

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 1999-2000

99 OCT -8 AM 10:41

STATE DEPARTMENT OF HEALTH  
OFFICE OF THE CLERK

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, 1999.

**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, 1999, through September 30, 2000, 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 levels. 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:

a. 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 \$1,937,168. 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 \$1,082,225.

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. If the State initiates the increase/decrease, then the CHD will amend the core contract and send a copy of the revised contract pages to the County and the Department of Health, Office of Management and Budget within 30 days of the executed amendment to the core contract. If the County initiates the increase/decrease, then the County shall notify the CHD. The CHD will then amend the core contract and send a copy of the revised pages to the Department of Health, Office of Management and Budget within 30 days of the executed amendment to the core contract.

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 Comptrollers 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. Specific references to existing laws, rules or program manuals are included in Attachment I of this contract.

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, 2000 for the report period October 1, 1999 through December 31, 1999;

ii. June 1, 2000 for the report period October 1, 1999 through March 31, 2000;

iii. September 1, 2000 for the report period October 1, 1999 through June 30, 2000; and

iv. December 1, 2000 for the report period October 1, 1999 through September 30, 2000.

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.

9. 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, 1999, 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

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

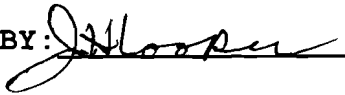
If different contract managers are designated after execution of this Agreement, the name, address and telephone number of the new representative shall be furnished in writing to the other parties and attached to originals of this Agreement.


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 1<sup>st</sup> day of October, 1999.

BOARD OF COUNTY COMMISSIONERS  
FOR NASSAU COUNTY

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

SIGNED BY: 

SIGNED BY:   
Robert G. Brooks, MD  
Secretary

NAME: J. H. (Pete) Cooper

TITLE: Chairman

DATE: 9/27/99

DATE: 10/14/99

ATTESTED TO:

SIGNED BY: 

SIGNED BY:   
CHD Director/Administrator

NAME: J. M. Oxley, Jr.

NAME: E. J. Ngo-Seidel, MD

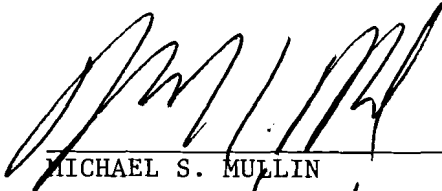
TITLE: Ex-Officio Clerk

TITLE: Director

DATE: 9/27/99

DATE: 9-22-99

Approved as to form by the  
Nassau County Attorney:

  
MICHAEL S. MULLIN

Date: 9/28/99

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 UNIT TRUST FUND BALANCES

	Estimated State Share of CHD Trust Fund Balance as of 09/30/99	Estimated County Share of CHD Trust Fund Balance as of 09/30/99	Total
1. CHD Trust Fund Ending Balance 09/30/99	(66,576)	317,198	250,622
2. Drawdown for Contract Year October 1, 1999 to September 30, 2000	0	0	0
3. Special Project use for Contract Year October 1, 1999 to September 30, 2000	0	0	0
4. Balance Reserved for Contingency Fund October 1, 1999 to September 30, 2000 (12% Recommended for Emergency or Cash Flow)	(66,576)	317,198	250,622

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
<b>STATE</b>				
<b>1. GENERAL REVENUE</b>				
015050	ALG/Contributions To CHD (050329)	577,109	0	577,109
015050	ALG/Contr. To CHDs-.5% Holdback (050329)	0	0	0
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 Proj (050329)	0	0	0
015050	Sovereign Immunity (050329)	0	0	0
015050	ALG/Cont to CHDs Pinellas Indigent Dentl Clinic-UF (050329)	0	0	0
015050	ALG/Cont to CHDs-Dental Praogram (Cat. 050329)	33,500	0	33,500
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	ALG/Cont to CHD Fam Trans PRG (050329)	0	0	0
015050	ALG/Palm Beach CHD-Health Program Office Staff (050329)	0	0	0
015050	ALG/Cesspool Identification and Elimination (Cat. 050329)	0	0	0
015048	ALG/Cont to CHD STD Program (050329)	0	0	0
015050	Improve Overall Health of Fla. Comm. St. Lucie (050329)	0	0	0
015037	ALG/Cont to CHDs Mtml & Chld Hlth Field Staff Cost(05	0	0	0
015050	Epidemiology Traning & Clinical Support (CAT. 050329)	0	0	0
015123	ALG/Family Planning (050001)	33,834	0	33,834
015123	ALG/Family Planning Planned Parenthood NE FL (CAT. 050001)	0	0	0
015123	ALG/Family Planning (CAT. 050001) - Alachua Colposcopy	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
015140	ALG/School Health Suppl. (051106)	0	0	0
015124	ALG/IPO-Healthy Start/IPO (050707)	0	0	0
015124	ALG/IPO-Infant Mortality Project (CAT. 050707)	0	0	0
015124	ALG/IPO - Outreach Social Workers (CAT. 050707)	0	0	0
015137	ALG/IPO Healthy Start Resource Moms & Dads (050707)	0	0	0
015137	ALG/IPO Healthy Start Incr Maternal Health Care (050707)	0	0	0
015137	ALG/IPO-Healthy Start-Data Collect. Prj Staff (CAT. 050707)	0	0	0
015124	ALG/MCH-Healthy Start/IPO (050870)	0	0	0
015124	ALG/IPO Outreach Social Workers (CAT 050870)	0	0	0
015124	ALG/MCH-Infant Mortality Project (CAT. 050870)	0	0	0
015123	Planned Parent Hood - Collier and Sarasota (CAT. 050329)	0	0	0
015029	AIDS/Drugs Reimb. One Time Transfer (CAT 180000/FG TF)	0	0	0
015115	G/A Eye Exams NASA -School Health Ocular Scm. (050063)	0	0	0
015012	G/A Epilepsy Services (050082)	0	0	0
015011	ALG/Primary Care (050331)	123,500	0	123,500
<b>GENERAL REVENUE TOTAL</b>		<b>846,159</b>	<b>0</b>	<b>846,159</b>
<b>2. NON GENERAL REVENUE</b>				
015010	ALG/Contr. to CHDs-Rebasing (CAT. 050329) Tobacco TF	13,739	0	13,739
015072	ALG/Cont to CHD Safe Drinking Water-DEP	0	0	0
015026	ALG/Cont to CHD Bio-Medical Waste (DEP)	0	0	0
015170	Tobacco Coordination (CAT. 105014) Tobacco TF	42,945	0	42,945
015172	Full Service Schools - Tobacco (CAT 102258) Tobacco TF	77,172	0	77,172
015174	Basic School Health - Tobacco (CAT 051106) Tobacco TF	17,818	0	17,818
015016	G/A Epilepsy Prev and Educ (CAT. 050083) /Epilepsy TF	0	0	0
015010	Food Hygiene Program	0	0	0
015010	Health Services in Model City-Dade County	0	0	0
015084	Varicella Immunization Requirement (CAT 050329) Tobacco TF	2,580	0	2,580
015010	SUPER Act Program (CAT. 050329) Adm TF	0	0	0
015020	Food and Waterborne Disease Program (CAT. 050329) Adm TF	0	0	0
015010	Hlth Svcs for Elderly-Medivan Proj-Broward (050329) Tob. TF	0	0	0

**ATTACHMENT II**

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

<b>CHD Trust Fund (cash)</b>	<b>Other Contributions</b>	<b>Total</b>
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**STATE**

**2. NON GENERAL REVENUE**

Pasco CHD Dental Program (CAT 050329) Tobacco TF	0	0	
Breast & Cerv. Cancer-Prshp Pj- Hillsbor.(052250) Tob. TF	0	0	
Dunbar Center - Lee County - Lee CHD (CAT 052250) Tob. TF	0	0	
Prim Care Outreach-Pallas/Sunco: Cm Hsp Res.Pro(052250)Tob TF	0	0	
Pj SOAR-Hlthy Mthrs/Hlthy Babies-Plm Bch CHD(052250)Tob TF	0	0	
Leon County Mobile Health Unit (CAT 052250) Tobacco TF	0	0	
Telemed Pilot-Plm Bch City - Palm Bch CHD (052250) Tob TF	0	0	
Radiation ProtectionTF/X-Ray Inspection (CAT. 180000)	0	0	
Radiation Prot. TF/Rad Lic Fee Transfer (CAT. 180000)	0	0	
Other Grants DOE	0	0	
SPL Program HRS Reim	0	0	
Stationary Pollutant Storage-DEP	56,867	56,867	
Transfers Interagency	0	0	
Super Act Transfers	14,000	14,000	
<b>NON GENERAL REVENUE TOTAL</b>	<b>225,121</b>	<b>225,121</b>	
<b>3. FEDERAL FUNDS</b>			
07051 FG TF WIC Admin Transfer (050329)	281,885	281,885	
07051 FG TF Family Trans Program (050329)	0	0	
07135 Abstinence Grant Education Program	0	0	
07065 FG TF AIDS Prevention (050329)	0	0	
07064 FG TF AIDS Sur/Serop (050329)	0	0	
07066 FG TF Ryan White (050329)	0	0	
07066 FG TF Ryan White- AIDS Drug Assist Program Admin. (050329)	0	0	
07062 FG TF/AIDS Epid research Study (050329)	0	0	
07049 Cont to CHDS - STD Chlamydia Study (CAT 050329)	0	0	
07049 FG TF/ALG Cont to CHDS-STD Program (050329)	0	0	
07067 FG TF/ALG/Cont to CHDS-Community TB (050329)	0	0	
07084 Immunization Special Project	1,399	1,399	
07084 FG TF/ALG/Cont to CHDS-Immunization Action Plan (050329)	6,815	6,815	
07085 FG TF/ Breast and Cervical Cancer Grant	0	0	
07084 FG TF/ALG/Cont to CHDS-Project Field Staff (050329)	0	0	
07084 ALG/Cont. to CHDS-Immun. Action Plan - WIC-Imm Linkages	0	0	
07000 Brain Injury Prevention Program (CAT. 000700)	0	0	
07133 Family Planning Title X (050001)	23,261	23,261	
07133 Farm Planning Title X Spec Proj (050001)	0	0	
07133 Family Planning Title X Sterilizations (50001)	5,994	5,994	
015075 ALG/Family Planning - Pregnancy Prev - TANF (CAT 050001)	12,427	12,427	
07127 MCH BLK Grt. Child Health (050870)	10,683	10,683	
07127 MCH BLK Grt. Child Hlth (Ages 0-1 YR),(050870)	0	0	
07134 ALG/MCH-MCHBG Hlthy Start/PO (050870)	0	0	
07134 ALG/MCH-MCHBG Outr. Soc Workers (050870)	0	0	
07134 MCH BLK Grt. IPO Infant Mort. Proj. (050870)	0	0	
07132 MCH BLK Grt. Dental Projects (050870)	30,300	30,300	
07134 ALG/PO/MCH-Infant Mortality Project (CAT. 050707)	0	0	
07134 ALG/PO/MCH Outr Social Workers (050707)	0	0	
07134 ALG/PO-MCH Bk. Grt. IPO (CAT. 050707)-Gadsden Sch Clinic	0	0	
07134 ALG/PO-MCHBG Hlthy Start/PO (050707)	0	0	
07058 FG TF/Diabetes Control	0	0	
07071 FG TF EPI Res Stud. of AIDS/HIV (180000)	60,787	60,787	
07063 PHBG HERR Chronic Dis Init (101505)	0	0	
07133 Planned Parenthood	0	0	
07030 PREV HLTH BLK GRT-Migrant Labor (180000)	0	0	
07000 Phiestria Related Illness Surv & Prev (180000)	0	0	
07056 FG TF Health Program for Refug. (180000)	0	0	



# ATTACHMENT II

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

	CHD Trust Fund (cash)	Other Contributions	Total
<b>STATE</b>			
<b>3. FEDERAL FUNDS</b>			
007044 PREV HLTH BLK GRT-Rape Awareness(180000)	0	0	0
015075 Transfer-FED Grants other Agencies	0	0	0
015060 Entrant Reimb. Transfer	0	0	0
<b>FEDERAL FUNDS TOTAL</b>	<b>433,551</b>	<b>0</b>	<b>433,551</b>
<b>4. FEES ASSESSED BY STATE OR FEDERAL RULES</b>			
001091 Communicable Disease Fees	0	0	0
001092 Environmental Health Fees	125,872	0	125,872
001113 Mobile Home and Parks	2,343	0	2,343
001132 Food Hygiene Permit	5,490	0	5,490
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	1,925	0	1,925
001144 Tanning Facilities	2,488	0	2,488
001145 Swimming Pools	12,452	0	12,452
001164 Public Water Constr Permit	0	0	0
001165 Private Water Constr Permit	108	0	108
001166 Public Water Annual Oper Permit	6,034	0	6,034
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 Registar Fees (Ch. 382.34)	0	0	0
001135 OSDS Variance Fee	150	0	150
015052 Transfers-Mobile Home/RV Park	0	0	0
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>	<b>156,862</b>	<b>0</b>	<b>156,862</b>
<b>5. OTHER CASH CONTRIBUTIONS</b>			
090001 Draw down from Public Health Unit	0	0	0
<b>OTHER CASH CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>6. MEDICAID</b>			
001056 CHD Incm:Medicaid-Pharmacy	0	0	0
001080 CHD Incm:Medicaid-Other	2,632	0	2,632
001081 CHD Incm:Medicaid-EPSDT	4,758	0	4,758
001082 CHD Incm:Medicaid-Dental	84,250	0	84,250
001083 CHD Incm:Medicaid-FP	4,944	0	4,944
001084 CHD Incm:Medicaid-Physician	18,448	0	18,448
001085 CHD Incm:Medicaid-Nursing	1,010	0	1,010
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

## ATTACHMENT II

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

	CHD Trust Fund (cash)	Other Contributions	Total
<b>STATE</b>			
<b>6. MEDICAID</b>			
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	4,347	0	4,347
<b>MEDICAID TOTAL</b>	<b>120,389</b>	<b>0</b>	<b>120,389</b>
<b>7. ALLOCABLE REVENUE</b>			
011007 Cash Donations Private	0	0	0
001029 Third Party Reimbursement	0	0	0
010301 Exp Witness Fee Consultnt Charges	0	0	0
005040 Interest Emed State Investment	10,222	0	10,222
005041 Interest Emed Local Investment	0	0	0
007010 U.S. Grants Direct to CHD	0	0	0
008094 Grnts/Contracts other Agencies Direct	144,614	0	144,614
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
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
<b>ALLOCABLE REVENUE TOTAL</b>	<b>155,086</b>	<b>0</b>	<b>155,086</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND</b>			
State Pharmacy Services	0	60,611	60,611
State Laboratory Services	0	56,357	56,357
State TB Services	0	0	0
State Immunization Services	0	48,006	48,006
State STD Services	0	0	0
State Construction/Renovation	0	0	0
WIC Food	0	714,978	714,978
Other (specify)	0	0	0
Other (specify)	0	0	0
Other (specify)	0	0	0
Other (specify)	0	0	0
<b>OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND TOTAL</b>	<b>0</b>	<b>879,952</b>	<b>879,952</b>
<b>TOTAL STATE CONTRIBUTIONS</b>	<b>1,937,168</b>	<b>879,952</b>	<b>2,817,120</b>

**ATTACHMENT II**

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

<b>CHD Trust Fund (Cash)</b>	<b>Other Contributions</b>	<b>Total</b>
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**COUNTY**

**1. BOARD OF COUNTY COMMISSIONERS ANNUAL APPROPRIATIONS:**

008030	Grants-County Tax Direct	519,169	0	519,169
008034	Grants Cnty Common Other	0	0	0
<b>BOARD OF COUNTY COMMISSIONERS ANNUAL APPROPRIATIONS TOTAL:</b>		<b>519,169</b>	<b>0</b>	<b>519,169</b>

**2. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION:**

001077	Primary Care Fees	38,750	0	38,750
001093	Communicable Disease Fees	600	0	600
001094	Environmental Health Fees	32,275	0	32,275
001114	New Birth Certificates	2,230	0	2,230
001115	Death Certificates	11,094	0	11,094
001116	Computer Access Fee	0	0	0
001060	Vital Statistics Fees Other	0	0	0
001004	Child Car Seat Prog	1,200	0	1,200
001074	Adult Enter. Permit Fees	0	0	0
001195	Primary Care Transfer Fees	0	0	0
001117	Vital Stats-Adm. Fee 50 cents	300	0	300
001196	Water Analysis-Potable	0	0	0
<b>FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION TOTAL</b>		<b>86,449</b>	<b>0</b>	<b>86,449</b>

**3. OTHER CASH AND LOCAL CONTRIBUTIONS**

090002	Draw down from Public Health Unit	0	0	0
001090	Medicare	3,600	0	3,600
008050	Grants-Cnty Sch Board Direct	84,489	0	84,489
008010	Grants Contracts Frm Cities Direct	0	0	0
008033	County Contributions For Facilities	0	0	0
008090	Grants other Local Gov't Direct	0	0	0
008095	Grants Cnty Sect 403.102 Air Pol	0	0	0
008099	Reimb/Rebate Local Gov't	0	0	0
008031	County AIDS Education	0	0	0
<b>OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL</b>		<b>88,089</b>	<b>0</b>	<b>88,089</b>

**4. ALLOCABLE REVENUE**

011007	Cash Donations Private	120	0	120
001029	Third Party Reimbursement	2,400	0	2,400
010301	Exp Witness Fee Consultant Charges	0	0	0
005040	Interest Emred State Investment	0	0	0
005041	Interest Emred Local Investment	11,000	0	11,000
007010	U.S. Grants Direct to CHD	0	0	0
008094	Gmts/Contracts other Agencies Direct	374,868	0	374,868
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
010300	Sale of Goods and Services	0	0	0
010402	Recycle Paper Sales	0	0	0
010403	Fees-Copies of Documents	0	0	0





**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, 1999 to September 30, 2000**

C. ENVIRONMENTAL HEALTH:	FTE's	Clients	Quarterly Expenditure Plan				State	Grand Total
			1st	2nd	3rd	4th		
(0.00)	Units	Services	(Whole dollars only)					

Public Sewage (362)	0.00	0	0	0	0	0	0	0
Solid Waste Disposal (363)	0.00	0	0	0	0	0	0	0
Sanitary Nuisance (365)	0.00	0	0	0	0	0	0	0
Water Pollution (370)	0.00	0	0	0	0	0	0	0
Air Pollution (371)	0.00	0	0	0	0	0	0	0
Radiological Health (372)	0.00	0	0	0	0	0	0	0
Toxic Substances (373)	0.00	0	0	0	0	0	0	0
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	<b>8.14</b>	<b>1,488</b>	<b>4,364</b>	<b>106,173</b>	<b>106,173</b>	<b>106,173</b>	<b>106,173</b>	<b>424,692</b>
<b>TOTAL CONTRACT</b>	<b>63.88</b>	<b>10,542</b>	<b>136,608</b>	<b>754,848</b>	<b>754,848</b>	<b>754,848</b>	<b>754,848</b>	<b>3,019,393</b>

**Attachment IV  
ENVIRONMENTAL HEALTH FEE SCHEDULE  
FY 1999-2000**

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	Estimated Annual Revenue Accruing to the CHD Trust Fund
<b>PUBLIC SWIMMING POOLS AND BATHING PLACES</b>			
1. Annual Permit - Up to (and including) 25,000 gallons	75.00	67.50	2,768
1a. Transfer to headquarters		7.50	
2. More than 25,000 gallons	160.00	144.00	9,504
2a. Transfer to headquarters		16.00	
3. Exempted Condo Pools (over 32 units)	50.00	45.00	180
3a. Transfer to headquarters		5.00	
Subtotal			12,452
<b>OTHER FEES</b>			
Collected by the 12 delegated counties			
Broward, Dade, Duval, Hillsborough, Lee, Manatee, Collier, Palm Beach, Pinellas, Polk, Sarasota, Volusia, Escambia.			
Variances for Okaloosa, Santa Rosa, Walton counties			
are processed by Escambia County as follows:			
1. Plan review (new construction)	275.00	275.00	
2. Plan review for modification of original construction	100.00	100.00	
3. Plan/application review for bathing place development	275.00	275.00	
4. Initial operating permit	125.00	125.00	
5. Variance applications	240.00	216.00	
5a. Transfer to Headquarters		24.00	
All other counties are to send the fee to Bureau of Facility Programs in Tallahassee or the Environmental Engineering section in Orlando as follows:			
1. Plan review (new construction)	275.00	275.00	
2. Plan review for modification of original construction	100.00	100.00	
3. Plan/application review for bathing place development	275.00	275.00	
4. Initial operating permit	125.00	125.00	
5. Variance applications	240.00	240.00	
<b>MOBILE HOME &amp; RECREATIONAL VEHICLE PARKS</b>			
(FEES ARE PRORATED ON A QUARTERLY BASIS)			
1. Annual permit for 5 to 14 spaces	50.00	45.00	585
1a. Transfer to headquarters		5.00	
2. Annual permit for 15 to 171 spaces	3.50 per space		1,758
2a. Transfer to headquarters		10%	
3. Annual permit for 172 and above spaces	600.00	540.00	
3a. Transfer to headquarters		60.00	
Subtotal			2,343
<b>MIGRANT LABOR CAMPS</b>			
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	

**Attachment IV  
ENVIRONMENTAL HEALTH FEE SCHEDULE  
FY 1999-2000**

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	Revenue Accruing to the CHD Trust Fund
<b>BIOMEDICAL WASTE GENERATORS</b>			
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 after 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 1	55.00		55.00
4. Treatment facilities operating permit after October 1	75.00		75.00
<b>FEES COLLECTED AT HEADQUARTERS</b>			
5. Transporter registration (one vehicle) postmarked by 10/1	55.00		55.00
5. Transporter registration (one vehicle) after 10/1	75.00		75.00
6. Transporter registration additional vehicle	10.00		10.00
<b>TANNING FACILITIES</b>			
1. Annual license fee	150.00		135.00
1a. Transfer to headquarters			15.00
2. Fee for each additional device	55.00		49.50
2a. Transfer to headquarters			5.50
3. Late fee	25.00		25.00
<b>FOOD ESTABLISHMENTS</b>			
Subtotal			
			2,489
1. Annual Permit for Fraternal/Civic	160.00		144.00
1a. Transfer to headquarters			16.00
2. Annual Permit School Cafeteria Operating for 9 months or less	130.00		117.00
2a. Transfer to headquarters			13.00
3. Annual Permit School Cafeteria Operating for more than 9 months	160.00		144.00
3a. Transfer to headquarters			16.00
4. Annual Permit for Hospital/Nursing Food Service	210.00		189.00
4a. Transfer to headquarters			21.00
5. Annual Permit for Movie Theaters	160.00		144.00
5a. Transfer to headquarters			16.00
6. Annual Permit for Jails/Prisons	210.00		189.00
6a. Transfer to headquarters			21.00
7. Annual Permit for Bars/Lounges (Drink Service Only)	160.00		144.00
7a. Transfer to headquarters			16.00
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
<b>Revenue Accruing to the CHD Trust Fund</b>			



**Attachment IV  
ENVIRONMENTAL HEALTH FEE SCHEDULE  
FY 1999-2000**

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	Revenue Accruing to the CHD Trust Fund
10. Annual Permit for Limited Food Service	85.00	76.50	77
10a. Transfer to headquarters		8.50	
11. Annual Permit Other Food Service	160.00	144.00	864
11a. Transfer to headquarters		16.00	
12. Plan Review	\$35/hour	\$35/hour	70
13. Food Worker Training	10.00	10.00	
14. Request for Inspection	40.00	40.00	80
15. Reinspection (after the first reinspection)	30.00	30.00	
16. Late Renewal	25.00	25.00	100
17. Alcoholic Beverage Inspection Approval	30.00	30.00	30
<b>ONSITE SEWAGE DISPOSAL PROGRAM (OSTDS)</b>			
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	18,400
2. Site evaluation for a new system	60.00	55.20	30,360
2a. Transfer to headquarters		4.80	
3. Site evaluation for a system repair	40.00	36.80	4,600
3a. Transfer to headquarters		3.20	
4. Site re-evaluation, new or repair	40.00	36.80	1,472
4a. Transfer to headquarters		3.20	
5. Permit for new systems, including standard subsurface, filled or mounded systems	55.00	50.60	27,830
5a. Transfer to headquarters		4.40	
6. New system installation inspection	55.00	50.60	27,830
6a. Transfer to headquarters		4.40	
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	
8. Repair permit issuance which includes inspection	50.00	41.40	4,140
8a. Transfer to headquarters		3.60	
8b. Transfer to headquarters for training center		5.00	
9. Inspection of system previously in use	50.00	46.00	4,600
9a. Transfer to headquarters		4.00	
10. Reinspection fee per visit for site inspections after system construction approval	25.00	23.00	2,760
10a. Transfer to headquarters		2.00	
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	1,840
<b>Subtotal</b>			
			<b>5,770</b>

**Attachment IV  
ENVIRONMENTAL HEALTH FEE SCHEDULE  
FY 1999-2000**

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	Revenue Accruing to the CHD Trust Fund
12a. Transfer to headquarters		3.20	
13. Annual operating permit fee for systems in IM and equivalent areas, and for systems receiving commercial waste	150.00	138.00	966
13a. Transfer to headquarters		12.00	
14. Amendments or changes to the operating permit during the permit period per change or amendment		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
17a. Transfer to headquarters		4.00	
18. Additional charge per pumpout vehicle	25.00	23.00	46
18a. Transfer to headquarters		2.00	
19. Portable or temporary toilet service permit per annum	50.00	46.00	46
19a. Transfer to headquarters		4.00	
20. Additional charge per pumpout vehicle	25.00	23.00	
20a. Transfer to headquarters		2.00	
21. Septage stabilization facility inspection fee per annum	150.00	138.00	138
21a. Transfer to headquarters		12.00	
22. Septage disposal site evaluation fee per annum	100.00	92.00	276
22a. Transfer to headquarters		8.00	
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	150
24a. Transfer to headquarters		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 (FL Keys)	125.00	125.00	
Subtotal			125,592
<b>Performance-based Treatment Systems</b>			
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	

**Attachment IV  
ENVIRONMENTAL HEALTH FEE SCHEDULE  
FY 1999-2000**

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	Revenue Accruing to the CHD Trust Fund
6. Research fee to be collected in addition, and concurrent with the permit for a new performance-based system installation fee	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
6. Reinspection fee per visit for site inspections after system construction approval	25.00		23.00
6a. Transfer to headquarters			2.00
7. Installation reinspection of non-compliant system per each site 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
<b>FEE COLLECTED AT HEADQUARTERS - Onsite Sewage</b>			
1. Application for innovative product approval	500.00		
2. Application for registration including initial examination	75.00		
3. Initial registration	100.00		
4. Renewal of registration	100.00		
5. Renewal of inactive certificate of authorization	250.00		
<b>DRINKING WATER</b>			
1. First Year Public Water Annual Operation Permit - Limited Use	75.00		67.50
1a. Transfer to headquarters			7.50
2. Second Year Public Water Annual Operation Permit - Limited Use	70.00		63.00
2a. Transfer to headquarters			7.00
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
			5,670
			270
			95

**Attachment IV  
 ENVIRONMENTAL HEALTH FEE SCHEDULE  
 FY 1999-2000**

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	Revenue Accruing to the CHD Trust Fund
5a. Transfer to headquarters		3.50	
6. Non-SDWA Lab Sample (Sample Collection/Review			
of Analytical Results/Health Risk Interpretation):			
DeIineated Area	50.00	50.00	
Bacterial Sample Collection	40.00	40.00	
Chemical Sample Collection	50.00	50.00	
Combined Chemical microbiological	55.00	55.00	1,925
7. Reinspection of Private Water System	25.00	25.00	
8. Reinspection of Public Water System	40.00	40.00	
9. DeIineated Area Clearance Fee	50.00	50.00	
10. Limited Use Commercial Registered System	15.00	15.00	150
11. Limited Use Commercial Public Water System	25.00	25.00	
Operating Permit Family Day Care Establishment			
<b>Subtotal</b>			<b>8,218</b>
<b>Total</b>			<b>156,862</b>

ATTACHMENT V  
COUNTY FEE SCHEDULES, BY SERVICE

Estimated  
Annual Revenue  
Accruing To The  
CHD Trust Fund

LEVEL OF SERVICE/SERVICE:

Fee/Range

I. COMMUNICABLE DISEASE:

Birth Certificates	\$10.00	\$	2,230.00
Death Certificates	5.00		11,094.00
Vital Statistics Administrative Fee	0.50		300.00
Communicable Disease Services	Various		600.00

Subtotal \$ 14,220.00

II. PRIMARY CARE:

Family Health Services	Various	\$	38,750.00
Car Seat Program	10.00		1,200.00

Subtotal \$ 39,950.00

III. ENVIRONMENTAL HEALTH:

Plat Review	\$40.00-125.00	\$	1,775.00
Plan Review	25.00-75.00		2,500.00
Well permits	40.00-60.00		28,000.00

Subtotal \$ 32,275.00

Total County Fees \$ 86,449.00

FACILITIES UTILIZED BY THE COUNTY HEALTH DEPARTMENT

ATTACHMENT VI

Facility	Description	Location	Owned By
Fernandina Beach Health Center	Fernandina Beach Health Center And Administration	30 South 4 <sup>th</sup> Street Fernandina Beach, FL	County
Environmental Health Division		1015 South 14 <sup>th</sup> 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)

None.

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.