

**CONTRACT BETWEEN
NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS
AND
STATE OF FLORIDA DEPARTMENT OF HEALTH
FOR OPERATION OF
THE NASSAU COUNTY HEALTH DEPARTMENT
CONTRACT YEAR 1998-1999**

98 OCT 19 PM 12:13
DEPT. OF HEALTH
OFFICE OF MGT. & BUDGET

This agreement ("Agreement") is made and entered into between the State of Florida, Department of Health ("State") and the Nassau County Board of County Commissioners ("County"), through their undersigned authorities, effective October 1, 1998.

RECITALS

A. Pursuant to Chapter 154, F.S., the intent of the legislature is to "promote, protect, maintain, and improve the health and safety of all citizens and visitors of this state through a system of coordinated county health department services."

B. County Health Departments were created throughout Florida to satisfy this legislative intent through "promotion of the public's health, the control and eradication of preventable diseases, and the provision of primary health care for special populations."

C. Nassau County Health Department ("CHD") is one of the County Health Departments created throughout Florida. It is necessary for the parties hereto to enter into this Agreement in order to assure coordination between the State and the County in the operation of the CHD.

NOW THEREFORE, in consideration of the mutual promises set forth herein, the sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

1. RECITALS. The parties mutually agree that the forgoing recitals are true and correct and incorporated herein by reference.

2. TERM. The parties mutually agree that this Agreement shall be effective from October 1, 1998, through September 30, 1999, or until a written agreement replacing this Agreement is entered into between the parties, whichever is later, unless this Agreement is otherwise terminated pursuant to the termination provisions set forth in paragraph 8, below.

3. SERVICES MAINTAINED BY THE CHD. The parties mutually agree that the CHD shall provide those services as set forth on part III of Attachment II hereof, in order to maintain the following three levels of service pursuant to Section 154.01(2), Florida Statutes, as defined below:

a. "Environmental health services" are those services which are organized and operated to protect the health of the general public by monitoring and regulating activities in the environment which may contribute to the occurrence or transmission of disease. Environmental health services shall be supported by available federal, state and local funds and shall include those services mandated on a state or federal level. Examples of environmental health services include, but are not limited to, food hygiene, safe drinking water supply, sewage and solid waste disposal, swimming pools, group care facilities, migrant labor camps, toxic material control, radiological health, occupational health.

b. "Communicable disease control services" are those services which protect the health of the general public through the detection, control, and eradication of diseases which are transmitted primarily by human beings. Communicable disease services shall be supported by available federal, state, and local funds and shall include those services mandated on a state or federal level. Such services include, but are not limited to, epidemiology, sexually transmissible disease detection and control, HIV/AIDS, immunization, tuberculosis control and maintenance of vital statistics.

c. "Primary care services" are acute care and preventive services that are made available to well and sick persons who are unable to obtain such services due to lack of income or other barriers beyond their control. These services are provided to benefit individuals, improve the collective health of the public, and prevent and control the spread of disease. Primary health care services are provided at home, in group settings, or in clinics. These services shall be supported by available federal, state, and local funds and shall include services mandated on a state or federal level. Examples of primary health care services include, but are not limited to: first contact acute care services; chronic disease detection and treatment; maternal and child health services; family planning; nutrition; school health; supplemental food assistance for women's, infants, and children; home health; and dental services.

4. FUNDING. The parties further agree that funding for the County Health Department will be handled as follows:

The funding to be provided by the parties and any other sources are set forth in Part II of Attachment II hereof. This funding will be used as shown in Part I of Attachment II.

i. The State's appropriated responsibility as provided in Attachment II, Part II is an amount not to exceed \$1,836,101. The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility as provided in Attachment II, Part II is an amount not to exceed \$733,015.

b. Overall expenditures will not exceed available funding (either current year or from surplus trust funds) in any service category. Unless requested otherwise, any surplus at the end of the term of this Agreement in the County Health Department Trust Fund that is attributed to the CHD shall be carried forward to the next contract period.

c. Either party may establish service fees as allowed by law to fund activities of the CHD. The amount and purpose of such fees are listed in Attachments IV and V of this Agreement. Where applicable, such fees shall be automatically adjusted to at least the Medicaid fee schedule.

d. Either party may increase or decrease funding of this Agreement during the term hereof by notifying the other party in writing, 30 days before the increase or decrease is to occur, of the amount and purpose for the increase or decrease in funding.

e. The name and address of the official payee to who payments shall be made is:

County Health Department Trust Fund
Nassau County
Post Office Box 517
Fernandina Beach, FL 32035-0517

5. CHD DIRECTOR. Both parties agree the director of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy State Health Officer. The director shall be selected by the State with the concurrence of the County. The

director of the CHD shall insure that noncategorical sources of funding are used to fulfill public health priorities in the community and the State Strategic Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director to the parties no later than October 1 of each year.

6. ADMINISTRATIVE POLICIES AND PROCEDURES. The parties hereto agree that the following standards should apply in the operation of the CHD:

a. The CHD and its personnel shall follow all State policies and procedures, except to the extent permitted for the use of county purchasing procedures as set forth in subparagraph b., below. All CHD employees shall be State or State-contract personnel subject to State personnel rules and procedures. Employees will report time in the Client Information System/Health Management Component compatible format by program component as specified by the State.

b. The CHD shall comply with all applicable provisions of federal and state laws and regulations relating to its operation with the exception that the use of county purchasing procedures shall be allowed when it will result in a better price or service and no statewide Department of Health purchasing contract has been implemented for those goods or services. In such cases, the CHD director must sign a justification therefor, and all county purchasing procedures must be followed in their entirety, and such compliance shall be documented. Such justification and compliance documentation shall be maintained by the CHD in accordance with the terms of this Agreement. State procedures must be followed for all leases on facilities not enumerated in Attachment VI.

c. The CHD shall maintain books, records and documents in accordance with those promulgated by the Generally Recognized Governmental Accounting Procedures and Governmental Accounting Standards Board, and the requirements of federal or state law. These records shall be maintained as required by HRSM 15-1 "Records Management Manual" and shall be open for inspection at any time by the parties and the public, except for those records that are not otherwise subject to disclosure as provided by law which are subject to the confidentiality provisions of subparagraph i, below. Books, records and documents must be adequate to allow the CHD to comply with the following reporting requirements:

i. The revenue and expenditure requirements in the State Automated Management Accounting Subsystem;

ii. The client registration and services reporting requirements of the minimum data set as specified in the most current version of the Client Information System/Health Management Component Pamphlet;

iii. Financial procedures specified in the Department's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;

iv. The revenue and expenditure requirements in the Florida Accounting System Information Resource (FLAIR).

v. The CHD is responsible for assuring that all contracts with service providers include provisions that all subcontracted services be reported to the CHD 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 Pamphlet.

d. All funds for the CHD shall be deposited in the County Health Department Trust Fund maintained by the state treasurer. These funds shall be accounted for separately from funds deposited for other CHDs and shall be used only for public health purposes in Nassau County. The Nassau County Health Department Trust Fund shall maintain an average trust fund balance of no less than 8.33% of its annual operating budget.

e. That any surplus/deficit funds, including fees or accrued interest, remaining in the County Health Department Trust Fund 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 VII.

f. There shall be no transfer 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 CHD 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 CHD within 30 days after an emergency transfer.

g. The CHD may execute subcontracts for services necessary to enable the CHD to carry out the programs specified in this contract. Any such subcontract shall include all aforementioned audit and recordkeeping requirements.

h. At the request of either party, an audit may be conducted by an independent CPA on the financial records of the CHD and the results made available to the parties within 180 days after the close of the CHD fiscal year. This audit will follow requirements contained in OMB manual A-133 and may be in conjunction with audits performed by county government. If audit exceptions are found, then the director of the CHD will prepare a corrective action plan and a copy of that plan and monthly status reports will be furnished to the contract managers for the parties.

i. The CHD shall not use or disclose any information concerning a recipient of services except as allowed by Federal or state law or policy.

j. The CHD shall retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this Agreement for a period of five (5) years after termination of this Agreement. If an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings.

k. The CHD shall maintain confidentiality of all data, files, and records that are confidential under the law or are otherwise excepted from disclosure as a public record under Florida law. The CHD shall implement procedures to ensure the protection and confidentiality of all such records and shall comply with sections 384.29, 381.004, 392.65 and 455.667, Florida Statutes, and all other state

and federal laws regarding confidentiality. All confidentiality procedures implemented by the CHD shall be consistent with the Department of Health Information Security Policies, Protocols, and Procedures, dated September 1997, as amended, the terms of which are incorporated herein by reference. The CHD shall further adhere to any amendments to the State's security requirements and shall comply with any applicable professional standards of practice with respect to client confidentiality.

l. The CHD shall abide by all State policies and procedures, which by this reference are incorporated herein as standards to be followed by the CHD, except as otherwise permitted for some purchases using county procedures pursuant to paragraph 6.b. hereof.

m. The CHD shall establish a system through which applicants for services and current clients may present grievances over denial, modification or termination of services. The CHD 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.

n. The CHD shall comply with the provisions contained in the Civil Rights Certificate, hereby incorporated into this contract as Attachment III.

o. The CHD shall submit quarterly reports to the county that shall include at least the following:

- i. The DE385L1 Contract Management Variance Report and the DE580L1 Analysis of Fund Equities Report;
- ii. A written explanation to the county and department of service variances reflected in the DE385L1 report if the variance exceeds or falls below 25 percent of the planned expenditure amount. However, if the cumulative amount of the variance between actual and planned expenditures does not exceed one percent of the cumulative expenditures for the level of service in which the type of service is included, a variance explanation is not required;

p. The dates for the submission of quarterly reports to the county shall be as follows unless the generation and distribution of reports is delayed due to circumstances beyond the CHD's control:

i. March 1, 1999 for the report period October 1, 1998 through December 31, 1998;

ii. June 1, 1999 for the report period October 1, 1998 through March 31, 1999;

iii. September 1, 1999 for the report period October 1, 1998 through June 30, 1999; and

iv. December 1, 1999 for the report period October 1, 1998 through September 30, 1999.

7. FACILITIES AND EQUIPMENT. The parties mutually agree that:

a. CHD facilities shall be provided as specified in Attachment VI to this contract and the county shall own the facilities used by the CHD unless otherwise provided in Attachment VI.

b. The county shall assure adequate fire and casualty insurance coverage for County-owned CHD offices and buildings and for all furnishings and equipment in CHD offices through either a self-insurance program or insurance purchased by the County.

c. All vehicles will be transferred to the ownership of the County and registered as county vehicles. The county shall assure insurance coverage for these vehicles is available through either a self-insurance program or insurance purchased by the County. All vehicles will be used solely for CHD operations. Vehicles purchased through the CHD trust fund shall be sold at fair market value when they are no longer needed by the CHD and the proceeds returned to the CHD trust fund.

8. TERMINATION.

a. Termination at Will. This Agreement may be terminated by either party without cause upon no less than one-hundred eighty (180) calendar days notice in writing to the other party unless a lesser time is mutually agreed upon in writing by both parties. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery.

b. Termination Because of Lack of Funds. In the event funds to finance this Agreement become unavailable, the State may terminate this Agreement upon no less than twenty-four (24) hours notice. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery.

c. Termination for Breach. This Agreement may be terminated by one party, upon no less than thirty (30) days notice, because of the other party's failure to perform an obligation hereunder. Said notice shall be delivered by certified mail, return receipt requested, or in person to the other party's contract manager with proof of delivery. Waiver of breach of any provisions of this Agreement 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 this Agreement.

MISCELLANEOUS. The parties further agree:

a. Availability of Funds. If this Agreement, any renewal hereof, or any term, performance or payment hereunder, extends beyond the fiscal year beginning July 1, 1998, it is agreed that the performance and payment under this Agreement are contingent upon an annual appropriation by the Legislature, in accordance with section 287.0582, Florida Statutes.

b. Modification. This Agreement and its Attachments contain all of the terms and conditions agreed upon between the parties. Modifications of this Agreement shall be enforceable only when reduced to writing and signed by all parties.

c. Contract Managers. The name and address of the contract managers for the parties under this Agreement are as follows:

For the State:

J. A. Pearson
Name

OMC-1/Business Manager
Title

P. O. Box 517

Fernandina Beach, FL
Address

(904) 277-7287
Telephone

For the County:

J. M. Oxley, Jr.
Name

Ex-Officio Clerk
Title

P. O. Box 1010

Fernandina Beach, FL
Address

(904) 321-5700
Telephone

If different contract managers are designated after execution of this Agreement, the name, address and telephone number of the new representative shall be furnished in writing to the other parties and attached to originals of this Agreement.

d. Captions. The captions and headings contained in this Agreement are for the convenience of the parties only and do not in any way modify, amplify, or give additional notice of the provisions hereof.

ENTERED INTO AND AGREED between the parties hereto by the undersigned authorities, effective the 1st day of October, 1998.

BOARD OF COUNTY COMMISSIONERS

STATE OF FLORIDA

FOR NASSAU COUNTY

DEPARTMENT OF HEALTH

SIGNED BY: 

SIGNED BY: 

James T. Howell, MD, MPH
Secretary

NAME: Chris Kirkland

TITLE: Chairman

DATE: October 12, 1998

DATE: 10/28/98

ATTESTED TO:

SIGNED BY: 

SIGNED BY: 

CHD Director/Administrator

NAME: J. M. Oxley, Jr.

NAME: E. J. Ngo-Seidel, MD

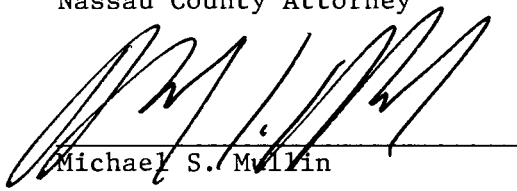
TITLE: Ex-Officio Clerk

TITLE: Director

DATE: October 12, 1998

DATE: 9/11/98

Approved as to form by the
Nassau County Attorney


Michael S. Mullin

ATTACHMENT I

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 health department 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 I (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. CHD 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 CHD 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.

*or the subsequent replacement if adopted during the contract period.

ATTACHMENT II

PART I. PLANNED USE OF COUNTY HEALTH DEPARTMENT TRUST FUND BALANCES

	Estimated State Share of CHD Trust Fund Balance as of 09/30/98	Estimated County Share of CHD Trust Fund Balance as of 09/30/98	Total
1. CHD Trust Fund Ending Balance 09/30/98	66,244	391,813	458,057
2. Drawdown for Contract Year October 1, 1998 to September 30, 1999	18,573	0	18,573
3. Special Project use for Contract Year October 1, 1998 to September 30, 1999	0	226,348	226,348
4. Balance Reserved for Contingency Fund October 1, 1998 to September 30, 1999 (12% Recommended for Emergency or Cash Flow)	47,671	165,465	213,136

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

Funds designated for Special Projects must be used for capital projects and durable goods without significant recurring costs. Examples of projects meeting this criteria include construction and renovation of facilities and associated infrastructure; purchase of information system hardware/software and purchase of telecommunications equipment. Examples of items not meeting this criteria include grant funds for direct services such as tobacco prevention and provision of child safety seats; staff salaries; retirement obligations; rent/leases and funds held in anticipation of Medicaid paybacks and/or budget reductions. Special project amounts in "3" above should reflect the total amount of funds anticipated to be expended for special projects during the contract year. This includes funds to complete unfinished projects from previous years as well as for projects initiated during the contract year. More detailed Special Project information, including description and cost by each project, must be listed in Attachment VIII.

A cash reserve of 12 percent represents approximately six weeks of operating funds. Ongoing cash reserves in excess of 12 percent should be programmed to services.

ATTACHMENT II

**NASSAU COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

		CHD Trust Fund (cash)	Other Contributions	Total
STATE				
1. GENERAL REVENUE				
015050	ALG/Contributions To CHD (050329)	595,706	0	595,706
015011	ALG/Cont to CHD Primary Care (050329)	6,500	0	6,500
015065	ALG/Cont to CHD AIDS Prev & Surv(050329)	0	0	0
015050	ALG/Cont to CHD Mig Lbr Camp San(050329)	0	0	0
015050	ALG/Cont to CHD Home Hlth Pilot (050329)	0	0	0
015050	ALG/Cont to CHD Immun Outreach (050329)	8,339	0	8,339
015050	ALG/Cont to CHD Comm TB Program (050329)	10,333	0	10,333
015050	ALG/Cont to CHD Indoor Air Assist(050329)	0	0	0
015050	St. Lucie Community Health (050329)	0	0	0
015050	Sovereign Immunity (050329)	0	0	0
015050	ALG/Cont to CHD Fam Trans PRG (050329)	0	0	0
015048	ALG/Cont to CHD STD Program (050329)	0	0	0
015065	ALG/Cont to CHD AIDS Pat Care (050026)	0	0	0
015115	ALG/School Health Services (051106)	53,044	0	53,044
015115	School Health Occular Scrn. (050063)	7,236	0	7,236
015140	ALG/School Health Suppl. (051106)	0	0	0
015124	ALG/IPO-Healthy Start/IPO (050707)	0	0	0
015124	ALG/MCH-Healthy Start/IPO (050870)	0	0	0
015011	ALG/Primary Care (050331)	123,500	0	123,500
015123	ALG/Family Planning (050001)	33,834	0	33,834
015012	Epilepsy Services (050082)	0	0	0
015065	AIDS/Drugs Reimbursement One Time Transfer	0	0	0
015050	ALG/Contributions To TB Program VAN/Maint. (050329)	1,470	0	1,470
015010	Transfers Other Agency	0	0	0
015137	ALG/Contributions To CHD Maternal & Child Health Field Staff	0	0	0
015137	ALG/IPO Healthy Start Resource Moms & Dads (050707)	0	0	0
015137	ALG/IPO Healthy Start Increase Maternal Health Care (050707)	0	0	0
GENERAL REVENUE TOTAL		839,962	0	839,962
2. NON GENERAL REVENUE				
015121	SuperAct Reimbursement	11,200	0	11,200
010304	Stationary Pollutant Storage-DEP	58,220	0	58,220
015026	ALG/Cont to CHD Bio-Medical Waste (DEP)	0	0	0
015029	Radiation Prot. TF/X-Ray Inspection	0	0	0
015029	Radiation Prot. TF/Rad Lic Fee Transfer	0	0	0
015072	ALG/Cont to CHD Safe Drinking Water-DEP	0	0	0
015016	Epilepsy Prevention	0	0	0
015170	Tobacco Coordinators	58,411	0	58,411
015174	Basic School Health	17,818	0	17,818
015172	Full Service Schools	77,172	0	77,172
015113	SPL Program HRS Reimb	0	0	0
011055	Other Grants DOE	0	0	0
015034	Ounce of Prevention - CYF	0	0	0
015047	Super Act Transfers	0	0	0
015074	Immokolee Project	0	0	0
015114	Spcl. Grants - IPO CHD	0	0	0
015120	State Match - Medicaid GR	0	0	0
NON GENERAL REVENUE TOTAL		222,821	0	222,821
3. FEDERAL FUNDS				
007049	FG TF-STD Program (050329)	0	0	0
007067	FG TF-Community TB (050329)	0	0	0
007084	FG TF-Immunization Action Plan (050329)	9,123	0	9,123
007084	FG TF-Project Field Staff (050329)	0	0	0

ATTACHMENT II

**NASSAU COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

		CHD Trust Fund (cash)	Other Contributions	Total
STATE				
3. FEDERAL FUNDS				
007127	MCH BLK Grt. Child Health (050870)	10,683	0	10,683
007127	MCH BLK Grt. Child Hlth (0-1),(050870)	0	0	0
007132	MCH BLK Grt. Dental Projects (050870)	30,300	0	30,300
007133	Family Planning Title X (050001)	23,261	0	23,261
007133	Fam Planning Title X Spec Proj (050001)	0	0	0
007134	ALG/IPO-MCHBG Hlthy Start/IPO (050707)	0	0	0
007134	ALG/MCH-MCHBG Hlthy Start/IPO (050870)	0	0	0
007134	MCH BLK Grt. Infant Mort. Proj. (050870)	0	0	0
007134	ALG/MCH-MCHBG Outr. Soc Workers (050870)	0	0	0
007134	ALG/IPO/MCH Outr Social Workers (050707)	0	0	0
015020	FG TF Family Trans Program (050329)	0	0	0
007051	FG TF WIC Admin Transfer (050329)	273,719	0	273,719
007065	FG TF AIDS Prevention (050329)	0	0	0
007064	FG TF AIDS Surv/Serop (050329)	0	0	0
007066	FG TF Ryan White (050329)	0	0	0
007062	AIDS Epid research Study (050329)	0	0	0
007071	FG TF EPI Res Stud. of AIDS/HIV (180000)	0	0	0
007056	FG TF Health Program for Refug. (180000)	0	0	0
007063	PHBG HERR Chronic Dis Init (101505)	42,677	0	42,677
007063	PHBG Chronic Dis Init-CIP (180000)	0	0	0
007030	PREV HLTH BLK GRT-Migrant Labor (180000)	0	0	0
007044	PREV HLTH BLK GRT-Rape Awareness(180000)	0	0	0
007150	Temporary Assistance To Needy Families (TANF)	12,427	0	12,427
007020	US Grants Medicd Title XIX	0	0	0
007097	Reimb/Rebate Dir Frm FED Govt.	0	0	0
015060	Entrant Reimb Transfer	0	0	0
015070	Other US Grants Thru State Fds	0	0	0
007063	PHBG Healthy Comm/Healthy People	0	0	0
007085	Breast/Cervical Cancer	0	0	0
015075	Tranfer- Fed Grts other Agencies	0	0	0
015026	Family Planning Ster. (050001)	0	0	0
007133	Family Planning Title X Sterilizations (50001)	5,994	0	5,994
007133	Family Planning Planned Parenthood (50001)	0	0	0
FEDERAL FUNDS TOTAL		408,184	0	408,184
4. FEES ASSESSED BY STATE OR FEDERAL RULES				
001091	Communicable Disease Fees	0	0	0
001092	Environmental Health Fees	95,811	0	95,811
001113	Mobile Home and Parks	2,343	0	2,343
001132	Food Hygiene Permit	5,337	0	5,337
001133	OSDS Repair Permit	0	0	0
001134	OSDS Permit Fee	0	0	0
001211	Safe Drinking Water	0	0	0
001136	I & M Zoned Operating Permit	0	0	0
001137	Aerobic Operating Permit	0	0	0
001138	Septic Tank Site Evaluation	0	0	0
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	0	0	0
001144	Tanning Facilities	1,350	0	1,350
001145	Swimming Pools	11,326	0	11,326
001164	Public Water Constr Permit	0	0	0
001165	Private Water Constr Permit	0	0	0
001166	Public Water Annual Oper Permit	5,607	0	5,607

ATTACHMENT II

**NASSAU COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

Total	CBD Trust Fund (cash)	Other Contributions
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STATE

4. FEES ASSESSED BY STATE OR FEDERAL RULES

001170	Lab Fee Chemical Analysis	0	0	0
001026	Returned Check Ser Fees	0	0	0
010403	Fees-Copy of Public Doc	0	0	0
015055	Registrar Fees (Ch. 382.34)	0	0	0
001135	OSDS Variance Fee	0	0	0
015052	Transfers-Mobile Home/RV Park	0	0	0
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL		121,774	0	121,774

5. OTHER CASH CONTRIBUTIONS

090001	Draw down from Public Health Unit	18,573	0	18,573
OTHER CASH CONTRIBUTIONS TOTAL		18,573	0	18,573

6. MEDICAID

001056	CHD Incm:Medicaid-Pharmacy	0	0	0
001080	CHD Incm:Medicaid-Other	24,557	0	24,557
001081	CHD Incm:Medicaid-PPSDT	1,200	0	1,200
001082	CHD Incm:Medicaid-Dental	28,202	0	28,202
001083	CHD Incm:Medicaid-FP	1,928	0	1,928
001084	CHD Incm:Medicaid-Physician	5,232	0	5,232
001085	CHD Incm:Medicaid-Nursing	1,200	0	1,200
001086	CHD Incm:Co-Insurance	0	0	0
001087	CHD Incm:Medicaid-STD	0	0	0
001088	CHD Incm:Med Reimb AZT Disp Fee	0	0	0
001089	Medicaid AIDS	0	0	0
001147	Medicaid HMO Rate	0	0	0
001148	Medicaid-HMO Admin	0	0	0
001181	CHD Incm:Medicaid Transportation	0	0	0
001190	Health Maintenance Organ. (HMO)	0	0	0
001191	CHD Incm:Medicaid Maternity	0	0	0
001192	CHD Incm:Medicaid Comp. Child	0	0	0
001193	CHD Incm:Medicaid Comp. Adult	0	0	0
001194	CHD Incm:Medicaid Sonagram	0	0	0
001208	Medipass \$3.00 Adm. Fee	6,530	0	6,530
MEDICAID TOTAL		68,849	0	68,849

7. ALLOCABLE REVENUE

011007	Cash Donations Private	0	0	0
001029	Third Party Reimbursement	0	0	0
010301	Exp Witness Fee Consultant Charges	0	0	0
005040	Interest Emed State Investment	9,692	0	9,692
007010	U.S. Grants Direct to CHD	0	0	0
008094	Grnts/Contracts other Agencies Direct	146,246	0	146,246
011098	Donation School Based Clinic	0	0	0
011099	Other Grants/Donations Direct	0	0	0
012020	Fines and Forfeitures	0	0	0
018001	Refunds, Salary	0	0	0
018003	Refunds, other Personal Services	0	0	0
018004	Refunds, Expenses	0	0	0
018006	Refunds, Operating Capital Outlay	0	0	0
018010	Refunds, Special Category	0	0	0
018011	Refunds, Other	0	0	0
018099	Refunds, Certified Forward	0	0	0
037000	Prior Year Warrant	0	0	0
038000	12 Month Old Warrant	0	0	0

ATTACHMENT II

**NASSAU COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

		CHD Trust Fund (cash)	Other Contributions	Total
STATE				
7. ALLOCABLE REVENUE				
010300	Sale of Goods and Services	0	0	0
010402	Recycle Paper Sales	0	0	0
010403	Fees-Copies of Documents	0	0	0
010405	Sale of pharmaceuticals	0	0	0
011055	Other Grant DOE	0	0	0
012021	Return Check Charge	0	0	0
018005	Refunds Grants to Local Gov't	0	0	0
029010	Sale of Fixed Assets	0	0	0
005041	Interest Earned Local Investment	0	0	0
ALLOCABLE REVENUE TOTAL		155,938	0	155,938
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND				
NON	State Pharmacy Services	0	98,047	98,047
NON	State Laboratory Services	0	62,605	62,605
NON	State TB Services	0	0	0
NON	State Immunization Services	0	51,272	51,272
NON	State STD Services	0	1,849	1,849
NON	State Construction/Renovation	0	0	0
NON	WIC Food	0	644,142	644,142
NON	Other (specify)	0	0	0
NON	Other (specify)	0	0	0
NON	Other (specify)	0	0	0
NON	Other (specify)	0	0	0
OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND TOTAL		0	857,915	857,915
TOTAL STATE CONTRIBUTIONS		1,836,101	857,915	2,694,016

ATTACHMENT II

**NASSAU COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

		CHD Trust Fund (cash)	Other Contributions	Total
COUNTY				
1. BOARD OF COUNTY COMMISSIONERS ANNUAL APPROPRIATIONS:				
008030	Grants-County Tax Direct	471,981	0	471,981
008034	Grants Cnty Commsn Other	0	0	0
BOARD OF COUNTY COMMISSIONERS ANNUAL APPROPRIATIONS TOTAL:		471,981	0	471,981
2. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION:				
001077	Primary Care Fees	32,075	0	32,075
001093	Communicable Disease Fees	869	0	869
001094	Environmental Health Fees	26,920	0	26,920
001114	New Birth Certificates	2,590	0	2,590
001115	Death Certificates	10,381	0	10,381
001116	Computer Access Fee	0	0	0
001060	Vital Statistics Fees Other	0	0	0
001004	Child Car Seat Prog	1,510	0	1,510
001074	Adult Enter. Permit Fees	0	0	0
001195	Primary Care Transfer Fees	0	0	0
001117	Vital Stats-Adm. Fee 50 cents	250	0	250
FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION TOTAL		74,595	0	74,595
3. OTHER CASH AND LOCAL CONTRIBUTIONS				
090002	Draw down from Public Health Unit	0	0	0
001090	Medicare	7,728	0	7,728
008050	Grants-Cnty Sch Board Direct	99,778	0	99,778
008010	Grants Contracts Frm Cities Direct	0	0	0
008033	County Contributions For Facilities	0	0	0
008090	Grants other Local Govn't Direct	0	0	0
008095	Grants Cnty Sect 403.102 Air Pol	0	0	0
008099	Reimb/Rebate Local Govn't	0	0	0
008031	County AIDS Education	0	0	0
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL		107,506	0	107,506
4. ALLOCABLE REVENUE				
011007	Cash Donations Private	404	0	404
001029	Third Party Reimbursement	2,389	0	2,389
010301	Exp Witness Fee Consultnt Charges	0	0	0
005041	Interest Erned Local Investment	2,801	0	2,801
007010	U.S. Grants Direct to CHD	0	0	0
008094	Grnts/Contracts other Agencies Direct	72,969	0	72,969
011098	Donation School Based Clinic	0	0	0
011099	Other Grants/Donations Direct	0	0	0
012020	Fines and Forfeitures	250	0	250
018001	Refunds, Salary	0	0	0
018003	Refunds, other Personal Services	0	0	0
018004	Refunds, Expenses	0	0	0
018006	Refunds, Operating Capital Outlay	0	0	0
018010	Refunds, Special Category	0	0	0
018011	Refunds, Other	0	0	0
018099	Refunds, Certified Forward	0	0	0
037000	Prior Year Warrant	0	0	0
038000	12 Month Old Warrant	0	0	0
010300	Sale of Goods and Services	0	0	0
010402	Recycle Paper Sales	0	0	0
010403	Fees-Copies of Documents	0	0	0
010405	Sale of pharmaceuticals	0	0	0
011055	Other Grant DOE	0	0	0

ATTACHMENT II

**NASSAU COUNTY HEALTH DEPARTMENT
Part II. Sources of Contributions to County Health Department**

		CHD Trust Fund (cash)	Other Contributions	Total
COUNTY				
4. ALLOCABLE REVENUE				
012021	Return Check Charge	120	0	120
018005	Refunds Grants to Local Gov't	0	0	0
029010	Sale of Fixed Assets	0	0	0
005040	Interest Earned State Investment	0	0	0
COUNTY ALLOCABLE REVENUE TOTAL		78,933	0	78,933
5. BUILDINGS:				
COUNTY	Annual Rental Equivalent Value	0	103,825	103,825
COUNTY	Maintenance	0	7,623	7,623
COUNTY	Other (specify)	0	0	0
COUNTY	Other (specify)	0	0	0
COUNTY	Other (specify)	0	0	0
COUNTY	Other (specify)	0	0	0
COUNTY	Other (specify)	0	0	0
BUILDINGS TOTAL		0	111,448	111,448
6. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND				
COUNTY	Other County Contribution (specify)	0	0	0
COUNTY	Other County Contribution (specify)	0	0	0
COUNTY	Other County Contribution (specify)	0	0	0
COUNTY	Other County Contribution (specify)	0	0	0
COUNTY	Other County Contribution (specify)	0	0	0
OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND TOTAL		0	0	0
TOTAL COUNTY CONTRIBUTIONS		733,015	111,448	844,463
GRAND TOTAL CHD PROGRAM		2,569,116	969,363	3,538,479

ATTACHMENT II

NASSAU COUNTY HEALTH DEPARTMENT

Part III. Planned Staffing, Clients, Services, And Expenditures By Program Service Area Within Each Level Of Service

October 1, 1998 to September 30, 1999

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan				County	State	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
A. COMMUNICABLE DISEASE CONTROL:										
Immunization (101)	3.20	0	6,200	33,203	33,203	33,203	33,203	32,422	100,390	132,812
STD (102)	0.40	111	211	3,536	3,536	3,536	3,536	2,570	11,574	14,144
A.I.D.S. (103)	1.20	132	336	14,974	14,974	14,974	14,974	15,678	44,218	59,896
TB Control Services (104)	0.40	456	799	5,111	5,111	5,111	5,111	5,175	15,269	20,444
Comm. Disease Surv. (106)	0.60	0	259	6,240	6,240	6,240	6,240	6,111	18,849	24,960
Vital Statistics (180)	0.60	0	0	3,032	3,032	3,032	3,032	12,128	0	12,128
COMMUNICABLE DISEASE SUBTOTAL	6.40	699	7,805	66,096	66,096	66,096	66,096	74,084	190,300	264,384
B. PRIMARY CARE:										
Chronic Disease Services (210)	2.20	2,000	2,000	27,186	27,186	27,186	27,186	27,300	81,444	108,744
Home Health (215)	0.00	0	0	0	0	0	0	0	0	0
W.I.C. (221)	9.00	2,009	14,329	90,335	90,335	90,335	90,335	12,261	349,079	361,340
Family Planning (223)	7.00	1,625	5,176	79,626	79,626	79,626	79,626	77,623	240,881	318,504
Improved Pregnancy Outcome (225)	0.20	0	580	4,108	4,108	4,108	4,108	4,108	12,324	16,432
Healthy Start Prenatal (227)	0.80	112	1,839	22,460	22,460	22,460	22,460	28,985	60,855	89,840
Comprehensive Child Health (229)	2.80	764	2,617	50,680	50,680	50,680	50,680	76,992	125,728	202,720
Healthy Start Infant (231)	1.40	64	1,732	14,177	14,177	14,177	14,177	14,177	42,531	56,708
School Health (234)	6.00	0	32,436	55,696	55,696	55,696	55,696	99,778	123,006	222,784
Comprehensive Adult Health (237)	7.00	1,220	8,655	95,721	95,721	95,721	95,721	135,004	247,880	382,884
Dental Health (240)	2.00	4,348	9,116	31,632	31,632	31,632	31,632	23,394	103,134	126,528
PRIMARY CARE SUBTOTAL	38.40	12,142	78,480	471,621	471,621	471,621	471,621	499,622	1,386,862	1,886,484
C. ENVIRONMENTAL HEALTH:										
Storage Tank Compliance (355)	1.50	143	572	22,148	22,148	22,148	22,148	30,372	58,220	88,592
Super Act Service (356)	0.50	0	403	3,410	3,410	3,410	3,410	3,738	9,902	13,640
Private Water System (357)	0.60	19	493	7,330	7,330	7,330	7,330	29,320	0	29,320
Public Water System (358)	0.30	12	89	1,124	1,124	1,124	1,124	1,530	2,966	4,496
Swimming Pools/Bathing (360)	0.40	96	325	3,262	3,262	3,262	3,262	3,440	9,608	13,048
Individual Sewage Disp. (361)	5.80	971	3,521	61,415	61,415	61,415	61,415	82,262	163,398	245,660
Public Sewage (362)	0.00	0	0	0	0	0	0	0	0	0
Solid Waste Disposal (363)	0.00	0	0	0	0	0	0	0	0	0
Biomedical Waste Services (364)	0.00	0	0	0	0	0	0	0	0	0
Water Pollution (370)	0.00	0	0	0	0	0	0	0	0	0
Group Care Facility (351)	0.40	39	161	2,647	2,647	2,647	2,647	3,654	6,934	10,588
Migrant Labor Camp (352)	0.00	0	0	0	0	0	0	0	0	0
Housing, Public Bldg Safety, Sanitation (353)	0.00	0	0	0	0	0	0	0	0	0
Mobile Home and Parks Services (354)	0.30	16	64	1,025	1,025	1,025	1,025	1,757	2,343	4,100
Occupational Health (344)	0.00	0	0	0	0	0	0	0	0	0
Consumer Product Safety (345)	0.00	0	0	0	0	0	0	0	0	0
Lead Monitoring Services (350)	0.00	0	0	0	0	0	0	0	0	0
Sanitary Nuisance (365)	0.00	0	0	0	0	0	0	0	0	0
Tanning Facility Services (369)	0.30	10	40	757	757	757	757	1,546	1,482	3,028
Air Pollution (371)	0.00	0	0	0	0	0	0	0	0	0

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 benefiting from federal financial assistance. The provider agrees to complete the Civil Rights Compliance Questionnaire, HRS Forms 946 A and B (or the subsequent replacement if adopted during the contract period), 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 benefiting 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 benefiting from 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 benefiting 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 benefiting from federal financial assistance.

ATTACHMENT III
(continued)

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 benefiting 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 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 Annual Revenue Accruing To The CHD 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>
III. <u>ENVIRONMENTAL HEALTH</u> (Per Statute & Administrative Rule)		
Public Swimming Pools & Bathing Places		\$ 11,326.50
Mobile Home & Recreational Vehicle Parks		2,342.70
Migrant Labor Camps		
Biomedical Waste Generators		
Tanning Facilities		1,350.00
Food Establishments		5,337.00
Onsite Sewage Disposal Program (OSTDS)		95,810.60
Drinking Water		5,607.00
	<u>Subtotal</u>	\$ <u>121,773.80</u>
	<u>Total State Fees</u>	\$ <u>121,773.80</u>

ATTACHMENT IV

III. ENVIRONMENTAL HEALTH:

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	Estimated Annual Revenue Revenue Accruing to the CHD Trust Fund
MIGRANT LABOR CAMPS			
1. Annual permit for facilities with 5-50 occupants	125.00	125.00	
2. Annual permit for facilities with 51-100 occupants	225.00	225.00	
3. Annual permit for facilities with over 100 occupants	500.00	500.00	
Subtotal (not including transfers to headquarters)			
BIOMEDICAL WASTE GENERATORS			
1. Initial permit	55.00	55.00	
2. Renewal of annual permit(except physician office generating less than 25lbs/30 days) postmarked by October 1.	55.00	55.00	
2. Renewal of annual permit(except physician office generating less than 25lbs/30 days) postmarked by October 1.	75.00	75.00	
3. Storage facilities permit postmarked by October 1	55.00	55.00	
3. Storage facilities permit postmarked after October 1	75.00	75.00	
4. Treatment facilities operating permit by October	55.00	55.00	
4. Treatment facilities operating permit after October 1	75.00	75.00	
Subtotal (not including transfers to headquarters)			
TANNING FACILITIES			
1. Annual license fee	150.00	135.00	1,350.00
1a. Transfer to headquarters		15.00	150.00
2. Fee for each additional device	55.00	49.50	-
2.a. Transfer to headquarters		5.50	-
3. Late fee	25.00	22.50	-
3.a. Transfer to headquarters		2.50	-
Subtotal (not including transfers to headquarters)			1,350.00
FOOD ESTABLISHMENTS			
1. Annual Permit for Fraternal/Civic	160.00	144.00	288.00
1a. Transfer to headquarters		16.00	32.00
2. Annual Permit School Cafeteria Operating for 9 months or less	130.00	117.00	1,755.00
2a. Transfer to headquarters		13.00	195.00
months	160.00	144.00	-
3a. Transfer to headquarters		16.00	-
4. Annual Permit for Hospital/Nursing Food Service	210.00	189.00	756.00
4a. Transfer to headquarters		21.00	84.00
5. Annual Permit for Movie Theaters	160.00	144.00	144.00
5a. Transfer to headquarters		16.00	16.00
6. Annual Permit for Jails/Prisons	210.00	189.00	378.00
6a. Transfer to headquarters		21.00	42.00
7. Annual Permit for Bars/Lounges (Drink Service Only)	160.00	144.00	1,152.00
7a. Transfer to headquarters		16.00	128.00
8. Annual Permit for Residential Facilities	110.00	99.00	-
8a. Transfer to headquarters		11.00	-
9. Annual Permit for Child Care Centers without C&F license	85.00	76.50	-
9a. Transfer to headquarters		8.50	-
10. Annual Permit for Limited Food Service	85.00	76.50	-

III. ENVIRONMENTAL HEALTH

ATTACHMENT IV

DESCRIPTION	AMOUNT	DEPOSIT	Estimated Annual Revenue
10a. Transfer to headquarters	8.50		
11. Annual Permit Other Food Service	160.00	144.00	864.00
11a. Transfer to headquarters		16.00	96.00
12. Plan Review	\$36/hour	35.00	
13. Food Worker Training	10.00	10.00	
14. Request for Inspection	40.00	40.00	
15. Reinspection (after the first reinspection)	30.00	30.00	
16. Late Renewal	25.00	25.00	
17. Alcoholic Beverage Inspection Approval	30.00	30.00	
Subtotal (not including transfers to headquarters)			5,337.00
ONSITE SEWAGE DISPOSAL PROGRAM (OSTDS)			
1. Application for permitting of an onsite sewage treatment and disposal system which includes application and plan review for new and repair permits	25.00	23.00	11,017.00
1a. Transfer to headquarters		2.00	958.00
2. Site evaluation for a new system	60.00	55.20	25,447.20
2a. Transfer to headquarters		4.80	2,212.80
3. Site evaluation for a system repair	40.00	36.80	2,244.80
3a. Transfer to headquarters		3.20	195.20
4. Site re-evaluation, new or repair	40.00	36.80	1,435.20
4a. Transfer to headquarters		3.20	124.80
5. Permit for new systems, including standard subsurface, filled or mounded systems	55.00	50.60	23,326.60
5a. Transfer to headquarters		4.40	2,028.40
6. New system installation inspection	55.00	50.60	15,433.00
6a. Transfer to headquarters		4.40	1,342.00
7. Research fee to be collected in addition, and concurrent with the permit for a new system installation fee until 6/30/2002.	5.00	5.00	2,305.00
8. Repair permit issuance which includes inspection	50.00	46.00	3,036.00
8a. Transfer to headquarters		4.00	264.00
9. Inspection of system previously in use	50.00	46.00	7,084.00
9a. Transfer to headquarters		4.00	616.00
10. Reinspection fee per visit for site inspections after system construction approval	25.00	23.00	2,415.00
10a. Transfer to headquarters		2.00	210.00
11. Installation reinspection of non-compliant system per each site visit	25.00	23.00	
11a. Transfer to headquarters		2.00	
12. System abandonment permit, includes permit issuance and inspection	40.00	36.80	588.80
12a. Transfer to headquarters		3.20	51.20
13. Annual operating permit fee for systems in IM and equivalent areas, and for systems receiving commercial waste	150.00	138.00	828.00
13a. Transfer to headquarters		12.00	72.00

ATTACHMENT IV

III. ENVIRONMENTAL HEALTH:

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	Estimated Annual Revenue Revenue Accruing to the CHD Trust Fund
14. Amendments or changes to the operating permit during the permit period per change or amendment	25.00	23.00	-
14a. Transfer to headquarters		2.00	-
15. Aerobic treatment unit operating permit per annum	150.00	138.00	-
15a. Transfer to headquarters		12.00	-
16. Tank manufacturer's inspection per annum	100.00	50.00	-
16a. Transfer to headquarters		50.00	-
17. Septage disposal service permit per annum	50.00	46.00	138.00
17a. Transfer to headquarters		4.00	12.00
18. Additional charge per pumpout vehicle	25.00	23.00	23.00
18a. Transfer to headquarters		2.00	2.00
19. Portable or temporary toilet service permit per annum	50.00	46.00	92.00
19a. Transfer to headquarters		4.00	8.00
20. Additional charge per pumpout vehicle	25.00	23.00	-
20a. Transfer to headquarters		1.50	-
21. Septage stabilization facility inspection fee per annum	150.00	138.00	138.00
21a. Transfer to headquarters		12.00	12.00
22. Septage disposal site evaluation fee per annum	100.00	92.00	184.00
22a. Transfer to headquarters		8.00	16.00
23. Aerobic treatment unit maintenance entity permit per annum.	25.00	23.00	-
23a. Transfer to headquarters		2.00	-
24. Variance application for a single family residence per each lot or building site	150.00	75.00	75.00
24a. Transfer to headquarters		75.00	75.00
25. Variance application for a multi-family or commercial building per each building site	200.00	100.00	-
25a. Transfer to headquarters		100.00	-
26. Inspection for construction of an injection well (F.L. Keys)	125.00	125.00	-
Subtotal (not including transfers to headquarters)			95,810.60
Performance-based Treatment Systems			
1. Application for permitting of a new performance-based treatment system, which includes application and plan review	125.00	115.00	
1a. Transfer to headquarters		10.00	
2. Permit for new performance-based treatment system	125.00	115.00	
2a. Transfer to headquarters		10.00	
3. Installation inspection for new performance-based systems	75.00	69.00	
3a. Transfer to headquarters		6.00	
6. Research fee to be collected in addition, and concurrent with the permit for a new performance-based system installation fee	5.00	5.00	
4. Repair permit issuance which includes inspection	125.00	115.00	
4a. Transfer to headquarters		10.00	
5. Inspection of system previously in use	25.00	23.00	
5a. Transfer to headquarters		2.00	

ATTACHMENT IV

III. ENVIRONMENTAL HEALTH:

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	Estimated Annual Revenue Revenue Accruing to the CHD Trust Fund
6. Reinspection fee per visit for site inspections after system construction approval	25.00	23.00	
6a. Transfer to headquarters		2.00	
visit	50.00	46.00	
7a. Transfer to headquarters		4.00	
8. System abandonment permit, includes permit issuance and inspection	75.00	69.00	
8a. Transfer to headquarters		6.00	
9. Annual operating permit fee for performance-based treatment system. Fee charged second year of operation	200.00	184.00	
9a. Transfer to headquarters		16.00	
10. Review of application due to proposed amendments or changes after initial operating permit issuance.	75.00	69.00	
10a. Transfer to headquarters		6.00	
11. Variance application for a single family residence per each lot or building site	150.00	75.00	
11a. Transfer to headquarters		75.00	
Subtotal (not including transfers to headquarters)			-
DRINKING WATER			
1. First Year Public Water Annual Operation Permit - Limited Use	75.00	67.50	-
1a. Transfer to headquarters		7.50	-
Use	70.00	63.00	5,607.00
2a. Transfer to headquarters		7.00	623.00
3. Public Water Construction Permit - Limited Use.	75.00	67.50	-
3a. Transfer to headquarters		7.50	-
4. Private Water Construction Permit - serving 3 or 4 non-rental residences	40.00	36.00	-
4a. Transfer to headquarters		4.00	-
5. Initial Operating Permit Fee After March 31 of Any Year	35.00	31.50	-
5a. Transfer to headquarters		3.50	-
6. Non-SDWA Lab Sample (Sample Collection/Review of Analytical Results/Health Risk Interpretation):			-
Delineated Area	50.00	50.00	-
Bacterial Sample Collection	40.00	40.00	-
Chemical Sample Collection	60.00	60.00	-
Combined Chemical microbiological	65.00	65.00	-
7. Reinspection of Private Water System	25.00	25.00	-
8. Reinspection of Public Water System	40.00	40.00	-
9. Delineated Area Clearance Fee	50.00	50.00	-
10. Limited Use Commercial Registered System	15.00	15.00	-
11. Limited Use Commercial Public Water System Operating Permit Family Day Care Establishment	25.00	25.00	-
Subtotal (not including transfers to headquarters)			5,607.00

Total State Fees

121,773.80

Subtotal

Estimated Annual Revenue	Revenue Accruing to the CHD Trust Fund	DEPOSIT AMOUNT	FEE AMOUNT	DESCRIPTION
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III. ENVIRONMENTAL HEALTH:

ATTACHMENT IV

ATTACHMENT V
COUNTY FEE SCHEDULES, BY SERVICE

<u>LEVEL OF SERVICE/SERVICE:</u>	<u>Fee/Range</u>	<u>Estimated Annual Revenue Accruing To The CHD Trust Fund</u>
I. <u>COMMUNICABLE DISEASE:</u>		
Birth Certificates	\$10.00	2,590
Death Certificates	5.00	10,381
Vital Statistics Administrative Fee	0.50	250
Communicable Disease Services		869
	 <u>Subtotal</u>	 \$ <u>14,090</u>
II. <u>PRIMARY CARE:</u>		
Family Health Services		33,585
	 <u>Subtotal</u>	 \$ <u>33,585</u>
III. <u>ENVIRONMENTAL HEALTH:</u>		
Plat/Plan Review		1,900
Well Permits		25,020
	 <u>Subtotal</u>	 \$ <u>26,920</u>
	 <u>Total County Fees</u>	 \$ <u>74,595</u>

ATTACHMENT VI

FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT

<u>Facility Description</u>	<u>Location</u>	<u>Owned By</u>
Fernandina Beach Health Center And Administration	30 South 4 th Street Fernandina Beach, FL	County
Environmental Health Division	1015 South 14 th Street Fernandina Beach, FL	County
Yulee Health Center	528 Page's Dairy Road Yulee, FL	County
WIC Services Building	1350 Page's Dairy Road Yulee, FL	County
Dental Clinic/Health Education (Full Service School)	479 Felmore Road Yulee, FL	County
Callahan Health Center	208 Mickler Street Callahan, FL	County
Hilliard Health Center	211 Pecan Street Hilliard, FL	County

ATTACHMENT VII

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

DESCRIPTION OF SPECIAL CONTRACTS
(Please list separately)

Special contracts are contracts for services for which there are no comparable services in the county health department core programs; no service codes in Departmental coding manuals; projects that are locally designed and have no standard statewide set of services and therefore cannot be accounted for within existing county health department programs. These contracts are coded to SAMAS Level 599 and include some contracts formerly handled at the district offices such as Epilepsy, colposcopy, Project WARM, community planning and special family planning and teen mother projects.

<u>Project</u>	<u>Amount</u>
1. Northeast Florida Consortium Volusia CHD provides Administrative Support Services previously provided by C&F District Four at no direct cost to Nassau CHD. Support services include Personnel, Fiscal, Purchasing, Information Systems, and Equal Employment Opportunity (EEO).	\$ 43,348
2. Hilliard Health Center Replace telephone system that was originally installed in 1984. The system does not have the capacity to support the communications requirements of this health center including WIC Administration.	\$ 5,000
3. Upgrade computer systems infrastructure Replace computer equipment that is not Year 2000 Compliant and equipment that was purchased more than three years ago. Replace primary file server.	\$ 16,000
4. Environmental Health Division Purchase light pick-up truck for staff performing field inspections (septic tank program, underground storage tank program).	\$ 12,000
5. Fernandina Beach Clinic New construction, FCO funded FY96, Project Nr. 95209200. Purchase/provide telephone system, office furniture, medical equipment and furniture (e.g. examination tables), connectivity to LAN.	\$ 80,000

- | | | |
|----|---|------------------|
| 6. | Yulee Health Center | \$ 40,000 |
| | Expansion, FCO funded FY98, Project Nr. 97309200.
Purchase/provide telephone system, office furniture,
medical equipment and furniture. Upgrade existing septic
drain field/install new drain field to capacity of the
expanded building. | |
| 7. | Administrative Facility | \$ 20,000 |
| | New construction, FCO funded FY98, Project Nr. 97309200.
Purchase/provide telephone system, office furniture,
connectivity to LAN, mainframe, and DOH Networks. | |
| 8. | Environmental Health Division | \$ 10,000 |
| | Relocate to new County Administration Facility - County
construction project. Purchase/provide office furniture
and equipment, connectivity to LAN. | |
| | Total | \$226,348 |

ATTACHMENT VIII

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 health department 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 VIII
(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. CHD 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 CHD 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.

*or the subsequent replacement if adopted during the contract period.