



Jeb Bush
Governor

John O. Agwunobi, M.D., M.B.A.
Secretary

October 8, 2002

J. M. "Chip" Oxley, Jr.
Ex-Officio Clerk
Board of County Commissioners
Post Office Box 1010
Fernandina Beach, FL 32035-1010

Dear Mr. Oxley:

One original copy of the annual contract between the State and the County for the planned services provided by Nassau County Health Department is attached.

Your continued support of public health programs in Nassau County is appreciated. If you have any questions regarding the contract or any of our programs, please contact me at 277-7287, ext. 236.

Sincerely,



James A. Pearson
Business Manager

Attach

**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 2002-2003**

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, 2002.

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, 2002, through September 30, 2003, 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 \$ 1,676,135.00 (*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 \$ 848,702.00 (*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. 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. 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
P. O. 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 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 exempted 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 three 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, 2003 for the report period October 1, 2002 through December 31, 2002;
- ii. June 1, 2003 for the report period October 1, 2002 through March 31, 2003;
- iii. September 1, 2003 for the report period October 1, 2002 through June 30, 2003; and
- iv. December 1, 2003 for the report period October 1, 2002 through September 30, 2003.

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, 2003, 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

Nassau County Health Dept
P. O. Box 517
Fernandina Beach, FL 32035-0517
Address

(904) 277-7287
Telephone

For the County:

J. M. Oxley, Jr.
Name

Ex-Officio Clerk
Title

Nassau County Board of County
P. O. Box 1010
Fernandina Beach, FL 32035-1010
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.

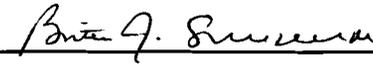
d. Captions. The captions and headings contained in this Agreement are for the convenience of the parties only and do not in any way modify, amplify, or give additional notice of the provisions hereof.

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, 2002.

BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY

STATE OF FLORIDA
DEPARTMENT OF HEALTH

SIGNED BY: 
NAME: Nick Deonas
TITLE: Chairman
DATE: 9-16-02

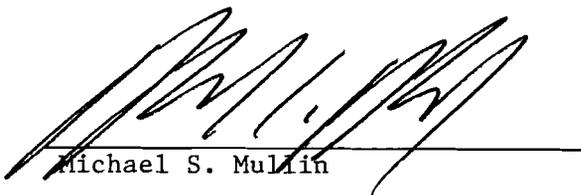
SIGNED BY: 
NAME: John O. Agwunobi, M.D., M.B.A.
TITLE: Secretary
DATE: 10-4-02

ATTESTED TO:

SIGNED BY: 
NAME: J. M. Oxley, Jr.
TITLE: Ex-Officio Clerk
DATE: 9-25-02

SIGNED BY: 
NAME: E. J. Ngo-Seidel, M.D.
TITLE: CHD Director
DATE: 8/28/02

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 Statute 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)

- 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 09/30/02	Estimated County Share of CHD Trust Fund Balance as of 09/30/02	Total
1. CHD Trust Fund Ending Balance 09/30/02	302,747	107,161	409,908
2. Drawdown for Contract Year October 1, 2002 to September 30, 2003			
3. Special Capital Project use for Contract Year October 1, 2002 to September 30, 2003	116,019		116,019
4. Balance Reserved for Contingency Fund October 1, 2002 to September 30, 2003	186,728	107,161	293,889

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**

October 1, 2002 to September 30, 2003

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
I. GENERAL REVENUE - STATE						
015011	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	65,000	0	65,000	0	65,000
015011	ALG/PRIMARY CARE	65,000	0	65,000	0	65,000
015012	G/A EPILEPSY SERVICES	0	0	0	0	0
015048	ALG/CONTR TO CHDS-STD PROGRAM	0	0	0	0	0
015050	ALG/CESSPOOL IDENTIFICATION AND ELIMINATIO	0	0	0	0	0
015050	ALG/CONTR TO CHDS	710,660	0	710,660	0	710,660
015050	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANI	0	0	0	0	0
015050	ALG/CONTR. TO CHDS-DENTAL PROGRAM	27,900	0	27,900	0	27,900
015050	ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH	4,746	0	4,746	0	4,746
015050	ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG	0	0	0	0	0
015050	ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015050	CATE-ENVIRONMENTAL COMMUNITY HEALTH PR	0	0	0	0	0
015050	COMMUNITY ENV HLTH ADVISORY BOARD PILOT P	0	0	0	0	0
015050	COMMUNITY TB PROGRAM	10,774	0	10,774	0	10,774
015050	CONTR TO CHDS - DUVAL TEEN PREGNANCY PRE	0	0	0	0	0
015050	FAMU - RAISING GREYNA PROGRAM	0	0	0	0	0
015050	FIRST STEP - MOTHERS & INFANTS PROGRAM	0	0	0	0	0
015050	HEALTHY BEACHES MONITORING	15,544	0	15,544	0	15,544
015050	INTERDISCIPLINARY MANAGED CARE SERENITY H	0	0	0	0	0
015050	LA LIGA CONTRA EL CANCER	0	0	0	0	0
015050	LAB ASSISTANCE PROGRAM	0	0	0	0	0
015050	MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015050	MEDIVAN PROJECT-ELDERLY INTEREST	0	0	0	0	0
015050	METRO ORLANDO URBAN LEAGUE TEENAGE PREG	0	0	0	0	0
015050	QUALITY MANAGEMENT DEMO PROJECT	0	0	0	0	0
015050	RED LEGISLATION - GAP GRANT (CAT 050310)	0	0	0	0	0
015050	RED LEGISLATION - GAP GRANT - IMMUN. (CAT 05	0	0	0	0	0
015050	SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0	0
015065	ALG/CONTR TO CHDS-AIDS PATIENT CARE	0	0	0	0	0
015065	ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD S	0	0	0	0	0
015115	VOLUNTEER SCHOOL HEALTH NURSE GRANT	74,500	0	74,500	0	74,500
015123	ALG/FAMILY PLANNING	35,440	0	35,440	0	35,440
015124	ALG/IPO - OUTREACH SOCIAL WORKERS CAT. 0507	0	0	0	0	0
015124	ALG/IPO HEALTHY START	0	0	0	0	0
015124	ALG/IPO HEALTHY START/IPO CAT 050707	0	0	0	0	0
015124	ALG/IPO-INFANT MORTALITY PROJECT CAT. 0507	0	0	0	0	0
015124	ALG/MCH HEALTHY START/IPO CAT 050870	0	0	0	0	0
015124	ALG/MCH-INFANT MORTALITY PROJECT CAT. 050	0	0	0	0	0
015124	ALG/MCH-OUTREACH SOCIAL WORKERS CAT 0508	0	0	0	0	0
015137	ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAF	0	0	0	0	0
015137	ALG/IPO-HEALTHY START-DATA COLLECTION PR	0	0	0	0	0
015140	ALG/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
GENERAL REVENUE TOTAL		1,009,564	0	1,009,564	0	1,009,564
2. NON GENERAL REVENUE - STATE						
001009	Debit Memo-Bad Checks	0	0	0	0	0
010304	Stationary Pollutant Storage Tanks	66,848	0	66,848	0	66,848
015000	Transfer	0	0	0	0	0

ATTACHMENT II.

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

October 1, 2002 to September 30, 2003

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
2. NON GENERAL REVENUE - STATE						
015010	ALG/CONTR TO CHDS-REBASING TOBACCO TF	13,739	0	13,739	0	13,739
015010	ENHANCED DENTAL SERVICES TOBACCO TF	0	0	0	0	0
015010	FL HEPATITIS AND LIVER FAILURE PREVENTION/CO	0	0	0	0	0
015010	SUPER ACT PROGRAM ADM TF	0	0	0	0	0
015016	G/A EPILEPSY PREVENTION AND EDUCATION EPIL	0	0	0	0	0
015020	FOOD AND WATERBORNE DISEASE PROGRAM AD	0	0	0	0	0
015026	ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP A	1,673	0	1,673	0	1,673
015029	Transfers Intra Agency	0	0	0	0	0
015047	SUPER ACT PROGRAM (CAT 050329 OCA 9V000)AD	0	0	0	0	0
015072	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG	0	0	0	0	0
015084	VARICELLA IMMUNIZATION REQUIREMENT TOBAC	2,540	0	2,540	0	2,540
015121	Super Act Reimbursements	15,000	0	15,000	0	15,000
015170	TOBACCO COORDINATION	62,753	0	62,753	0	62,753
015172	FULL SERVICE SCHOOLS - TOBACCO TF	63,977	0	63,977	0	63,977
015174	BASIC SCHOOL HEALTH - TOBACCO TF	70,862	0	70,862	0	70,862
NON GENERAL REVENUE TOTAL		297,392	0	297,392	0	297,392
3. FEDERAL FUNDS - State						
007000	CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0	0
007000	RAPE PREVENTION & EDUCATION PROGRAM	0	0	0	0	0
007000	FEDERAL COASTAL BEACH MONITORING PROGRA	17,876	0	17,876	0	17,876
007030	PHBG/MIGRANT LABOR CAMP SANITATION	0	0	0	0	0
007044	PHBG/RAPE AWARENESS	0	0	0	0	0
007049	FRINGE BENEFITS FOR POSITION # 081332	0	0	0	0	0
007049	STD PROGRAM-CSPS	0	0	0	0	0
007049	STD PROGRAM-INFERTILITY PROJECT	0	0	0	0	0
007049	STD PROGRAM-MED & LAB SVCS TRNG CNTR	0	0	0	0	0
007049	STD PROGRAM-STD/PHY TRAINING CENTER	0	0	0	0	0
007049	STD PROGRAM-SYPHILIS ELIMINATION PROJECT	0	0	0	0	0
007051	FGTF/WIC ADMINISTRATION	249,803	0	249,803	0	249,803
007056	HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
007056	REFUGEE HEALTH PROGRAM	0	0	0	0	0
007058	FGTF/DIABETES CONTROL	0	0	0	0	0
007062	FGTF/AIDS EPIDEMIOLOGICAL RESEARCH STUDY	0	0	0	0	0
007063	PHBG/COMPREHENSIVE COMM CARDIO HLTH PRG	0	0	0	0	0
007064	FGTF/AIDS SURVEILLANCE	0	0	0	0	0
007065	AIDS PREVENTION	0	0	0	0	0
007066	FGTF/RYAN WHITE	0	0	0	0	0
007066	FGTF/RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007066	FGTF/RYAN WHITE-AIDS DRUG ASSIST PROG-ADMI	0	0	0	0	0
007066	FGTF/RYAN WHITE-CONSORTIA	0	0	0	0	0
007067	TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0
007068	FGTF/AIDS INMATE INTERVENTION	0	0	0	0	0
007069	FGTF/AIDS MINORITY INVOLVEMENT IN HIV	0	0	0	0	0
007077	BIOTERRORISM EDUCATION & TRAINING	0	0	0	0	0
007077	BIOTERRORISM NETWORK COMMUNICATIONS	0	0	0	0	0
007077	BIOTERRORISM PLANNING & READINESS	0	0	0	0	0
007084	FGTF/IMMUNIZATION ACTION PLAN	4,166	0	4,166	0	4,166

ATTACHMENT II.

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

October 1, 2002 to September 30, 2003

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
3. FEDERAL FUNDS - State					
007084 FGTF/IMMUNIZATION-PROJECT FIELD STAFF	0	0	0	0	0
007084 FGTF/IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007084 IMMUNIZATION ACTION PLAN	3,749	0	3,749	0	3,749
007084 IMMUNIZATION SPECIAL PROJECT	2,295	0	2,295	0	2,295
007084 IMMUNIZATION SUPPLEMENTAL - 2002	0	0	0	0	0
007084 PERINATAL DISEASE PREVENTION	0	0	0	0	0
007085 FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE M	0	0	0	0	0
007127 MCH BGTF-MCH/CHILD HEALTH	10,683	0	10,683	0	10,683
007127 MCH BGTF-MCH/CHILD HEALTH AGES 0-1 YR	0	0	0	0	0
007132 MCH BGTF-MCH/DENTAL PROJECTS	30,300	0	30,300	0	30,300
007133 FGTF/FAMILY PLANNING TITLE X SPECIAL INITIA	0	0	0	0	0
007133 FGTF/FAMILY-PLANNING-TITLE X	43,291	0	43,291	0	43,291
007134 MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007134 MCH BGTF-HEALTHY START IPO	0	0	0	0	0
007134 MCH BGTF-INFANT MORTALITY PROJECT	0	0	0	0	0
007134 MCH BGTF-OUTREACH SOCIAL WORKERS	0	0	0	0	0
007135 FGTF/ABSTINENCE EDUCATION PROGRAM	0	0	0	0	0
015021 MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015021 MEDIPASS WAIVER-SOBRA	0	0	0	0	0
015060 Entrant Reimbursement Transfer	0	0	0	0	0
015075 FULL SERVICE SCHOOLS-TANF	7,016	0	7,016	0	7,016
015075 KIDCARE - TITLE XIX	0	0	0	0	0
015075 SCHOOL HEALTH-SUPPLEMENT-TANF	0	0	0	0	0
015075 TANF ABSTINENCE EDUCATION	0	0	0	0	0
FEDERAL FUNDS TOTAL	369,179	0	369,179	0	369,179

4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE

001026 Returned Check Ser Fees	25	0	25	0	25
001091 Communicable Disease Fees	0	0	0	0	0
001092 Environmental Health Fees	120,107	0	120,107	0	120,107
001092 OSDS Repair Permit	0	0	0	0	0
001092 OSDS Permit Fee	0	0	0	0	0
001092 Aerobic Operating Permit	0	0	0	0	0
001092 Septic Tank Site Evaluation	0	0	0	0	0
001113 Mobile Home and Parks	674	0	674	0	674
001132 Food Hygiene Permit	6,957	0	6,957	0	6,957
001135 OSDS Variance Fee	375	0	375	0	375
001136 I & M Zoned Operating Permit	0	0	0	0	0
001139 Migrant Housing Permit	0	0	0	0	0
001140 Biohazard Waste Permit	5,380	0	5,380	0	5,380
001142 Non SDWA Lab Sample	1,815	0	1,815	0	1,815
001144 Tanning Facilities	4,140	0	4,140	0	4,140
001145 Swimming Pools	12,384	0	12,384	0	12,384
001149 Body Piercing	135	0	135	0	135
001165 Private Water Constr Permit	108	0	108	0	108
001166 Non-SDWA System Permit	0	0	0	0	0
001166 Public Water Constr Permit	0	0	0	0	0
001166 Public Water Annual Oper Permit	7,947	0	7,947	0	7,947

ATTACHMENT II

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

October 1, 2002 to September 30, 2003

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE						
001170	Lab Fee Chemical Analysis	0	0	0	0	0
001211	Safe Drinking Water	0	0	0	0	0
010403	Fees-Copy of Public Doc	564	0	564	0	564
015052	Transfers-Mobile Home/RV Park	0	0	0	0	0
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL		160,611	0	160,611	0	160,611
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-EPSTDT	442	572	1,014	0	1,014
001082	CHD Incm:Medicaid-Dental	28,232	36,564	64,796	0	64,796
001083	CHD Incm:Medicaid-FP	2,490	22,406	24,895	0	24,895
001084	CHD Incm:Medicaid-Physician	20,654	26,751	47,405	0	47,405
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	972	1,260	2,232	0	2,232
MEDICAID TOTAL		52,790	87,552	140,342	0	140,342
7. ALLOCABLE REVENUE - STATE						
005040	Interest Earned State Investment	0	0	0	0	0
005041	Interest Earned Local Investment	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
037000	Prior Year Warrant	0	0	0	0	0
038000	12 Month Old Warrant	0	0	0	0	0

ATTACHMENT II

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

October 1, 2002 to September 30, 2003

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
ALLOCABLE REVENUE TOTAL	0	0	0	0	0
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
State Pharmacy Services	0	0	0	46,583	46,583
State Laboratory Services	0	0	0	67,259	67,259
State TB Services	0	0	0	0	0
State Immunization Services	0	0	0	34,913	34,913
State STD Services	0	0	0	0	0
State Construction/Renovation	0	0	0	0	0
WIC Food	0	0	0	695,134	695,134
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	843,889	843,889
9. BOARD OF COUNTY COMMISSIONERS ANNUAL APPROPRIATIONS - COUNTY					
008030 Grants-County Tax Direct	0	848,702	848,702	0	848,702
008034 Grants Cnty Commsn Other	0	0	0	0	0
BOARD OF COUNTY COMMISSIONERS TOTAL	0	848,702	848,702	0	848,702
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	29,470	29,470	0	29,470
001093 Communicable Disease Fees	0	361	361	0	361
001094 Environmental Health Fees	0	48,530	48,530	0	48,530
001114 New Birth Certificates	0	1,949	1,949	0	1,949
001115 Death Certificates	0	16,464	16,464	0	16,464
001116 Computer Access Fee	0	0	0	0	0
001117 Vital Stats-Adm. Fee 50 cents	0	132	132	0	132
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
001062 Rabies Vaccine	0	0	0	0	0
FEES AUTHORIZED BY COUNTY TOTAL	0	96,906	96,906	0	96,906
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001010 Recovery-Bad Checks	0	0	0	0	0
001026 Returned Check Fee	0	0	0	0	0
001029 Third Party Reimbursement	0	8,289	8,289	0	8,289
001072 Ryan White Title I	0	0	0	0	0
001073 Ryan White Title II	0	0	0	0	0
001075 Ryan White Title III	0	0	0	0	0
001090 Medicare	0	10,697	10,697	0	10,697
001190 Health Maintenance Organ. (HMO)	0	0	0	0	0
008010 Grants Contracts Frm Cities Direct	0	0	0	0	0

ATTACHMENT II.

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

October 1, 2002 to September 30, 2003

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
008031	County AIDS Education	0	0	0	0
008033	County Contributions For Facilities	0	0	0	0
008050	Grants-Cnty Sch Board Direct	0	67,629	67,629	67,629
008090	Grants other Local Govn't Direct	0	0	0	0
008094	Grnts/Contracts other Agencies Direct	0	438,744	438,744	438,744
008095	Grants Cnty Sect 403.102 Air Pol	0	0	0	0
008099	Reimb/Rebate Local Govn't	0	0	0	0
010300	Sale of Goods and Services	0	0	0	0
010301	Exp Witness Fee Consultnt Charges	0	0	0	0
010302	Sale of Goods and Services, to Other Agencies	0	0	0	0
010402	Recycle Paper Sales	0	0	0	0
010403	Fees-Copies of Documents	0	523	523	523
010405	Sale of pharmaceuticals	0	0	0	0
010409	Sale of Goods and Services Outside State Government	0	0	0	0
011001	Healthy Start Coalition Contributions	0	0	0	0
011007	Cash Donations Private	0	13	13	13
011098	Donation School Based Clinic	0	0	0	0
011099	Other Grants/Donations Direct	0	9	9	9
011522	Other Grant DOE	0	0	0	0
012020	Fines and Forfeitures	0	0	0	0
012021	Return Check Charge	0	0	0	0
090002	Draw down from Public Health Unit	0	0	0	0
007010	U.S. Grants Direct	0	0	0	0
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL		0	525,904	525,904	525,904
12. ALLOCABLE REVENUE - COUNTY					
005040	Interest Erned State Investment	0	0	0	0
005041	Interest Erned Local Investment	0	0	0	0
018001	Refunds, Salary	0	0	0	0
018003	Refunds, other Personal Services	0	0	0	0
018004	Refunds, Expenses	0	0	0	0
018005	Refunds Grants to Local Gov't	0	0	0	0
018006	Refunds, Operating Capital Outlay	0	0	0	0
018010	Refunds, Special Category	0	0	0	0
018011	Refunds, Other	0	0	0	0
018099	Refunds, Certified Forward	0	0	0	0
029010	Sale of Fixed Assets	0	0	0	0
037000	Prior Year Warrant	0	0	0	0
038000	12 Month Old Warrant	0	0	0	0
COUNTY ALLOCABLE REVENUE TOTAL		0	0	0	0
13. BUILDINGS - COUNTY					
	Annual Rental Equivalent Value	0	0	124,768	124,768
	Maintenance	0	0	17,791	17,791
	Other (specify)	0	0	0	0
	Other (specify)	0	0	0	0
	Other (specify)	0	0	0	0

ATTACHMENT II.

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

October 1, 2002 to September 30, 2003

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
13. BUILDINGS - COUNTY					
Other (specify)	0	0	0	0	0
Other (specify)	0	0	0	0	0
BUILDINGS TOTAL	0	0	0	142,559	142,559
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
Other County Contribution (specify)	0	0	0	0	0
Other County Contribution (specify)	0	0	0	0	0
Other County Contribution (specify)	0	0	0	0	0
Other County Contribution (specify)	0	0	0	0	0
Other County Contribution (specify)	0	0	0	0	0
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	0	0
GRAND TOTAL CHD PROGRAM	1,889,536	1,559,064	3,448,600	986,448	4,435,048

**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, 2002 to September 30, 2003

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan				County	State	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
A. COMMUNICABLE DISEASE CONTROL:										
Immunization (101)	2.40	0	3,147	21,801	21,801	21,801	21,801	60,637	26,567	87,204
STD (102)	0.40	28	143	1,256	1,256	1,256	1,256	3,014	2,010	5,024
A.I.D.S. (103)	1.20	304	840	14,850	14,850	14,850	14,850	35,640	23,760	59,400
TB Control Services (104)	0.30	151	395	3,311	3,311	3,311	3,311	7,946	5,298	13,244
Comm. Disease Surv. (106)	1.60	0	256	14,778	14,778	14,778	14,778	35,467	23,645	59,112
Hepatitis Prevention (109)	0.20	0	84	2,000	2,000	2,000	2,000	4,800	3,200	8,000
Public Health Preparedness and Response (116)	0.60	0	0	5,000	5,000	5,000	5,000	12,000	8,000	20,000
Vital Statistics (180)	0.30	0	0	2,222	2,222	2,223	2,223	8,890	0	8,890
COMMUNICABLE DISEASE SUBTOTAL	7.00	483	4,865	65,218	65,218	65,219	65,219	168,394	92,480	260,874
B. PRIMARY CARE:										
Chronic Disease Services (210)	0.40	21	185	3,633	3,633	3,633	3,633	8,719	5,813	14,532
Tobacco Prevention (212)	1.20	0	27	17,932	17,932	17,932	17,932	21,518	50,210	71,728
Home Health (215)	0.00	0	0	0	0	0	0	0	0	0
W.I.C. (221)	7.00	2,450	17,056	76,812	76,812	76,812	76,812	0	307,248	307,248
Family Planning (223)	7.20	900	2,980	89,308	89,308	89,308	89,308	214,339	142,893	357,232
Improved Pregnancy Outcome (225)	0.20	0	179	1,341	1,341	1,341	1,341	2,146	3,218	5,364
Healthy Start Prenatal (227)	3.40	279	7,039	36,542	36,542	36,542	36,542	87,701	58,467	146,168
Comprehensive Child Health (229)	7.20	600	1,987	84,734	84,734	84,734	84,734	271,149	67,787	338,936
Healthy Start Infant (231)	1.60	89	1,416	17,725	17,725	17,725	17,725	42,540	28,360	70,900
School Health (234)	4.20	0	83,981	116,709	116,709	116,709	116,709	173,755	293,081	466,836
Comprehensive Adult Health (237)	13.60	980	1,995	159,756	159,756	159,756	159,756	306,165	332,859	639,024
Dental Health (240)	3.60	632	13,565	53,495	53,495	53,495	53,495	42,796	171,184	213,980
PRIMARY CARE SUBTOTAL	49.60	5,951	130,410	657,987	657,987	657,987	657,987	1,170,828	1,461,120	2,631,948
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
Coastal Beach Monitoring (347)	1.40	0	208	10,000	10,000	10,000	10,000	8,000	32,000	40,000
Private Water System (357)	0.60	13	783	4,705	4,705	4,705	4,706	13,384	5,437	18,821
Public Water System (358)	0.20	0	2	45	45	45	45	54	126	180
Individual Sewage Disp. (361)	6.00	992	5,721	73,724	73,724	73,724	73,725	125,848	169,049	294,897
Group Total	8.20	1,005	6,714	88,474	88,474	88,474	88,476	147,286	206,612	353,898
Facility Programs										
Food Hygiene (348)	0.40	16	149	3,779	3,779	3,779	3,779	7,558	7,558	15,116
Body Art (349)	0.20	1	5	225	225	225	225	450	450	900
Group Care Facility (351)	0.60	75	167	4,381	4,381	4,381	4,381	8,762	8,762	17,524
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	25	100	2,733	2,733	2,733	2,733	3,280	7,652	10,932
Swimming Pools/Bathing (360)	0.60	259	525	4,767	4,767	4,767	4,767	5,720	13,348	19,068
Biomedical Waste Services (364)	0.40	39	60	2,225	2,225	2,225	2,225	2,670	6,230	8,900
Tanning Facility Services (369)	0.40	13	33	802	802	802	802	962	2,246	3,208
Group Total	3.00	428	1,039	18,912	18,912	18,912	18,912	29,402	46,246	75,648

**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, 2002 to September 30, 2003

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan				County	State	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
C. ENVIRONMENTAL HEALTH:										
Groundwater Contamination										
Storage Tank Compliance (355)	1.40	104	360	22,811	22,811	22,811	22,811	27,373	63,871	91,244
Super Act Service (356)	0.60	0	547	6,860	6,860	6,860	6,860	8,232	19,208	27,440
Group Total	2.00	104	907	29,671	29,671	29,671	29,671	35,605	83,079	118,684
Community Hygiene										
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	0	8	216	216	216	216	864	0	864
Rabies Surveillance/Control Services (366)	0.20	0	0	338	338	338	338	1,352	0	1,352
Arbovirus Surveillance (367)	1.00	0	21	1,333	1,333	1,333	1,333	5,332	0	5,332
Rodent/Arthropod Control (368)	0.00	0	0	0	0	0	0	0	0	0
Water Pollution (370)	0.00	0	0	0	0	0	0	0	0	0
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	1.40	0	29	1,887	1,887	1,887	1,887	7,548	0	7,548
ENVIRONMENTAL HEALTH SUBTOTAL	14.60	1,537	8,689	138,944	138,944	138,944	138,946	219,841	335,937	555,778
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	71.20	7,971	143,964	862,149	862,149	862,150	862,152	1,559,063	1,889,537	3,448,600

NASSAU COUNTY HEALTH DEPARTMENT

CIVIL RIGHTS CERTIFICATE

ATTACHMENT III

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 complete 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>
Administration and Field Services (Healthy Families/Abstinence Education/ Epidemiology)	30 South 4 th Street Fernandina Beach, FL	Nassau BOCC
Environmental Health Division	1015 South 14 th Street Fernandina Beach, FL	Nassau BOCC
Fernandina Beach Clinic	1620 Nectarine Street Fernandina Beach, FL	Nassau BOCC
Yulee Clinic	528 Page's Dairy Road Yulee, FL	Nassau BOCC
Dental Clinic/Health Education (Full Service School)	479 Felmore Road Yulee, FL	Nassau BOCC
Callahan Clinic	208 Mickler Street Callahan, FL	Nassau BOCC
Hilliard Clinic	211 Pecan Street Hilliard, FL	Nassau BOCC

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. Hilliard Clinic: paint interior and install new carpet.
\$12,000 estimated.
Anticipated completion date: June 30, 2003
2. Renovation. Callahan Clinic: paint interior and install new carpet.
\$12,000 estimated.
Anticipated completion date: March 31, 2003
3. Renovation. Administration: phase-2 painting and carpet.
\$12,000 estimated.
Anticipated completion date: December 31, 2002
4. Renovation. Environmental Health: relocate to County Building & Zoning Office;
purchase new furniture, move circuits, telephone system.
\$8,000 estimated.
Anticipated completion date: March 31, 2003
5. Renovation. Fernandina Beach Clinic: install hurricane/storm shutters.
\$22,000 estimated.
Anticipated completion date: June 30, 2003
6. Renovation. Hilliard Clinic: purchase and install new telephone system.
\$17,188 quote.
Anticipated completion date: June 30, 2003
7. Vehicle Acquisition. Purchase two light pick-up trucks for Environmental Health Division
field staff.
\$32,831 estimated.
Anticipated completion date: April 30, 2003

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.

None.

ATTACHMENT VI

NASSAU COUNTY HEALTH DEPARTMENT

ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2002 - 2003

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
PUBLIC SWIMMING POOLS AND BATHING PLACES					12,384.00
1. Annual Permit - Up to (and including) 25,000 gallons	75.00	67.50	XX-360	001145	2025
1a. Transfer to headquarters		7.50	99-910	001205	
2. More than 25,000 gallons	160.00	144.00	XX-360	001145	10224
2a. Transfer to headquarters		16.00	99-910	001205	
3. Exempted Condo Pools (over 32 units)	50.00	45.00	XX-360	001145	135
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					674.00
(FEES ARE PRORATED ON A QUARTERLY BASIS)					
1. Annual permit for 5 to 14 spaces	50.00	45.00	XX-354	001113	630
1a. Transfer to headquarters		5.00	99-910	001113	
2. Annual permit for 15 to 171 spaces	3.50 per space		XX-354	001113	44
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 2002 - 2003

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					5,380.00
1. Initial permit	55.00	55.00	XX-364	001140	165
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	4840
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	375
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					4,165.00
1. Annual license fee	150.00	135.00	XX-369	001144	2160
1a. Transfer to headquarters		15.00	99-910	001144	
2. Fee for each additional device	55.00	49.50	XX-369	001144	1980
2.a. Transfer to headquarters		5.50	99-910	001144	
3. Late fee	25.00	25.00	XX-369	001092	25
BODY PIERCING					
1. Annual License 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					7,217.00
1. Annual Permit for Fraternal/Civic	160.00	144.00	XX-348	001132	432
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	1872
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	567
4a. Transfer to headquarters		21.00	99-910	001132	

ATTACHMENT VI

NASSAU COUNTY HEALTH DEPARTMENT

ESTIMATE OF ENVIRONMENTAL HEALTH FEES
FISCAL YEAR 2002 - 2003

DESCRIPTION	DEPOSIT	FEE	AMOUNT	AMOUNT	ORG	L4/L5	CODE	OBJECT
Est. Ann. Revenue								
Accruing to CHD								
Trust Fund								

144	5a. Transfer to headquarters	16.00			99-910		001132	
378	6. Annual Permit for Jails/Prisons	210.00	189.00		99-910		001132	
1440	6a. Transfer to headquarters	21.00			99-910		001132	
198	7. Annual Permit for Bars/Lounges (Drink Service Only)	160.00	144.00		99-910		001132	
918	7a. Transfer to headquarters	16.00			99-910		001132	
1008	8. Annual Permit for Residential Facilities	110.00	99.00		99-910		001132	
80	8a. Transfer to headquarters	11.00			99-910		001132	
60	9. Annual Permit for Child Care Centers without C&F license	85.00	76.50		99-910		001132	
70	9a. Transfer to headquarters	8.50			99-910		001132	
50.00	10. Annual Permit for Limited Food Service	85.00	76.50		99-910		001132	
60	10a. Transfer to headquarters	8.50			99-910		001132	
119,722.00	11. Annual Permit Other Food Service	160.00	144.00		99-910		001132	
	11a. Transfer to headquarters	16.00			99-910		001132	
	12. Plan Review	\$35/hour	\$35/hour					
	13. Food Worker Training	10.00	10.00					
	14. Request for Inspection	40.00	40.00					
	15. Reinspection (after the first reinspection)	30.00	30.00					
	16. Late Renewal	25.00	25.00					
	17. Alcoholic Beverage Inspection Approval	30.00	30.00					
	ONSITE SEWAGE DISPOSAL PROGRAM (OSTDS)							
	1. Application for permitting of an onsite sewage treatment and disposal system which includes application and plan review for new and repair permits	25.00	23.00					
12696	1a. Transfer to headquarters	2.00			99-910		001203	
30470	2. Site evaluation for a new system	60.00	55.20		99-910		001092	
	2a. Transfer to headquarters	4.80			99-910		001203	
2355	3. Site evaluation for a system repair or modification of system	40.00	36.80		99-910		001092	
	3a. Transfer to headquarters	3.20			99-910		001203	
74	4. Site re-evaluation, new or repair or modification	40.00	36.80		99-910		001092	
	4a. Transfer to headquarters	3.20			99-910		001203	
27931	5. Permit for new systems, or modification to system	55.00	50.60		99-910		001092	
	5a. Transfer to headquarters	4.40			99-910		001203	
27931	6. New system or system modification installation inspection	55.00	50.60		99-910		001092	
	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	
2650	8. Repair permit issuance which includes inspection	50.00	41.40		99-910		001092	

ATTACHMENT VI

NASSAU COUNTY HEALTH DEPARTMENT

ESTIMATE OF ENVIRONMENTAL HEALTH FEES
FISCAL YEAR 2002 - 2003

DESCRIPTION	AMOUNT	FEE	DEPOSIT	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			XX-361		001092	7130
9a. Transfer to headquarters	4.00			99-910		001203	
10. Reinspection fee per visit for site inspections after system construction approval	25.00			XX-361		001092	1150
10a. Transfer to headquarters	2.00			99-910		001203	
11. Installation reinspection of non-compliant system per each site visit	25.00			XX-361		001092	115
11a. Transfer to headquarters	2.00			99-910		001203	
12. System abandonment permit, includes permit issuance and inspection	40.00			XX-361		001092	773
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			XX-361		001092	5520
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			XX-361		001092	
14a. Transfer to headquarters	2.00			99-910		001203	
15. Aerobic treatment unit operating permit (biennial)	100.00			XX-361		001092	
15a. Transfer to headquarters	8.00			99-910		001203	
16. Tank manufacturer's inspection per annum	100.00			XX-361		001092	
16a. Transfer to headquarters	50.00			99-910		001203	
17. Septage disposal service permit per annum	50.00			XX-61		001092	184
17a. Transfer to headquarters	4.00			99-910		001203	
18. Additional charge per pumpout vehicle	25.00			XX-361		001092	23
18a. Transfer to headquarters	2.00			99-910		001203	
19. Portable or temporary toilet service permit per annum	50.00			XX-361		001092	46
19a. Transfer to headquarters	4.00			99-910		001203	
20. Additional charge per pumpout vehicle	25.00			XX-361		001092	23
20a. Transfer to headquarters	2.00			99-910		001203	
21. Septage stabilization facility inspection fee per annum	150.00			XX-361		001092	276
21a. Transfer to headquarters	12.00			99-910		001203	
22. Septage disposal site evaluation fee per annum	100.00			XX-361		001092	
22a. Transfer to headquarters	8.00			99-910		001203	
23. Aerobic treatment unit maintenance entity permit per annum	25.00			XX-361		001092	375
23a. Transfer to headquarters	2.00			99-910		001203	
24. Variance application for a single family residence per	150.00			XX-361		001135	

ATTACHMENT VI

NASSAU COUNTY HEALTH DEPARTMENT

**ESTIMATE OF ENVIRONMENTAL HEALTH FEES
FISCAL YEAR 2002 - 2003**

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	OBJECT CODE	Est. Ann. Revenue Accruing to CHD Trust Fund
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each lot or building site					
24a. Transfer to headquarters	75.00		99-910	001204	
25. Variance application for a multi-family or commercial building per each building site	200.00	100.00	XX-361	001135	
26. Inspection for construction of an injection well (FL Keys)	125.00	125.00	XX-361	001092	
Performance-based Treatment Systems					
1. Application for permitting of a new performance-based treatment system, which includes application and plan review	125.00	115.00	XX-361	001092	
1a. Transfer to headquarters	10.00		99-910	001203	
2. Permit for new performance-based treatment system	125.00	115.00	XX-361	001092	
2a. Transfer to headquarters	10.00		99-910	001203	
3. Installation inspection for new performance-based systems	75.00	69.00	XX-361	001092	
3a. Transfer to headquarters	6.00		99-910	001203	
6. Research fee to be collected in addition, and concurrent with the permit for a new performance-based system installation fee	5.00	5.00	99-910	001201	
4. Repair permit issuance which includes inspection	125.00	115.00	XX-361	001092	
4a. Transfer to headquarters	10.00		99-910	001203	
5. Inspection of system previously in use	25.00	23.00	XX-361	001092	
5a. Transfer to headquarters	2.00		99-910	001203	
6. Reinspection fee per visit for site inspections after system construction approval	25.00	23.00	XX-361	001092	
6a. Transfer to headquarters	2.00		99-910	001203	
7. Installation reinspection of non-compliant system per each site visit	50.00	46.00	XX-361	001092	
7a. Transfer to headquarters	4.00		99-910	001203	
8. System abandonment permit, includes permit issuance and inspection	75.00	69.00	XX-361	001092	
8a. Transfer to headquarters	6.00		99-910	001203	
Biennial Operating Permits	100.00	92.00	XX-361	001092	
9a. Transfer to headquarters	8.00		99-910	001203	
10. Review of application due to proposed amendments or changes after initial operating permit issuance.	75.00	69.00	XX-361	001092	
10a. Transfer to headquarters	6.00		99-910	001203	
11. Variance application for a single family residence per each lot or building site	150.00	75.00	XX-361	001135	
11a. Transfer to headquarters	75.00		99-910	001204	
12. Performance-based Treatment System Maintenance	25.00	23.00	XX-361	001092	

ATTACHMENT VI

NASSAU COUNTY HEALTH DEPARTMENT

ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2002 - 2003

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					10,346.00
1. First Year Public Water Annual Operation Permit and Construction Permit - Limited Use	75.00	67.50	XX-357	001166	608
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	7245
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	108
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	
Bacterial Sample Collection	40.00	40.00	XX-357	001142	1200
Chemical Sample Collection	50.00	50.00	XX-357	001142	450
Combined Chemical microbiological	55.00	55.00	XX-357	001142	165
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	325.00
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 2002 - 2003

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

NASSAU COUNTY HEALTH DEPARTMENT

ESTIMATE OF ENVIRONMENTAL HEALTH FEES FISCAL YEAR 2002 - 2003

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	