCES OF CONTRIBUTIONS TO CPHO |   |   |
|--|----------------------------------|---|---|
| COUNTY   | CPHU Trust Fund (Cash)           | Other<br>Contributions  | Total   |
| 5. BUILDINGS:  |                                  |   |   |
| Annual Rental Equivalent Value<br>Maintenance                                    | 0 0                              | 89,892<br>7,200   | 89,892<br>7,200                                   |
|  | 00                               | 00  | 00  |
|  | . 0 0 0                          | 00  | 00  |
|  |                                  |   | 0<br>1<br>1<br>1<br>1<br>1<br>1<br>1              |
| Total Buildings  | 0                                | 97,092  | N   |
| 6. OTHER COUNTY CONTRIBUTIONS, NOT DEPOSITED<br>IN THE CPHU TRUST FUND (Specify) | TED                              |   |   |
|  | 0 0                              | 00  | 00  |
|  | 000                              |   |   |
|  |                                  | <br> | <br> |
| Total Other Non-Cash Contributions   | 0                                | 0   | o   |
| Total County Contributions   | 452,379                          | 97,092  | <br>549,471                                       |

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| Part J                               | ATTACHMENT II Nassau<br>II. SOURCES OF CONTRIBUTIONS TO CPHU |                     |           |
|--------------------------------------|--|---------------------|-----------|
| Summary State and County             |  | H- 0                | Total     |
|                                      |  |                     |           |
| <pre>Potal State Contributions</pre> | 1,386,933  | 1,090,259           | 2,477,192 |
|                                      |  |                     |           |
| Total County Contributions           | 452,379  | 97,092              | 549,471   |
| GRAND TOTAL CPHU PROGRAM             | 1,839,312  | 1,187,351 3,026,663 | 3,026,663 |
|                                      |  |                     |           |
|                                      |  |                     |           |
|                                      |  |                     |           |
| 2                                    |  |                     |           |
|                                      |  |                     |           |

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|    | PART III. PLANNED STAFFING, CLIENTS, SERVICES, AND<br>October 1                                | CLIENTS         | , SERVICES,<br>Octob                | ATT<br>ICES, AND EXPEN<br>October 1, 1993 | ATTACHMENT :<br>PENDITURES  <br>993 to Sept |        | sau<br>SERVICE AR<br>1994               | EA WITHIN F | ATTACHMENT II Nassau<br>EXPENDITURES BY PROGRAM SERVICE AREA WITHIN EACH LEVEL OF SERVICE<br>, 1993 to September 30, 1994 | F SERVICE           |                |
|----|--|-----------------|-------------------------------------|---|---|--------|---|-------------|---|---------------------|----------------|
|    | Number of Quarterly<br>FTE's Individuals Number of 1st 2nd<br>(0.00) / Units Services (Whole d | FTE's<br>(0.00) | Number of<br>Individuals<br>/ Units | Number of<br>Services                     | lst Q                                       |        | Expenditure Plan<br>3rd<br>ollars only) | Plan<br>4th | Expenditure Plan State/County Totals Grand<br>3rd 4th State County Total<br>ollars only)                                  | ty Totals<br>County | Grand<br>Total |
| A. | COMMUNICABLE DISEASE CONTROL:  |                 |                                     |   |   |        |   |             |   |                     |                |
|    | Immunization (101)   | 2.30            | N.A.                                | 6,264                                     | 18,938                                      | 18,938 | 18,938                                  | 18,938      | 50,752  | 25,000              | 75,752:        |
|    | STD (102)  | 0.40            | 320                                 | 640                                       | 3,948                                       | 3,948  | 3,948                                   | 3,948       | 12,710  | 3,082 -             | 15,792         |
|    | A.I.D.S. (103)   | 0.40            | 92                                  | 264                                       | 6,444                                       | 6,444  | 6,444                                   | 6,444       | 20,946  | 4,830               | 25,776         |
|    | TB Control Services (104)  | 0.30            | 1,400                               | 1,632                                     | 4,286                                       | 4,286  | 4,286                                   | 4,286       | 12,862  | 4,282               | 17,144         |
|    | Communicable Disease<br>Surveillance/Investigation<br>(106)                                    | 0.30            | N.A.                                | 32  | 6,749                                       | 6,749  | 6,749                                   | 6,749       | 20,246  | 6,750               | 26,996         |
|    | Vital Statistics (180)   | 0.20            | N.A.                                | N.A.                                      | 4,188                                       | 2,188  | 2,188                                   | 2,188       | 0   | 10,752              | 10,752         |
|    | Subtotal   | 3.90            | 1,812                               | 8,832                                     | 44,553                                      | 42,553 | 42,553                                  | 42,553      | 117,516   | 54,696              | 172,212        |
| в. | PRIMARY CARE:  |                 |                                     |   |   |        |   |             |   |                     |                |
|    | Chronic Disease Services (210)   | 1.20            | 120                                 | 2,340                                     | 12,538                                      | 12,538 | 12,538                                  | 12,538 ç    | 37,616  | 12,536              | 50,152         |
|    | Home Health (215)  | 0.00            | 0                                   | 0   | 0   | 0      | 0                                       | 0           | 0   | 0                   | 0              |
|    | W.I.C. (221)   | 6.00            | 2,220                               | 8,880                                     | 47,637                                      | 47,638 | 47,637                                  | 47,638      | 190,550   | 0                   | 190,550 -      |
|    | Family Planning (223)  | 5.60            | 1,555                               | 6,220                                     | 43,420                                      | 43,420 | 43,420                                  | 43,420      | 130,260   | 43,420              | 173,680        |
|    | Improved Pregnancy Outcome (225)   | 5.40            | 280                                 | 5,240                                     | 67,071                                      | 67,072 | 67,071                                  | 67,072      | 215,936   | 52,350              | 268,286        |
|    | Comprehensive Child Health (229)   | 6.00            | 984                                 | 3,584                                     | 49,677                                      | 49,677 | 49,677                                  | 49,677      | 149,032   | 49,676              | 198,708        |

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|          | KSP I   | Sub<br>Sew                             | c            | 0 h                          | קי ק                        | Wat             | C. ENV                | S         | Den                 | Com                              | Sch                 | B. PRI                    |   | 14<br>13<br>14<br>17<br>17<br>17<br>17<br>17<br>17<br>17   |
|----------|---|--|--------------|------------------------------|-----------------------------|-----------------|-----------------------|-----------|---------------------|----------------------------------|---------------------|---------------------------|---|--|
| Subtotal | Individual Sewage<br>Disposal (361)<br>Public Sewage (362)<br>Solid Waste Disposal (363)<br>Water Pollution Control (370) | Subtotal<br>Sewage and Waste Services: | Places (360) | System (358)<br>System (358) | Dublic Drinking Water (357) | Water Services: | ENVIRONMENTAL HEALTH: | Subtotal  | Dental Health (240) | Comprehensive Adult Health (237) | School Health (234) | PRIMARY CARE: (continued) |   | ATTACHMENT II Nassau<br>PART III. PLANNED STAFFING, CLIENTS, SERVICES, AND EXPENDITURES BY PROGRAM SERVICE AREA WIT<br>October 1, 1993 to September 30, 1994 |
| 4.10     | 4.00<br>0.00<br>0.10  | 1.80                                   | 0.20         | 1.20                         | 0.40                        |                 |                       | 37.40     | 1.20                | 8.00                             | 4.00                |                           | FTE's<br>(0.00)   | CLIENTS  |
| 825      | 825<br>N.A.<br>N.A.   | 907                                    | 27           | 240                          | 640                         |                 |                       | 11,499    | 5,200               | 1,140                            | N.A.                |                           | Number of<br>Individuals<br>/ Units                         | , SERVICES,<br>Octob   |
| 3,328    | 3,300<br>28<br>0  | 2,827                                  | 27           | 240                          | 2,560                       |                 |                       | 55,448    | 5,200               | 8,252                            | 15,732              |                           | s Number of<br>Services                                     | ATI<br>ICES, AND EXPEN<br>October 1, 1993  |
| 40,759   | 40,158<br>0<br>601<br>0   | 12,914                                 | 1,173        | 8,663                        | 3,078                       |                 |                       | 341,703   | 7,575               | 82,400                           | 31,385              |                           | 1st Qi  | ATTACHMENT :<br>EXPENDITURES  <br>, 1993 to Sept   |
| 40,759   | 40,158<br>0<br>601  | 12,914                                 | 1,173        | 8,663                        | 3,078                       |                 |                       | 341,705   | 7,575               | 82,400                           | 31,385              |                           | Quarterly Ex<br>2nd<br>(Whole dol                           | ATTACHMENT II Nass<br>XPENDITURES BY PROGRAM<br>1993 to September 30, 1  |
| 40,759   | 40,158<br>0<br>601<br>0   | 12,914                                 | 1,173        | 8,663                        | 3,078                       |                 |                       | 341,703   | 7,575               | 82,400                           | 31,385              |                           | arterly Expenditure Plan<br>2nd 3rd<br>(Whole dollars only) | sau<br>I SERVICE AR<br>1994  |
| 40,759   | 40,158<br>0<br>601<br>0   | 12,914                                 | 1,173        | 8,663                        | 3,078                       |                 |                       | 341,705   | 7,575               | 82,400                           | 31,385              |                           | Plan<br>4th   | EA WITHIN  |
| 97,216   | 95,966<br>0<br>1,250<br>N.A.  | 22,771                                 | 3,600        | 18,811                       | 360                         |                 |                       | 1,085,006 | 30,300              | 247,200                          | 84,112              |                           | State/Cou<br>State  | II Nassau<br>BY PROGRAM SERVICE AREA WITHIN EACH LEVEL OF SERVICE<br>Lember 30, 1994   |
| 65,820   | 64,666<br>0<br>1,154<br>0   | 28,885                                 | 1,092        | 15,841                       | 11,952                      |                 |                       | 281,810   | 0                   | 82,400                           | 41,428              |                           | State/County Totals<br>State County                         | CH LEVEL OF SERVICE  |
| 163,036  | 160,632<br>0<br>2,404<br>0  | 5 <sup>1</sup> , 656                   | 4,692        | 34,652                       | 12,312                      |                 |                       | 1,366,816 | 30,300              | 329,600                          | 125,540             |                           | Grand<br>Total  |  |

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|    |          |   |                 |          |   |                    |          |                             |                                  |  |             | с.                                |   |   |
|----|----------|---|-----------------|----------|---|--------------------|----------|-----------------------------|----------------------------------|--|-------------|-----------------------------------|---|---|
|    | Subtotal | Rabies Surveillance/Control<br>Services (366)<br>Arbovirus Surveillance (367)<br>Rodent/Arthropod Control (368) | Vector Control: | Subtotal | Occupational Health (344)<br>Consumer Product Safety (345)<br>Sanitary Nuisance (365)<br>Air Pollution (371)<br>Radiological Health (372)<br>Toxic Substances (373) | Community Hygiene: | Subtotal | Vehicle Park Services (354) | Mobile Home and Sanitation (353) | Group Care Facilities (351)<br>Migrant Labor Camps (352) | Facilities: | ENVIRONMENTAL HEALTH: (continued) |   | PART III. PLANNED STAFFING, CLIENTS, SERVICES, AND<br>October 1         |
|    | 0.10     | 0.10  |                 | 1.50     | 0.00<br>0.00<br>1.50  |                    | 0.40     | 0.20                        | 0.00                             | 0.20   |             |                                   | FTE'S 1<br>(0.00)   | CLIENTS,  |
|    | 8        | 8<br>N.A.<br>N.A.   |                 | 0        | N.А.<br>N.А.<br>N.А.<br>N.А.  |                    | 68       | 32                          | 0                                | 36<br>0  |             |                                   | Number of<br>Individuals<br>/ Units                           | SERVICES,<br>Octob  |
|    | 16       | 16<br>0   |                 | 1,600    | 0<br>0<br>0<br>1,600  |                    | 176      | 32                          | 0                                | 144<br>0   |             |                                   |   |   |
| 33 | 200      | 200<br>0  |                 | 16,984   | 0<br>0<br>0<br>0<br>16,984  |                    | 3,377    | 1,471                       | 0                                | 1,906<br>0   |             |                                   | 1st   | ATTACHMENT II Nas<br>EXPENDITURES BY PROGRAM<br>, 1993 to September 30, |
|    | 200      | . 200<br>0  |                 | 16,984   | 0<br>0<br>0<br>0<br>16,984  |                    | 3,377    | 1,471                       | 0                                | 1,906<br>0   |             |                                   | arterly Expenditure<br>2nd 3rd<br>(Whole dollars only)        | II Nassau<br>BY PROGRAM SE<br>Lember 30, 199                            |
|    | 200      | 200<br>0  |                 | 16,984   | 0<br>0<br>0<br>0<br>16,984  |                    | 3,377    | 1,471                       | 0                                | 1,906<br>0   |             |                                   | Quarterly Expenditure Plan<br>2nd 3rd<br>(Whole dollars only) | ssau<br>1 SERVICE AREA WITHIN<br>1994                                   |
|    | 200      | 200   |                 | 16,984   | 0<br>0<br>0<br>16,984   |                    | 3,377    | 1,471                       | 0                                | 1,906<br>0   |             |                                   | Plan<br>4th   | EA WITHIN I   |
|    | N.A.     | N.A.<br>N.A.<br>N.A.  |                 | 62,644   | N.A.<br>N.A.<br>N.A.<br>N.A.<br>0<br>62,644   |                    | 1,780    | 1,780                       | N.A.                             | 00   |             |                                   | State/Cou<br>State  | ISAU<br>SERVICE AREA WITHIN EACH LEVEL OF SERVICE<br>1994               |
|    | 800      | 0<br>0008   |                 | 5,292    | 5,292<br>0  |                    | 11,728   | 4,104                       | 0                                | 7,624<br>0   |             |                                   | State/County Totals<br>State County                           | CH LEVEL OF SERVICE   |
|    | 800      | 0<br>0<br>008   |                 | 67,936   | 0<br>0<br>0<br>67,936   |                    | 13,508   | 5,884                       | 0                                | 7,624<br>0   |             |                                   | Grand<br>Total  |   |

\$

|                   |   |   |             |   |  |   | **====#***   |   |                 |   |    |
|-------------------|---|---|-------------|---|--|---|--|---|-----------------|---|----|
| 452,379 1,839,312 | 452,379   | 459,329 1,386,933   | 459,329     | 459,327   | 459,329  | 461,327   | 72,291   | 49.30 15,135                                    | 49.30           | TOTAL CONTRACT  |    |
| 300,284           | 115,873   | 184,411   | 75,071      | 1 75,071 75,071   |  | 75,071 75,07                                      | 8,011  | 1,824   | 8.00            | Subtotal (Environmental Health)   | 1  |
| 0                 | 0   | 0   | 0           | 0   | 0  | 0   | 0  | 0   | 0.00            | Emergency Medical Services (346)  |    |
| 3,348             | 3,348   | 0   | 837         | 837   | 837  | 837   | 64   | 16  | 0.10            | Food Hygiene (348)  |    |
|                   |   |   |             |   |  |   |  |   | 0               | C. ENVIRONMENTAL HEALTH: (continued)  | с. |
| Grand<br>Total    | State/County Totals Grand<br>State County Total | State/Cou<br>State  | Plan<br>4th | arterly Expenditure Plan<br>2nd 3rd 4th<br>(Whole dollars only) | Quarterly Ex<br>1st 2nd<br>(Whole dol  | f 1st Qu  | Number of<br>FTE's Individuals Number of<br>0.00) / Units Services | Number of<br>FTE's Individual<br>(0.00) / Units | FTE's<br>(0.00) |   |    |
|                   | OF SERVICE                                      | assau<br>AM SERVICE AREA WITHIN EACH LEVEL OF SERVICE<br>, 1994 | EA WITHIN   | sau<br>SERVICE AR<br>994  | ATTACHMENT II Nassau<br>ICES, AND EXPENDITURES BY PROGRAM SER<br>October 1, 1993 to September 30, 1994 | ATTACHMENT II<br>KPENDITURES BY<br>1993 to Septem | ATT<br>, AND EXPEN<br>ber 1, 1993                                  | , SERVICES<br>Octo                              | CLIENTS         | ATTACHMENT II Nassau<br>PART III. PLANNED STAFFING, CLIENTS, SERVICES, AND EXPENDITURES BY PROGRAM SERVICE AREA WITHIN EACH LEVEL OF SERVICE<br>October 1, 1993 to September 30, 1994 |    |

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## ATTACHMENT III

## CIVIL RIGHTS CERTIFICATE

The applicant provides this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefitting from federal financial assistance. The provider agrees to complete the Civil Rights Compliance questionnaire, HRS Forms 946 A and B, if so requested by the department.

The applicant assures that it will comply with:

- 1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C., 2000 et seq., which prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving or benefitting from federal financial assistance.
- Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefitting for federal financial resizence.
- 3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefitting from federal financial assistance.
- 4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefitting for federal financial assistance.
- 5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefitting from federal financial assistance.
- 6. All regulations, guidelines and standards lawfully adopted under the above statutes.

The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contracts, <u>subcontractors</u>, subgrantees or others with whom it arranges to provide services or benefits

to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or discretion. Seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or further assistance being denied.

<u>Tetotdu2</u> ŝ 0 (lenoitqo) 02\$ AIDS, HIV, Alternate Site Testing COMMUNICABLE DISEASE: TEAET OF SERVICE/SERVICE: DANA JEWAT UHAD <u>997</u> Accruing To The Annual Revenue Бэтьтітга STATE FEE SCHEDULES, BY SERVICE ATTACHMENT IV

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**PRIMARY CARE:** 

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A \$5 fee collected by the CPHUs pursuant to construction permit issuance shall be transferred to a special State Health Office account to offset headquarters cost of providing technical, monitoring, training and administrative assistance for this program.

(1) A \$5 research fee is collected until September 30, 1996

| 050 050           | 5                                |  |
|-------------------|----------------------------------|--|
|                   | \$ 52                            | Απεηάπεητε το απ Ορετατίης Ρεκπίτ ρεν Change   |
|                   | 05 \$                            | Poilets  |
|                   |                                  | Incinerating or Organic Waste Composting       |
|                   |                                  | Annual Operating Permit for Waterless,         |
|                   | mumixem 000, a                   |  |
|                   | 07 \$                            | System Abandonment Permit                      |
|                   | \$ 32                            | Permit   |
|                   |                                  | Aerobic Treatment Unit Maintenance Entity      |
|                   | 057\$                            | Aerobic Treatment Unit Annual Operating Permit |
| OST               | 051\$                            | Industrial/Manufacturing Permit (annual)       |
| 200               | 002\$                            | Commercial                                     |
|                   |                                  | Variance Application OSDS Multi-Family and     |
|                   | 051\$                            | Variance Application OSDS Single Family        |
|                   | \$ 32                            | Portable Toilet Pumpout Vehicle (Per Vehicle)  |
|                   | 0S \$                            | Permit (annual)                                |
|                   |                                  | Portable/Temporary Toilet Service              |
|                   | \$ 32                            | (Per Vehicle)                                  |
|                   |                                  | septic Tank Pumpout Vehicle Inspection         |
|                   | 091\$                            | Yrilicel noitesilidete sepetgee leunna         |
| 200               | 05 \$                            | Annual Septage Disposal Service Permit         |
|                   | 00T\$                            | Annual Septage Disposal Site Evaluation        |
|                   | 05 \$                            | Annual Septic Tank Manufacturing Inspection    |
|                   | \$ 32                            | Inspection after System Construction Approval  |
|                   |                                  | Reinspection Fee per Visit for Site            |
|                   | ÷ 52                             | Reinspection of Non-Compliance OSDS            |
| 11,200            | 07 \$<br>07 \$<br>07 \$<br>07 \$ | Existing System Inspection                     |
| 3,000             | 07 \$                            | Repair Permit/Inspection                       |
| 3,000             | 07 \$                            | Repair Permit Site Evaluation                  |
|                   |                                  | New System Inspection                          |
| 00 <b>7,</b> 42(S | :)(T) S†\$                       | (məjsY2 bunoM                                  |
|                   |                                  | Permit (Standard Subsurface, Fill or           |
| 000 7             | 07 \$                            | Site Reevaluation                              |
| 28,000            | 09 \$                            | (metere wen) noitaulation (new system)         |
|                   | \$ 52                            | Application Review (mew system) (metari        |
|                   |                                  |  |

# A. ONSITE SEWAGE DISPOSAL (OSDS) PROGRAM

III. ENVIRONMENTAL HEALTH:

(2)

ATTACHMENT IV STATE FEE SCHEDULES, BY SERVICE

| 000 1          |              | 03    |          |   |
|----------------|--------------|-------|----------|---|
|                |              | 05    | \$       | Delineated Area Clearance Fee                       |
|                | 00T\$-       | -0T   |          | Laboratory Analyses                                 |
|                | 07 \$        |       |          | Reinspection  |
|                |              |       |          | (serving 3 or 4 non-rental residences)              |
|                | (2)          | 40    | \$       | Private System Construction Permit                  |
|                |              |       |          | Risk Interpretation for Delineated Areas            |
|                |              |       |          | Analytical Results/Health                           |
| 000'S          |              | 05    | \$       | Sample Collection/Review of                         |
| 005 <b>'</b> / | (τ)          | ۶L    |          | Limited Use PWS Construction Permit                 |
|                |              |       | •        | Other Fees:   |
|                |              | 07    | ć        | Limited Use Commercial Bottled Water                |
| 005 <b>'</b> E | (τ)          | 02    |          | Public Water System (Renewal)                       |
| 001 0          | (τ)          | SL    |          | Limited Use Community or Commercial (Initial)       |
|                | (1)          | 36    | Ş        | Annual Permits:                                     |
|                |              |       |          | intime found  |
|                |              |       |          | C. DRINKING WATER                                   |
|                |              |       |          | environmental engineering units.                    |
|                |              | i     | элец     | Fee amount charged by HSEH and the 14 counties that |
|                | ( - )        | c 7 · | <b>.</b> | Jimraq parating permit                              |
|                | (T)          | 52    |          | bathing place development                           |
|                | (τ)          | 05.   | 15       | Plan/Application review fee for                     |
|                | (-)          |       |          |   |
|                | (τ)          | 00    | LŞ       | of original construction                            |
|                | <i>i</i> _ ` | _     | - 1      | Plan review for modification                        |
|                | (τ)          | S۲S   | ζ\$      | Plan Review (New Construction)                      |
|                |              |       |          | <u>Ofher Feest</u>                                  |
| <u>3'600</u>   |              |       |          |   |

| 375,875 | 5L \$ | More than 25,000 gallons             |
|---------|-------|--------------------------------------|
| 522     | \$ 52 | Up to (and including) 25,000 gallons |
|         |       | stimies found                        |

PUBLIC SWIMMING POOLS AND BATHING PLACES . а

Micro Sample Collection

Chemical Sample Collection

| 051\$ | Renewal of Inactive Certificate of Authorization |
|-------|--|
| 0715  | Certificate of Authorization (per biennium)      |
| 00T\$ | Renewal of Inactive Registration                 |
| SL S  | Renewal of Registration                          |
| SL S  | Initial Registration                             |
| SL S  | Application for Registration                     |
| •     | Contractor Registration:                         |

program evaluations and technical assistance. provide staffing for training, monitoring, epidemiological support, Includes a \$5 surcharge that is transferred to headquarters to

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\* \* \*. \*\* \* \*.

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07 \$

09 \$

008'LI

1**'**800

| (ζ)(ζ) | 58 \$ |  |
|--------|-------|--|
|        |       | Limited Food Service                                     |
| (Ζ)(Τ) | 58 \$ | Child Care Centers                                       |
| (Ζ)(Τ) | οττς  |  |
|        | •     | seitilises leitaekseksekseksekseksekseksekseksekseksekse |
| (Z)(T) | 097\$ | Bars/Lounges (Drink Service Only)                        |
| (Ζ)(Τ) | \$5T0 | Jails/Prisons  |
| (Ζ)(Τ) | 09T\$ | Movie Theaters   |
| (Z)(T) | •     |  |
|        | 0TZ\$ | Intitutional Food Service                                |
| (Z)(T) | 097\$ | b. Operating for more than 9 months                      |
| (Z)(T) | 0ET\$ | a. Operating for 9 months out of a year                  |
|        |       | School Cafeteria   |
| (Z)(T) | 097\$ | Fraternal/Civic (Serving to Public)                      |
|        |       | Annual Permits:  |

- FOOD ESTABLISHMENTS . ч
- <u>566'</u>T \$ 52 Mobile treatment machine registration \$ 52 0۵ Late renewal SL \$ 52 Reinspection (after the first reinspection) Seal Tento 25 lbs./30 days) 028'I Except Physician Office Generating less than SS \$
  - Annual Permits:
    - BIOMEDICAL WASTE GENERATORS • З

| 005\$ | Facilities with over 100 residents |
|-------|------------------------------------|
| \$225 | Facilities with 51-100 occupants   |
| 521\$ | Facilities with 5-50 occupants     |
|       | Annual Permits:                    |

MIGRANT LABOR CAMPS . Э

\$600 or less than \$50. department. The total fee assessed per facility cannot be more than This rate applies until rules setting fees are written by the (τ) 8*LL'*I <u>8LL</u>TI

. . .

\$3.50 per space (1)

2

5 Spaces and Above Annual Permits:

MOBILE HOME & RECREATIONAL VEHICLE PARKS ٠α

program evaluations and technical assistance. provide staffing for training, monitoring, epidemiological support, Includes a \$3 surcharge that is transferred to headquarters to

(7)

• • • • • • • •

 (1) Includes a \$5 surcharge that is transferred to headquarters to provide staffing for training, monitoring, epidemiological support, program evaluations and technical assistance.
 (2) Includes a \$5 surcharge that is transferred to headquarters to offset the cost of purchasing and providing maintenance on equipment to be used for this program.

Other Fees:\$ 25Plan Review\$ 10Request For Inspection\$ 40Reinspection\$ 10Reinspection\$ 50

# G. TANNING FACILITIES

•

| 330  |     |       |                                    |   |
|------|-----|-------|------------------------------------|---|
| 0517 | (τ) | 05T\$ | er Facility (plus \$55 per device) | đ |
|      |     |       | stimual Permits:                   | ¥ |

 Includes a \$10 surcharge that is transferred to headquarters to 780 provide staffing for training, monitoring, epidemiological support, program evaluations and technical assistance.

Total \$130,403

# COUNTY FEE SCHEDULES, BY SERVICE

Estimated Annual Revenue Accruing To The <u>Aruing To The</u>

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005'8

PEAER OF SERVICE, SERVICE: Fee/Range

I. COMMUNICABLE DISEASE:

PRIMARY CARE:

.II

Vital Statistics

002,8 \$ <u>16707du2</u>

**33'03** 

Family Health Services Sliding Fee Scale

<u>Subtotal</u> \$ 33,031

III. ENVIRONMENTAL HEALTH:

Plat/Plan Review

002'2

1

007,2 \$ Intotdue

Total County Fees \$ 44,231

∀/N

# III. ENVIRONMENTAL HEALTH:

∀/N

# II. PRIMARY CARE:

∀/N

# I. COMMUNICABLE DISEASE:

. مەن

**TEAEL OF SERVICE/SERVICE:** 

Position Classification Number

# CLASSIFICATION AND NUMBER OF EMPLOYEES WORKING IN THE COUNTY PUBLIC HEATLH UNIT WHO ARE PAID BY THE CLASSIFICATION AND NUMBER OF EMPLOYEES WORKING IN THE

# **ATTACHMENT VI**

₹₿

# IIV TNEMHOATTA

# FACILITIES UTILIZED BY THE CPHU

| ζ⊐nuo⊃ –.        | Page's Dairy Rd.<br>Yulee, FL                      | Maternal Health/IPO Center<br>(Modular Building)                                |
|------------------|--|---|
| ζοπυςλ           | Page's Dairy Rd.<br>Yulee, FL                      | Yulee Health Center   |
| County<br>Connty | Location<br>30 So. 4th St.<br>Fernandina Beach, FL | Facility<br>Description<br>Fernandina Beach Health Center<br>and Administration |

Hilliard, FL

Callahan, FL

208 Mickler St.

3rd & Pecan Sts.

ζοπυςλ

ζοπυςλ

Hilliard Health Center and WIC Administration

Callahan Health Center

# **ATTACHMENT VIII**

# DESCRIPTION OF USE OF PUBLIC HEALTH UNIT TRUST FUND BALANCES FOR SPECIAL PROJECTS, IF APPLICABLE (From Attachment II, Part I)

₹/N

# XI TNEMHDATTA

# COMPLIANCE WITH THE PROVISIONS OF SPECIFIC MANUALS PROGRAM SPECIFIC REPORTING REQUIREMENTS AND PROGRAMS REQUIRING

services and the reporting requirements are listed below: must comply with the special reporting requirements for that service. эцт county public health unit is funded to provide one of these services, it БÌІ requirements because of federal or state law, regulation or rule. requirements in addition to the CIS/HMC muminim JAFA set and the SAMAS 2.2 Some health services must comply with specific program and reporting

# Reguirrement

of personnel/budget actions. STD Program review and approval regarding State Health Office as specified in Policy 87-7-5 in HRSM 150-22. Requirements Requirements as specified

Form 1008. Monthly reporting on HRSH

procedures. program manuals and published requirements detailed in the and all federal, state and county as specified in HRSM 150-24 monthly financial reports Service documentation and

·Ϫ϶ϳϳϳϥϳϬϳϳ϶ determine presumptive all providers authorized to Medicaid Determination Log by Report, Presumptive Eligibility/ Report, Quarterly Summary Program Quarterly Progress outcome on HRSH Form 3096. reports of services and HRSM 150-13A. Quarterly Requirements as specified in

specified in HRSM 150-27. programmatic reports as Periodic financial and

## Program Sexually Transmitted Disease τ.

Service

Дептаl Неаlth ٠2

- and Children. Program for Women, Infants Special Supplemental Food ٠ε
- Improved Pregnancy Outcome . 4
- Family Planning • 5

(beunitroo) XI TNEMHDATTA

Periodic reports as specified by the department regarding the surveillance/ investigation of reportable vaccine preventable diseases, vaccine usage accountability, the assessment of various immunization levels and forms

Requirements as specified in the Reference Guide to CHIP and HRS forms identified in HRSM 150-8 and 150-12.

following immunization.

Requirements as specified in HRSM 50-10.

Requirements in HRSM 150-30 and case reporting on CDC Form 50.42. Socio-demographic data on persons tested for HIV in CPHU clinics should be reported on CDC HIV Counseling & Testing Report Form. These reports are to be sent to the Headquarters AIDS office within 30 days of the initial post-test appointment regardless of clients' return.

HRSM 150-25, including the requirement for an annual plan as a condition for funding.

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7. CPHU Program

9. Environmental Health

10. AIDS Program

11. School Health Services

# STANDARD CONTRACT BETWEEN

# BOARD OF COUNTY COMMISSIONERS

# UASSAN

COUNTY

# ДИА

# DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES ADIROLT TO TATE

provision of primary health care for special populations." the control and eradication of preventable diseases, and the the citizens and visitors through promotion of the public health, promote, protect, maintain, and improve the health and safety of of the department and the county in enabling the CPHU "to govern the use of these fund, and the respective responsibilities the administrative and programmatic requirements which will funds that will be committed to the provision of these services, hereinatter referred to as the CPHU, the sources and amount of services that will be provided by the county public health unit, της "department", and <u>veredanty".</u> referred to as the "county". This contract stipulates the the "department", and Nassau County, hereinafter Health and Rehabilitative Services, hereinafter referred to as revised, this contract is entered into between the Department of Pursuant to the Laws of Florida, Chapter 83-177 and 154, F.S. as

General Provision: •1

Both parties agree that the CPHU shall:

- contract; and in Attachment I and all other attachments to this Provide services according to the conditions specified • 4
- .Jnamdostja Jadi ni sara at the funding level specified for each program service Fund the services specified in Attachment II, Part III, . Я
- Federal State Laws and Regulations: • 11

Both parties agree that the CPHU shall:

- contract as Attachment III; Rights Certificate, hereby **зтир** орит incorporated contained in the Civil Comply with the provisions • A
- tederal funds; other applicable regulations if this contract contains Comply with the provisions of 45 CFR, Part 74, and •а
- regulations issued pursuant to the Clean Air Act as amerided (42 USC 1857 et seq.) and the Federal Water Comply with all applicable standards, orders, JO • ၁

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Pollution Control Act as amended (33 USC 1368 et seq.), if this contract contains federal funds and the total contract amount is over \$100,000; and

- Comply with applicable sections of Chapter 427, Florida Statutes, (Transportation Services) and Chapter 41-2, Florida Administrative Code, (Coordinated Community Transportation Services) regarding the provision of disadvantaged if this contract contains any state, federal or local funds which are used to provide for direct or indirect (ancillary) transportation services.
- III. Records, Reports and Audits:

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Both parties agree that the CPHU shall:

- A. Maintain books, records and documents in accordance with accounting procedures and practices which sufficiently and properly reflect all expenditures of funds provided by the department, the county and other sources under this contract. Books, records and documents must be adequate to enable the CPHU to comply with the following reporting requirements:
- 1. The revenue and expenditure requirements in the State Automated Management Accounting System 2.2;
- 2. The client registration and services reporting requirements of the minimum data set as specified in the Client Information System/Health Management Component Manual and any revisions subsequent to the January 1, 1984 version, or the equivalent as approved by the State Health Office. Any reporting system used by or on behalf of the CPHU to produce the above information must provide data in a machine readable format approved by the department which can be transferred electronically to the Client Information System;
- 3. The CPHU is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported back to the CPHU in a manner consistent with the client registration and service reporting requirements of the minimum data set as specified in the Client Information System/Health Management component Manual and any revisions subsequent to the January 1, 1984 version;
- 4. Financial procedures specified in the department's Accounting Procedures Manuals and Accounting memoranda;

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- 5. All appropriate CPHU employees shall report time in the Client Information System/Health Management Component compatible format by program component for at least the sample periods specified by the department; and
- δ. Απγ οτλετ state and county program specific reporting requirements detailed in attachments to this contract.
- B. Assure these records shall be subject during normal business hours to inspection, review or audit by state or county personnel duly authorized by the department or the county, as well as by federal personnel;
- C. Retain all financial records, supporting documents, statistical records, and any other documents pertinent to this contract in conformance with the retention schedules required in HRSM 15-1, "Records Management Manual";
- D. Allow persons duly authorized by state or county, and federal auditors, pursuant to 45 CFR, Part 74.24(a), (b), and (d) to have full access to, and the right to examine and of said records and documents during said retention period; and
- E. Include these aforementioned audit and record-keeping requirements in all approved subcontracts and assignments.

soth parties further agree that:

The department shall provide uniform financial statements of program account balances for each level of service on a quarterly basis to the county and to the director or administrator of the CPHU.

ΙΛ. Μοπίτοτίης:

Both parties agree that, as either determines necessary, the department and/or the county shall monitor the budget and services as detailed in Attachment II and operated by the CPHU or its subcontractor or assignee.

V. Safeguarding Information:

Both parties agree that the CPHU shall not use or disclose any information concerning a recipient of services under this contract for any purpose not in conformity with the state law, regulations or manual (HRSM 50-2 Security of Data and Information Technology) and federal regulation (45 CFR, part 205.50), except by written consent of the recipient, or

his/her responsible parent or guardian when authorized by law.

# .IV AsamapiseA .IV

Both parties agree that the CPHU shall not assign the responsibility of this contract to another party without prior written approval of the department and the county. No auch approval by the department and the county of any assignment shall be deemed in any event or in any manner to provide for the occurrence of any obligation of the department or the county in addition to the dollar amount agreed upon in this contract. All such assignments shall be subject to the conditions of this contract and to any conditions of approval that the department and the county shall deem necessary.

# VII. Subcontracts:

Both parties agree that the CPHU shall be permitted to execute subcontracts with the approval of the delegated authority in the department for services necessary to enable the CPHU to carry out the programs specified in this contract, provided that the amount of any such subcontract shall not be for more than ten (10) percent of the total value of this contract.

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In the event that the CPHU needs to execute a subcontract for an amount greater than ten (10) percent of the value for this contract, both parties to this contract must agree in writing to such a subcontract prior to its execution.

No subcontracts shall be deemed in any manner to provide for the occurrence of any obligation of the department or the county in addition to the total dollar amount agreed upon in this contract. All such subcontracts shall be subject to the conditions of this contract and to any conditions of approval that the department and the county shall deem necessary.

VIII. Payment for Services:

A. The department agrees:

To pay for services identified in Schedule "C" of the operating budget (General Revenue and Federal), and reflected in Attachment II, Part II, as the State's appropriated responsibility in an amount not to exceed \$<u>1,185,241</u>; and the State share of all state authorized fees in an anticipated amount of \$<u>130,403</u>. In addition, all "OTHER" state revenues from Whatever sources to be appropriated to the HRS County Public Health Unit Trust Fund for services to be provided by Health Unit Trust Fund for services to be provided by

a grand total State cash contribution of \$ 1,386,933 . The State's obligation to pay under this contract is contingent upon an annual appropriation by the legislature.

B. The county agrees:

To pay for services identified in Attachment II, Part II, as the county's responsibility in an appropriated amount not to exceed \$ 369,752. In addition the county shall provide its share of all county authorized fees in an anticipated amount of \$ 44,231. These amounts, plus any "OTHER" local revenues from whatever of \$ 38,396., includes all revenues from whatever sources to be appropriated to the HRS County Public Health Unit Trust Fund for services to be provided by the county health unit for a grand total county cash contribution of \$ 452,379.

- IX. The department and the county mutually agree:
- A. Effective date:
- This contract shall begin on October 1, 19 93 or the date on which the contract has been signed by both parties, whichever is later.
- 2. This contract shall end on September 30, 19 94.
- B. Termination:
- 1. Termination because of lack of funds:

In the event funds to finance this contract become unavailable, either party may terminate the contract upon no less than twenty-four hours notice in writing to the other party. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The department or the county shall be the final authority as to the availability of funds, staffing and services shall be reduced funds, staffing and services shall be reduced

.1 Termination for breach:

Unless breach is waived by either party in writing, either party may, by written notice to be other party, terminate this contract upon no less than twenty-four (24) hours notice. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. If applicable, either party may employ the default provisions in Chapter 13A-1,

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- Florida Administrative Code. Waiver of breach of any provision of this contract shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of the contract. The provisions herein do not limit either party's right to remedies at law or to damages.
- 3. Termination at will:

This contract may be terminated by either party upon no less than thirty (30) days notice, without cause. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

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C. Notice and contact:

D. Modification:

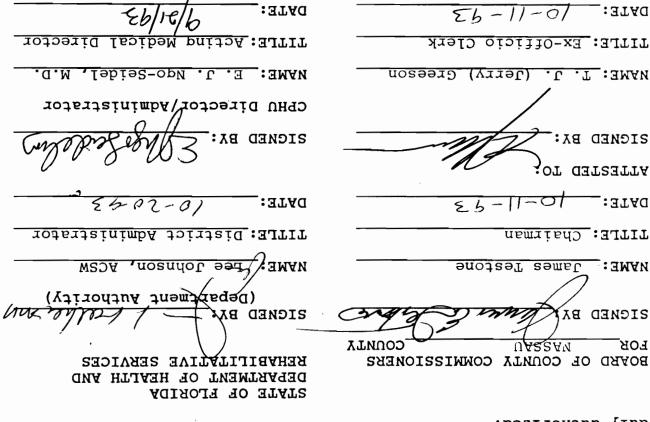
Modifications of provisions of this contract shall, unless otherwise specified in Attachment I, be enforceable only when they have been reduced to writing and duly signed by both parties to this contract.

E. Name and address of payee:

The name and address of the official payee to whom the payment shall be made is: Public Health Unit Trust Fund, Florida

F. All terms and conditions included:

This contract and its attachments as referenced, (Attachment I through IX ), contain all the terms and conditions agreed upon by the parties.



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In WITNESS THEREOF, the parties hereto have caused this 47 page contract to be executed by their undersigned officials as duly authorized.

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# **ATTACHMENT I**

# SPECIAL PROVISIONS

# I. Public Health Unit Trust Fund:

Both parties agree:

- A. That all funds to be expended by the CPHU shall be deposited in the County Public Health Unit Trust Fund (CPHUTF) maintained by the state treasurer.
- B. That all funds deposited in the Public Health Unit Trust Fund shall be expended by the department solely for services rendered by the CPHU as specified in this contract. Nothing shall prohibit the rendering of additional services not specified in this contract.
- back services to come within budget. if any, to cover the excess expenditures, or will cut and the county, draw down from the trust fund balance, health unit will, by agreement between the department as agreed to in this contract, the HRS county public εχρευαίτυτε απουπτ τοι είτλετ τλε σουπίγ οι τλε είατε If actual expenditures should exceed the total planned — με εετνίσε τη · VJ noj nessen for other CPHUs, and shall be used only for public shall be accounted for separately from funds deposited NesseN Lounty Fund for the CPHU in \_ That funds deposited in the Public Health Unit Trust

The planned use of surplus funds shall be reflected in credited to each participating governmental entity. which clearly illustrates the amount which has been the trust fund and shall be accounted for in a manner including fees and accrued interest, shall remain in However, in each such case, all surplus funds, . YeaY each participating governmental entity in the following funds may be applied toward the funding requirements of sncdins dons each month and at contract year end. funds accruing to the state and county is determined state and county. The equity share of any surplus all sources is credited to the program accounts by expenditures in the core contract, then funding from and county based on the ratio of planned state Expenditures will be charged to the program accounts by sard the expenditures • Yore γγ τυςηττέα Gach Υď county, as appropriate, based on the funds contributed the contract year shall be credited to the state or interest, remaining in the CPHUTF account at the end of That any surplus funds, including fees or accrued

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Projects explained in Attachment VIII.

within 30 days after an emergency transfer. Torward written evidence of this approval to the CPHU The Deputy Secretary for Health shall the transfer. health and the Deputy Secretary for Health has approved exists wherein a time delay would endanger the public's director/administrator determines that an emergency stnambnams əųı ssəŢun CPHU Jappud signed by both parties to this contract and the proper levels of services without a contract amendment duly There shall be no transfers of funds between the three

- .enoiteirqorqas Sednezfering 'ILEIJIOUS anticipated JΟ JO decrease in funds must be related to a reduction, expenditure or the state allocation is decreased. A additional released are spunj әцә Derore IOI 'buŢpunj and allowing 30 days for written objection of the amount and purpose for the increased/decreased **τηίs** contract by notifying the other party in writing That either party may increase or decrease funds to
- That the contract shall include as Part III of Attachment II a section entitled "Planned Staffing, Clients, Service and Expenditures by Type of Service Within Each Level of Service". This section shall include the following information for each type of service area within each level of service:
- the planned number of full-time equivalents
- the planned number of services to be provided;
   the planned number of individuals/units to be served; and
- the planned state and county expenditures.

Expenditure information shall be displayed in a quarterly plan to facilitate monitoring of contract performance.

- That adjustments in the planned expenditure of funds for each type of service within each level of service are permitted without an amendment to this contract.
- That the CPHU shall submit quarterly reports to the county and the department which shall include at least the following sections:
- 1. Α τταπαπίτται letter briefly summarizing CPHU activity year-to-date;

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- 2. DE385L1 "CPHU Contract Management Variance Report";
- 3. DE580L1 "Analysis of Fund Equities"; and
- A written explanation of the variances reflected in the DE385L1 report for each quarter of the contract year if the CPHU exceeds the tolerance levels as specified below as of the end of the quarterly report period:
- The cumulative percent variance cannot exceed by more than 25 percent the planned expenditures for a particular type of service or fall below planned expenditures by more than 25 percent.
- b. However, if the cumulative amount of Variance between actual and planned expenditures for the report period for a program service area does not exceed one percent of the cumulative planned expenditures for the level of service in which the type of service is included, a variance explanation is not required.
- 5. The CPHU Contract Management Variance Report shall:
- Explain the reason for the variances in expenditures in any program service area which exceeds the tolerance levels
- b. Specify steps that will be taken to comply with the contract expenditure plan, including a contract amendment, if necessary; and
- administrative action to achieve compliance. appropriate ләцто eake οι CONTRACT spunj әұә moll Yem ρτουμητη Jusartagab under the contract and the county or the explanation shall constitute non-performance the dates established in the written Yα of the CPHU to accomplish the planned steps Failure necessary to comply with the plan. Provide a time table for completing the steps • >
- The required dates for the CPHU director's/administrator's quarterly report to the county and the department shall be as follows:
- fprough December 31, 1993; f. March 1, 1994 for the report period October 1, 1993

- τριτουσή Ματεή 31, 1994;
  2. June 1, 1994 for the report period October 1, 1993
- 3. September 1, 1994 for the report period October 1, 3.
- 4. December 1, 1994 for the report period October 1, 4. December 1, 1994 for the report period October 1,
- II. Fees:
- A. Environmental regulatory fees:

The department shall establish by administrative rule, fees for environmental regulatory functions designated in Attachment IV of this contract and conducted by the CPHU. Such fees shall supersede any environmental regulatory fees existing prior to the effective date of the department's rule. The county may, however, establish fees pursuant to Florida Statutes, Section 381.0016 which are not inconsistent with department rules and to the statutes, after consultation with the department.

B. Communicable disease service fees:

The department may establish by administrative rule, fees for communicable disease services, other than environmental regulatory services, designated in this contract and conducted by the CPHU. The county may ass.0016 which are not inconsistent with department rules and other statutes. All state or federally authorized communicable disease services fees shall be listed in Attachment IV of this contract. All county authorized communicable disease services fees shall be listed in Attachment V of this contract. All county authorized communicable disease services fees shall be listed in Attachment V of this contract. All county authorized communicable disease services fees shall be listed in Attachment V of this contract.

C. Primary Care Fees:

The county may establish fees for primary care services designated in this contract and conducted by the CPHU except for those services for which fee schedules are specified in federal or state law or regulations.

Both parties further agree:

1. That such fees shall be established by resolution of the Board of County Commissioners, if promulgated by the county, or by administrative rule, if promulgated by the department;

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- 2. That there shall be no duplication of fees by the department and the county for communicable disease or primary care services provided by the CPHU;
- 3. That primary care fees shall be listed in Attachment V (county) of this contract.
- D. Communicable disease and primary care fees shall automatically be established by the department and the county at the medicaid rate upon signature of this contract unless otherwise specified by either party according to procedures set forth in II, B and C of this section.
- E. Collection and use of fees:

Both parties agree that:

1. Proceeds from all fees collected by or on behalf of the CPHU, whether for environmental, communicable disease, or primary care services, shall only be used to fund services provided by the CPHU;

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- All fees collected by or on behalf of the CPHU shall be deposited with the State Treasury and credited to the Public Health Unit Trust Fund or other appropriate state account if required by Florida Statute or the State Comptroller.
- III. Service Policies and Standards:

Both parties agree that the CPHU shall adhere to the service policies and standards published by the department in program manuals and other guidelines provided by the department, where they exist, as a guide for providing each funded service specified in Attachment II, Part III of this contract.

IV. Fair Hearing Guidelines:

The provider shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The contractor will advise applicants of the right to appeal a denial or exclusion from services, on failure to take account of a client's choice of service, and of his/her right to a fair hearing to the final governing authority of the agency. Specific references to existing laws, rules or program manuals are included in Attachment IX of this contract.

The provider shall post in a readily accessible location and visible to all clients either procedures or a poster

informing clients how they may contact the Human Rights Advoscy Committee (HRAC).

V. Personnel:

Both parties agree:

- A. The CPHU shall have at least the following employees:
- A director or administrator appointed by the Secretary of the department after consultation with the Deputy Secretary for Health and with the concurrence of the Board of County Commissioners;
- 2. A full-time community health nurse;
- 3. An environmental health specialist; and
- 4. A clerk.
- B. That all department employees working in the CPHU shall
   be supervised by the department and subject to
   Department of Management Services rules.
- C. Staffing levels shall be established in this contract in Attachment II, Part III as FTE's, and may be changed in accordance with the availability of funds and/or program needs.
- The number and classification of employees working in the CPHU that are county employees rather than department employees shall be listed in Attachment VI of this contract.
- VI. Facilities:

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- A. CPHU facilities shall be provided as specified in Attachment VII of this contract. This attachment shall include a description of all the facilities used by the CPHU, including the location of the facility and by whom the facility is owned;
- B. The county shall own the facilities used by the CPHU unless otherwise provided in Attachment VII of this contract; and
- C. Facilities and equipment provided by either party for the CPHU shall be used for public health services provided that the county shall have the right to use such facilities and equipment, owned or leased by the county, as the need arises, to the extent that such use

would not impose an unwarranted interference with the operation of the CPHU.

VII. Use of Funds for Lobbying Prohibited:

To comply with the provisions of section 216.347, Florida Statutes, which prohibits the expenditure of contract funds for the purpose of lobbying the legislature or a state

vill Method of Payment:

A. The county shall deposit its annual contribution to the County Public Health Unit Trust Fund as specified below.

The county shall deposit a proportional share of its annual contribution as tax dollars are æeceived.

- B. The department shall release state contributions to this contract as follows:
- 1. Funds appropriated as "Aid to Local Government" shall be released in four quarter of the contract the beginning of each quarter of the contract year;
- WIC and other state funds appropriated in a cost reimbursement category (e.g. expense and special) shall be released on the basis of invoices documenting expenditures.
- IX. Laboratory and Pharmacy Support:

The department agrees to supply laboratory and pharmacy support services for the CPHU at least at the level provided in the prior state fiscal year if funds are available.

X. Emergencies:

Both parties agree, to the extent of their respective resources, that they may assist each other in meeting public health emergencies.

XI. Sponsorship:

In compliance with Section 286.25 Florida Statutes, the provider assures that all notices, informational pamphlets, press releases, advertisements, descriptions of the sponsorship of the program, research reports, and similar public notices prepared and released by the provider shall include the statement: Sponsored by <u>HRS Nassau County Public Health Unit</u>

and the State of Florida, Department of Health and Rehabilitative Services." If the sponsorship reference is in written material, the words, "State of Florida, Department of Health and Rehabilitative Services" shall appear in the same size letters or type as the name of the organization.

XII. Indicate in the space below the income eligibility limit for comprehensive primary care clients.

100 \$ of OMB Poverty Guidelines.

XIII Program Specific Reporting Requirements:

- Specific information not available through CIS/HMC or SAMAS must be supplied by completing the following:
- Α. Specify in the space below the minimum number of clients who will receive comprehensive primary care services (clients registered in Program Component 99 who will receive services during this contract period).

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- B. Specify in the space below the amount of any county funds earmarked by the Board of County Commissioners for hospitalization in the Improved Pregnancy Outcome program if such funds are deposited in the CPHU Trust Fund and included in the IPO line on Attachment II, Part III, of this contract.
- C. Complete the planned Family Planning budget information on the following page for this contract period.

XIV. County Fees:

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Those individual fees established by the county per ordinance or resolution and listed in Attachment V shall automatically be adjusted to, at least, the medicaid reimbursement rate without formal amendment to this contract in accordance with F.S. 154.06 should said reimbursement rate be increased or decreased. See Page 12, Section D.

| *Must equal family | TOTAL*  | teriliza<br>if funds<br>n CPHU t<br>und) | SUBTOTAL<br>(must equal<br>Schedule C<br>Title X and/or<br>State FP<br>general revenue) | Contracts<br>(excluding<br>sterilizations) | Other  | Fringe<br>Benefits | Personnel<br>Salaries | Object Class                                | COUNTY PUBLIC HE            |
|--------------------|---------|--|---|--|--------|--------------------|-----------------------|---|-----------------------------|
| ly planning        | 21,836  | o  | 21,836  | 0  | 3,537  | 4,223              | 14,076                | Title X .                                   | HEALTH UNIT PLA<br>Schedule |
| grand total        | 23,824  | 0  | 23,824  | o  | 3,859  | 4,607              | 15,358                | State FP<br>General<br>Revenue              | PLANNED FAMILY              |
| l on Attachment    |         |  |   |  |        |                    |                       | Title XIX                                   | PLANNING                    |
| II,                | ç       |  |   |  |        |                    |                       | Other<br>(include )<br>non-categ<br>for FP) | BUDGET FOR                  |
| Part III           | 121,578 | 0  |   | 0  | 19,696 | 23,511             | 78,371                | gorical                                     |                             |
| of the cont        | 6,442   |  | 6,4   | 0  | 1,043  | 1,246              | 4,153                 | Fees &<br>3rd Party                         | CONTRACT YEAR 1993-1994     |
| contract.          | 173,680 | 0  | 42 173,680  | 0  | 28,135 | 33,587             | 111,958               | Total                                       | 3-1994                      |

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# PLANNED FUNDING & EXPENDITURES

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# II TNEMHOATTA

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# ATTACHMENT II

Part I. PLANNED USE OF COUNTY PUBLIC HEALTH UNIT TRUST FUND BALANCES

| 4   | ω.  | 2.   | 1.                                    |  |
|---|---|--|---------------------------------------|--|
| Balance Reserved for Contingency Fund<br>October 1, 19 <u>93</u> to September 30, 19 <u>94</u><br>(12% Recommended for Emergency or<br>Cash Flow) | Special Project use for Contract Year October 1, $1993$ to September 30, $1994$ | Drawdown for Contract Year<br>October 1, 19 <u>9</u> 3 to September 30, 19 <u>94</u> | CPHUTF Ending Balance 9/30/ <u>93</u> |  |
| \$148,839   |   | , <b>4</b> 4   | \$148,839                             | Estimated State Share<br>of CPHU Trust Fund<br>Balance of as 9/30/ <u>93</u>   |
| \$ 64,788   |   |  | \$ 64,788                             | Estimated County Share<br>of CPHU Trust Fund<br>Balance as of 9/30/ <u>9</u> 3 |
| \$213,627   |   |  | \$213,627                             | Total  |

Note: The total of items 2, 3 and 4 must equal the ending balance in item 1.

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| 698,660        | 0                      | 698,660<br>19                            | l State General Revenue   | Total  |
|----------------|------------------------|--|---|--|
| 00000          | 00000                  | 0000                                     |   |  |
|                |                        |  | Other General Revenue:<br>(Specify by Object Code)  |  |
| 9440           | 00000                  | 37,773<br>37,773<br>4,296<br>59,571<br>0 | ALG/IPO (050707)<br>ALG/IPO (050870)<br>ALG/IPO (050870)<br>AGL/IPO Healthy Start<br>ALG/School Health Supplement | 004023<br>004024<br>004024<br>004037<br>004037 |
|                | 00                     | 2 0<br>2 0                               | ALG/School  | 004015   |
| 000            | 0000                   | 0000                                     | 48 SID Frogram<br>65 AIDS Prev & Surveillance<br>65 AIDS Patient Care<br>66 TB Control Program                    | 015065<br>015065<br>015065                     |
| 6,500<br>0     | 0000                   | 6,500<br>0                               | Sove<br>Comm<br>ALG   | 015050<br>015050                               |
| 10,0           | 00000                  | 10,000<br>10,000                         | Contributi<br>Mig Lbr Ca<br>CMS/Nurse<br>Home Healt<br>EPSDT/Nurs   | 015050<br>015050<br>015050                     |
| אט<br>אי<br>אי | D                      | ט<br>ס<br>ת                              | ENERAL REVENUE<br>ALG/Contributions<br>(Cat. 050329)  | 1. G<br>Revenue<br>Object<br>Code              |
| Total          | Other<br>Contributions | OF CONTRIBUTIONS I                       | Part II. SOURCES  | <br>   |
|                |                        | ATTACHMENT II NASSAU                     | A   |  |

ATTACHMENT II Nassau

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| 15,284<br>10,913 | 00  | 15,284<br>10,913                        | • •   | 004034<br>004034 |
|------------------|-----|---|---|------------------|
| ЧÇ               | 0 0 | ົພັພ                                    | ALG/MCH-MCH Blk. GrtDental Proj. (050870)<br>Family Planning (Title X) (050001) | 004032           |
| ςω               | 00  | ω                                       | Blk.  | 004027           |
| 0 0              | 00  | 00                                      | CHIP-PH Blk Grant/HERR (101505)<br>Family Planning Sterilization (050001)       | 004025<br>004026 |
|                  |     |   | LEGETAT LUNAS   | ر<br>•           |
|                  |     |   |   | J                |
| 186,144          | 0   | 186,144                                 | State Non General Revenue   | Total S          |
| 0                | 0   | 0                                       |   |                  |
| 0                | 0   | 0                                       |   |                  |
| 0                | 0   | 0                                       |   |                  |
| 0 0              | 0 0 | 0 0                                     |   |                  |
| 0                | Ð   | D                                       |   |                  |
|                  |     |   | Other Non General Revenue<br>(Specify by Object Code)                           |                  |
| c                | c   | C                                       | Alg/Contr to CPHU-Safe Drinking Water-DER                                       | 015072           |
| 00               | 0 0 | 0                                       | ransfer   | 015047           |
| 0                | 0   | 0                                       | Radioactive License Fee Transfer  | 015029           |
| 0                | 0   | 0                                       | X-Ray Inspection - Transfer   | 15029            |
| 0                | 0   | 0                                       | Biomedical Waste (DER)  | 015026           |
| N                | 0   | N.                                      | Radon TF/Radon SurTrans   | 015020           |
| 62,389           | 0   | 62,389                                  |   | 011001           |
| 0 0              | 0 ( | 0 0                                     | Super Act Reimbursement (CDHU)  | 004020           |
| 123,500          | 0 0 | 123,500                                 | -   | 004019           |
|                  |     |   | (ar   |                  |
|                  |     |   | Revenue Funds)  |                  |
|                  |     |   | Other State Funds (Non General  | 2.               |
|                  |     |   |   |                  |
| Total            | ίΩ. | Trust Fund (Cash)                       | STATE CPHU  |                  |
|                  |     | IENT II Nassau<br>CONTRIBUTIONS TO CPHU | ATTACHMENT<br>Part II. SOURCES OF CON   |                  |
|                  |     |   |   |                  |

| 300,437     | 0                      | 300,437                                 | Federal Funds 21   | Total Fe         |
|-------------|------------------------|---|--|------------------|
| 00000       | 0000                   | 00000                                   |  |                  |
|             |                        |   | Other Federal Funds<br>(Specify by Object Code)                                |                  |
| 0<br>11,257 | 00                     | 0<br>11,257                             | ALG/Contr to CPHUs Immun. Outreach Teams<br>Immunization Action Plan           | 015073<br>015084 |
| 00          | 00                     | 00                                      | & D TF/CHIP  | 015071           |
| 0 0         | 0 0                    | 0                                       | G & D TF/EMS Injury Control Grant  | 015071           |
| 0 0         | 00                     | 00                                      | Water Quality AssurTrans.  | 015071           |
| 00          | 00                     | 0 0                                     | ALG/CONCE. CO CENO COMMUNICY TB<br>AIDS Ped. HIV Sero./Surv-Trans. (OCA 7R000) | 015071           |
| 0 0         | 0 0                    | 00                                      | to CPHU-T.B. Contr   | 015067           |
| 0 0         | 0                      | 0                                       | & D TF/AIDS Epid Research Stud   | 015064           |
| 0           | 0                      | 0                                       | & D TF/Aids  | 015064           |
| 0 0         | 0 0                    | 0 0                                     | G & D TF/Aids Surveillance/Serop.  | 015064           |
| ə c         | 5 6                    |   | L D DF/Aide  | 015063           |
| 00          | 0 0                    | 0                                       | Prev. SVC for Elder (PHB GrtTrans)   | 015058           |
| 4,180       | 0                      | 4,180                                   | Hypertension (PHB GrtTrans.)   | 015058           |
| 190,550     | 0                      | 190,550                                 | stra   | 015051           |
| 0           | 0                      | 0                                       | Contr. to CPHU-STD Progra  | 015049           |
| 0           | 0                      | 0                                       | Hlth Blk Grt   | 015046           |
| 0           | 0                      | 0                                       | Hith Blk Grt Minor   | 015045           |
| 0           | 0                      | 0 0                                     | Hith Bik Grt   | 015044           |
| 2,814<br>0  | 00                     | 2,814<br>0                              | ALG/IPO-MCH Blk. GrtHealthy Start (050707)<br>Drev Hith Blk Grt Migrant Labor  | 004038           |
|             |                        |   | Federal Funds (continued)  | ریا<br>•         |
| Total       | Other<br>Contributions | ust Fund (Cash)                         | STATE CPHU Trus  |                  |
|             |                        | IENT II Nassau<br>CONTRIBUTIONS TO CPHU | ATTACHMENT Part II. SOURCES OF CONT  |                  |

| 130,403                          | 0                      | 130,403                          | State Fees  | Total St   |
|----------------------------------|------------------------|----------------------------------|---|--|
|                                  | :                      | 0000                             |   | 1<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2<br>2      |
|                                  |                        |                                  | Other State Fees<br>(Specify by Object Code)  |  |
| 0<br>17,800<br>0<br>0            | 0000                   | 0<br>17,800<br>0                 | א מ   | 11<br>50<br>50   |
| 3,600<br>0                       | 0000                   | 0<br>780<br>3,600<br>0           | Lab Sample<br>Pacilities<br>Pools<br>Ater Constr P  | <pre>(01142<br/>001144<br/>001145<br/>001145<br/>001164</pre>      |
| 150<br>35,000<br>0<br>1,995<br>0 | 000000                 | 150<br>0<br>35,000<br>1,995<br>0 | 1 & m Zoned Operating Permit<br>Aerobic Operating Permit<br>Septic Tank Site Evaluation<br>Migrant Housing Permit<br>Biohazard Waste Permit<br>Non-SDWA System Permit | 001137<br>001137<br>001138<br>001139<br>001139<br>001140<br>001141 |
| 0<br>1,778<br>0<br>69,300        | 0000000                | 0<br>1,778<br>0<br>69,300        | ommunicable Disease F<br>nvironmental Health F<br>obile Home and Parks<br>ital Stats-Adm. Fee 5<br>ood Hygiene Permit<br>SDS Permit Fee<br>SDS Variance Fee           |  |
| Total                            | Other<br>Contributions |                                  | Part II. SOU<br>STATE<br>Fees Assessed by State or<br>Federal Rules or Regulations  | 4 .  |
|                                  |                        | ATTACHMENT II Nassau             |   |  |

|        | ŝ                   |  |                                      |         |
|--------|---------------------|--|--------------------------------------|---------|
| 71,289 | 0                   | 71,289   | Medicaid                             | Total ] |
| 0      | 0                   | 0  |                                      |         |
| 0      | 0                   | 0  |                                      |         |
| 0      | 0 0                 | 0.0  |                                      |         |
| 0 0    | 0 0                 | 0 0  |                                      |         |
| )      |                     |  |                                      |         |
|        |                     | Code)  | Other Medicaid (Specify by Object Co |         |
| 0      | 0                   | 0  | CHU                                  | 001194  |
| 0      | 0                   | 0  | CHU Incm:Medicaid                    | 001181  |
| 0      | 0                   | 0  | CHU                                  | 001089  |
|        | 0                   |  | CHU                                  | 001087  |
| •      | 0                   | 35,348   | CHU                                  | 001085  |
|        | 0                   |  | CHU                                  | 001084  |
| 6,442  | 0 0                 |  | CHU Incm: Medicd-FP                  | 001083  |
|        | 5 0                 | 0,00   |                                      |         |
| 15.039 | 5 0                 | 2<br>2   |                                      |         |
| 00     | 00                  |  | CHU                                  | 001056  |
|        |                     |  |                                      |         |
|        |                     |  | Medicaid                             | 6.      |
| 0      | 0                   | 0  | Trust Fund, if any.                  |         |
|        |                     |  | Draw down from Public Health Unit    | 0,90001 |
|        |                     |  | Other Cash Contributions             | ્મ<br>• |
|        |                     |  |                                      |         |
| To     | Other<br>tributions | CPHU Trust Fund (Cash)                               | STATE .                              |         |
|        |                     | ATTACHMENT II NASSAU<br>CES OF CONTRIBUTIONS TO CPHU | ATT<br>Part II. SOURCES              |         |
|        |                     | <b>4 7</b>   |                                      |         |

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| 1 | Total Allocable Revenue | 005040 Interest Earned State Investment |            | 7. Allocable Revenue<br>(Specify by Object Code) | Part II.   |
|---|-------------------------|---|------------|--|--|
|   | 0                       | ο                                       |            |  | ATTACHMENT II<br>CES OF CONTRIBUTIONS<br>CPHU Trust Fund |
|   | 0                       | o                                       | 000000000  |  | Other<br>Contributions                                   |
|   | 0                       | 0                                       | 0000000000 |  | Total .  |

| 2,477,192   | 1,090,259   | 1,386,9  | Total State Contributions  |
|---|---|--|--|
| 1,090,259   | 1,090,259   | 0  | Total Other Non Cash Contributions   |
| 0<br>91,165<br>34,060<br>1,388<br>39,248<br>0<br>924,398<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | 0<br>91,165<br>34,060<br>1,388<br>39,248<br>0<br>924,398<br>0<br>0<br>0<br>0<br>0 |  | 8. Other State Contributions not<br>Deposited in the CPHU Trust Fund<br>State Pharmacy Services<br>State Laboratory Services<br>State TB Services<br>State Immunization Services<br>State STD Services<br>State Construction/Renovation<br>WIC Food<br>Other (Specify) |
| Total   | Other<br>Contributions  | CPHU Trust Fund (Cash)                                   | STATE  |
|   |   | ATTACHMENT II Nassau<br>SOURCES OF CONTRIBUTIONS TO CPHU | <i>P</i> art II. SOURC   |

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