

**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 2001-2002**

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, 2001.

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, 2001, through September 30, 2002, 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, infants, and children; home health; and dental services.

4. **FUNDING.** The parties further agree that funding for the CHD 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 (direct contribution excluding any state fees, Medicaid contributions or any other funds not listed on the Schedule C) as provided in Attachment II, Part II is an amount not to exceed \$1,554,930.00 (State General Revenue, Other State Funds and Federal Funds listed on the Schedule C). The State's obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

ii. The County's appropriated responsibility (direct contribution excluding any fees, other cash or local contributions) as provided in Attachment II, Part II is an amount not to exceed \$705,974.00 (amount listed under the "Board of County Commissioners Annual Appropriations section of the revenue attachment).

b. Overall expenditures will not exceed available funding or budget authority, whichever is less, (either current year or from surplus trust funds) in any service category.

c. Either party may establish service fees as allowed by law to fund activities of the CHD. Where applicable, such fees shall be automatically adjusted to at least the Medicaid fee schedule. Fees are listed in Attachment II Part II of this contract and in the Environmental Health Fee Schedule which is provided by the Environmental Health Program Office. The estimated annual environmental health fee revenues accruing to the County Health Department Trust Fund are listed on Attachment VI.

d. Either party may increase or decrease funding of this Agreement during the term hereof by notifying the other party in writing of the amount and purpose for the change in funding. If the State initiates the increase/decrease, the CHD will revise the Attachment II and send a copy of the revised pages to the County and the Department of Health, Bureau of Budget Management. If the County initiates the increase/decrease, the County shall notify the CHD. The CHD will then revise the Attachment II and send a copy of the revised pages to the Department of Health, Bureau of Budget Management.

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/ADMINISTRATOR. Both parties agree the director/administrator 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/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall insure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year (*This is the standard quality assurance "County-State Goal Achievement" report located on the Department of Health Intranet*).

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/administrator must sign a justification therefore, 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 IV.

c. The CHD shall maintain books, records and documents in accordance with those promulgated by the Generally Accepted Accounting Principles (GAAP) and Governmental Accounting Standards Board (GASB), and the requirements of federal or state law. These records shall be maintained as required by the Department of Health Policies and Procedures for Records Management 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 paragraph 6.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 Florida Accounting System Information Resource (FLAIR).
- 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 of Health's Accounting Procedures Manuals, Accounting memoranda, and Comptroller's memoranda;
- iv.* 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.

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 until 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 capital projects explained in Attachment V.

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 State Health Officer has approved the transfer. The Deputy State Health Officer 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 Agreement. Any such subcontract shall include all aforementioned audit and record keeping 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 Circular A-133 and may be in conjunction with audits performed by county government. If audit exceptions are found, then the director/administrator 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 456.057, 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 Agreement.

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 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. A copy of the written explanation shall be sent to the Department of Health, Bureau of Budget Management.

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, 2002 for the report period October 1, 2001 through December 31, 2001;

ii. June 1, 2002 for the report period October 1, 2001 through March 31, 2002;

iii. September 1, 2002 for the report period October 1, 2001 through June 30, 2002; and

iv. December 1, 2002 for the report period October 1, 2001 through September 30, 2002.

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

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

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 County Health Department Trust Fund shall be sold at fair market value when they are no longer needed by the CHD and the proceeds returned to the County Health Department 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, either party 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, 2002, 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:

For the County:

J. A. Pearson
Name

J. M. Oxley, Jr.
Name

Business Manager
Title

Ex-Officio Clerk
Title

P. O. Box 517

P. O. Box 1010

Fernandina Beach, FL 32035
Address

Fernandina Beach, FL 32035
Address

(904) 277-7287
Telephone

(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.

In WITNESS THEREOF, the parties hereto have caused this 32 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2001.

**BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: Marianne Marshall

NAME: Marianne Marshall

TITLE: Chairperson

DATE: 9-17-01

SIGNED BY: Amie Neva

NAME: for John O. Agwunobi, MD, MBA

TITLE: Acting Secretary

DATE: 10/1/01

ATTESTED TO:

SIGNED BY: J. M. Oxley, Jr.

NAME: J. M. Oxley, Jr.

TITLE: Ex-Officio Clerk

DATE: 9-17-01

SIGNED BY: E. J. Ngo-Seidel

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

TITLE: CHD Director/Administrator

DATE: 9/12/01

Approved as to form by the
Nassau County Attorney:

Michael S. Mullin

ATTACHMENT I

NASSAU COUNTY HEALTH DEPARTMENT

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 Personal Health Coding Pamphlet (DHP 50-20), Environmental Health Coding Pamphlet (DHP 50-21) and FLAIR 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 FAC 64D-3 and F.S. 384 and the CHD Guidebook Internal Operating Policy STD 6 and 7.
2.	Dental Health	Monthly reporting on DH Form 1008*.
3.	Special Supplemental Nutrition Program for Women, Infants and Children.	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4.	Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the Healthy Start Standards and Guidelines 1998 and as specified by the Health Start Coalitions in contract with each county health department.
5.	Family Planning	Periodic financial and programmatic reports as specified by the program office and in the CHD Guidebook, Internal Operating Policy FAMPLAN 14*
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 and Immunization Module quarterly quality audits and duplicate data reports.
7.	Chronic Disease Program	Requirements as specified in the Community Intervention Program (CIP) and the CHD Guidebook.
8.	Environmental Health	Requirements as specified in DHP 50-4* and 50-21*
9.	HIV/AIDS Program	Requirements as specified in Florida Statue 384.25 and 64D-3.016 and 3.017 F.A.C. and the CHD Guidebook. Case reporting on CDC Forms 50.42B (Adult/ Adolescent) and 50.42A (Pediatric). Socio-demographic data on persons tested for HIV in CHD clinics should be reported on Lab Request Form 1628 or Post-Test Counseling Form 1633. These reports are to be sent to the Headquarters HIV/AIDS office within 5 days of the initial post-test counseling appointment or within 90 days of the missed post-test counseling appointment.

ATTACHMENT I (Continued)

9. HIV/AIDS Program
Requirements as specified in Florida Statute 384.25 and 64D-3.016 and 3.017 F.A.C. and the CHD Guidebook. Case reporting on Centers for Disease Control Forms 50.42B (Adult/ Adolescent) and 50.42A (Pediatric). Socio-demographic data on persons tested for HIV in CHD clinics should be reported on Lab Request Form 1628 or Post-Test Counseling Form 1633. These reports are to be sent to the Headquarters HIV/AIDS office within 5 days of the initial post-test counseling appointment or within 90 days of the missed post-test counseling appointment.
10. 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

NASSAU COUNTY HEALTH DEPARTMENT

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

	Estimated State Share of CHD Trust Fund Balance as of 09/30/01	Estimated County Share of CHD Trust Fund Balance as of 09/30/01	Total
1. CHD Trust Fund Ending Balance 09/30/01	374,185	41,576	415,761
2. Drawdown for Contract Year October 1, 2001 to September 30, 2002			
3. Special Capital Project use for Contract Year October 1, 2001 to September 30, 2002	113,400	12,600	126,000
4. Balance Reserved for Contingency Fund October 1, 2001 to September 30, 2002	260,785	28,976	289,761

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

Funds designated for Special Capital 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 capital project amounts in "3" above should reflect the total amount of funds anticipated to be expended for special capital 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 Capital Project information, including description, cost by each project and anticipated completion date must be listed in Attachment V.

Pursuant to 154.02, F.S., At a minimum, the trust fund shall consist of: an operating reserve, consisting of 8.5 percent of the annual operating budget, maintained to ensure adequate cash flow from nonstate revenue sources.

ATTACHMENT II

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

	State and Trust Fund (cash)	County OID Trust Funds	County CHD Trust Funds (cash)	Other Contribution	Total	
1. GENERAL REVENUE - STATE						
015011	ALG/Cont to CHD Primary Care (050329)	6,500	0	6,500	0	6,500
015011	ALG/Primary Care (050331)	123,500	0	123,500	0	123,500
015012	G/A Epilepsy Services (050082)	0	0	0	0	0
015048	ALG/Cont to CHD STD Program (050329)	0	0	0	0	0
015050	ALG/Contributions To CHD (050329)	692,067	0	692,067	0	692,067
015050	ALG/Cont to CHD Mig Lbr Camp San (050329)	0	0	0	0	0
015050	RED Legislation - GAP Grant - Immun. (Cat 050310)	0	0	0	0	0
015050	ALG/Cont to CHD-Sovereign Immunity (050329)	0	0	0	0	0
015050	RED Legislation - GAP Grant - (Cat 050310)	0	0	0	0	0
015050	ALG/Cont to CHDs-Dental Program (Cat. 050329)	27,900	0	27,900	0	27,900
015050	ALG/Cont to CHDs Immun Outreach Teams (050329)	4,968	0	4,968	0	4,968
015050	ALG/Cont to CHDs Comm TB Program (050329)	9,776	0	9,776	0	9,776
015050	ALG/Cont to CHDs Indoor Air Assist (050329)	0	0	0	0	0
015050	ALG/Cesspool Identification and Elimination (Cat. 05032)	0	0	0	0	0
015050	Contr to CHDs - Duval Teen Pregnancy Prev	0	0	0	0	0
015050	CATE-Environmental Community-Escambia (052250)	0	0	0	0	0
015050	Community Env Hlth Advisory Board Pilot Prjt	0	0	0	0	0
015050	Early Dtn & Screening of Breast Cancer in Haitians	0	0	0	0	0
015050	First Step - Mothers & Infants Programs	0	0	0	0	0
015050	Primary Care Outrch Prgm-Sun coast Hosp-Pinellas (0522)	0	0	0	0	0
015050	Greenwood Community Health Resources Center	0	0	0	0	0
015050	Roosevelt Sands Comm. Healthcare Ctr.-Monroe (052250)	0	0	0	0	0
015050	Interdisciplinary Manages Care Serenity House	0	0	0	0	0
015050	Rafael Penalver Clinic Minority Outreach Pgm	0	0	0	0	0
015050	Medivan Project/Elderly Interest-Broward (052250)	0	0	0	0	0
015050	Healthy Beaches Monitoring	15,544	0	15,544	0	15,544
015065	ALG/Cont to CHD AIDS Prev & Surv & Field Staff (0503)	0	0	0	0	0
015065	ALG/Cont to CHD AIDS Pat Care (050026)	0	0	0	0	0
015115	ALG/School Health Svcs (051106)	58,983	0	58,983	0	58,983
015115	Volunteer School Health Nurse Grant	74,500	0	74,500	0	74,500
015123	ALG/Family Planning (050001)	33,834	0	33,834	0	33,834
015124	ALG/IPO-Healthy Start/IPO (050707)	0	0	0	0	0
015124	ALG/IPO-Infant Mortality Project	0	0	0	0	0
015124	ALG/IPO - Outreach Social Workers	0	0	0	0	0
015124	ALG/MCH-Healthy Start/IPO (050870)	0	0	0	0	0
015124	ALG/MCH Outreach Social Workers	0	0	0	0	0
015124	ALG/MCH-Infant Mortality Project	0	0	0	0	0
015137	ALG/Cont to CHDs Mtrnl & Chld Hlth Field Staff Cost (0	0	0	0	0
015137	ALG/IPO Healthy Start Resource Moms & Dads (050707)	0	0	0	0	0
015137	ALG/Community Health Initiatives (052250)	0	0	0	0	0
015137	ALG/IPO-Healthy Start-Data Collect. Prj Staff (CAT. 05	0	0	0	0	0
015140	ALG/School Health Supplemental (051106)	0	0	0	0	0
GENERAL REVENUE TOTAL		1,047,572	0	1,047,572	0	1,047,572
2. NON GENERAL REVENUE - STATE						
015010	ALG/Contr. to CHDs-Rebasing (050329) Tobacco TF	13,739	0	13,739	0	13,739
015010	SUPER Act Program (050329) Adm TF	0	0	0	0	0
015010	Enhanced Dental Services (050329) Tobacco TF	0	0	0	0	0

ATTACHMENT III

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

	State CHD Transf Fund (cash)	County CHD Transf Fund	Total CHD Transf Fund (cash)	Other Contribution	Total
2. NON GENERAL REVENUE - STATE					
015010	Fla Hepatitis & Liver Fail. Prev & Cnrl(050329)Tobacco T	0	0	0	0
015016	G/A Epilepsy Prev and Educ (050083) /Epilepsy TF	0	0	0	0
015020	Food and Waterborne Disease Program (050329) Adm TF	0	0	0	0
015026	ALG/Cont to CHD Bio-Medical Waste/DEP (050329) /A	2,426	0	2,426	2,426
015072	ALG/Cont to CHD Safe Drinking Water-DEP (050329) A	0	0	0	0
015084	Varicella Immunization Requirement (050329) Tobacco T	2,659	0	2,659	2,659
015172	Full Service Schools - Tobacco (102258) Tobacco TF	70,156	0	70,156	70,156
015174	Basic School Health - Tobacco (051106) Tobacco TF	11,879	0	11,879	11,879
015170	Tobacco Coordination	62,753	0	62,753	62,753
010304	Stationary Pollutant Storage Tanks	69,647	0	69,647	69,647
015121	Super Act Reimbursements	13,200	0	13,200	13,200
NON GENERAL REVENUE TOTAL		246,459	0	246,459	246,459
3. FEDERAL FUNDS - State					
007030	Migrant Labor Sanitation	0	0	0	0
007044	Prev Hlth Blk Grt/Rape Awareness	0	0	0	0
007049	FG TF/ALG/ Contr to CHDs-STD Prg-Infertility Prg	0	0	0	0
007049	FG TF/ALG/ Contr to CHDs-STD Prg-Syphilis Eliminat	0	0	0	0
007049	FG TF/ALG/ Contr to CHDs-STD Program	0	0	0	0
007049	ALG/Contr to CHD-STD-Medical & Lab Svc Trng Ctr	0	0	0	0
007051	FG TF WIC Admin Transfer (050329)	280,334	0	280,334	280,334
007056	FG TF Health Program for Refug. (180000)	0	0	0	0
007063	Prev Hlth Blk Grt/HERR-Chronic Disease Init.	0	0	0	0
007064	FG/TF AIDS Seroprevalence	0	0	0	0
007064	FG/TF AIDS Surveillance	0	0	0	0
007065	FG TF/ AIDS Prevention	0	0	0	0
007066	FG TF/Ryan White-Consortia	0	0	0	0
007066	FG TF/Ryan White-Emerging Communities	0	0	0	0
007066	FG TF/Ryan White	0	0	0	0
007066	FG TF/Ryan White- AIDS Drug Assist Prog.-Admin.	0	0	0	0
007067	Tuberculosis Control - Federal Grant	0	0	0	0
007068	FGTF/Federal Grants-AIDS Inmate Intervention	0	0	0	0
007069	Minority Involvement in HIV/AIDS Program	0	0	0	0
007084	Immunization Special Project	2,402	0	2,402	2,402
007084	FG TF/ALG/Contr to CHDs-Immunization Action Plan	8,513	0	8,513	8,513
007084	Immunization Supplemental-2001	0	0	0	0
007084	FG TF/Immunization-Project Field Staff	0	0	0	0
007084	Immunization Action Plan-WIC Immunization Linkage	0	0	0	0
007085	Breast and Cervical Cancer-Client Services	0	0	0	0
007085	Breast and Cervical Cancer-Admin/Case Management	0	0	0	0
007127	ALG/MCH-MCH Blk Grt.-Child Health	10,683	0	10,683	10,683
007127	ALG/MCH-MCH Blk Grt-Child Health Ages 0-1 Yr.	0	0	0	0
007132	ALG/MCH-MCH Blk Grt.-Dental Projects	30,300	0	30,300	30,300
007133	ALG/Family Planning Title X-Sterilizations	5,692	0	5,692	5,692
007133	FGTF/Family Planning - Title X	23,261	0	23,261	23,261
007133	ALG/Grants & Aids-Fam Plng Svcs-Title X Special Initi	0	0	0	0
007133	ALG/Fam Plng-Title X-Duval The Bridge	0	0	0	0
007133	ALG/Grants & Aids-Fam Plng-Special Contracts-Title X	0	0	0	0

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

	State CHD Trust Fund (cash)	County CHD Trust Fund	Port CHD Trust Fund (cash)	Other Contribution	Total
3. FEDERAL FUNDS - State					
007134	ALG/MCH-MCH Blk Grt IPO/Outreach Soc Wrkrs	0	0	0	0
007134	ALG/MCH-MCH Blk Grt-Outreach Soc Wrkrs	0	0	0	0
007134	ALG/MCH-MCH Blk Grt.-IPO Infant Mort. Proj.	0	0	0	0
007134	ALG/IPO/MCH-Infant Mortality Project	0	0	0	0
007134	ALG/IPO-MCH Blk. Grt.-IPO-Gadsden Sch Clinic	0	0	0	0
007134	ALG/MCH Blk Grt-Healthy Start/IPO	0	0	0	0
007134	ALG/IPO-MCH Blk Grt- Healthy Start/IPO	0	0	0	0
015075	TANF Abstinence Education	0	0	0	0
015075	Abstinence Education Program Fed Grants TF	0	0	0	0
015075	Refugee Center Reimbursement	0	0	0	0
015075	Car Seat Reimbursement.	0	0	0	0
015075	Kidcare - Title XIX	0	0	0	0
015075	KidCare Outreach Refugee/Entrant	0	0	0	0
015075	ALG/Fam Plng - Pregnancy Prev-TANF	12,427	0	12,427	12,427
015075	G/A Epilepsy Services-TANF	0	0	0	0
015075	Full Service Schools-TANF	7,016	0	7,016	7,016
015075	ALG/School Health-Supplement-TANF	0	0	0	0
007051	WIC Infrastructure Grant - 2001	0	0	0	0
FEDERAL FUNDS TOTAL		380,628	0	380,628	380,628
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001026	Returned Check Ser Fees	0	0	0	0
001091	Communicable Disease Fees	0	0	0	0
001092	Environmental Health Fees	130,992	0	130,992	130,992
001092	OSDS Repair Permit	0	0	0	0
001092	OSDS Permit Fee	0	0	0	0
001092	Aerobic Operating Permit	0	0	0	0
001092	Septic Tank Site Evaluation	0	0	0	0
001113	Mobile Home and Parks	2,948	0	2,948	2,948
001132	Food Hygiene Permit	5,490	0	5,490	5,490
001135	OSDS Variance Fee	300	0	300	300
001136	I & M Zoned Operating Permit	0	0	0	0
001139	Migrant Housing Permit	0	0	0	0
001140	Biohazard Waste Permit	1,800	0	1,800	1,800
001142	Non SDWA Lab Sample	2,185	0	2,185	2,185
001144	Tanning Facilities	2,624	0	2,624	2,624
001145	Swimming Pools	12,038	0	12,038	12,038
001149	Body Piercing	135	0	135	135
001165	Private Water Constr Permit	144	0	144	144
001166	Non-SDWA System Permit	0	0	0	0
001166	Public Water Constr Permit	6,098	0	6,098	6,098
001166	Public Water Annual Oper Permit	0	0	0	0
001170	Lab Fee Chemical Analysis	0	0	0	0
001211	Safe Drinking Water	0	0	0	0
010403	Fees-Copy of Public Doc	0	0	0	0
015052	Transfers-Mobile Home/RV Park	0	0	0	0
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL		164,754	0	164,754	164,754

ATTACHMENT II

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

	State CHD Trust Fund (Cash)	County CHD Trust Fund	Local CHD Trust Fund (Cash)	Other Contribution	Total
5. OTHER CASH CONTRIBUTIONS - STATE					
090001 Draw down from Public Health Unit	0	0	0	0	0
OTHER CASH CONTRIBUTIONS TOTAL	0	0	0	0	0
6. MEDICAID - STATE/COUNTY					
001056 CHD Incm:Medicaid-Pharmacy	0	0	0	0	0
001080 CHD Incm:Medicaid-Other	0	0	0	0	0
001081 CHD Incm:Medicaid-EPSDT	0	0	0	0	0
001082 CHD Incm:Medicaid-Dental	58,501	75,769	134,270	0	134,270
001083 CHD Incm:Medicaid-FP	0	0	0	0	0
001084 CHD Incm:Medicaid-Physician	22,735	29,445	52,180	0	52,180
001085 CHD Incm:Medicaid-Nursing	0	0	0	0	0
001086 CHD Incm:Co-Insurance	0	0	0	0	0
001087 CHD Incm:Medicaid-STD	0	0	0	0	0
001088 CHD Incm:Med Reimb AZT Disp Fee	0	0	0	0	0
001089 Medicaid AIDS	0	0	0	0	0
001147 Medicaid HMO Rate	0	0	0	0	0
001148 Medicaid-HMO Admin	0	0	0	0	0
001181 CHD Incm:Medicaid Transportation	0	0	0	0	0
001191 CHD Incm:Medicaid Maternity	0	0	0	0	0
001192 CHD Incm:Medicaid Comp. Child	0	0	0	0	0
001193 CHD Incm:Medicaid Comp. Adult	0	0	0	0	0
001194 CHD Incm:Medicaid Sonagram	0	0	0	0	0
001208 Medipass \$3.00 Adm. Fee	2,422	3,137	5,559	0	5,559
MEDICAID TOTAL	83,658	108,351	192,009	0	192,009
7. ALLOCABLE REVENUE - STATE					
001029 Third Party Reimbursement	0	0	0	0	0
005040 Interest Emed State Investment	9,607	0	9,607	0	9,607
005041 Interest Emed Local Investment	0	0	0	0	0
007010 U.S. Grants Direct to CHD	0	0	0	0	0
008094 Grnts/Contracts other Agencies Direct	0	0	0	0	0
010300 Sale of Goods and Services	0	0	0	0	0
010301 Exp Witness Fee Consultnt Charges	0	0	0	0	0
010402 Recycle Paper Sales	0	0	0	0	0
010403 Fees-Copies of Documents	290	0	290	0	290
010405 Sale of pharmaceuticals	0	0	0	0	0
011007 Cash Donations Private	0	0	0	0	0
011098 Donation School Based Clinic	0	0	0	0	0
011099 Other Grants/Donations Direct	0	0	0	0	0
011522 Other Grant DOE	0	0	0	0	0
012020 Fines and Forfeitures	0	0	0	0	0
012021 Return Check Charge	0	0	0	0	0
018001 Refunds, Salary	0	0	0	0	0
018003 Refunds, other Personal Services	0	0	0	0	0
018004 Refunds, Expenses	0	0	0	0	0
018005 Refunds Grants to Local Gov't	0	0	0	0	0
018006 Refunds, Operating Capital Outlay	0	0	0	0	0

APPENDIX III

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

	State CHD Trust Fund (Cash)	County CHD Trust Fund	Total CHD Trust Fund (Cash)	Other Contributions	Total
7. ALLOCABLE REVENUE - STATE					
018010 Refunds, Special Category	0	0	0	0	0
018011 Refunds, Other	0	0	0	0	0
018099 Refunds, Certified Forward	0	0	0	0	0
029010 Sale of Fixed Assets	0	0	0	0	0
037000 Prior Year Warrant	0	0	0	0	0
038000 12 Month Old Warrant	0	0	0	0	0
ALLOCABLE REVENUE TOTAL	9,897	0	9,897	0	9,897
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
State Pharmacy Services	0	0	0	28,426	28,426
State Laboratory Services	0	0	0	57,663	57,663
State TB Services	0	0	0	0	0
State Immunization Services	0	0	0	41,993	41,993
State STD Services	0	0	0	0	0
State Construction/Renovation	0	0	0	0	0
WIC Food	0	0	0	626,337	626,337
Other (specify)	0	0	0	0	0
Other (specify)	0	0	0	0	0
Other (specify)	0	0	0	0	0
Other (specify)	0	0	0	0	0
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	754,419	754,419
9. BOARD OF COUNTY COMMISSIONERS ANNUAL APPROPRIATIONS - COUNTY					
008030 Grants-County Tax Direct	0	705,974	705,974	0	705,974
008034 Grants Cnty Commsn Other	0	0	0	0	0
BOARD OF COUNTY COMMISSIONERS TOTAL	0	705,974	705,974	0	705,974
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001004 Child Car Seat Prog	0	0	0	0	0
001060 Vital Statistics Fees Other	0	0	0	0	0
001074 Adult Enter. Permit Fees	0	0	0	0	0
001077 Primary Care Fees	0	47,539	47,539	0	47,539
001093 Communicable Disease Fees	0	600	600	0	600
001094 Environmental Health Fees	0	32,275	32,275	0	32,275
001114 New Birth Certificates	0	2,580	2,580	0	2,580
001115 Death Certificates	0	15,495	15,495	0	15,495
001116 Computer Access Fee	0	0	0	0	0
001117 Vital Stats-Adm. Fee 50 cents	0	175	175	0	175
001195 Primary Care Transfer Fees	0	0	0	0	0
001196 Water Analysis-Potable	0	0	0	0	0
001062 Rabies Vaccine	0	0	0	0	0
FEES AUTHORIZED BY COUNTY TOTAL	0	98,664	98,664	0	98,664
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001072 Ryan White Title I	0	0	0	0	0
001073 Ryan White Title II	0	0	0	0	0

APPENDIX III

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

	STATE CHD Transferring (cash)	County CHD Transferring	LOCAL CHD Transferring (cash)	Other Contributions	Total
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001075 Ryan White Title III	0	0	0	0	0
001090 Medicare	0	12,972	12,972	0	12,972
001190 Health Maintenance Organ. (HMO)	0	0	0	0	0
008010 Grants Contracts Frm Cities Direct	0	0	0	0	0
008031 County AIDS Education	0	0	0	0	0
008033 County Contributions For Facilities	0	0	0	0	0
008050 Grants-Cnty Sch Board Direct	0	84,228	84,228	0	84,228
008090 Grants other Local Govn't Direct	0	0	0	0	0
008095 Grants Cnty Sect 403.102 Air Pol	0	0	0	0	0
008099 Reimb/Rebate Local Govn't	0	0	0	0	0
090002 Draw down from Public Health Unit	0	0	0	0	0
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	97,200	97,200	0	97,200
12. ALLOCABLE REVENUE - COUNTY					
001029 Third Party Reimbursement	0	1,000	1,000	0	1,000
005040 Interest Erned State Investment	0	0	0	0	0
005041 Interest Erned Local Investment	0	9,608	9,608	0	9,608
007010 U.S. Grants Direct to CHD	0	0	0	0	0
008094 Grnts/Contracts other Agencies Direct	0	454,348	454,348	0	454,348
010300 Sale of Goods and Services	0	0	0	0	0
010301 Exp Witness Fee Consultnt Charges	0	0	0	0	0
010402 Recycle Paper Sales	0	0	0	0	0
010403 Fees-Copies of Documents	0	725	725	0	725
010405 Sale of pharmaceuticals	0	0	0	0	0
011007 Cash Donations Private	0	100	100	0	100
011098 Donation School Based Clinic	0	0	0	0	0
011099 Other Grants/Donations Direct	0	10	10	0	10
011522 Other Grant DOE	0	0	0	0	0
012020 Fines and Forfeitures	0	0	0	0	0
037000 Prior Year Warrant	0	0	0	0	0
012021 Return Check Charge	0	0	0	0	0
018001 Refunds, Salary	0	0	0	0	0
018003 Refunds, other Personal Services	0	0	0	0	0
018004 Refunds, Expenses	0	0	0	0	0
018005 Refunds Grants to Local Gov't	0	0	0	0	0
018006 Refunds, Operating Capital Outlay	0	0	0	0	0
018010 Refunds, Special Category	0	0	0	0	0
018011 Refunds, Other	0	0	0	0	0
018099 Refunds, Certified Forward	0	0	0	0	0
029010 Sale of Fixed Assets	0	0	0	0	0
038000 12 Month Old Warrant	0	0	0	0	0
COUNTY ALLOCABLE REVENUE TOTAL	0	465,791	465,791	0	465,791
13. BUILDINGS - COUNTY					
Annual Rental Equivalent Value	0	0	0	113,425	113,425
Maintenance	0	0	0	16,174	16,174
Other (specify)	0	0	0	0	0

ATTACHMENT III

NASSAU COUNTY HEALTH DEPARTMENT

Part III: Planned Staffing, Contracts, Services, and Expenditures By Program, Service Area, Month, and Level of Service

October 1, 2001 to September 30, 2002

	FTEs (0.00)	Clients Units	Services	Quantity/Expenditure				County	State	Grand Total
				1st	2nd	3rd	4th			
				(Whole dollars only)						
A. COMMUNICABLE DISEASE CONTROL:										
Immunization (101)	2.40	0	4,072	25,249	25,249	25,249	25,249	50,498	50,498	100,996
STD (102)	0.40	44	70	4,902	4,902	4,902	4,902	12,255	7,353	19,608
A.I.D.S. (103)	1.10	72	316	21,111	21,111	21,111	21,111	63,333	21,111	84,444
TB Control Services (104)	0.40	148	375	5,670	5,670	5,670	5,670	11,340	11,340	22,680
Comm. Disease Surv. (106)	0.60	0	84	9,506	9,506	9,506	9,507	19,012	19,013	38,025
Hepatitis Prevention (109)	0.00	0	0	0	0	0	0	0	0	0
Vital Statistics (180)	0.35	0	0	1,900	1,900	1,900	1,900	7,600	0	7,600
COMMUNICABLE DISEASE SUBTOTAL	5.25	264	4,917	68,338	68,338	68,338	68,339	164,038	109,315	273,353
B. PRIMARY CARE:										
Chronic Disease Services (210)	1.40	120	360	21,540	21,540	21,540	21,540	21,540	64,620	86,160
Tobacco Prevention (212)	1.20	0	76	15,797	15,797	15,798	15,799	438	62,753	63,191
Home Health (215)	0.00	0	0	0	0	0	0	0	0	0
W.I.C. (221)	8.60	1,510	9,669	80,231	80,231	80,231	80,231	0	320,924	320,924
Family Planning (223)	7.60	1,084	1,711	95,179	95,179	95,179	95,179	190,358	190,358	380,716
Improved Pregnancy Outcome (225)	0.40	0	310	2,976	2,976	2,976	2,976	7,476	4,428	11,904
Healthy Start Prenatal (227)	2.80	128	1,323	21,361	21,361	21,361	21,361	85,444	0	85,444
Comprehensive Child Health (229)	9.20	632	916	109,198	109,198	109,198	109,198	271,948	164,844	436,792
Healthy Start Infant (231)	2.40	54	310	15,975	15,975	15,975	15,975	63,900	0	63,900
School Health (234)	4.60	0	70,604	91,019	91,019	91,019	91,019	84,228	279,848	364,076
Comprehensive Adult Health (237)	12.20	876	1,997	140,431	140,431	140,431	140,431	280,862	280,862	561,724
Dental Health (240)	3.60	1,056	8,249	57,130	57,130	57,130	57,130	18,049	210,471	228,520
PRIMARY CARE SUBTOTAL	54.00	5,460	95,525	650,837	650,837	650,838	650,839	1,024,243	1,579,108	2,603,351
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
Private Water System (357)	0.80	13	392	12,057	12,057	12,057	12,057	31,330	16,898	48,228
Public Water System (358)	0.00	0	0	0	0	0	0	0	0	0
Individual Sewage Disp. (361)	4.80	788	2,400	68,989	68,989	68,989	68,989	169,649	106,307	275,956
Group Total	5.60	801	2,792	81,046	81,046	81,046	81,046	200,979	123,205	324,184
Facility Programs										
Food Hygiene (348)	0.40	18	116	2,890	2,890	2,890	2,890	8,092	3,468	11,560
Group Care Facility (351)	0.40	18	86	2,537	2,537	2,537	2,537	7,104	3,044	10,148
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)	0.40	15	48	1,427	1,427	1,427	1,427	3,996	1,712	5,708
Swimming Pools/Bathing (360)	0.60	104	249	6,689	6,689	6,689	6,689	16,810	9,946	26,756
Biomedical Waste Services (364)	0.40	18	64	3,051	3,051	3,051	3,051	8,543	3,661	12,204
Tanning Facility Services (369)	0.20	10	30	979	979	979	979	2,742	1,174	3,916
Group Total	2.40	183	593	17,573	17,573	17,573	17,573	47,287	23,005	70,292
Groundwater Contamination										
Storage Tank Compliance (355)	1.60	54	404	24,933	24,933	24,933	24,933	30,085	69,647	99,732
Super Act Service (356)	0.60	0	287	7,172	7,172	7,172	7,172	0	28,688	28,688

ATTACHMENT II

NASSAU COUNTY HEALTH DEPARTMENT

Planned Staffing, Clients, Services, and Expenditures By Program/Service Area Within Each Level Of Service

October 1, 2001 to September 30, 2002

	FTEs (0.00)	Clients Units	Services	Direct Expenditure Plan				County	State	Grand Total
				1st	2nd	3rd	4th			
				(Whole dollars only)						
C. ENVIRONMENTAL HEALTH:										
Group Total	2.20	54	691	32,105	32,105	32,105	32,105	30,085	98,335	128,420
Community Hygiene										
Rabies Surveillance/Control Services (366)	0.20	0	24	1,421	1,421	1,421	1,421	5,684	0	5,684
Arbovirus Surveillance (367)	0.00	0	0	0	0	0	0	0	0	0
Rodent/Arthropod Control (368)	0.00	0	0	0	0	0	0	0	0	0
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
Emergency Medical (346)	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
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
Sanitary Nuisance (365)	0.20	10	28	916	916	916	916	3,664	0	3,664
Water Pollution (370)	0.00	0	0	0	0	0	0	0	0	0
Air Pollution (371)	0.00	0	0	0	0	0	0	0	0	0
Radiological Health (372)	0.00	0	0	0	0	0	0	0	0	0
Toxic Substances (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	0.40	10	52	2,337	2,337	2,337	2,337	9,348	0	9,348
ENVIRONMENTAL HEALTH SUBTOTAL	10.60	1,048	4,128	133,061	133,061	133,061	133,061	287,699	244,545	532,244
D. SPECIAL CONTRACTS:										
Special Contracts (599)	0.00	0	0	0	0	0	0	0	0	0
SPECIAL CONTRACTS SUBTOTAL	0.00	0	0	0	0	0	0	0	0	0
TOTAL CONTRACT	69.85	6,772	104,570	852,236	852,236	852,237	852,239	1,475,980	1,932,968	3,408,948

ATTACHMENT III

NASSAU COUNTY HEALTH DEPARTMENT

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, DH 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.
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

NASSAU COUNTY HEALTH DEPARTMENT

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
Healthy Families Program	1896 South 14 th Street Fernandina Beach, FL	County Lease
Yulee Health Center	528 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 V

NASSAU COUNTY HEALTH DEPARTMENT

DESCRIPTION OF USE OF CHD TRUST FUND BALANCES FOR SPECIAL CAPITAL PROJECTS, IF APPLICABLE

(From Attachment II, Part I)

1. Renovation. Purchase and install new telephone system for Hilliard Clinic.
\$17,188 required.
Anticipated completion date: October 31, 2001
2. Fixed Capital Outlay. State Project No. DOH-95209200. New Health Clinic.
\$20,000 required to outfit the new facility.
Anticipated completion date: November 30, 2001
3. Fixed Capital Outlay. State Project No. DOH-95209200. New Health Clinic.
\$22,812 required to install hurricane/storm shutters.
Anticipated completion date: December 28, 2001
4. Fixed Capital Outlay. State Project No. DOH-97309200. Administration Building.
\$66,000 required for site-work costs.
Anticipated completion date: July 31, 2002

DESCRIPTION OF SPECIAL CONTRACTS

(From Attachment II, Part III)

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 FLAIR Level 5 of 599 and include some contracts formerly handled at the district offices such as epilepsy, Project WARM, community planning and special family planning and teen mother projects.

ATTACHMENT VI

NASSAU COUNTY HEALTH DEPARTMENT

ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2001 - 2002

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
PUBLIC SWIMMING POOLS AND BATHING PLACES					12,038
1. Annual Permit - Up to (and including) 25,000 gallons	75.00	67.50	XX-360	001145	2498
1a. Transfer to headquarters		7.50	99-910	001205	
2. More than 25,000 gallons	160.00	144.00	XX-360	001145	9360
2a. Transfer to headquarters		16.00	99-910	001205	
3. Exempted Condo Pools (over 32 units)	50.00	45.00	XX-360	001145	180
3a. Transfer to headquarters		5.00	99-910	001205	
OTHER FEES					
Collected by the 13 delegated counties					
Broward, Dade, Duval, Hillsborough, Lee, Manatee,					
Collier, Palm Beach, Pinellas, Polk, Sarasota, Volusia, Escambia.					
Permits and variances for Okaloosa, Santa Rosa, Walton, Bay,					
Homes, and Washington Counties are processed by Escambia					
County and variances and permits for Pasco County are processed					
by Pinellas County are processed as follows:					
1. Plan review (new construction)	275.00	275.00	XX-360	001092	
2. Plan review for modification of original construction	100.00	100.00	XX-360	001092	
3. Plan/application review for bathing place development	275.00	275.00	XX-360	001092	
4. Initial operating permit	125.00	125.00	XX-360	001092	
5. Variance applications	240.00	216.00	XX-360	001092	
5.a. Transfer to Headquarters		24.00	99-910	001205	
All other counties are to send the fee to Bureau of Water					
Programs in Tallahassee or the Environmental Engineering					
section in Orlando as follows:					
1. Plan review (new construction)	275.00	275.00	00-000	001044	
2. Plan review for modification of original construction	100.00	100.00	00-000	001044	
3. Plan/application review for bathing place development	275.00	275.00	00-000	001044	
4. Initial operating permit	125.00	125.00	00-000	001044	
5. Variance applications	240.00	240.00	00-000	001044	
MOBILE HOME & RECREATIONAL VEHICLE PARKS					2,948
(FEES ARE PRORATED ON A QUARTERLY BASIS)					
1. Annual permit for 5 to 14 spaces	50.00	45.00	XX-354	001113	585
1a. Transfer to headquarters		5.00	99-910	001113	
2. Annual permit for 15 to 171 spaces	3.50 per space		XX-354	001113	2363
2a. Transfer to headquarters		10%	99-910	001113	
3. Annual permit for 172 and above spaces	600.00	540.00	XX-354	001113	
3a. Transfer to headquarters		60.00	99-910	001113	
MIGRANT LABOR CAMPS					

ATTACHMENT VI

NASSAU COUNTY HEALTH DEPARTMENT

ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2001 - 2002

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
1. Annual permit for facilities with 5-50 occupants	125.00	125.00	XX-352	001139	
2. Annual permit for facilities with 51-100 occupants	225.00	225.00	XX-352	001139	
3. Annual permit for facilities with over 100 occupants	500.00	500.00	XX-352	001139	
BIOMEDICAL WASTE GENERATORS					1,800
1. Initial permit	55.00	55.00	XX-364	001140	110
2. Renewal of annual permit(except physician office generating less than 25lbs/30 days) postmarked by October 1	55.00	55.00	XX-364	001140	1540
2. Renewal of annual permit(except physician office generating less than 25lbs/30 days) postmarked after October 1	75.00	75.00	XX-364	001140	150
3. Storage facilities permit postmarked by October 1	55.00	55.00	XX-364	001140	
3. Storage facilities permit postmarked after October 1	75.00	75.00	XX-364	001140	
4. Treatment facilities operating permit by October	55.00	55.00	XX-364	001140	
4. Treatment facilities operating permit after October 1	75.00	75.00	XX-364	001140	
5. Transporter registration (one vehicle) postmarked by 10/1	55.00	55.00	XX-364	001140	
5. Transporter registration (one vehicle) after 10/1	75.00	75.00	XX-364	001140	
6. Transporter registration additional vehicle	10.00	10.00	XX-364	001140	
TANNING FACILITIES					2,674
1. Annual license fee	150.00	135.00	XX-369	001144	1485
1a. Transfer to headquarters		15.00	99-910	001144	
2. Fee for each additional device	55.00	49.50	XX-369	001144	1139
2.a. Transfer to headquarters		5.50	99-910	001144	
3. Late fee	25.00	25.00	XX-369	001092	50
BODY PERIERCING					135
1. Annual Licence Fee	150.00	135.00	XX-364	001149	135
1a. Transfer to headquarters		15.00	99-910	001149	
2. Temporary Establishment	75.00	67.50	XX-364	001149	
2a. Transfer to headquarters		7.50	99-910	001149	
3. Late fee	100.00	100.00	XX-364	001149	
FOOD ESTABLISHMENTS					5,781
1. Annual Permit for Fraternal/Civic	160.00	144.00	XX-348	001132	288
1a. Transfer to headquarters		16.00	99-910	001132	
2. Annual Permit School Cafeteria Operating for 9 months or less	130.00	117.00	XX-348	001132	1755
2a. Transfer to headquarters		13.00	99-910	001132	
3. Annual Permit School Cafeteria Operating for more than 9 months	160.00	144.00	XX-348	001132	
3a. Transfer to headquarters		16.00	99-910	001132	
4. Annual Permit for Hospital/Nursing Food Service	210.00	189.00	XX-348	001132	756
4a. Transfer to headquarters		21.00	99-910	001132	

ATTACHMENT VI

NASSAU COUNTY HEALTH DEPARTMENT

ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2001 - 2002

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
5. Annual Permit for Movie Theaters	160.00	144.00	XX-348	001132	144
5a. Transfer to headquarters		16.00	99-910	001132	
6. Annual Permit for Jails/Prisons	210.00	189.00	XX-348	001132	378
6a. Transfer to headquarters		21.00	99-910	001132	
7. Annual Permit for Bars/Lounges (Drink Service Only)	160.00	144.00	XX-348	001132	1152
7a. Transfer to headquarters		16.00	99-910	001132	
8. Annual Permit for Residential Facilities	110.00	99.00	XX-348	001132	
8a. Transfer to headquarters		11.00	99-910	001132	
9. Annual Permit for Child Care Centers without C&F license	85.00	76.50	XX-348	001132	77
9a. Transfer to headquarters		8.50	99-910	001132	
10. Annual Permit for Limited Food Service	85.00	76.50	XX-348	001132	77
10a. Transfer to headquarters		8.50	99-910	001132	
11. Annual Permit Other Food Service	160.00	144.00	XX-348	001132	864
11a. Transfer to headquarters		16.00	99-910	001132	
12. Plan Review	\$35/hour	\$35/hour	XX-348	001092	70
13. Food Worker Training	10.00	10.00	XX-348	001092	
14. Request for Inspection	40.00	40.00	XX-348	001092	80
15. Reinspection (after the first reinspection)	30.00	30.00	XX-348	001092	30
16. Late Renewal	25.00	25.00	XX-348	001092	50.00
17. Alcoholic Beverage Inspection Approval	30.00	30.00	XX-348	001092	60
ONSITE SEWAGE DISPOSAL PROGRAM (OSTDS)					130,802
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	XX-361	001092	13800
1a. Transfer to headquarters		2.00	99-910	001203	
2. Site evaluation for a new system	60.00	55.20	XX-361	001092	33120
2a. Transfer to headquarters		4.80	99-910	001203	
3. Site evaluation for a system repair or modification of system	40.00	36.80	XX-361	001092	2944
3a. Transfer to headquarters		3.20	99-910	001203	
4. Site re-evaluation, new or repair or modification	40.00	36.80	XX-361	001092	1472
4a. Transfer to headquarters		3.20	99-910	001203	
5. Permit for new systems, or modification to system	55.00	50.60	XX-361	001092	30360
5a. Transfer to headquarters		4.40	99-910	001203	
6. New system or system modification installation inspection	55.00	50.60	XX-361	001092	30360
6a. Transfer to headquarters		4.40	99-910	001203	
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	99-910	001201	
8. Repair permit issuance which includes inspection	50.00	41.40	XX-361	001092	3312

ATTACHMENT VI

NASSAU COUNTY HEALTH DEPARTMENT

ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2001 - 2002

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
8a. Transfer to headquarters		3.60	99-910	001203	
8b. Transfer to headquarters for training center		5.00	99-910	001067	
9. Inspection of system previously in use	50.00	46.00	XX-361	001092	5750
9a. Transfer to headquarters		4.00	99-910	001203	
10. Reinspection fee per visit for site inspections after system construction approval	25.00	23.00	XX-361	001092	2760
10a. Transfer to headquarters		2.00	99-910	001203	
11. Installation reinspection of non-compliant system per each site visit	25.00	23.00	XX-361	001092	
11a. Transfer to headquarters		2.00	99-910	001203	
12. System abandonment permit, includes permit issuance and inspection	40.00	36.80	XX-361	001092	1840
12a. Transfer to headquarters		3.20	99-910	001203	
13. Annual operating permit fee for systems in IM and equivalent areas, and for systems receiving commercial waste	150.00	138.00	XX-361	001092	4140
13a. Transfer to headquarters		12.00	99-910	001203	
14. Amendments or changes to the operating permit during the permit period per change or amendment	25.00	23.00	XX-361	001092	
14a. Transfer to headquarters		2.00	99-910	001203	
15. Aerobic treatment unit operating permit (biennial)	100.00	92.00	XX-361	001092	
15a. Transfer to headquarters		8.00	99-910	001203	
16. Tank manufacturer's inspection per annum	100.00	50.00	XX-361	001092	
16a. Transfer to headquarters		50.00	99-910	001203	
17. Septage disposal service permit per annum	50.00	46.00	XX-61	001092	138
17a. Transfer to headquarters		4.00	99-910	001203	
18. Additional charge per pumpout vehicle	25.00	23.00	XX-361	001092	46
18a. Transfer to headquarters		2.00	99-910	001203	
19. Portable or temporary toilet service permit per annum	50.00	46.00	XX-361	001092	46
19a. Transfer to headquarters		4.00	99-910	001203	
20. Additional charge per pumpout vehicle	25.00	23.00	XX-361	001092	
20a. Transfer to headquarters		2.00	99-910	001203	
21. Septage stabilization facility inspection fee per annum	150.00	138.00	XX-361	001092	138
21a. Transfer to headquarters		12.00	99-910	001203	
22. Septage disposal site evaluation fee per annum	100.00	92.00	XX-361	001092	276
22a. Transfer to headquarters		8.00	99-910	001203	
23. Aerobic treatment unit maintenance entity permit per annum	25.00	23.00	XX-361	001092	
23a. Transfer to headquarters		2.00	99-910	001203	
24. Variance application for a single family residence per	150.00	75.00	XX-361	001135	300

ATTACHMENT VI

NASSAU COUNTY HEALTH DEPARTMENT

ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2001 - 2002

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
(Per annum)					
12a. Transfer to headquarters		2.00	99-910	001203	
FEE COLLECTED AT HEADQUARTERS - Onsite Sewage					
1. Application for innovative product approval	500.00			For headquarters use only	
2. Application for registration including initial examination	75.00			For headquarters use only	
3. Initial registration	100.00			For headquarters use only	
4. Renewal of registration	100.00			For headquarters use only	
5. Certificate of authorization each two-year period	250.00			For headquarters use only	
DRINKING WATER					8,577
1. First Year Public Water Annual Operation Permit and Construction Permit - Limited Use	75.00	67.50	XX-357	001166	270
1a. Transfer to headquarters		7.50	99-910	001166	
2. Second Year Public Water Annual Operation Permit - Limited Use	70.00	63.00	XX-357	001166	5733
2a. Transfer to headquarters		7.00	99-910	001166	
4. Multi-Family Water Construction Permit - serving 3 or 4 non-rental residences	40.00	36.00	XX-357	001165	144
4a. Transfer to headquarters		4.00	99-910	001165	
5. Initial Operating Permit Fee After March 31 of Any Year	35.00	31.50	XX-357	001166	95
5a. Transfer to headquarters		3.50	99-910	001166	
6. Non-SDWA Lab Sample (Sample Collection/Review of Analytical Results/Health Risk Interpretation):					
Delineated Area	50.00	50.00	XX-357	001142	150
Bacterial Sample Collection	40.00	40.00	XX-357	001142	
Chemical Sample Collection	50.00	50.00	XX-357	001142	
Combined Chemical microbiological	55.00	55.00	XX-357	001142	2035
7. Reinspection of multi-family Water System	25.00	25.00	XX-357	001092	
8. Reinspection of Public Water System	40.00	40.00	XX-357	001092	
9. Delineated Area Clearance Fee	50.00	50.00	XX-357	001092	
10. Limited Use Commercial Registered System	15.00	15.00	XX-357	001092	150
11. Limited Use Commercial Public Water System Operating Permit Family Day Care Establishment	25.00	25.00	XX-357	001092	
12. Limited Use Commercial Public Water System Operating Permit Family Day Care Establishment After March 31 of Any Year.	15.00	15.00	XX-357	001092	
Safe Drinking Water Act (Delegated Counties)					
1. Construction permit for each Category I through III treatment plant, as defined in Rule 62-699.310, F.A.C., with treatment other than disinfection only.					

ATTACHMENT VI

NASSAU COUNTY HEALTH DEPARTMENT

ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2001 - 2002

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
a. Treatment plant - 5 MGD and above	7,500.00	7,500.00	XX-358	001211	
b. Treatment plant - 1 MGD up to 5 MGD	6,000.00	6,000.00	XX-358	001211	
c. Treatment plant - 0.25 MGD up to 1 MGD	4,000.00	4,000.00	XX-358	001211	
d. Treatment plant - 0.1 MGD up to .025 MGD	2,000.00	2,000.00	XX-358	001211	
e. Treatment plant - up to 0.1 MGD	1,000.00	1,000.00	XX-358	001211	
2. Construction permit for each Category IV treatment plant, as defined in Rule 62-699.310, F.A.C., with treatment other than disinfection only.					
a. Treatment plant - 5 MGD and above	7,500.00	7,500.00	XX-358	001211	
b. Treatment plant - 1 MGD up to 5 MGD	6,000.00	6,000.00	XX-358	001211	
c. Treatment plant - 0.25 MGD up to 1 MGD	4,000.00	4,000.00	XX-358	001211	
d. Treatment plant - 0.1 MGD up to .025 MGD	2,000.00	2,000.00	XX-358	001211	
e. Treatment plant - 0.01 up to 0.1 MGD	1,000.00	1,000.00	XX-358	001211	
f. Treatment plant - up to 0.01 MGD	400.00	400.00	XX-358	001211	
3. Construction permit for each Category V treatment plant, as defined in Rule 62-699.310, F.A.C., - Disinfection Only					
a. treatment plant - 5 MGD and above	5,000.00	5,000.00	XX-358	001211	
b. Treatment plant - 1 MGD up to 5 MGD	3,000.00	3,000.00	XX-358	001211	
c. Treatment plant - 0.25 MGD up to 1 MGD	1,000.00	1,000.00	XX-358	001211	
d. Treatment plant - 0.1 MGD up to .025 MGD	500.00	500.00	XX-358	001211	
e. Treatment plant - up to 0.1 MGD	300.00	300.00	XX-358	001211	
4. Distribution and transmission systems, including raw water lines into the plant, except those under general permit.					
a. Serving a community public water system	500.00	500.00	XX-358	1211	
b. Serving a non-transient non-community public water systems	350.00	350.00	XX-358	001211	
c. Serving a non-community public water system	250.00	250.00	XX-358	001211	
5. Construction permit for each public water supply well.					
a. Well located in a delineated area pursuant to Chapter 62-524, F.A.C..	500.00	500.00	XX-358	001211	
b. Any other public water supply well.	250.00	250.00	XX-358	001211	
6. Major modifications to systems that alter the existing treatment without expanding the capacity of the system and are not considered substantial changes pursuant to Rule 62-4.050(7) below.					
a. 1MGD and above	2,000.00	2,000.00	XX-358	001211	
b. .1 MGD up to 1 MGD	1,000.00	1,000.00	XX-358	001211	
c. 0.01 up to .1 MGD	500.00	500.00	XX-358	001211	
d. Up to 0.01 MGD	100.00	100.00	XX-358	001211	

ATTACHMENT VI

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ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2001 - 2002

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
7. Minor modifications to systems that result in no change in the treatment or capacity.					
a. .1 MGD and above	300.00	300.00	XX-358	001211	
b. Up to 0.1 MGD	100.00	100.00	XX-358	001211	
8. Fines and Forfeitures	Variable	Variable	XX-358	012020	
9. General Permit Fee for any General Permit not specifically listed:	100.00	100.00	XX-358	001211	
a. General Permits requiring Professional Engineer or Professional Geologist certification	250.00	250.00	XX-358	001211	
a. General Permits not requiring Professional Engineer or Professional Geologist certification	100.00	100.00	XX-358	001211	