

**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 2004-2005**

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, 2004.

**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, 2004, through September 30, 2005, 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 \$ 1,815,101.00 (*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 \$ 990,327.00 (*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 that 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

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 Health Profile" report located on the Office of Planning, Evaluation & Data Analysis Intranet site*).

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 and 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, 2005 for the report period October 1, 2004 through December 31, 2004;
- ii. June 1, 2005 for the report period October 1, 2004 through March 31, 2005;
- iii. September 1, 2005 for the report period October 1, 2004 through June 30, 2005; and
- iv. December 1, 2005 for the report period October 1, 2004 through September 30, 2005.

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, 2005, 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 Department  
P. O. Box 517  
Fernandina Beach, FL 32035-0517  
Address

(904) 277-7287 x236  
Telephone

For the County:

J. M. Oxley, Jr.  
Name

Ex-Officio Clerk  
Title

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

(904) 548-4500  
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 38 page agreement to be executed by their undersigned officials as duly authorized effective the 1<sup>st</sup> day of October, 2004.

**BOARD OF COUNTY COMMISSIONERS  
FOR NASSAU COUNTY**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

SIGNED BY: *Floyd Vanzant*  
NAME: Floyd Vanzant  
TITLE: Board Chair  
DATE: 9-29-04

SIGNED BY: *Michael John For*  
NAME: John O. Agwunobi, M.D., M.B.A.  
TITLE: Secretary  
DATE: 10/4/04

ATTESTED TO:  
SIGNED BY: *J. M. Oxley, Jr.*  
NAME: J. M. Oxley, Jr.  
TITLE: Ex-Officio Clerk  
DATE: 9-29-04

SIGNED BY: *E. J. Ngo-Seidel*  
NAME: E. J. Ngo-Seidel, M.D., M.P.H.  
TITLE: CHD Director  
DATE: 9/10/04

Approved as to form by the  
Nassau County Attorney:  
*Michael S. Mullin*  
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)

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 09/30/04	Estimated County Share of CHD Trust Fund Balance as of 09/30/04	Total
1. CHD Trust Fund Ending Balance 09/30/04	\$352,894	\$334,612	\$687,506
2. Drawdown for Contract Year October 1, 2004 to September 30, 2005	-\$131,378	-\$131,377	-\$262,755
3. Special Capital Project use for Contract Year October 1, 2004 to September 30, 2005	\$131,378	\$131,377	\$262,755
4. Balance Reserved for Contingency Fund October 1, 2004 to September 30, 2005	\$352,894	\$334,612	\$687,506

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**

**SEASAW COUNTY HEALTH DEPARTMENT  
Part II Source of Contributions to County Health Department**

October 1, 2004 to September 30, 2005

	State CHD Fund Fund (cash)	County CHD Fund Fund (cash)	Total CHD Fund Fund (cash)	Other Contributions	Total	
<b>I. GENERAL REVENUE - STATE</b>						
015011	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	6,500	0	6,500	0	6,500
015011	ALG/PRIMARY CARE	123,500	0	123,500	0	123,500
015011	PRIMARY CARE SPECIAL PROJECT	0	0	0	0	0
015048	ALG/CONTR TO CHDS-STD PROGRAM	0	0	0	0	0
015050	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015050	ALG/CONTR TO CHDS	867,796	0	867,796	0	867,796
015050	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION	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 TEAMS	4,423	0	4,423	0	4,423
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	CITIZENS AGAINST TOXIC EXPOSURE (CATE)	0	0	0	0	0
015050	COMMUNITY TB PROGRAM	11,331	0	11,331	0	11,331
015050	CONTR TO CHDS - DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0	0
015050	HEALTH PROMOTION & EDUCATION INITIATIVES	0	0	0	0	0
015050	HEALTHY BEACHES MONITORING	18,935	0	18,935	0	18,935
015050	LA LIGA CONTRA EL CANCER	0	0	0	0	0
015050	METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0	0
015050	RED LEGISLATION - GAP GRANT (CAT 050310)	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 STAFF	0	0	0	0	0
015115	VOLUNTEER SCHOOL HEALTH NURSE GRANT	70,000	0	70,000	0	70,000
015123	ALG/FAMILY PLANNING	35,440	0	35,440	0	35,440
015124	ALG/IPO - OUTREACH SOCIAL WORKERS CAT. 050707	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. 050707	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. 050870	0	0	0	0	0
015124	ALG/MCH-OUTREACH SOCIAL WORKERS CAT 050870	0	0	0	0	0
015137	ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST	0	0	0	0	0
015137	HEALTHY START - DATA COLLECTION PROJECT STAFF	0	0	0	0	0
015140	ALG/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
<b>GENERAL REVENUE TOTAL</b>		<b>1,165,825</b>	<b>0</b>	<b>1,165,825</b>	<b>0</b>	<b>1,165,825</b>
<b>2. NON GENERAL REVENUE - STATE</b>						
011008	RAPID AIDS TESTING - JAIL INMATES 2003	0	0	0	0	0
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 & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015010	ONSITE SEWAGE SPECIAL PROJECT-ATF	0	0	0	0	0
015010	PACE EH	0	0	0	0	0
015010	SUPER ACT PROGRAM ADM TF	0	0	0	0	0
015020	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF	0	0	0	0	0
015026	ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	3,094	0	3,094	0	3,094
015072	ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP ADM	0	0	0	0	0
015084	VARICELLA IMMUNIZATION REQUIREMENT TOBACCO TF	2,367	0	2,367	0	2,367

**ATTACHMENT II**

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

October 1, 2004 to September 30, 2005

		State CHD Fund (cash)	Federal CHD Fund (cash)	Total CHD Fund (cash)	Other Contributions	Total
<b>2. NON GENERAL REVENUE - STATE</b>						
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
<b>NON GENERAL REVENUE TOTAL</b>		<b>154,039</b>	<b>0</b>	<b>154,039</b>	<b>0</b>	<b>154,039</b>
<b>3. FEDERAL FUNDS - State</b>						
007000	ARTHRITIS SELF-HELP COURSE	0	0	0	0	0
007000	CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0	0
007000	COMPREHENSIVE CARDIOVASCULAR PROGRAM	0	0	0	0	0
007000	FEDERAL COASTAL BEACH MONITORING PROGRAM	17,255	0	17,255	0	17,255
007000	GULF OF MEXICO PROGRAM- TAYLOR CHD	0	0	0	0	0
007000	STATE PROGRAMS TO PREVENT OBESITY 2003-04	0	0	0	0	0
007030	PHBG/MIGRANT LABOR CAMP SANITATION	0	0	0	0	0
007049	STD PROGRAM-CSPS	0	0	0	0	0
007049	STD PROGRAM-CSPS-2005	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-SYPHILIS ELIMINATION PROJECT	0	0	0	0	0
007049	STD/HIV PREVENTION TRAINING CENTER	0	0	0	0	0
007051	FGTF/WIC ADMINISTRATION	260,314	0	260,314	0	260,314
007056	HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
007056	REFUGEE HEALTH TB TARGETED TESTING	0	0	0	0	0
007063	PHBG/COMPREHENSIVE COMM CARDIO HLTH PRGM	0	0	0	0	0
007064	AIDS SEROPREVALENCE	0	0	0	0	0
007064	EVAL INTEG HIV/AIDS SURV SYST PERFORMANCE	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-ADMIN	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
007077	BIOTERR SURVEILLANCE & EPIDEMIOLOGY	35,664	0	35,664	0	35,664
007077	BIOTERRORISM - HOSPITAL PREPAREDNESS 2004-05	0	0	0	0	0
007077	BIOTERRORISM NETWORK COMMUNICATIONS	0	0	0	0	0
007077	BIOTERRORISM PLANNING & READINESS	62,713	0	62,713	0	62,713
007077	PUB HLTH PREP-EDUCATION & TRAINING	0	0	0	0	0
007084	FGTF/IMMUNIZATION ACTION PLAN	3,494	0	3,494	0	3,494
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 2004-2005	3,319	0	3,319	0	3,319
007084	IMMUNIZATION FIELD STAFF 2004	0	0	0	0	0
007084	IMMUNIZATION PROJECT - VFC	0	0	0	0	0
007084	IMMUNIZATION SPECIAL PROJECT	2,138	0	2,138	0	2,138
007084	IMMUNIZATION SUPPLEMENTAL - 2004	0	0	0	0	0
007084	IMMUNIZATION SUPPORT GRANT - 2005	0	0	0	0	0
007085	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0	0
007127	MCH BGTF-MCH/CHILD HEALTH	10,683	0	10,683	0	10,683

MASSACHUSETTS HEALTH DEPARTMENT  
 Part II Sources of Contributions to Family Health Department

October 1, 2004 to September 30, 2005

	State CHD Trust Fund (cash)	Family CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total	
<b>3. FEDERAL FUNDS - State</b>						
007132	MCH BGTF-MCH/DENTAL PROJECTS	30,300	0	30,300	0	30,300
007133	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0	0
007133	FGTF/FAMILY PLANNING-TITLE X	54,841	0	54,841	0	54,841
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
015009	Transfer of Federal Funds Within Agency	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	SCHOOL HEALTH-SUPPLEMENT-TANF	0	0	0	0	0
015075	TITLEXXI/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
015075	Refugee Screening Reimbursement	0	0	0	0	0
015075	Summer Feeding Sites	0	0	0	0	0
<b>FEDERAL FUNDS TOTAL</b>		<b>487,737</b>	<b>0</b>	<b>487,737</b>	<b>0</b>	<b>487,737</b>
<b>FEES ASSESSED BY STATE OR FEDERAL RULES - STATE</b>						
001092	Environmental Health Fees	233,935	0	233,935	0	233,935
001092	OSDS Repair Permit	0	0	0	0	0
001092	OSDS Permit Fee	0	0	0	0	0
001092	I & M Zoned Operating Permit	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	2,506	0	2,506	0	2,506
001132	Food Hygiene Permit	7,344	0	7,344	0	7,344
001135	OSDS Variance Fee	375	0	375	0	375
001139	Migrant Housing Permit	0	0	0	0	0
001140	Biohazard Waste Permit	1,595	0	1,595	0	1,595
001142	Non SDWA Lab Sample	2,040	0	2,040	0	2,040
001144	Tanning Facilities	2,565	0	2,565	0	2,565
001145	Swimming Pools	17,820	0	17,820	0	17,820
001149	Body Piercing	135	0	135	0	135
001165	Private Water Constr Permit	108	0	108	0	108
001166	Public Water Annual Oper Permit	8,519	0	8,519	0	8,519
001166	Public Water Constr Permit	0	0	0	0	0
001166	Non-SDWA System Permit	0	0	0	0	0
001170	Lab Fee Chemical Analysis	0	0	0	0	0
001196	Water Analysis-Potable	0	0	0	0	0
001197	Nonpotable Water Analysis	0	0	0	0	0
001211	Safe Drinking Water	0	0	0	0	0
010403	Fees-Copy of Public Doc	0	0	0	0	0
010502	Transfers-Mobile Home/RV Park	0	0	0	0	0
010303	MQA Inspection Fee	0	0	0	0	0
<b>FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL</b>		<b>276,942</b>	<b>0</b>	<b>276,942</b>	<b>0</b>	<b>276,942</b>

## ATTACHMENT III

**NASSAU COUNTY HEALTH DEPARTMENT**  
**Part III Source of Contributions to County Health Department**

October 1, 1998 to September 30, 2005

	CHD CHD Trust Fund (cash)	CHD CHD Trust Fund (cash)	CHD CHD Trust Fund (cash)	Other Contributions	Total
<b>5. OTHER CASH CONTRIBUTIONS - STATE</b>					
010304 Stationary Pollutant Storage Tanks	69,024	0	69,024	0	69,024
015029 Transfers Intra Agency	0	0	0	0	0
015121 Super Act Reimbursements	0	0	0	0	0
015139 Well Surveillance Reimbursement - Pesticide	0	0	0	0	0
090001 Draw down from Public Health Unit	-131,378	0	-131,378	0	-131,378
<b>OTHER CASH CONTRIBUTIONS TOTAL</b>	<b>-62,354</b>	<b>0</b>	<b>-62,354</b>	<b>0</b>	<b>-62,354</b>
<b>6. MEDICAID - STATE/COUNTY</b>					
001056 CHD Incm:Medicaid-Pharmacy	0	0	0	0	0
001076 Medicaid-TB	0	0	0	0	0
001078 Medicaid-Administration Vaccine	0	0	0	0	0
001079 Medicaid-Case Management	0	0	0	0	0
001080 CHD Incm:Medicaid-Other	0	0	0	0	0
001081 CHD Incm:Medicaid-Child Health Checkup	0	0	0	0	0
001082 CHD Incm:Medicaid-Dental	119,273	170,929	290,202	0	290,202
001083 CHD Incm:Medicaid-FP	3,654	32,882	36,536	0	36,536
001085 CHD Incm:Medicaid-Nursing	0	0	0	0	0
001087 CHD Incm:Medicaid-STD	0	0	0	0	0
001089 Medicaid AIDS	0	0	0	0	0
001147 Medicaid HMO Rate	0	0	0	0	0
001191 CHD Incm:Medicaid Maternity	0	0	0	0	0
001192 CHD Incm:Medicaid Comp. Child	822	1,178	2,000	0	2,000
001193 CHD Incm:Medicaid Comp. Adult	16,440	23,560	40,000	0	40,000
001194 Medicaid-LAB	0	0	0	0	0
001208 Medipass \$3.00 Adm. Fee	617	884	1,500	0	1,500
<b>MEDICAID TOTAL</b>	<b>140,805</b>	<b>229,433</b>	<b>370,238</b>	<b>0</b>	<b>370,238</b>
<b>7. ALLOCABLE REVENUE - STATE</b>					
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
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
018013 DMS Refunds by Journal Transfer-65900	0	0	0	0	0
018099 Refunds, Certified Forward	0	0	0	0	0
037000 Prior Year Warrant	0	0	0	0	0
038000 12 Month Old Warrant	0	0	0	0	0
<b>ALLOCABLE REVENUE TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
State Pharmacy Services	0	0	0	32,905	32,905
State Laboratory Services	0	0	0	71,026	71,026
State TB Services	0	0	0	0	0
State Immunization Services	0	0	0	26,019	26,019
State STD Services	0	0	0	0	0
State Construction/Renovation	0	0	0	0	0

## ATTACHMENT II

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

08/01/2014 to September 30, 2015

	CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
<b>8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE</b>					
WIC Food	0	0	0	729,155	729,155
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
<b>OTHER STATE CONTRIBUTIONS TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>859,105</b>	<b>859,105</b>
<b>9. DIRECT COUNTY CONTRIBUTIONS - COUNTY</b>					
008030 Grants-County Tax Direct	0	990,327	990,327	0	990,327
008034 Grants Cnty Commsn Other	0	0	0	0	0
<b>BOARD OF COUNTY COMMISSIONERS TOTAL</b>	<b>0</b>	<b>990,327</b>	<b>990,327</b>	<b>0</b>	<b>990,327</b>
<b>10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY</b>					
001004 Child Car Seat Prog	0	0	0	0	0
001060 Vital Statistics Fees Other	0	0	0	0	0
001062 Rabies Vaccine	0	0	0	0	0
001074 Adult Enter. Permit Fees	0	0	0	0	0
001077 Primary Care Fees	0	45,850	45,850	0	45,850
001093 Communicable Disease Fees	0	100	100	0	100
001094 Environmental Health Fees	0	63,630	63,630	0	63,630
001114 New Birth Certificates	0	3,500	3,500	0	3,500
001115 Death Certificates	0	9,000	9,000	0	9,000
001117 Vital Stats-Adm. Fee 50 cents	0	200	200	0	200
<b>FEES AUTHORIZED BY COUNTY TOTAL</b>	<b>0</b>	<b>122,280</b>	<b>122,280</b>	<b>0</b>	<b>122,280</b>
<b>11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY</b>					
001009 Debit Memo-Bad Checks	0	0	0	0	0
001010 Recovery-Bad Checks	0	0	0	0	0
001015 Recovery of Collection of Agency Placements	0	0	0	0	0
001026 Returned Check Fee	0	50	50	0	50
001029 Third Party Reimbursement	0	63,500	63,500	0	63,500
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	7,000	7,000	0	7,000
001190 Health Maintenance Organ. (HMO)	0	0	0	0	0
005040 Interest Earned	0	1,000	1,000	0	1,000
005041 Interest Earned-State Investment Account	0	0	0	0	0
007010 U.S. Grants Direct	0	320,929	320,929	0	320,929
008010 Grants Contracts Frm Cities Direct	0	0	0	0	0
008031 County AIDS Education	0	0	0	0	0
008050 Grants-Cnty Sch Board Direct	0	78,284	78,284	0	78,284
008090 Grants other Local Govn't Direct	0	0	0	0	0
008094 Grnts/Contracts other Agencies Direct	0	732,008	732,008	0	732,008
008095 Grants Cnty Sect 403.102 Air Pol	0	0	0	0	0
008099 Reimb/Rebate Local Govn't	0	0	0	0	0
010300 Sale of Goods and Services	0	0	0	0	0

STATE GOVERNMENT

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

October 1, 2004 to September 30, 2005

State CHD Trust Fund (Cash)	County CHD Trust Fund (Cash)	Total CHD Trust Fund (Cash)	Other Contributions	Total
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**11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY**

010301	Exp Witness Fee Consultnt Charges	0	0	0	0	0
010403	Fees-Copies of Documents	0	1,000	1,000	0	1,000
010405	Sale of pharmaceuticals	0	0	0	0	0
010408	Copy Fess Intra/Inter Agency	0	250	250	0	250
010409	Sale of Goods Outside State Government	0	0	0	0	0
010500	Sales of Services Outside State Government	0	0	0	0	0
011001	Healthy Start Coalition Contributions	0	0	0	0	0
011007	Cash Donations Private	0	1,500	1,500	0	1,500
011066	Ryan White Local Revenues	0	0	0	0	0
011067	AIDS Insurance Continuation Project	0	0	0	0	0
011099	Other Grants/Donations Direct	0	10	10	0	10
012020	Fines and Forfeitures	0	1,500	1,500	0	1,500
012021	Return Check Charge	0	0	0	0	0
028020	Insurance Recoveries-Other	0	0	0	0	0
090002	Draw down from Public Health Unit	0	-131,377	-131,377	0	-131,377

**OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL**

0	1,075,654	1,075,654	0	1,075,654
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**12. ALLOCABLE REVENUE - COUNTY**

018001	Refunds, Salary	0	1,200	1,200	0	1,200
018003	Refunds, other Personal Services	0	0	0	0	0
018004	Refunds, Expenses	0	3,000	3,000	0	3,000
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
018013	DMS Refunds by Journal Transfer-65900	0	0	0	0	0
018099	Refunds, Certified Forward	0	0	0	0	0
037000	Prior Year Warrant	0	0	0	0	0
038000	12 Month Old Warrant	0	0	0	0	0

**COUNTY ALLOCABLE REVENUE TOTAL**

0	4,200	4,200	0	4,200
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**13. BUILDINGS - COUNTY**

Annual Rental Equivalent Value	0	0	0	0	0
Maintenance	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 (specify)	0	0	0	0	0
Other (specify)	0	0	0	0	0

**BUILDINGS TOTAL**

0	0	0	0	0
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**14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY**

Other County Contribution of some unknow origin	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

ATTACHMENT II

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

October 1, 2004 to September 30, 2005

	Site CHD Trust Fund (cash)	County CHD Trust Fund (cash)	Total CHD Trust Fund (cash)	Other Contributions	Total
<b>OTHER COUNTY CONTRIBUTIONS TOTAL</b>	0	0	0	0	0
<b>GRAND TOTAL CHD PROGRAM</b>	2,162,994	2,421,894	4,584,888	859,105	5,443,993

**ATTACHMENT II  
 NASSAU COUNTY HEALTH DEPARTMENT**

Part II: Human Staffing, Client Services, and Supportability Program Service Area Within Each Level Of Service

Fiscal Year 2007-08 Statement 2007-08

	FTE (0.01)	Client Units	Services	Rate	2007-08	2007-08	2007-08	2007-08	County	State	Grand Total
					(Whole dollar only)						
<b>A. COMMUNICABLE DISEASE CONTROL:</b>											
Immunization (101)	1.90	0	3,099	30,432	30,432	30,432	30,432	64,517	57,211	121,728	
STD (102)	0.30	139	315	8,870	8,870	8,870	8,870	16,952	18,528	35,480	
A.I.D.S. (103)	1.60	201	679	25,216	25,216	25,216	25,216	60,518	40,346	100,864	
TB Control Services (104)	0.40	40	409	6,306	6,306	6,306	6,306	12,016	13,208	25,224	
Comm. Disease Surv. (106)	1.80	0	1,763	26,157	26,157	26,157	26,157	44,539	60,089	104,628	
Hepatitis Prevention (109)	0.01	50	79	165	165	165	165	0	660	660	
Public Health Preparedness and Response (116)	1.70	0	88	38,872	38,872	38,872	38,872	82,393	73,095	155,488	
Vital Statistics (180)	0.25	0	0	5,420	5,420	5,420	5,420	21,680	0	21,680	
<b>COMMUNICABLE DISEASE SUBTOTAL</b>	<b>7.96</b>	<b>430</b>	<b>6,432</b>	<b>141,438</b>	<b>141,438</b>	<b>141,438</b>	<b>141,438</b>	<b>302,615</b>	<b>263,137</b>	<b>565,752</b>	
<b>B. PRIMARY CARE:</b>											
Chronic Disease Services (210)	1.30	160	145	27,052	27,052	27,052	27,052	57,701	50,507	108,208	
Tobacco Prevention (212)	0.00	0	0	0	0	0	0	0	0	0	
Home Health (215)	0.00	0	0	0	0	0	0	0	0	0	
W.I.C. (221)	7.75	4,013	28,527	96,267	96,267	96,267	96,267	0	385,068	385,068	
Family Planning (223)	6.60	1,453	4,401	91,209	91,209	91,209	91,209	155,098	209,738	364,836	
Improved Pregnancy Outcome (225)	0.80	110	309	8,655	8,655	8,655	8,655	23,896	10,724	34,620	
Healthy Start Prenatal (227)	3.00	437	5,758	35,817	35,817	35,817	35,817	111,741	31,527	143,268	
Comprehensive Child Health (229)	9.60	125	4,388	144,343	144,343	144,343	144,343	513,773	63,599	577,372	
Healthy Start Infant (231)	1.50	148	1,607	16,645	16,645	16,645	16,645	50,294	16,286	66,580	
School Health (234)	5.00	0	105,032	94,320	94,320	94,320	94,320	226,368	150,912	377,280	
Comprehensive Adult Health (237)	12.80	1,244	5,306	249,819	249,819	249,819	249,819	624,970	374,306	999,276	
Dental Health (240)	3.60	1,700	8,826	72,806	72,806	72,806	72,806	110,789	180,435	291,224	
<b>PRIMARY CARE SUBTOTAL</b>	<b>51.95</b>	<b>9,390</b>	<b>164,299</b>	<b>836,933</b>	<b>836,933</b>	<b>836,933</b>	<b>836,933</b>	<b>1,874,630</b>	<b>1,473,102</b>	<b>3,347,732</b>	
<b>C. ENVIRONMENTAL HEALTH:</b>											
<b>Water and Onsite Sewage Programs</b>											
Coastal Beach Monitoring (347)	0.25	0	573	11,513	11,513	11,513	11,513	7,262	38,790	46,052	
Limited Use Public Water Systems (357)	0.67	122	497	10,337	10,337	10,337	10,337	15,557	25,791	41,348	
Public Water System (358)	0.00	0	0	0	0	0	0	0	0	0	
Private Water System (359)	0.00	0	0	0	0	0	0	0	0	0	
Individual Sewage Disp. (361)	5.50	2,298	6,764	82,311	82,311	82,311	82,311	122,692	206,552	329,244	
<b>Group Total</b>	<b>6.42</b>	<b>2,420</b>	<b>7,834</b>	<b>104,161</b>	<b>104,161</b>	<b>104,161</b>	<b>104,161</b>	<b>145,511</b>	<b>271,133</b>	<b>416,644</b>	
<b>Facility Programs</b>											
Food Hygiene (348)	0.25	50	201	2,108	2,109	4,217	8,434	8,434	8,434	16,868	
Body Art (349)	0.00	0	0	0	0	0	0	0	0	0	
Group Care Facility (351)	0.25	101	151	4,229	4,229	4,229	4,229	8,458	8,458	16,916	
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)	0.20	47	97	6,812	0	0	6,812	5,003	8,621	13,624	
Swimming Pools/Bathing (360)	0.50	154	324	0	15,040	15,040	0	11,914	18,166	30,080	
Biomedical Waste Services (364)	0.15	57	57	5,210	0	0	5,210	2,730	7,690	10,420	
Tanning Facility Services (369)	0.05	28	57	1,998	0	0	1,998	2,423	1,573	3,996	

GENERAL FUND

WISCONSIN DEPARTMENT OF HEALTH SERVICES

For All Planned Services, Expenses Will Be Paid Only For Services Are Within Each Level Of Service

For Fiscal Year Ending September 30, 2005

	FTE (0.00)	Units	Services	Quarterly Expenditure Plan				County	State	Grand Total
				1st	2nd	3rd	4th			

**C. ENVIRONMENTAL HEALTH:**

<b>Group Total</b>	1.40	437	887	20,357	21,378	23,486	26,683	38,962	52,942	91,904
<b>Groundwater Contamination</b>										
Storage Tank Compliance (355)	1.20	129	198	19,018	19,018	19,018	19,018	11,196	64,876	76,072
Super Act Service (356)	0.50	0	406	9,315	9,315	9,315	9,315	15,045	22,215	37,260
<b>Group Total</b>	1.70	129	604	28,333	28,333	28,333	28,333	26,241	87,091	113,332
<b>Community Hygiene</b>										
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)	0.15	47	119	2,335	2,335	2,335	2,335	9,340	0	9,340
Rabies Surveillance/Control Services (366)	0.01	1	3	224	224	224	224	896	0	896
Arbovirus Surveillance (367)	0.25	0	880	6,632	6,632	6,632	6,632	19,028	7,500	26,528
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)	0.05	0	3	3,190	3,190	3,190	3,190	4,671	8,089	12,760
Radiochemical 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
<b>Group Total</b>	0.46	48	1,005	12,381	12,381	12,381	12,381	33,935	15,589	49,524
<b>ENVIRONMENTAL HEALTH SUBTOTAL</b>	9.98	3,034	10,330	165,232	166,253	168,361	171,558	244,649	426,755	671,404

**D. SPECIAL CONTRACTS:**

Special Contracts (599)	0.00	0	0	0	0	0	0	0	0	0
<b>SPECIAL CONTRACTS SUBTOTAL</b>	0.00	0	0	0	0	0	0	0	0	0
<b>TOTAL CONTRACT</b>	69.89	12,854	181,061	1,143,603	1,144,624	1,146,732	1,149,929	2,421,894	2,162,994	4,584,888

### 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>
Administration and Field Services (Healthy Families/Healthy Start/ Epidemiology)	30 South 4 <sup>th</sup> Street Fernandina Beach, FL	Nassau BOCC
Environmental Health Division	1015 South 14 <sup>th</sup> Street Fernandina Beach, FL	Nassau BOCC
Fernandina Beach Clinic	1620 Nectarine Street Fernandina Beach, FL	Nassau BOCC
Yulee Clinic	86014 Page's Dairy Road Yulee, FL	Nassau BOCC
Dental Clinic/Health Education (Full Service School)	86207 Felmore Road Yulee, FL	Nassau County School Board
Callahan Clinic	45397 Mickler Street Callahan, FL	Nassau BOCC
Hilliard Clinic	37203 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. Acquisition. Connect to County telephone system to provide voice mail and improved call management at all Nassau CHD facilities, eastside of County.  
\$79,928 estimated.  
Anticipated completion date: November 30, 2004
2. Acquisition. Telemedicine. Link all clinic sites to promote telemedicine at remote/satellite facilities.  
\$98,826 estimated.  
Anticipated completion date: November 30, 2004
3. Renovation. Hilliard Clinic: paint interior and install new carpet in area to be vacated by Hilliard Fire Department.  
\$8,000 estimated.  
Anticipated completion date: November 30, 2004
4. Renovation. Fernandina Beach Clinic: install hurricane/storm shutters.  
\$22,000 estimated.  
Anticipated completion date: November 30, 2004
5. Acquisition. Environmental Health: replace existing single-wide temporary/portable building with double-wide.  
\$46,000 estimated.  
Anticipated completion date: March 31, 2005
6. Renovation. Environmental Health: relocate to new double-wide building; purchase new furniture, move data circuits/IT systems.  
\$8,000 estimated.  
Anticipated completion date: March 31, 2005

#### 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 2004 - 2005

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT	Est. Ann. Revenue Accruing to CHD Trust Fund
<b>PUBLIC SWIMMING POOLS AND BATHING PLACES</b>													
1. Annual Permit - Up to (and including) 25,000 gallons	100.00	90.00	XX-360	DK	001145	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$4,320.00
1a. Transfer to headquarters		10.00	99-910	SM	001205	000100	RV	K3000	10-2-021042	64200600	00	1302000000	
2. More than 25,000 gallons	200.00	180.00	XX-360	DK	001145	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$13,320.00
2a. Transfer to headquarters		20.00	99-910	SM	001205	000100	RV	K3000	10-2-021042	64200600	00	1302000000	
3. Exempted Condo Pools (over 32 units)	50.00	45.00	XX-360	DK	001145	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$180.00
3a. Transfer to headquarters		5.00	99-910	SM	001205	000100	RV	K3000	10-2-021042	64200600	00	1302000000	
<b>OTHER FEES</b>													
<b>Collected by the 13 delegated counties</b>													
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 as follows:													
1. Plan review (new construction)	350.00	350.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
2. Modification to a construction permit (permit issued and pool not finished with construction)	100.00	100.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
3. Modification to a completed pool, one that has been in operation	150.00	150.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
4. Plan/application review for bathing place development	275.00	275.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
5. Initial operating permit	150.00	150.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
6. Variance applications	240.00	216.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
6a. Transfer to Headquarters		24.00	99-910	SM	001205	000100	RV	K3000	10-2-021042	64200600	00	1302000000	
<b>All other counties are to send the fee to Bureau of Water</b>													
Programs in Tallahassee or the Environmental Engineering													
section in Orlando as follows:													
1. Plan review (new construction)	350.00	350.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
2. Modification to a construction permit (permit issued and pool not finished with construction)	100.00	100.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
3. Modification to a completed pool, one that has been in operation	150.00	150.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
4. Plan/application review for bathing place development	275.00	275.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
5. Initial operating permit	150.00	150.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
6. Variance applications	240.00	216.00	XX-360	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT	Est. Ann. Revenue Accruing to CHD Trust Fund
<b>MOBILE HOME &amp; RECREATIONAL VEHICLE PARKS</b>													
(FEES ARE PRORATED ON A QUARTERLY BASIS)													
1. Annual permit for 5 to 14 spaces	50.00	45.00	XX-354	DK	001113	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$540.00
1a. Transfer to headquarters		5.00	99-910	MP	001113	000100	RV	UQ000	10-2-021042	64200600	00	1302000000	
2. Annual permit for 15 to 171 spaces	3.50 per space		XX-354	DK	001113	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$1,966.00
2a. Transfer to headquarters		10%	99-910	MP	001113	000100	RV	UQ000	10-2-021042	64200600	00	1302000000	
3. Annual permit for 172 and above spaces	600.00	540.00	XX-354	DK	001113	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
3a. Transfer to headquarters		60.00	99-910	MP	001113	000100	RV	UQ000	10-2-021042	64200600	00	1302000000	
<b>MIGRANT LABOR CAMPS</b>													
1. Annual permit for facilities with 5-50 occupants	125.00	125.00	XX-352	DK	001139	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
2. Annual permit for facilities with 51-100 occupants	225.00	225.00	XX-352	DK	001139	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
3. Annual permit for facilities with over 100 occupants	500.00	500.00	XX-352	DK	001139	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
<b>BIOMEDICAL WASTE GENERATORS</b>													
1. Initial permit (prorated after 3/31 for generator, storage and treatment)	55.00	55.00	XX-364	DK	001140	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
2. Renewal of annual permit except physician office generating less than 25lbs/30 days) postmarked by October 1	55.00	55.00	XX-364	DK	001140	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$1,595.00
3. Renewal of annual permit except physician office generating less than 25lbs/30 days) postmarked after October 1	75.00	75.00	XX-364	DK	001140	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
4. Initial Transporter Registration (prorated after 3/31, includes 1 truck)	55.00	55.00	XX-364	DK	001140	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
5. Initial Registration of Each Additional Truck	10.00	10.00	XX-364	DK	001140	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
6. Annual Registration Renewal (postmarked by 10/01, includes 1 truck)	55.00	55.00	XX-364	DK	001140	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
7. Annual Registration Renewal (postmarked after 10/01, includes 1 truck)	75.00	75.00	XX-364	DK	001140	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
8. Annual Registration of Each Additional Truck	10.00	10.00	XX-364	DK	001140	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
<b>TANNING FACILITIES</b>													
1. Annual license fee	150.00	135.00	XX-369	DK	001144	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$2,565.00
1a. Transfer to headquarters		15.00	99-910	TN	001144	000100	RV	R9000	10-2-021042	64200600	00	1302000000	
2. Fee for each additional device	55.00	49.50	XX-369	DK	001144	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
2.a. Transfer to headquarters		5.50	99-910	TN	001144	000100	RV	R9000	10-2-021042	64200600	00	1302000000	
3. Late fee	25.00	25.00	XX-369	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
<b>BODY PIERCING</b>													
1. Initial License (prorated quarterly)	150.00	135.00	XX-349	DK	001149	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$135.00
1a. Transfer to headquarters		15.00	99-910	iE	001149	000100	RV	PIERS	10-2-021042	64200600	00	1302000000	
2. Temporary Establishment	75.00	67.50	XX-349	DK	001149	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
2a. Transfer to headquarters		7.50	99-910	iE	001149	000100	RV	PIERS	10-2-021042	64200600	00	1302000000	
3. Annual Renewal License Fee	150.00	135.00	XX-349	DK	001149	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
3a. Transfer to headquarters		15.00	99-910	iE	001149	000100	RV	PIERS	10-2-021042	64200600	00	1302000000	
4. Late fee	100.00	100.00	XX-349	DK	001149	000100	CD	8K000	20-2-141001	64200700	**	1306000000	

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTTTY	IBI	PROGRAM COMPONENT	Est. Ann. Revenue Accruing to CHD Trust Fund
<b>FOOD ESTABLISHMENTS</b>													
1. Annual Permit for Fraternal/Civic	160.00	144.00	XX-348	DK	001132	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$576.00
1a. Transfer to headquarters		16.00	99-910	FP	001132	000100	RV	10000	10-2-021042	64200600	00	1302000000	
2. Annual Permit School Cafeteria Operating for 9 months or less	130.00	117.00	XX-348	DK	001132	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$1,872.00
2a. Transfer to headquarters		13.00	99-910	FP	001132	000100	RV	10000	10-2-021042	64200600	00	1302000000	
3. Annual Permit School Cafeteria Operating for more than 9 months	160.00	144.00	XX-348	DK	001132	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
3a. Transfer to headquarters		16.00	99-910	FP	001132	000100	RV	10000	10-2-021042	64200600	00	1302000000	
4. Annual Permit for Hospital/Nursing Food Service	210.00	189.00	XX-348	DK	001132	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$567.00
4a. Transfer to headquarters		21.00	99-910	FP	001132	000100	RV	10000	10-2-021042	64200600	00	1302000000	
5. Annual Permit for Movie Theaters	160.00	144.00	XX-348	DK	001132	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$144.00
5a. Transfer to headquarters		16.00	99-910	FP	001132	000100	RV	10000	10-2-021042	64200600	00	1302000000	
6. Annual Permit for Jails/Prisons	210.00	189.00	XX-348	DK	001132	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$189.00
6a. Transfer to headquarters		21.00	99-910	FP	001132	000100	RV	10000	10-2-021042	64200600	00	1302000000	
7. Annual Permit for Bars/Lounges (Drink Service Only)	160.00	144.00	XX-348	DK	001132	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$1,584.00
7a. Transfer to headquarters		16.00	99-910	FP	001132	000100	RV	10000	10-2-021042	64200600	00	1302000000	
8. Annual Permit for Residential Facilities	110.00	99.00	XX-348	DK	001132	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$198.00
8a. Transfer to headquarters		11.00	99-910	FP	001132	000100	RV	10000	10-2-021042	64200600	00	1302000000	
9. Annual Permit for Child Care Centers without C&F license	85.00	76.50	XX-348	DK	001132	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$918.00
9a. Transfer to headquarters		8.50	99-910	FP	001132	000100	RV	10000	10-2-021042	64200600	00	1302000000	
10. Annual Permit for Limited Food Service	85.00	76.50	XX-348	DK	001132	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
10a. Transfer to headquarters		8.50	99-910	FP	001132	000100	RV	10000	10-2-021042	64200600	00	1302000000	
11. Annual Permit Other Food Service	160.00	144.00	XX-348	DK	001132	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$1,296.00
11a. Transfer to headquarters		16.00	99-910	FP	001132	000100	RV	10000	10-2-021042	64200600	00	1302000000	
12. Plan Review	\$35/hour	\$35/hour	XX-348	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$140.00
13. Food Worker Training (per person)	10.00	10.00	XX-348	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
14. Request for Inspection	40.00	40.00	XX-348	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$160.00
15. Re-inspection (after the first reinspection)	30.00	30.00	XX-348	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
16. Late Renewal	25.00	25.00	XX-348	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$100.00
17. Alcoholic Beverage Inspection Approval	30.00	30.00	XX-348	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$120.00

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT	Est. Ann. Revenue Accruing to CHD Trust Fund
<b>ONSITE SEWAGE DISPOSAL PROGRAM (OSTDS)</b>													
1. Application for permitting of an onsite sewage treatment and disposal system which includes application and plan review for new and repair permits	50.00	46.00											\$30,360.00
1a. Transfer to headquarters		4.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
2. Application and approval for existing system, does not include system inspection	35.00	32.20	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$7,084.00
2a. Transfer to headquarters		2.80	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
3. Application for permitting of a new Performance-based treatment system	125.00	115.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
3a. Transfer to headquarters		10.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
4. Site evaluation for a new system	115.00	105.80	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$69,828.00
4a. Transfer to headquarters		9.20	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
5. Site evaluation for a system repair or modification of system	75.00	69.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$4,002.00
5a. Transfer to headquarters		6.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
6. Site re-evaluation, new or repair or modification	75.00	69.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$1,725.00
6a. Transfer to headquarters		6.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
7. Permit for new systems, or modification to system	55.00	50.60	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$33,396.00
7a. Transfer to headquarters		4.40	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
8. New system or system modification installation inspection	80.00	73.60	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$48,576.00
8a. Transfer to headquarters		6.40	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
8b. Research fee to be collected in addition, and concurrent with the permit for a new system installation fee.	5.00	5.00	99-910	RF	001201	000100	RV	B9000	10-2-021042	64200600	00	1302000000	
9. Repair permit issuance which includes inspection	50.00	41.40	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$2,401.00
9a. Transfer to headquarters		3.60	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
9b. Transfer to headquarters for training center		5.00	99-910	TC	001067	000100	RV	SEWTN	10-2-021042	64200600	00	1302000000	
10. Inspection of system previously in use	50.00	46.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$10,120.00
10a. Transfer to headquarters		4.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
11. Reinspection fee per visit for site inspections after system construction approval	50.00	46.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$2,530.00
11a. Transfer to headquarters		4.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
12. Installation reinspection of non-compliant system per each site visit	50.00	46.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$276.00
12a. Transfer to headquarters		4.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
13. System abandonment permit, includes permit issuance and inspection	40.00	36.80	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$994.00
13a. Transfer to headquarters		3.20	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
14. Annual operating permit fee for systems in IM and equivalent areas, and for systems receiving commercial waste	150.00	138.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$11,040.00
14a. Transfer to headquarters		12.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
15. Amendments or changes to the operating permit during the permit period per change or amendment	50.00	46.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
15a. Transfer to headquarters		4.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
16. Aerobic treatment unit operating permit (biennial)	100.00	92.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT	Est. Ann. Revenue Accruing to CHD Trust Fund
16a. Transfer to headquarters		8.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
17. Biennial operating permit fee for performance-based treatment systems. A prorated fee is to be charged beginning with second year of operation.	100.00	92.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
17a. Transfer to headquarters		8.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
18. Review of application due to proposed amendments or changes after initial operating permit issuance for a performance-based treatment system	75.00	69.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
18a. Transfer to headquarters		6.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
19. Tank manufacturer's inspection per annum	100.00	50.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
19a. Transfer to headquarters		50.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
20. Septage disposal service permit per annum	75.00	69.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$138.00
20a. Transfer to headquarters		6.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
21. Additional charge per pump out vehicle	35.00	32.20	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$32.00
21a. Transfer to headquarters		2.80	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
22. Portable or temporary toilet service permit per annum	75.00	69.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$69.00
22a. Transfer to headquarters		6.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
23. Additional charge per pump out vehicle	35.00	32.20	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$32.00
23a. Transfer to headquarters		2.80	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
24. Septage stabilization facility inspection fee per annum	150.00	138.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$138.00
24a. Transfer to headquarters		12.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
24. Septage disposal site evaluation fee per annum	200.00	184.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$184.00
24a. Transfer to headquarters		16.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
24. Aerobic treatment unit maintenance entity permit per annum	25.00	23.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
24a. Transfer to headquarters		2.00	99-910	ST	001203	000100	RV	1E000	10-2-021042	64200600	00	1302000000	
25. Variance application for a single family residence per each lot or building site	150.00	75.00	XX-361	DK	001135	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$375.00
25a. Transfer to headquarters		75.00	99-910	CR	001204	000100	RV	BY000	10-2-021042	64200600	00	1302000000	
26. Variance application for a multi-family or commercial building per each building site	200.00	100.00	XX-361	DK	001135	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
26a. Transfer to headquarters		100.00	99-910	CR	001204	000100	RV	BY000	10-2-021042	64200600	00	1302000000	
27. Inspection for construction of an injection well (FL Keys)	125.00	125.00	XX-361	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
<b>FEE COLLECTED AT HEADQUARTERS - Onsite Sewage Program</b>													
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 registration	100.00												For headquarters use only
5. Certificate of authorization each two year period	250.00												For headquarters use only

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT	Est. Ann. Revenue Accruing to CHD Trust Fund
<b>DRINKING WATER</b>													
1. First Year Public Water Annual Operation Permit and Construction Permit - Limited Use	75.00	67.50	XX-357	DK	001166	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$675.00
1a. Transfer to headquarters		7.50	99-910	64	001166	000100	RV	M5000	10-2-021042	64200600	00	1302000000	
2. Second Year Public Water Annual Operation Permit - Limited Use	70.00	63.00	XX-357	DK	001166	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$7,749.00
2a. Transfer to headquarters		7.00	99-910	64	001166	000100	RV	M5000	10-2-021042	64200600	00	1302000000	
3. Multi-Family Water Construction Permit - serving 3 or 4 non-rental residences	40.00	36.00	XX-357	DK	001165	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$108.00
3a. Transfer to headquarters		4.00	99-910	64	001165	000100	RV	M5000	10-2-021042	64200600	00	1302000000	
4. Initial Operating Permit Fee After March 31 of Any Year	35.00	31.50	XX-357	DK	001166	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$95.00
4a. Transfer to headquarters		3.50	99-910	64	001166	000100	RV	M5000	10-2-021042	64200600	00	1302000000	
5. Non-SDWA Lab Sample (Sample Collection/Review of Analytical Results/Health Risk Interpretation):													
Bacterial Sample Collection	40.00	40.00	XX-357	DK	001142	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$1,320.00
Chemical Sample Collection	50.00	50.00	XX-357	DK	001142	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$500.00
Combined Chemical microbiological	55.00	55.00	XX-357	DK	001142	000100	CD	8K000	20-2-141001	64200700	*	1306000000	\$220.00
6. Reinspection of Multi-family Water System	25.00	25.00	XX-357	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
7. Reinspection of Public Water System	40.00	40.00	XX-357	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
8. Delineated Area Clearance Fee	50.00	50.00	XX-357	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
9. Limited Use Commercial Registered System	15.00	15.00	XX-357	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$165.00
10. Limited Use Commercial Public Water System Operating Permit Family Day Care Establishment	25.00	25.00	XX-357	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	\$325.00
11. Limited Use Commercial Public Water System Operating Permit Family Day Care Establishment After March 31 of Any Year.	15.00	15.00	XX-357	DK	001092	000100	CD	8K000	20-2-141001	64200700	**	1306000000	
<b>Safe Drinking Water Act (Delegated Counties)</b>													
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.													
a. Treatment plant - 5 MGD and above	7,500.00	7,500.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
b. Treatment plant - 1 MGD up to 5 MGD	6,000.00	6,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
c. Treatment plant - 0.25 MGD up to 1 MGD	4,000.00	4,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
d. Treatment plant - 0.1 MGD up to .25 MGD	2,000.00	2,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
e. Treatment plant - up to 0.1 MGD	1,000.00	1,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
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.													

DESCRIPTION	FEE	DEPOSIT	ORG	EO	OBJECT	REVENUE	SI	OCA	FUND	BUDGET	IBI	PROGRAM	Est. Ann. Revenue Accruing to CHD Trust Fund
	AMOUNT	AMOUNT	L4/L5		CODE	CATEGORY			GF-SF-FID	ENTITY		COMPONENT	
a. Treatment plant - 5 MGD and above	7,500.00	7,500.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
b. Treatment plant - 1 MGD up to 5 MGD	6,000.00	6,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
c. Treatment plant - 0.25 MGD up to 1 MGD	4,000.00	4,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
d. Treatment plant - 0.1 MGD up to .025 MGD	2,000.00	2,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
e. Treatment plant - 0.01 up to 0.1 MGD	1,000.00	1,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
f. Treatment plant - up to 0.01 MGD	400.00	400.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
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	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
b. Treatment plant - 1 MGD up to 5 MGD	3,000.00	3,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
c. Treatment plant - 0.25 MGD up to 1 MGD	1,000.00	1,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
d. Treatment plant - 0.1 MGD up to .025 MGD	500.00	500.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
e. Treatment plant - up to 0.1 MGD	300.00	300.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
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	WC	1211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
b. Serving a non-transient non-community public water systems	350.00	350.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
c. Serving a non-community public water system	250.00	250.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
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	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
b. Any other public water supply well.	250.00	250.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
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	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
b. .1 MGD up to 1 MGD	1,000.00	1,000.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
c. 0.01 up to .1 MGD	500.00	500.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
d. Up to 0.01 MGD	100.00	100.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
e. Lead and Copper Corrosion Fee	100.00	100.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
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	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
b. Up to 0.1 MGD	100.00	100.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
8. Fines and Forfeitures	Variable	Variable	XX-358	WC	012020	001200	CD	SDWCH	20-2-141001	64200700	**	1306000000	
9. General Permit Fee for any General Permit not specifically listed:	100.00	100.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
a. General Permits requiring Professional Engineer or Professional Geologist certification	250.00	250.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
a. General Permits not requiring Professional Engineer or Professional Geologist certification	100.00	100.00	XX-358	WC	001211	000100	CD	SDWCH	20-2-141001	64200700	**	1306000000	
<b>Radioactive Materials Licenses - General</b>													
1. Annual fee: static elimination devices	\$25.00												
For headquarters use only													

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT	Est. Ann. Revenue Accruing to CHD Trust Fund
2. Annual fee: measuring, gauging and control devices	\$25.00												For headquarters use only
3. Annual fee: in vivo testing license	\$125.00												For headquarters use only
4. Annual fee: in vitro testing license	\$125.00												For headquarters use only
5. Annual fee: depleted uranium license	\$125.00												For headquarters use only
<b>Radioactive Materials Licenses - Specific</b>													
<b>Application Fees</b>													
1. Source Material.													
a. Concentration of uranium from phosphate ores for the production of uranium as "yellow cake" or powdered solid;	\$6,907												For headquarters use only
b. Concentration of uranium from phosphate ores for the production of "green cake" or equivalent, moist or solid;	\$3,768												For headquarters use only
c. All other specific source material licenses excluding depleted uranium used as shielding and counterweights.	\$544												For headquarters use only
2. Special Nuclear Material (SNM).													
a. SNM in sealed sources contained in devices in measuring systems;	\$653												For headquarters use only
b. SNM not sufficient to form a critical mass, except as in 2.a., 2.c. and 5.e.	\$1,340												For headquarters use only
c. SNM to be used as calibration and reference sources.	\$205												For headquarters use only
3. Byproduct, naturally occurring or accelerator produced material.													
a. Processing or manufacturing for commercial distribution or industrial uses;	\$2,923												For headquarters use only
b. Processing or manufacturing and distribution of radiopharmaceuticals. This category includes radiopharmacies.	\$2,560												For headquarters use only
c. Industrial radiography performed only in an approved shielded radiography installation,	\$1,558												For headquarters use only
d. Industrial radiography performed only at the address indicated in the license, or at temporary job sites of the licensee;	\$1,643												For headquarters use only
e. Radioactive materials in sealed sources for irradiation of materials where the source is not removed from the shield and is less than 10,000 curies;	\$605												For headquarters use only
f.(I) Radioactive materials in sealed sources for irradiation of materials when the source is not removed from the shield and is greater than 10,000 curies and less than 100,000 curies, or where the source is less than 100,000 curies and is removed from the shield;	\$1,414												For headquarters use only
(II) Radioactive materials in sealed sources for irradiation of materials when the source is equal to or greater than 100,000 curies and less than 1,000,000 curies;	\$3,659												For headquarters use only
(III) Radioactive materials in sealed sources for irradiation of materials when the source is greater than 1,000,000 curies;	\$9,780												For headquarters use only
g. Distribution of items containing radioactive materials to persons under a general license;	\$1,643												For headquarters use only
h. Distribution of exempt quantities or items containing naturally													

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT	Est. Ann. Revenue Accruing to CHD Trust Fund
occurring or accelerator produced material to persons exempt from licensing;	\$1,643												
i. Well logging													
(I) Sealed sources or sub-surface tracer studies	\$1,135												
(II) Sub-surface tracer studies and sealed sources	\$1,436												
j. Nuclear Laundry;	\$3,200												
k. Industrial or medical research and development;	\$1,184												
L.(I) Fixed and portable gauging devices	\$605												
(II) In Vitro and clinical laboratory	\$725												
(III) Academic	\$978												
IV) Possession of uranium or thorium, or their decay products, as a result of mining or processing	\$978												
(V) All other specific licenses except as otherwise noted	\$725												
m. Licenses of broad scope													
(I) Academic	\$3,200												
(II) Medical	\$3,200												
(III) Industrial or Research and Development	\$3,200												
n. Gas chromatography devices;	\$434												
o. Reference or calibration sources equal to or less than one millicurie total;	\$314												
p. Nuclear service licenses, such as leak testing, instrument calibration, etc.;	\$518												
4. Waste disposal or processing													
a. Commercial waste disposal or treatment facilities, including burial or incineration;	\$275,842												
b. All other commercial facilities involving compaction, repackaging, storage or transfer;	\$27,084												
c. Commercial treatment of radioactive materials for release to unrestricted areas.	\$5,760												
5. Medical use.													
a. Teletherapy or high dose rate remote after loading devices;	\$1,414												
b. Medical institutions including hospitals, except 5.a. and 5.e.;	\$1,643												
c. Private practice physicians except 5.a. and 5.d.;	\$1,184												
d. Private practice physicians using only strontium 90 eye applicators, materials authorized by Rule 64E-5.631, F.A.C., and materials authorized by Rule 64E-5.630; F.A.C.	\$605												
e. Nuclear powered pacemakers;	\$434												
f. Mobile nuclear medicine services.	\$1,414												
6. Civil defense.	\$544												
7. Device, product, or sealed source safety evaluation.													
a. Device evaluation, per device;	\$1,208												
b. Sealed source design, per source.	\$528												
<b>Radioactive Materials Licenses - Specific</b>													

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT	Est. Ann. Revenue Accruing to CHD Trust Fund
<b>Annual Fees</b>													
1. Source Material.													
a. Concentration of uranium from phosphate ores for the production of uranium as "yellow cake" or powdered solid;	\$11,942											For headquarters use only	
b. Concentration of uranium from phosphate ores for the production of "green cake" or equivalent, moist or solid;	\$7,439											For headquarters use only	
c. All other specific source material licenses excluding depleted uranium used as shielding and counterweights.	\$229											For headquarters use only	
2. Special Nuclear Material (SNM).													
a. SNM in sealed sources contained in devices used in measuring systems;	\$518											For headquarters use only	
b. SNM not sufficient to form a critical mass, except as in 2.a., above, and 2.c. and 5.e., below;	\$1,944											For headquarters use only	
c. SNM to be used as calibration and reference sources.	\$109											For headquarters use only	
3. Byproduct, naturally occurring or accelerator produced material.													
a. Processing or manufacturing for commercial distribution or industrial uses;	\$2,802											For headquarters use only	
b. Processing or manufacturing and distribution of radiopharmaceuticals. This category includes radiopharmacies.	\$3,840											For headquarters use only	
c. Industrial radiography performed only in an approved shielded radiography installation,	\$2,161											For headquarters use only	
d. Industrial radiography performed only at the address indicated in the license, or at temporary job sites of the licensee;	\$2,657											For headquarters use only	
e. Radioactive materials in sealed sources for irradiation of materials where the source is not removed from the shield and is less than 10,000 curies;	\$605											For headquarters use only	
f.(I) Radioactive materials in sealed sources for irradiation of materials when the source is not removed from the shield and is greater than 10,000 curies and less than 100,000 curies, or where the source is less than 100,000 curies and is removed from the shield;	\$1,630											For headquarters use only	
(II) Radioactive materials in sealed sources for irradiation of materials when the source is equal to or greater than 100,000 curies and less than 1,000,000 curies;	\$3,961											For headquarters use only	
(III) Radioactive materials in sealed sources for irradiation of materials when the source is greater than 1,000,000 curies;	\$4,398											For headquarters use only	
g. Distribution of items containing radioactive materials to persons under a general license;	\$2,150											For headquarters use only	
h. Distribution of exempt quantities or items containing naturally occurring or accelerator produced material to persons exempt from licensing;	\$2,150											For headquarters use only	
i. Well logging													
(I) Sealed sources or sub-surface tracer studies	\$1,498											For headquarters use only	

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT	Est. Ann. Revenue Accruing to CHD Trust Fund
(II) Sub-surface tracer studies and sealed sources	\$1,594												
j. Nuclear Laundry;	\$5,651												
k. Industrial or medical research and development;	\$1,474												
l.(I) Fixed and portable gauging devices	\$966												
(II) In Vitro and clinical laboratory	\$918												
(III) Academic	\$1,171												
IV) Possession of uranium or thorium, or their decay products, as a result of mining or processing	\$870												
(V) All other specific licenses except as otherwise noted	\$1,002												
m. Licenses of broad scope													
(I) Academic	\$7,346												
(II) Medical	\$5,474												
(III) Industrial or Research and Development	\$4,568												
n. Gas chromatography devices;	\$314												
o. Reference or calibration sources equal to or less than one millicurie total;	\$132												
p. Nuclear service licenses, such as, leak testing, instrument calibration, etc.;	\$410												
4. Waste disposal or processing													
a. Commercial waste disposal or treatment facilities, including burial or incineration;	\$250,555												
b. All other commercial facilities involving compaction, repackaging, storage or transfer;	\$24,971												
c. Commercial treatment of radioactive materials for release to unrestricted areas.	\$5,735												
5. Medical use.													
a. Teletherapy or high dose rate remote after loading devices;	\$1,378												
b. Medical institutions including hospitals, except category 5.a. and 5.e.;	\$1,908												
c. Private practice physicians except category 5.a. and 5.d.;	\$1,340												
d. Private practice physicians using only strontium 90 eye applicators, materials authorized by Rule 64E-5.631, F.A.C., and materials authorized by Rule 64E-5.630; F.A.C.	\$748												
e. Nuclear powered pacemakers;	\$266												
f. Mobile nuclear medicine services.	\$1,625												
6. Civil defense.	\$821												
7. Device, product, or sealed source safety evaluation.													
a. Device evaluation, per device;	NONE												
b. Sealed source design, per source.	NONE												
Reclamation Fee	5% of annual licensing fee												
<b>X-Ray Machine Annual Registration Fees</b>													
1. Medical, chiropractic, osteopathic, or naturopathic machines													

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG L4/L5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT	Est. Ann. Revenue Accruing to CHD Trust Fund
- First tube	\$145												
Each additional tube	\$85												
2. Veterinary machines - First tube	\$50												
Each additional tube	\$34												
3. Educational or industrial machines - First tube	\$47												
Each additional tube	\$23												
4. Dental or podiatry machines - First tube	\$31												
Each additional tube	\$11												
5. Medical accelerators	\$258												
Each additional tube	\$148												
6. Non-medical accelerators	\$81												
Each additional tube	\$48												
<b>Radiologic Technologist Certifications</b>													

DESCRIPTION	FEE AMOUNT	DEPOSIT AMOUNT	ORG LAL/5	EO	OBJECT CODE	REVENUE CATEGORY	SI	OCA	FUND GF-SF-FID	BUDGET ENTITY	IBI	PROGRAM COMPONENT	Est. Ann. Revenue Accruing to CHD Trust Fund
1. Application and study guide (applicant also pays whatever fee the testing service charges)	\$75												For headquarters use only
2. Application without study guide (applicant also pays whatever fee the testing service charges)	\$50												For headquarters use only
3. Application through endorsement (no test needed)	\$45												For headquarters use only
4. Repeat examinations (applicant also pays whatever fee the testing service charges)	\$35												For headquarters use only
5. Renewal - first category	\$55												For headquarters use only
Each additional category	\$40												For headquarters use only
6. Change in status from active to inactive	\$40												For headquarters use only
7. Late renewal fee	\$100												For headquarters use only
8. Duplicate certificate	\$10												For headquarters use only
9. Listings and mailing labels, per name	\$0.05												For headquarters use only
Setup charge	\$55												For headquarters use only
10. Study guide	\$25												For headquarters use only
<b>Pre and Post Mining Fees</b>													
1. Gamma radiation exposure measurement (1 per acre)	\$7.50												For headquarters use only
2. Soil characterization measurement (1 per 20 acres)	\$320												For headquarters use only
3. Air monitoring measurements	\$165												For headquarters use only
4. Surface and ground water measurements	\$300												For headquarters use only
<b>Low-Level Radioactive Waste Inspection Fee</b>													
Cubic foot of waste shipped (minimum fee = \$50 per shipment)	\$1.95												For headquarters use only
<b>Low-Level Radioactive Waste Transport Fee</b>													
Annual transport permit	\$100												For headquarters use only
<b>Water Analysis Fees</b>													
1. Gross alpha	\$28												For headquarters use only
2. Gross beta	\$28												For headquarters use only
3. Radium 226	\$110												For headquarters use only
4. Radium 228	\$110												For headquarters use only
5. Uranium	\$110												For headquarters use only
6. Tritium	\$40												For headquarters use only
7. Strontium 89, strontium 90	\$95												For headquarters use only
8. Iodine 131	\$110												For headquarters use only
9. Photon emitters	\$128												For headquarters use only
<b>Laboratory Certification Fees</b>													
1. Safe drinking water certification	\$500												For headquarters use only
2. Clean water certification	\$500												For headquarters use only
3. Resource conservation recovery	\$500												For headquarters use only
4. Field of testing application	\$200												For headquarters use only

## ATTACHMENT VII

### Primary Care

"Primary Care" as conceptualized for the county health departments and for the use of categorical Primary Care funds (revenue object code 015011) is defined as:

*"Health care services for the prevention or treatment of acute or chronic medical conditions or minor injuries of individuals which is provided in a clinic setting and may include family planning and maternity care."*

Indicate below the county health department programs that will be supported at least in part with categorical Primary Care funds this contract year:

- Comprehensive Child Health (229/29)
- Comprehensive Adult Health (237/37)
- Family Planning (223/23)
- Maternal Health/IPO (225/25)
- Laboratory (242/42)
- Pharmacy (241/93)
- Other Medical Treatment Program (please identify) \_\_\_\_\_

Describe the target population to be served with categorical Primary Care funds.

Does the health department intend to contract with other providers for the delivery of primary health care services using categorical (015011) Primary Care funds? If so, please identify the provider(s), describe the services to be delivered, and list the anticipated contractual amount by provider. In addition, contract providers are required to provide data on patients served and the services provided so that the patients may be registered and the service data entered into HCMS.

Jeb Bush  
Governor



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

October 11, 2004

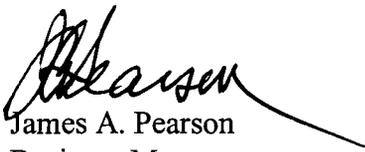
J. M. "Chip" Oxley, Jr.  
Ex-Officio Clerk  
Board of County Commissioners  
Post Office Box 1010  
Fernandina Beach, FL 32035-1010

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