

STANDARD CONTRACT BETWEEN

Nassau COUNTY  
BOARD OF COUNTY COMMISSIONERS

AND

STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

Pursuant to Chapter 154, Florida Statutes 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 funds, 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."

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 Clear 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:

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 said records and documents during said retention period; and
  - E. Include these aforementioned audit and record-keeping requirements in all approved subcontracts and assignments.

#### IV. Purchasing Procedures:

All county public health units will adhere to the State of Florida purchasing rules and regulations except when purchasing through the county to obtain a better price or service. When purchases are more cost effective through the county, the county procedures and regulations will be followed. Copies of the State Purchasing Rules and Regulations shall be maintained at the CPHU and if any purchases are made through the county system, the County Procurement procedures must also be in place for audit and management purposes. When purchasing through the County system, the order and payment must be documented to note the county procedures were used because they were more cost effective.

#### V. 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.

VI. 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.

VII. Assignments:

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.

VIII. 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.

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.

IX. Insurance:

The County agrees to provide adequate fire and casualty insurance coverage for all furnishings and equipment in health unit offices and buildings. Buildings used by the health unit that are owned by the County, and all furnishings and equipment owned by the County, shall be insured through the County's insurance program, which shall be either a self-insurance program or insurance purchased by the County. For any buildings, furnishings and equipment used by the health unit but not owned or insured through the County, it is the responsibility of the health unit to obtain adequate insurance coverage either through the County, the state, or private insurance.

X. 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 \$1,363,057; and the State share of all state authorized fees in an anticipated amount of \$122,308. 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 the county health unit in an amount of \$49,725, for a grand total State cash contribution of \$1,535,090. 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 \$369,776. In addition, the county shall provide its share of all county authorized fees in an anticipated amount of \$44,992. These amounts, plus any "OTHER" local revenues in the amount of \$72,600, 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 \$487,368.

XI. The department and the county mutually agree:

A. Effective date:

1. This contract shall begin on October 1, 19<sup>95</sup> 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<sup>96</sup>.

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 Michael S. Hackney. The representative of the county for this contract is T.J. "Jerry" Greeson. 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, NASSAU 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 46  
page contract to be executed by their undersigned officials as  
duly authorized.

BOARD OF COUNTY COMMISSIONERS  
FOR NASSAU COUNTY

SIGNED BY: [Signature]

NAME: Jimmy L. Higginbotham

TITLE: Chairman

DATE: 9-25-95

ATTESTED TO:

SIGNED BY: [Signature]

NAME: T.J. "Jerry" Greeson

TITLE: Ex-Officio Clerk

DATE: 9-25-95

STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND  
REHABILITATIVE SERVICES

SIGNED BY: [Signature]  
(Department Authority)

NAME: for Lee Johnson, ACSW

TITLE: District Administrator

DATE: 9-28-95

SIGNED BY: [Signature]

CPHU Director/Administrator

NAME: E. Ngo-Seidel, M.D.

TITLE: Acting Medical Director

DATE: 9/27/95



ATTACHMENT I

SPECIAL PROVISIONS

I. County 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 County 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.
- C. That funds deposited in the County Public Health Unit Trust 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 health unit services in NASSAU 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/deficit funds, including fees or accrued interest, remaining in the CPHUTF account at the end of the contract year shall be credited/debited 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/deficit funds accruing to the state and county is determined each month and at contract year end. Surplus funds may be applied toward the funding requirements of each participating governmental entity in the following year. However, in each such case, all surplus funds, 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.

- E. There shall be no transfers of funds between the three 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.
- F. That either party may increase or decrease funds to 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. A decrease in funds must be related to a reduction, shortfall, or sequestering of anticipated 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;
  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
  - c. Provide a time table for completing the steps necessary to comply with the plan. Failure 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 or take 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, 1996 for the report period October 1, 1995 through December 31, 1995;
2. June 1, 1996 for the report period October 1, 1995 through March 31, 1996;

3. September 1, 19<sup>96</sup> for the report period October 1, 19<sup>95</sup> through June 30, 19<sup>96</sup>; and
4. December 1, 19<sup>96</sup> for the report period October 1, 19<sup>95</sup> through September 30, 19<sup>96</sup>.

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 section 381.0016, Florida Statutes, 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 section 381.0016, Florida Statutes, 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;

2. All fees collected by or on behalf of the CPHU shall be deposited with the State Treasury and credited to the County 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:

The CPHU agrees 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 received.
- 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 HRS NASSAU COUNTY PUBLIC HEALTH UNIT  
Provider

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:

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).

1000.

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.

\$ 0.

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.



COUNTY PUBLIC HEALTH UNIT PLANNED FAMILY PLANNING BUDGET FOR CONTRACT YEAR

Schedule C

| Object Class   | Title X  | State FP<br>General<br>Revenue | Title XIX | Other<br>(include G.R.<br>non-categorical<br>for FP) | Fees &<br>3rd Party | Total     |
|--|----------|--------------------------------|-----------|--|---------------------|-----------|
| Personnel<br>Salaries  | \$42,335 | \$30,197                       | \$14,544  | \$162,936  | \$3,365             | \$253,377 |
| Fringe<br>Benefits   |          |                                |           |  |                     |           |
| Other  |          |                                |           | \$36,691   |                     | \$36,691  |
| Contracts<br>(excluding<br>sterilizations)   |          |                                |           |  |                     |           |
| <b>SUBTOTAL</b><br>(must equal<br>Schedule C<br>Title X and/or<br>State FP<br>general revenue) |          |                                |           |  |                     |           |
| Sterilizations<br>(if funds are<br>in CPHU trust<br>fund)                                      |          |                                |           |  |                     |           |
| <b>TOTAL*</b>  | \$42,335 | \$30,197                       | \$14,544  | \$199,627  | \$3,365             | \$290,068 |

\*Must equal family planning grand total on Attachment II, Part III of the contract.

\*\* Personnel Salaries includes fringe benefits at 30%.

PLANNED FUNDING & EXPENDITURES

ATTACHMENT II

ATTACHMENT II

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

|  | Estimated State Share<br>of CPHU Trust Fund<br>Balance as of 09/30/95 | Estimated County Share<br>of CPHU Trust Fund<br>Balance as of 09/30/96 | Total     |
|--|---|--|-----------|
| 1. CPHUTF Ending Balance 09/30/95  | \$139,648   | \$(-25,325)  | \$114,323 |
| 2. Drawdown for Contract Year<br>October 1, 1995 to September 30, 1996   | \$0   | \$0  | \$0       |
| 3. Special Project use for Contract Year<br>October 1, 1995 to September 30, 1996  | \$0   | \$0  | \$0       |
| 4. Balance Reserved for Contingency Fund<br>October 1, 1995 to September 30, 1996<br>(12% Recommended for Emergency or<br>Cash Flow) | \$139,648   | \$(-25,325)  | \$114,323 |

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

ATTACHMENT II                      Nassau  
Part II.    SOURCES OF CONTRIBUTIONS TO CPHU

| STATE  | CPHU Trust Fund (Cash) | Other Contributions | Total   |
|--|------------------------|---------------------|---------|
| <hr/>  |                        |                     |         |
| 1.    GENERAL REVENUE                              |                        |                     |         |
| Revenue    ALG/Contributions to CPHU               |                        |                     |         |
| Object      (Cat. 050329)                          |                        |                     |         |
| Code   |                        |                     |         |
| 015050    General revenue allocation (050329)      | 579,352                | 0                   | 579,352 |
| 015011    Primary Care (050329/050331)             | 87,886                 | 0                   | 87,886  |
| 015065    AIDS Prev & Surveillance (050329/4BA00)  | 0                      | 0                   | 0       |
| 015050    Mig Lbr Camp Sanitation (050329)         | 0                      | 0                   | 0       |
| 015050    Home Health Svc Pilot (050329)           | 0                      | 0                   | 0       |
| 015050    Sovereign Immunity (050329)              | 0                      | 0                   | 0       |
| 015050    Immunization Outreach Teams (050329)     | 8,339                  | 0                   | 8,339   |
| 015050    Community TB Program (050329/7F000)      | 10,333                 | 0                   | 10,333  |
| 015050    Indoor Air Assist (050329/USA00)         | 0                      | 0                   | 0       |
| 015048    STD Program (050329/9PA00)               | 0                      | 0                   | 0       |
| 015065    AIDS Patient Care (050026)               | 0                      | 0                   | 0       |
| 015115    School Health Serv (051106)              | 28,044                 | 0                   | 28,044  |
| 015140    School Health Suppl. (051106/OP000)      | 0                      | 0                   | 0       |
| 015124    Imp. Pregnancy Outcome (050707/050870)   | 0                      | 0                   | 0       |
| 015137    IPO/Healthy Start (050707/5G000)         | 0                      | 0                   | 0       |
| 015137    IPO/HS-Maternal Hlth & Resource Parents  | 0                      | 0                   | 0       |
| 015123    Family Planning (050001)                 | 30,197                 | 0                   | 30,197  |
| Other General Revenue:<br>(Specify by Object Code) |                        |                     |         |
|  | 0                      | 0                   | 0       |
|  | 0                      | 0                   | 0       |
|  | 0                      | 0                   | 0       |
|  | 0                      | 0                   | 0       |
|  | 0                      | 0                   | 0       |
| <hr/>  |                        |                     |         |
| Total State General Revenue                        | 744,151                | 0                   | 744,151 |

ATTACHMENT II                      Nassau  
Part II. SOURCES OF CONTRIBUTIONS TO CPHU

| STATE  | CPHU Trust Fund (Cash) | Other<br>Contributions | Total  |
|--|------------------------|------------------------|--------|
| <hr/>  |                        |                        |        |
| 2.        Other State Funds (Non General<br>Revenue Funds) |                        |                        |        |
| 015119    Primary Care-PMATF (050331)                      | 42,114                 | 0                      | 42,114 |
| 015121    Superact Reimbursement                           | 0                      | 0                      | 0      |
| 010304    Stationary Pollutant Storage-DER                 | 57,253                 | 0                      | 57,253 |
| 015026    Bio-Medical Waste (DER)                          | 0                      | 0                      | 0      |
| 015029    X-Ray Inspection - Transfer                      | 0                      | 0                      | 0      |
| 15029    Radioactive License Fee Transfer                  | 0                      | 0                      | 0      |
| 15072    Safe Drinking Water-DER                           | 0                      | 0                      | 0      |
| Other Non General Revenue<br>(Specify by Object Code)      |                        |                        |        |
|  | 0                      | 0                      | 0      |
|  | 0                      | 0                      | 0      |
|  | 0                      | 0                      | 0      |
|  | 0                      | 0                      | 0      |
|  | 0                      | 0                      | 0      |
| <hr/>  |                        |                        |        |
| Total State Non General Revenue                            | 99,367                 | 0                      | 99,367 |
| <hr/>  |                        |                        |        |
| 3.        Federal Funds                                    |                        |                        |        |
| 015049    STD Program (050329/5CA00)                       | 0                      | 0                      | 0      |
| 015067    Community TB (050329/4T000)                      | 0                      | 0                      | 0      |
| 015084    Immunization Action Plan (050329/70000)          | 11,207                 | 0                      | 11,207 |
| 015073    Immun/Project Field Staff (180000/VBA00)         | 6,002                  | 0                      | 6,002  |
| 015127    MCH Grt. Child Health (050870)                   | 10,683                 | 0                      | 10,683 |
| 015127    MCH Grt. Child Hlth (0-1), (050870/7K000)        | 2,617                  | 0                      | 2,617  |
| 015132    MCH Grt. Dental Projects (050870)                | 30,300                 | 0                      | 30,300 |
| 015133    Family Planning (050001)                         | 42,335                 | 0                      | 42,335 |
| 015134    MCH Grt. IPO (050707/6U000)                      | 0                      | 0                      | 0      |
| 015134    MCH Grt. IPO (050870/7K000)                      | 68,167                 | 0                      | 68,167 |

ATTACHMENT II                      Nassau  
Part II. SOURCES OF CONTRIBUTIONS TO CPHU

| STATE   | CPHU Trust Fund (Cash) | Other Contributions | Total   |
|---|------------------------|---------------------|---------|
| 015138 MCH Grt. Healthy Start (050707/6U000)    | 0                      | 0                   | 0       |
| 015138 MCH Grt. Healthy Start (050870/7K000)    | 54,494                 | 0                   | 54,494  |
| 015051 WIC Administration Transfer              | 231,269                | 0                   | 231,269 |
| 015071 AIDS Ped HIV Sero Syrvey (7R000)         | 0                      | 0                   | 0       |
| 015064 AIDS Prevention (050329/9MA00)           | 0                      | 0                   | 0       |
| 015064 AIDS Surv/Serop (9BA00)                  | 0                      | 0                   | 0       |
| 015064 Ryan White (UZA00)                       | 58,285                 | 0                   | 58,285  |
| 015064 AIDS Epid research Study (K2A00)         | 0                      | 0                   | 0       |
| 015071 Water Quality Assurance (4X000)          | 0                      | 0                   | 0       |
| 015071 OSHA Field Sanit Insp.                   | 0                      | 0                   | 0       |
| 015058 PREV HLTH BLK GRT-Hypertension (180000)  | 4,180                  | 0                   | 4,180   |
| 15125 PREV HLTH BLK GRT-HERR (101505)           | 0                      | 0                   | 0       |
| 015063 PREV HLTH BLK GRT-Chronic Disease Init   | 0                      | 0                   | 0       |
| 015058 PREV HLTH BLK GRT-Svs to the Elderly     | 0                      | 0                   | 0       |
| 015030 PREV HLTH BLK GRT-Migrant Labor (180000) | 0                      | 0                   | 0       |
| 015044 PREV HLTH BLK GRT-Rape Awareness         | 0                      | 0                   | 0       |
| 015045 PREV HLTH BLK GRT-Minority Wellness      | 0                      | 0                   | 0       |
| Other Federal Funds                             |                        |                     |         |
| (Specify by Object Code)                        |                        |                     |         |
|   | 0                      | 0                   | 0       |
|   | 0                      | 0                   | 0       |
|   | 0                      | 0                   | 0       |
|   | 0                      | 0                   | 0       |
|   | 0                      | 0                   | 0       |
| Total Federal Funds                             | 519,539                | 0                   | 519,539 |

ATTACHMENT II                      Nassau  
Part II. SOURCES OF CONTRIBUTIONS TO CPHU

| STATE   | CPHU Trust Fund (Cash) | Other Contributions | Total          |
|---|------------------------|---------------------|----------------|
| 4. Fees Assessed by State or Federal Rules or Regulations |                        |                     |                |
| 001091 Communicable Disease Fees                          | 0                      | 0                   | 0              |
| 001092 Environmental Health Fees                          | 21,190                 | 0                   | 21,190         |
| 001113 Mobile Home and Parks                              | 2,077                  | 0                   | 2,077          |
| 001117 Vital Stats-Adm. Fee 50 cents                      | 163                    | 0                   | 163            |
| 001132 Food Hygiene Permit                                | 4,900                  | 0                   | 4,900          |
| 001134 OSDS Permit Fee                                    | 43,245                 | 0                   | 43,245         |
| 01135 OSDS Variance Fee                                   | 0                      | 0                   | 0              |
| J01136 I & M Zoned Operating Permit                       | 150                    | 0                   | 150            |
| 001137 Aerobic Operating Permit                           | 0                      | 0                   | 0              |
| 001138 Septic Tank Site Evaluation                        | 40,200                 | 0                   | 40,200         |
| 001139 Migrant Housing Permit                             | 0                      | 0                   | 0              |
| 001140 Biohazard Waste Permit                             | 0                      | 0                   | 0              |
| 001141 Non-SDWA System Permit                             | 0                      | 0                   | 0              |
| 001142 Non SDWA Lab Sample                                | 940                    | 0                   | 940            |
| 001144 Tanning Facilities                                 | 1,975                  | 0                   | 1,975          |
| 001145 Swimming Pools                                     | 3,488                  | 0                   | 3,488          |
| 001164 Public Water Constr Permit                         | 3,980                  | 0                   | 3,980          |
| 001165 Private Water Constr Permit                        | 0                      | 0                   | 0              |
| 001166 Public Water Annual Oper Permit                    | 0                      | 0                   | 0              |
| 015053 Bottled Water Trans Fees                           | 0                      | 0                   | 0              |
| 015054 Water Vending Machine Trans.                       | 0                      | 0                   | 0              |
| Other State Fees<br>(Specify by Object Code)              |                        |                     |                |
|   | 0                      | 0                   | 0              |
|   | 0                      | 0                   | 0              |
|   | 0                      | 0                   | 0              |
|   | 0                      | 0                   | 0              |
|   | 0                      | 0                   | 0              |
| <b>Total State Fees</b>                                   | <b>122,308</b>         | <b>0</b>            | <b>122,308</b> |

ATTACHMENT II                      Nassau  
Part II. SOURCES OF CONTRIBUTIONS TO CPHU

| 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   |                        |                        |        |
| 001056    CHU Incm:Medicd-Pharmacy                                 | 0                      | 0                      | 0      |
| 001080    CHU Incm:Medicd-Other                                    | 0                      | 0                      | 0      |
| 001081    CHU Incm:Medicd-EPSDT                                    | 7,776                  | 0                      | 7,776  |
| 001082    CHU Incm:Medicd-Dental                                   | 0                      | 0                      | 0      |
| 001083    CHU Incm:Medicd-FP                                       | 14,544                 | 0                      | 14,544 |
| 001084    CHU Incm:Medicd-Physician                                | 10,685                 | 0                      | 10,685 |
| 001085    CHU Incm:Medicd-Nursing                                  | 10,220                 | 0                      | 10,220 |
| 001087    CHU Incm:Medicd-STD                                      | 0                      | 0                      | 0      |
| 001089    CHU Incm:Medicd-Aids                                     | 0                      | 0                      | 0      |
| 001181    CHU Incm:Medicaid Transportation                         | 0                      | 0                      | 0      |
| 001194    CHU Incm:Medicaid Sonagram                               | 0                      | 0                      | 0      |
| 001208    Medipass \$3.00 Adm. Fee                                 | 2,500                  | 0                      | 2,500  |
| Other Medicaid (Specify by Object Code)                            |                        |                        |        |
|  | 0                      | 0                      | 0      |
|  | 0                      | 0                      | 0      |
|  | 0                      | 0                      | 0      |
|  | 0                      | 0                      | 0      |
|  | 0                      | 0                      | 0      |
|  | 0                      | 0                      | 0      |
| -----  |                        |                        |        |
| Total Medicaid   | 45,725                 | 0                      | 45,725 |



ATTACHMENT II Nassau  
Part II. SOURCES OF CONTRIBUTIONS TO CPHU

| STATE  | CPHU Trust Fund (Cash)                         | Other Contributions                            | Total  |
|--|--|--|--|
| 7. Allocable Revenue<br>(Specify by Object Code) | 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 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 |
| 005040 Interest Earned State Investment          | 4,000  | 0  | 4,000  |
| Total Allocable Revenue                          | 4,000  | 0  | 4,000  |

ATTACHMENT II                      Nassau  
 Part II. SOURCES OF CONTRIBUTIONS TO CPHU

| STATE   | CPHU Trust Fund (Cash) | Other Contributions | Total            |
|---|------------------------|---------------------|------------------|
| 8. Other State Contributions not Deposited in the CPHU Trust Fund | 0                      | 0                   | 0                |
| State Pharmacy Services   | 0                      | 58,420              | 58,420           |
| State Laboratory Services   | 0                      | 61,035              | 61,035           |
| State TB Services   | 0                      | 0                   | 0                |
| State Immunization Services                                       | 0                      | 29,341              | 29,341           |
| State STD Services  | 0                      | 10,286              | 10,286           |
| State Construction/Renovation                                     | 0                      | 3,232               | 3,232            |
| WIC Food  | 0                      | 584,118             | 584,118          |
| Other (Specify)   | 0                      | 0                   | 0                |
|   | 0                      | 0                   | 0                |
|   | 0                      | 0                   | 0                |
|   | 0                      | 0                   | 0                |
|   | 0                      | 0                   | 0                |
|   | 0                      | 0                   | 0                |
| <b>Total Other Non Cash Contributions</b>                         | <b>0</b>               | <b>746,432</b>      | <b>746,432</b>   |
| <b>Total State Contributions</b>                                  | <b>1,535,090</b>       | <b>746,432</b>      | <b>2,281,522</b> |

-6

ATTACHMENT II                      Nassau  
Part II. SOURCES OF CONTRIBUTIONS TO CPHU

| COUNTY   | CPHU Trust Fund (Cash) | Other<br>Contributions | Total   |
|--|------------------------|------------------------|---------|
| -----  |                        |                        |         |
| 1.        Board of County Commissioners<br>Annual Appropriation: |                        |                        |         |
| 008030    Grants-County Tax Direct                               | 369,776                | 0                      | 369,776 |
| 008034    Grants Cnty Commsn Other                               | 0                      | 0                      | 0       |
| 2.        Fees Authorized by County<br>Ordinance or Resolution:  |                        |                        |         |
| 001077    Primary Care Fees                                      | 33,649                 | 0                      | 33,649  |
| 001093    Communicable Disease Fees                              | 0                      | 0                      | 0       |
| 01094    Environmental Health Fees                               | 2,310                  | 0                      | 2,310   |
| 01114    New Birth Certificates                                  | 2,006                  | 0                      | 2,006   |
| 001115    Death Certificates                                     | 7,027                  | 0                      | 7,027   |
| 001116    Computer Access Fee                                    | 0                      | 0                      | 0       |
| 001060    Vital Statistics Fees Other                            | 0                      | 0                      | 0       |
| Other County Fees<br>(Specify by Object Code)                    |                        |                        |         |
|  | 0                      | 0                      | 0       |
|  | 0                      | 0                      | 0       |
|  | 0                      | 0                      | 0       |
|  | 0                      | 0                      | 0       |
|  | 0                      | 0                      | 0       |
|  | 0                      | 0                      | 0       |
| -----  |                        |                        |         |
| Total County Fees  | 44,992                 | 0                      | 44,992  |

ATTACHMENT II                      Nassau  
 Part II. SOURCES OF CONTRIBUTIONS TO CPHU

| COUNTY   | CPHU Trust Fund (Cash) | Other<br>Contributions | Total            |
|--|------------------------|------------------------|------------------|
| 4. Allocable Revenue<br>(Specify by Object Code) | 0                      | 0                      | 0                |
|  | 0                      | 0                      | 0                |
|  | 0                      | 0                      | 0                |
|  | 0                      | 0                      | 0                |
|  | 0                      | 0                      | 0                |
|  | 0                      | 0                      | 0                |
|  | 0                      | 0                      | 0                |
|  | 0                      | 0                      | 0                |
|  | 0                      | 0                      | 0                |
| 005040 Interest Earned State Investment          | 1,600                  | 0                      | 1,600            |
| -----<br>Total County Allocable Revenue          | -----<br>1,600         | -----<br>0             | -----<br>1,600   |
| -----<br>Total County Cash Contributions         | -----<br>487,368       | -----<br>0             | -----<br>487,368 |

- e

ATTACHMENT II  
Part II. SOURCES OF CONTRIBUTIONS TO CPHU Nassau

| COUNTY   | CPHU Trust Fund (Cash) | Other Contributions | Total          |
|--|------------------------|---------------------|----------------|
| 5. BUILDINGS:  |                        |                     |                |
| Annual Rental Equivalent Value   | 0                      | 89,892              | 89,892         |
| Maintenance  | 0                      | 6,600               | 6,600          |
|  | 0                      | 0                   | 0              |
|  | 0                      | 0                   | 0              |
|  | 0                      | 0                   | 0              |
|  | 0                      | 0                   | 0              |
| <b>Total Buildings</b>   | <b>0</b>               | <b>96,492</b>       | <b>96,492</b>  |
| 6. OTHER COUNTY CONTRIBUTIONS, NOT DEPOSITED<br>IN THE CPHU TRUST FUND (Specify) |                        |                     |                |
|  | 0                      | 0                   | 0              |
|  | 0                      | 0                   | 0              |
|  | 0                      | 0                   | 0              |
|  | 0                      | 0                   | 0              |
|  | 0                      | 0                   | 0              |
| <b>Total Other Non-Cash Contributions</b>  | <b>0</b>               | <b>0</b>            | <b>0</b>       |
| <b>Total County Contributions</b>  | <b>487,368</b>         | <b>96,492</b>       | <b>583,860</b> |

ATTACHMENT II Nassau  
Part II. SOURCES OF CONTRIBUTIONS TO CPHU

| Summary State and County   | CPHU Trust Fund (Cash) | Other Contributions | Total     |
|----------------------------|------------------------|---------------------|-----------|
| Total State Contributions  | 1,535,090              | 746,432             | 2,281,522 |
| Total County Contributions | 487,368                | 96,492              | 583,860   |
| =====                      |                        |                     |           |
| GRAND TOTAL CPHU PROGRAM   | 2,022,458              | 842,924             | 2,865,382 |
| =====                      |                        |                     |           |

ATTACHMENT II Nassau  
 PART III. PLANNED STAFFING, CLIENTS, SERVICES, AND EXPENDITURES BY PROGRAM SERVICE AREA WITHIN EACH LEVEL OF SERVICE  
 October 1, 1995 to September 30, 1996

|   | FTE's<br>(0.00) | Number of<br>Individuals / Units | Number of<br>Services | 1st  | 2nd    | 3rd    | 4th    | State/<br>State | County<br>Totals | Grand<br>Total |
|---|-----------------|----------------------------------|-----------------------|--|--------|--------|--------|-----------------|------------------|----------------|
|   |                 |                                  |                       | Quarterly Expenditure Plan<br>(Whole dollars only) |        |        |        |                 |                  |                |
| <b>A. COMMUNICABLE DISEASE CONTROL:</b>                     |                 |                                  |                       |  |        |        |        |                 |                  |                |
| Immunization (101)  | 2.11            | N.A.                             | 4,253                 | 12,727   | 12,727 | 12,727 | 12,727 | 42,763          | 8,145            | 50,908         |
| STD (102)   | 0.12            | 108                              | 321                   | 581  | 581    | 581    | 581    | 1,627           | 697              | 2,324          |
| A.I.D.S. (103)  | 1.75            | 25                               | 75                    | 17,463   | 17,462 | 17,462 | 17,462 | 66,380          | 3,469            | 69,849         |
| TB Control Services (104)                                   | 0.75            | 1,377                            | 1,642                 | 3,001  | 3,000  | 3,000  | 3,000  | 8,401           | 3,600            | 12,001         |
| Communicable Disease<br>Surveillance/Investigation<br>(106) | 0.42            | N.A.                             | 9                     | 2,222  | 2,223  | 2,221  | 2,221  | 6,226           | 2,661            | 8,887          |
| Vital Statistics (180)                                      | 0.16            | N.A.                             | N.A.                  | 485  | 484    | 484    | 484    | 0               | 1,937            | 1,937          |
| Subtotal  | 5.31            | 1,510                            | 6,300                 | 36,479   | 36,477 | 36,475 | 36,475 | 125,397         | 20,509           | 145,906        |
| <b>B. PRIMARY CARE:</b>                                     |                 |                                  |                       |  |        |        |        |                 |                  |                |
| Chronic Disease Services (210)                              | 1.29            | 256                              | 2,834                 | 14,819   | 14,818 | 14,818 | 14,818 | 44,455          | 14,818           | 59,273         |
| Home Health (215)   | 0.00            | 0                                | 0                     | 0  | 0      | 0      | 0      | 0               | 0                | 0              |
| W.I.C. (221)  | 7.91            | 0                                | 5,119                 | 57,818   | 57,817 | 57,817 | 57,817 | 231,269         | 0                | 231,269        |
| Family Planning (223)                                       | 7.31            | 1,721                            | 5,631                 | 72,517   | 72,517 | 72,517 | 72,517 | 261,061         | 29,007           | 290,068        |
| Improved Pregnancy Outcome (225)                            | 3.00            | 339                              | 4,236                 | 31,642   | 31,641 | 31,641 | 31,641 | 94,924          | 31,641           | 126,565        |
| Comprehensive Child Health (229)                            | 6.00            | 787                              | 4,088                 | 71,154   | 71,154 | 71,154 | 71,154 | 256,154         | 28,462           | 284,616        |

ATTACHMENT II Nassau  
 PART III. PLANNED STAFFING, CLIENTS, SERVICES, AND EXPENDITURES BY PROGRAM SERVICE AREA WITHIN EACH LEVEL OF SERVICE  
 October 1, 1995 to September 30, 1996

|                                     | FTE's<br>(0.00) | Number of<br>Individuals<br>/ Units | Number of<br>Services | 1st  | 2nd     | 3rd     | 4th     | State/<br>County | State/<br>County | Grand<br>Total |
|-------------------------------------|-----------------|-------------------------------------|-----------------------|--|---------|---------|---------|------------------|------------------|----------------|
|                                     |                 |                                     |                       | Quarterly Expenditure Plan<br>(Whole dollars only) |         |         |         | Totals           |                  |                |
| 3. PRIMARY CARE: (continued)        |                 |                                     |                       |  |         |         |         |                  |                  |                |
| School Health (234)                 | 5.53            | N.A.                                | 18,380                | 42,481   | 42,481  | 42,481  | 42,481  | 135,939          | 33,985           | 169,924        |
| Comprehensive Adult Health (237)    | 12.00           | 1,129                               | 8,884                 | 94,846   | 94,847  | 94,847  | 94,847  | 265,571          | 113,816          | 379,387        |
| Dental Health (240)                 | 0.50            | 628                                 | 1,067                 | 9,595  | 9,594   | 9,594   | 9,594   | 38,377           | 0                | 38,377         |
| Subtotal                            | 43.54           | 4,860                               | 50,239                | 394,872  | 394,869 | 394,869 | 394,869 | 1,327,750        | 251,729          | 1,579,479      |
| C. ENVIRONMENTAL HEALTH:            |                 |                                     |                       |  |         |         |         |                  |                  |                |
| Water Services:                     |                 |                                     |                       |  |         |         |         |                  |                  |                |
| Private Water System (357)          | 0.14            | 0                                   | 437                   | 1,204  | 1,202   | 1,202   | 1,202   | 240              | 4,570            | 4,810          |
| Public Drinking Water System (358)  | 0.44            | 7                                   | 1,230                 | 4,864  | 4,862   | 4,862   | 4,862   | 2,917            | 16,533           | 19,450         |
| Swimming Pools/Bathing Places (360) | 0.04            | 79                                  | 113                   | 161  | 161     | 161     | 162     | 430              | 215              | 645            |
| Subtotal                            | 0.62            | 86                                  | 1,780                 | 6,229  | 6,225   | 6,225   | 6,226   | 3,587            | 21,318           | 24,905         |
| Sewage and Waste Services:          |                 |                                     |                       |  |         |         |         |                  |                  |                |
| Individual Sewage Disposal (361)    | 5.06            | 492                                 | 3,302                 | 49,504   | 49,501  | 49,501  | 49,501  | 108,904          | 89,103           | 198,007        |
| Public Sewage (362)                 | 0.00            | 0                                   | 0                     | 0  | 0       | 0       | 0       | 0                | 0                | 0              |
| Solid Waste Disposal (363)          | 0.00            | N.A.                                | 0                     | 271  | 271     | 271     | 270     | 1,083            | 0                | 1,083          |
| Water Pollution Control (370)       | 0.01            | N.A.                                | 5                     | 92   | 92      | 92      | 91      | N.A.             | 367              | 367            |
| Subtotal                            | 5.07            | 492                                 | 3,307                 | 49,867   | 49,864  | 49,864  | 49,862  | 109,987          | 89,470           | 199,457        |



ATTACHMENT II Nassau

PART III. PLANNED STAFFING, CLIENTS, SERVICES, AND EXPENDITURES BY PROGRAM SERVICE AREA WITHIN EACH LEVEL OF SERVICE  
October 1, 1995 to September 30, 1996

|   | FTE's<br>(0.00) | Number of<br>Individuals<br>/ Units | Number of<br>Services | 1st  | 2nd    | 3rd    | 4th    | State/County<br>State | Totals<br>County | Grand<br>Total |
|---|-----------------|-------------------------------------|-----------------------|--|--------|--------|--------|-----------------------|------------------|----------------|
|   |                 |                                     |                       | Quarterly Expenditure Plan<br>(Whole dollars only) |        |        |        |                       |                  |                |
| C. ENVIRONMENTAL HEALTH: (continued)                        |                 |                                     |                       |  |        |        |        |                       |                  |                |
| Facilities:   |                 |                                     |                       |  |        |        |        |                       |                  |                |
| Group Care Facilities (351)                                 | 0.10            | 0                                   | 175                   | 1,105  | 1,105  | 1,105  | 1,104  | 4,419                 | 0                | 4,419          |
| Migrant Labor Camps (352)                                   | 0.00            | 0                                   | 0                     | 0  | 0      | 0      | 0      | 0                     | 0                | 0              |
| Housing and Public Building<br>Safety and Sanitation (353)  | 0.01            | 0                                   | 13                    | 107  | 107    | 107    | 106    | N.A.                  | 427              | 427            |
| Mobile Home and Recreational<br>Vehicle Park Services (354) | 0.08            | 20                                  | 29                    | 563  | 562    | 562    | 562    | 224                   | 2,025            | 2,249          |
| Subtotal  | 0.19            | 20                                  | 217                   | 1,775  | 1,774  | 1,774  | 1,772  | 4,643                 | 2,452            | 7,095          |
| Community Hygiene:  |                 |                                     |                       |  |        |        |        |                       |                  |                |
| Occupational Health (344)                                   | 0.00            | N.A.                                | 0                     | 0  | 0      | 0      | 0      | N.A.                  | 0                | 0              |
| Consumer Product Safety (345)                               | 0.00            | N.A.                                | 0                     | 0  | 0      | 0      | 0      | N.A.                  | 0                | 0              |
| Sanitary Nuisance (365)                                     | 0.01            | 2                                   | 3                     | 92   | 92     | 92     | 91     | N.A.                  | 367              | 367            |
| Air Pollution (371)   | 0.28            | N.A.                                | 8                     | 3,251  | 3,251  | 3,251  | 3,251  | N.A.                  | 13,004           | 13,004         |
| Radiological Health (372)                                   | 0.11            | 0                                   | 0                     | 85   | 0      | 0      | 0      | 85                    | 0                | 85             |
| Toxic Substances (373)                                      | 1.16            | N.A.                                | 1,330                 | 10,913   | 10,912 | 10,912 | 10,912 | 43,649                | 0                | 43,649         |
| Subtotal  | 1.56            | 2                                   | 1,341                 | 14,341   | 14,255 | 14,255 | 14,254 | 43,734                | 13,371           | 57,105         |
| Vector Control:   |                 |                                     |                       |  |        |        |        |                       |                  |                |
| Rabies Surveillance/Control<br>Services (366)               | 0.03            | 3                                   | 12                    | 308  | 309    | 309    | 309    | N.A.                  | 1,235            | 1,235          |
| Arbovirus Surveillance (367)                                | 0.00            | N.A.                                | 0                     | 0  | 0      | 0      | 0      | N.A.                  | 0                | 0              |
| Rodent/Arthropod Control (368)                              | 0.00            | N.A.                                | 0                     | 0  | 0      | 0      | 0      | N.A.                  | 0                | 0              |
| Subtotal  | 0.03            | 3                                   | 12                    | 308  | 309    | 309    | 309    | N.A.                  | 1,235            | 1,235          |

ATTACHMENT II Nassau  
 PART III. PLANNED STAFFING, CLIENTS, SERVICES, AND EXPENDITURES BY PROGRAM SERVICE AREA WITHIN EACH LEVEL OF SERVICE  
 October 1, 1995 to September 30, 1996

|                                      | FTE's<br>(0.00) | Number of<br>Individuals<br>/ Units | Number of<br>Services | 1st  | 2nd     | 3rd     | 4th     | State               | County  | Grand<br>Total |
|--------------------------------------|-----------------|-------------------------------------|-----------------------|--|---------|---------|---------|---------------------|---------|----------------|
|                                      |                 |                                     |                       | Quarterly Expenditure Plan<br>(Whole dollars only) |         |         |         | State/County Totals |         |                |
| -----                                |                 |                                     |                       |  |         |         |         |                     |         |                |
| C. ENVIRONMENTAL HEALTH: (continued) |                 |                                     |                       |  |         |         |         |                     |         |                |
| Food Hygiene (348)                   | 0.16            | 0                                   | 183                   | 1,819  | 1,819   | 1,819   | 1,819   | 3,638               | 3,638   | 7,276          |
| Emergency Medical Services (346)     | 0.00            | 0                                   | 0                     | 0  | 0       | 0       | 0       | 0                   | 0       | 0              |
| Subtotal (Environmental Health)      | 7.63            | 603                                 | 6,840                 | 74,339   | 74,246  | 74,246  | 74,242  | 165,589             | 131,484 | 297,073        |
| -----                                |                 |                                     |                       |  |         |         |         |                     |         |                |
| TOTAL CONTRACT                       | 56.48           | 6,973                               | 63,379                | 505,690  | 505,592 | 505,590 | 505,586 | 1,618,736           | 403,722 | 2,022,458      |
| -----                                |                 |                                     |                       |  |         |         |         |                     |         |                |

### 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.
2. 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 assistance.
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, subcontractors, 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 administrative relief, to include assistance being terminated and further assistance being denied.

ATTACHMENT IV  
STATE FEE SCHEDULES, BY SERVICE

| <u>LEVEL OF SERVICE/SERVICE:</u>  | <u>Fee</u>      | <u>Estimated<br/>Annual Revenue<br/>Accruing To The<br/>CPHU Trust Fund</u> |
|-----------------------------------|-----------------|---|
| I. <u>COMMUNICABLE DISEASE:</u>   |                 |   |
| AIDS, HIV, Alternate Site Testing | \$20 (optional) |   |
|                                   | <u>Subtotal</u> | \$ <u>    \$ 0</u>  |
| II. <u>PRIMARY CARE:</u>          |                 |   |
|                                   | <u>Subtotal</u> | \$ <u>    \$ 0</u>  |

ATTACHMENT IV (CONTINUED)  
STATE FEE SCHEDULES, BY SERVICE

III. ENVIRONMENTAL HEALTH:

A. ONSITE SEWAGE DISPOSAL (OSDS) PROGRAM Fee

|         |   |       |
|---------|---|-------|
|         | Septic Tank Site Evaluation (Soil Testing/<br>Site Evaluation).....   | \$ 80 |
| (1) (4) | OSDS Permit.....  | \$105 |
|         | OSDS Repair Permit.....   | \$ 40 |
| (2)     | Existing System Approval.....   | \$ 40 |
|         | Septic Tank Manufacturer Inspection (Annual).....   | \$ 50 |
|         | Septage Disposal Service Permit (Annual).....   | \$ 50 |
|         | Septic Tank Pumpout Vehicle Inspection<br>(Per Vehicle).....  | \$ 25 |
|         | Portable/Temporary Toilet Service<br>Permit (Annual).....   | \$ 50 |
|         | Portable Toilet Pumpout Vehicles<br>(Per Vehicle).....  | \$ 25 |
|         | Reinspection of Non-compliance OSDS.....  | \$ 25 |
| (3)     | Variance Application OSDS (Single Family)<br>Variance Application OSDS (Multi-Family &<br>Commercial Site)..... | \$150 |
| (3)     | Aerobic Treatment Plant (Annual).....   | \$200 |
|         | Industrial/Manufacturing Permit (Annual).....   | \$150 |
|         | Septage Landspreading Site<br>Time Stabilization Facility (Annual).....   | \$150 |
|         | Evaluation (Annual).....  | \$100 |
|         | System Abandonment Permit.....  | \$ 40 |

(1) Includes a \$5 research fee to be collected until September 30, 1996, transferred to headquarters using revenue object code 001201.

(2) Applies where FHA/VA requests system reinspection and where county ordinance requires inspection for change of building occupancy.

(3) 50% of the variance application fee is placed in the applicable CPNU trust fund, 50% of fee placed in specific HSES variance account using revenue object code 001204.

(4) Includes a \$5 surcharge collected by the CPNU pursuant to construction permit issuance to be transferred to headquarters to provide technical monitoring, training, and administrative assistance for this program using revenue object code 001203.

ATTACHMENT IV (CONTINUED)  
STATE FEE SCHEDULES, BY SERVICE

B. PUBLIC SWIMMING POOLS AND BATHING PLACES Fee

Annual Permits:

Up to (and including) 25,000 gallons.....\$ 25 (1)  
More than 25,000 gallons.....\$ 75 (1)

Other Fees:

Plan Review (New Construction).....\$275 (2)  
Plan review for modification of  
original construction.....\$100 (2)  
Plan/Application review fee for  
bathing place development.....\$150 (2)  
Initial operating permit.....\$125 (2)

- (1) Maximum fee is charged by HRS CPHUs and 10% of that fee is transferred to headquarters and should be coded to:

Planning and Evaluation Trust Fund

GF = 20, SF = 2, FID = 531003, BE = 60500200, IBI = 00, OCA = K3000,  
Object Code = 001205, State Program = 0402000004, SI = RV

- (2) Fee amount collected by HSEH, the 12 delegated counties and District I.

C. MOBILE HOME & RECREATIONAL VEHICLE PARKS

Annual Permits:

5 Spaces and Above.....\$3.50 per space (1)(2)

- (1) The minimum statutory fee shall be charged until rules are written by the department. The total fee assessed per facility cannot be more than \$600 or less than \$50.

- (2) 10% of each permit shall be transferred to headquarters using revenue object code 001113. This surcharge should be coded to:

GF = 10, SF = 2, FID = 021042, BE = 60500200, IBI = 00, OCA = UQ000,  
Object Code = 001113, State Program = 0402000004, SI = RV

D. MIGRANT LABOR CAMPS

Annual Permits:

Facilities with 5-50 occupants.....\$125  
Facilities with 51-100 occupants.....\$225  
Facilities with over 100 residents.....\$500

ATTACHMENT IV (Continued)  
STATE FEE SCHEDULES, BY SERVICE

|    |  |           |
|----|--|-----------|
| E. | BIOMEDICAL WASTE GENERATORS  | Fee       |
|    | Annual Permits:<br>(Except Physician Office Generating less<br>than 25 lbs./30 days).....                    | \$ 55     |
|    | Other Fees:  |           |
|    | Reinspection (after the first reinspection)...   | \$ 25     |
|    | Late renewal.....  | \$ 25     |
|    | Mobile treatment machine registration.....   | \$ 25     |
| F. | DRINKING WATER   | Fee       |
|    | Annual Permits:  |           |
|    | Public Water Annual Operation Permit- Limited Use<br>(Annual Operation Permit First Year).....               | \$ 75 (1) |
|    | Public Water Annual Operation Permit-Limited Use<br>(Annual Operation Permit Second Year<br>and Beyond)..... | \$ 70 (1) |
|    | Other Fees:  |           |
|    | Public Water Construction Permit-Limited Use..   | \$ 75 (1) |
|    | Non-SDWA Lab Sample (Sample Collection/Review<br>of Analytical Results/Health Risk<br>Interpretation):       |           |
|    | Delineated Area.....   | \$ 50     |
|    | Bacterial Sample Collection.....   | \$ 40     |
|    | Chemical Sample Collection.....  | \$ 60     |
|    | Private Water Construction Permit<br>(serving 3 or 4 non-rental residences).....                             | \$ 40 (2) |
|    | Reinspection of Private Water System.....  | \$ 25     |
|    | Reinspection of Public Water System.....   | \$ 40     |
|    | Delineated Area Clearance Fee.....   | \$ 50     |
|    | Lab Fee Chemical Analysis.....   | \$100 (3) |

- (1) Includes a \$5 surcharge that is transferred to headquarters to provide training, monitoring, epidemiological support, program evaluations and technical assistance using same revenue object code.
- (2) Includes a \$3 surcharge that is transferred to headquarters to provide training, monitoring, epidemiological support, program evaluations and technical assistance using same revenue object code.
- (3) For collection of fees by the CPHUs on behalf of the state lab. Fees for the chemical analysis of water sample shall be deposited to the statewide health program budget using revenue object code 001170.



ATTACHMENT IV (CONTINUED)  
STATE FEE SCHEDULES, BY SERVICE

| G. FOOD ESTABLISHMENTS                         | Fee           |
|--|---------------|
| <b>Annual Permits:</b>                         |               |
| Fraternal/Civic (Serving the Public).....      | \$160 (1) (2) |
| <b>School Cafeteria</b>                        |               |
| a. Operating for 9 months or less.....         | \$130 (1) (2) |
| b. Operating for more than 9 months.....       | \$160 (1) (2) |
| Institutional Food Service.....                | \$210 (1) (2) |
| Movie Theaters.....                            | \$160 (1) (2) |
| Jails/Prisons.....                             | \$210 (1) (2) |
| Bars/Lounges (Drink Service Only).....         | \$160 (1) (2) |
| Residential Facilities.....                    | \$110 (1) (2) |
| Child Care Centers.....                        | \$ 85 (1) (2) |
| Limited Food Service.....                      | \$ 85 (1) (2) |
| <br><b>Other Fees:</b>                         |               |
| Plan Review.....                               | \$ 35/hr      |
| Food Worker Training.....                      | \$ 10         |
| Request For Inspection.....                    | \$ 40         |
| Reinspection (after the first reinspection)... | \$ 30         |
| Late renewal.....                              | \$ 25         |
| Alcoholic Beverage Inspection Approval.....    | \$ 30         |

- (1) Includes a \$10 surcharge that is transferred to headquarters to provide training, monitoring, epidemiological support, program evaluations and technical assistance using revenue object code 001132.

The \$10 surcharge should be coded to:

GF = 10, SF = 2, FID = 021042, BE = 60500200, IBI = 00, OCA = 10000,  
Object Code = 001132, State Program = 0402000004, SI = RV

- (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 using revenue object code 001119.

The \$5 surcharge should be coded to:

GF = 10, SF = 2, FID = 021042, BE = 60500200, IBI = 00, OCA = UU000,  
Object Code = 001119, State Program = 0402000004, SI = RV

ATTACHMENT IV (CONTINUED)  
STATE FEE SCHEDULES, BY SERVICE

H. TANNING FACILITIES

Fee

Annual Permits:

Per Facility (plus \$55 per device after  
the first device).....\$150 (1)

- (1) Includes a \$10 surcharge that is transferred to headquarters to provide training, monitoring, epidemiological support, program evaluations and technical assistance using revenue object code 001144.

The \$10 surcharge on each annual permit transferred to headquarters should be coded to:

GF = 10, SF = 2, FID = 021042, BE = 60500200, IBI = 00, OCA = R9000,  
Object Code = 001144, State Program = 0402000004, SI = RV

ATTACHMENT IV (CONTINUED)  
STATE FEE SCHEDULES, BY SERVICE

H. TANNING FACILITIES

Fee

Annual Permits:

Per Facility (plus \$55 per device after  
the first device).....\$150 (1)

- (1) Includes a \$10 surcharge that is transferred to headquarters to provide training, monitoring, epidemiological support, program evaluations and technical assistance using revenue object code 001144.

The \$10 surcharge on each annual permit transferred to headquarters should be coded to:

GF = 10, SF = 2, FID = 021042, BE = 60500200, IBI = 00, OCA = R9000,  
Object Code = 001144, State Program = 0402000004, SI = RV

ATTACHMENT V  
COUNTY FEE SCHEDULES, BY SERVICE

| <u>LEVEL OF SERVICE/SERVICE:</u>  | <u>Fee/Range</u>         | <u>Estimated<br/>Annual Revenue<br/>Accruing To The<br/>CPHU Trust Fund</u> |
|-----------------------------------|--------------------------|---|
| <br>                              |                          |   |
| I. <u>COMMUNICABLE DISEASE:</u>   |                          |   |
| BIRTH CERTIFICATES.....           |                          | \$2,006.00  |
| DEATH CERTIFICATES.....           |                          | \$7,027.00  |
| ADMINISTRATIVE FEE.....           |                          | \$ 163.00   |
|                                   | <u>Subtotal</u>          | <u>\$9,196.00</u>   |
| <br>                              |                          |   |
| II. <u>PRIMARY CARE:</u>          |                          |   |
| FAMILY HEALTH SERVICES            |                          |   |
| SLIDING SCALE FEE.....            |                          | \$33,649.00   |
|                                   | <u>Subtotal</u>          | <u>\$33,649.00</u>  |
| <br>                              |                          |   |
| III. <u>ENVIRONMENTAL HEALTH:</u> |                          |   |
| PLAT/PLAN REVIEW.....             |                          | \$2,310.00  |
|                                   | <u>Subtotal</u>          | <u>\$2,310.00</u>   |
|                                   | <u>Total County Fees</u> | <u>\$45,155.00</u>  |

ATTACHMENT VI

CLASSIFICATION AND NUMBER OF EMPLOYEES WORKING IN THE  
COUNTY PUBLIC HEALTH UNIT WHO ARE PAID BY THE  
COUNTY, BY LEVEL OF SERVICE, IF APPLICABLE

| <u>LEVEL OF SERVICE/SERVICE:</u>   | <u>Position Classification</u> | <u>Number</u> |
|------------------------------------|--------------------------------|---------------|
| I. <u>COMMUNICABLE DISEASE:</u>    |                                | 0             |
| II. <u>PRIMARY CARE:</u>           |                                | 0             |
| III. <u>ENVIRONMENTAL HEATHLH:</u> |                                | 0             |

ATTACHMENT VII

FACILITIES UTILIZED BY THE CPHU

| <u>FACILITY DESCRIPTION</u>                          | <u>LOCATION</u>                                | <u>OWNED BY</u> |
|--|--|-----------------|
| Fernandina Beach Health Center<br>and Administration | 30 South 4th Street<br>Fernandina Beach, FL    | County          |
| Environmental Health Division<br>Office Building     | 1015 South 14th Street<br>Fernandina Beach, FL | County          |
| Yulee Health Center                                  | Page's Dairy Road<br>Yulee, FL                 | County          |
| Services Building<br>(Modular Building)              | Page's Dairy Road<br>Yulee, FL                 | County          |
| Callahan Health Center                               | 208 Mickler Street<br>Callahan, FL             | County          |
| Hilliard Health Center                               | 3rd and Pecan Streets<br>Hilliard, FL          | County          |

ATTACHMENT VIII

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

N/A

ATTACHMENT IX

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

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

| <u>Service</u>  | <u>Requirement</u>  |
|---|---|
| 1. Sexually Transmitted Disease Program                               | Requirements as specified in HRSM 150-22. Requirements as specified in Policy 87-7-5 regarding State Health Office STD Program review and approval of personnel/budget actions.   |
| 2. Dental Health  | Monthly reporting on HRSH Form 1008.  |
| 3. Special Supplemental Food Program for Women, Infants and Children. | Service documentation and monthly financial reports as specified in HRSM 150-24 and all federal, state and county requirements detailed in the program manuals and published procedures.  |
| 4. Improved Pregnancy Outcome   | Requirements as specified in HRSM 150-13A. Quarterly reports of services and outcome on HRSH Form 3096. Program Quarterly Progress Report, Quarterly Summary Report, Presumptive Eligibility/Medicaid Determination Log by all providers authorized to determine presumptive eligibility. |
| 5. Family Planning  | Periodic financial and programmatic reports as specified in HRSM 150.27.  |



ATTACHMENT IX (Continued)

6. Immunization  
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 reporting adverse events following immunization.
7. CPHU Program  
Requirements as specified in HRSM 150-3 and HRSM 50-9.
8. Chronic Disease Program  
Requirements as specified in the Reference Guide to CHIP and HRS forms identified in HRSM 150-8 and 150-12.
9. Environmental Health  
Requirements as specified in HRSM 50-10.
10. AIDS Program  
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.
11. School Health Services  
HRSM 150-25, including the requirement for an annual plan as a condition for funding.