



Jeb Bush
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary, Department of Health

October 13, 2005

Michael Mahaney
County Administrator
96160 Nassau Place
Yulee, FL 32097

Dear Mr. Mahaney:

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 548-1800 x5208.

Sincerely,

James A. Pearson
Business Manager

Attach

05 OCT 17 PM 1:26
COUNTY COORDINATORS
OFFICE

**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 2005-2006**

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, 2005.

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, 2005, through September 30, 2006, 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 \$ 1,919,370.00 (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 \$ 1,188,795.00 (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.

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

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

County Health Department Trust Fund
Nassau County
P. O. Box 517
Fernandina Beach, FL 32035-0517

5. CHD DIRECTOR/ADMINISTRATOR. Both parties agree the director/administrator of the CHD shall be a State employee or under contract with the State and will be under the day-to-day direction of the Deputy State Health Officer. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall insure that non-categorical sources of funding are used to fulfill public health priorities in the community and the Long Range Program Plan. A report detailing the status of public health as measured by outcome measures and similar indicators will be sent by the CHD director/administrator to the parties no later than October 1 of each year (*This is the standard quality assurance "County 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 amount of the service specific variance between actual and planned expenditures does not exceed three percent of the total planned 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, 2006 for the report period October 1, 2005 through December 31, 2005;
- ii. June 1, 2006 for the report period October 1, 2005 through March 31, 2006;
- iii. September 1, 2006 for the report period October 1, 2005 through June 30, 2006; and
- iv. December 1, 2006 for the report period October 1, 2005 through September 30, 2006.

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, 2006, 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. Contract Managers. The name and address of the contract managers for the parties under this Agreement are as follows:

For the State:

For the County:

James A. Pearson
Name

Michael G. Mahaney
Name

Business Manager
Title

County Administrator
Title

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

96160 Nassau Place
Yulee, FL 32097
Address

(904) 548-1800 x5208
Telephone

(904) 491-7380
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.

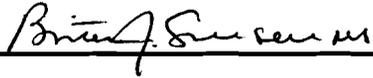
c. Captions. The captions and headings contained in this Agreement are for the convenience of the parties only and do not in any way modify, amplify, or give additional notice of the provisions hereof.

In WITNESS THEREOF, the parties hereto have caused this 28 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2005.

**BOARD OF COUNTY COMMISSIONERS
FOR NASSAU COUNTY**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

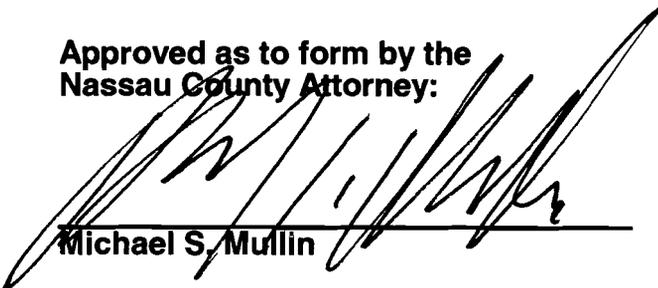
SIGNED BY: 
NAME: Ansley Acree
TITLE: Board Chair
DATE: September 26, 2005

SIGNED BY: 
NAME: M. Rony Francois, M.D., M.S.P.H., Ph.D.
TITLE: Secretary
DATE: 10.6.05

ATTESTED TO:
SIGNED BY: 
NAME: J. A. Crawford
TITLE: Ex-Officio Clerk
DATE: 9-26-05

SIGNED BY: 
NAME: E. J. Ngo-Seidel, M.D., M.P.H.
TITLE: CHD Director
DATE: 9/16/05

Approved as to form by the
Nassau County Attorney:


Michael S. Mullin

ATTACHMENT I

NASSAU COUNTY HEALTH DEPARTMENT

PROGRAM SPECIFIC REPORTING REQUIREMENTS AND PROGRAMS REQUIRING COMPLIANCE WITH THE PROVISIONS OF SPECIFIC MANUALS

Some health services must comply with specific program and reporting requirements in addition to the Personal Health Coding Pamphlet (DHP 50-20), Environmental Health Coding Pamphlet (DHP 50-21) and FLAIR requirements because of federal or state law, regulation or rule. If a county health department is funded to provide one of these services, it must comply with the special reporting requirements for that service. The services and the reporting requirements are listed below:

| | <u>Service</u> | <u>Requirement</u> |
|----|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Sexually Transmitted Disease Program | Requirements as specified in FAC 64D-3, F.S. 381 and F.S. 384 and the CHD Guidebook. |
| 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 09/30/05 | Estimated County Share of CHD Trust Fund Balance as of 09/30/05 | Total |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------|---------|
| 1. CHD Trust Fund Ending Balance 09/30/05 | 364,409 | 408,589 | 772,998 |
| 2. Drawdown for Contract Year October 1, 2005 to September 30, 2006 | | | 0 |
| 3. Special Capital Project use for Contract Year October 1, 2005 to September 30, 2006 | 176,900 | 181,912 | 358,812 |
| 4. Balance Reserved for Contingency Fund October 1, 2005 to September 30, 2006 | 187,509 | 226,677 | 414,186 |

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

Special Capital Projects are new construction or renovation projects and new furniture or equipment associated with these projects, and mobile health vans.

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.

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

MONTH: 01-2015 PERIOD: 01-2015

| | State CHD Trust Fund (cash) | County CHD Trust Fund (cash) | Total CHD Trust Fund (cash) | Other Contributions | Total |
|-----------------------------------|--------------------------------------------------|------------------------------------|-----------------------------------|------------------------|------------------|
| 1. GENERAL REVENUE - STATE | | | | | |
| 015050 | ALG/CESSPOOL IDENTIFICATION AND ELIMINATION | 0 | 0 | 0 | 0 |
| 015050 | ALG/CONTR TO CHDS | 893,374 | 0 | 893,374 | 893,374 |
| 015050 | ALG/CONTR TO CHDS-AIDS PATIENT CARE | 0 | 0 | 0 | 0 |
| 015050 | ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF | 0 | 0 | 0 | 0 |
| 015050 | ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION | 0 | 0 | 0 | 0 |
| 015050 | ALG/CONTR. TO CHDS-DENTAL PROGRAM | 27,900 | 0 | 27,900 | 27,900 |
| 015050 | ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAMS | 3,946 | 0 | 3,946 | 3,946 |
| 015050 | ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG | 0 | 0 | 0 | 0 |
| 015050 | ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST | 0 | 0 | 0 | 0 |
| 015050 | ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY | 0 | 0 | 0 | 0 |
| 015050 | ALG/CONTRIBUTION TO CHDS-PRIMARY CARE | 6,500 | 0 | 6,500 | 6,500 |
| 015050 | ALG/FAMILY PLANNING | 35,440 | 0 | 35,440 | 35,440 |
| 015050 | ALG/IPO - OUTREACH SOCIAL WORKERS CAT. 050707 | 0 | 0 | 0 | 0 |
| 015050 | ALG/IPO HEALTHY START | 0 | 0 | 0 | 0 |
| 015050 | ALG/IPO HEALTHY START/IPO CAT 050707 | 0 | 0 | 0 | 0 |
| 015050 | ALG/IPO-INFANT MORTALITY PROJECT CAT. 050707 | 0 | 0 | 0 | 0 |
| 015050 | ALG/MCH HEALTHY START/IPO CAT 050870 | 0 | 0 | 0 | 0 |
| 015050 | ALG/MCH-INFANT MORTALITY PROJECT CAT. 050870 | 0 | 0 | 0 | 0 |
| 015050 | ALG/MCH-OUTREACH SOCIAL WORKERS CAT 050870 | 0 | 0 | 0 | 0 |
| 015050 | ALG/PRIMARY CARE | 123,500 | 0 | 123,500 | 123,500 |
| 015050 | ALG/SCHOOL HEALTH/SUPPLEMENTAL | 0 | 0 | 0 | 0 |
| 015050 | CHD SUPPORT SERVICES | 0 | 0 | 0 | 0 |
| 015050 | COMMUNITY INTERVENTION PROGRAM | 0 | 0 | 0 | 0 |
| 015050 | COMMUNITY TB PROGRAM | 16,698 | 0 | 16,698 | 16,698 |
| 015050 | CONTR TO CHDS - DUVAL TEEN PREGNANCY PREVENTION | 0 | 0 | 0 | 0 |
| 015050 | ENHANCED DENTAL SERVICES | 0 | 0 | 0 | 0 |
| 015050 | FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL | 0 | 0 | 0 | 0 |
| 015050 | HEALTH PROMOTION & EDUCATION INITIATIVES | 0 | 0 | 0 | 0 |
| 015050 | HEALTHY BEACHES MONITORING | 18,935 | 0 | 18,935 | 18,935 |
| 015050 | HEALTHY START - DATA COLLECTION PROJECT STAFF | 0 | 0 | 0 | 0 |
| 015050 | LA LIGA CONTRA EL CANCER | 0 | 0 | 0 | 0 |
| 015050 | MEDIVAN PROJECT | 0 | 0 | 0 | 0 |
| 015050 | METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV | 0 | 0 | 0 | 0 |
| 015050 | RED LEGISLATION - GAP GRANT (CAT 050310) | 0 | 0 | 0 | 0 |
| 015050 | SPECIAL NEEDS SHELTER PROGRAM | 0 | 0 | 0 | 0 |
| 015050 | STD GENERAL REVENUE | 0 | 0 | 0 | 0 |
| 015050 | VOLUNTEER SCHOOL HEALTH NURSE GRANT | 0 | 0 | 0 | 0 |
| | GENERAL REVENUE TOTAL | 1,126,293 | 0 | 1,126,293 | 1,126,293 |

2. NON GENERAL REVENUE - STATE

| | | | | | |
|--------|-------------------------------------------------|--------|---|--------|--------|
| 015010 | ALG/CONTR TO CHDS-REBASING TOBACCO TF | 13,739 | 0 | 13,739 | 13,739 |
| 015010 | BASIC SCHOOL HEALTH - TOBACCO TF | 70,862 | 0 | 70,862 | 70,862 |
| 015010 | CHD SUPPORT SERVICES | 0 | 0 | 0 | 0 |
| 015010 | FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL | 0 | 0 | 0 | 0 |
| 015010 | FULL SERVICE SCHOOLS - TOBACCO TF | 63,977 | 0 | 63,977 | 63,977 |
| 015010 | ONSITE SEWAGE RESEARCH FUND | 0 | 0 | 0 | 0 |
| 015010 | PACE EH | 0 | 0 | 0 | 0 |
| 015010 | SUPER ACT PROGRAM ADM TF | 15,750 | 0 | 15,750 | 15,750 |

UNIVERSITY MICROFILMS
INTERNATIONAL
Part II Source of Contributions to County Health Department
October 1, 2005 to September 30, 2006

| | | State CHD Trust Fund (cash) | County CHD Trust Fund (cash) | Total CHD Trust Fund (cash) | Other Contributions | Total |
|---------------------------------------|----------------------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|------------------------|----------------|
| 2. NON GENERAL REVENUE - STATE | | | | | | |
| 015010 | SUPPLEMENTAL/COMPREHENSIVE SCHOOL HEALTH - TOB TF | 0 | 0 | 0 | 0 | 0 |
| 015010 | VARICELLA IMMUNIZATION REQUIREMENT TOBACCO TF | 2,112 | 0 | 2,112 | 0 | 2,112 |
| 015020 | ALG/CONTR. TO CHDS-BIOMEDICAL WASTE/DEP ADM TF | 1,952 | 0 | 1,952 | 0 | 1,952 |
| 015020 | ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG/DEP ADM | 0 | 0 | 0 | 0 | 0 |
| 015020 | FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS | 0 | 0 | 0 | 0 | 0 |
| NON GENERAL REVENUE TOTAL | | 168,392 | 0 | 168,392 | 0 | 168,392 |
| 3. FEDERAL FUNDS - State | | | | | | |
| 007000 | AIDS PREVENTION | 0 | 0 | 0 | 0 | 0 |
| 007000 | AIDS SEROPREVALENCE | 0 | 0 | 0 | 0 | 0 |
| 007000 | AIDS SURVEILLANCE | 0 | 0 | 0 | 0 | 0 |
| 007000 | BIOTERR SURVEILLANCE & EPIDEMIOLOGY | 36,774 | 0 | 36,774 | 0 | 36,774 |
| 007000 | BIOTERRORISM HOSPITAL PREPAREDNESS | 0 | 0 | 0 | 0 | 0 |
| 007000 | BIOTERRORISM NETWORK COMMUNICATIONS | 0 | 0 | 0 | 0 | 0 |
| 007000 | BIOTERRORISM PLANNING & READINESS | 69,571 | 0 | 69,571 | 0 | 69,571 |
| 007000 | CHD SUPPORT SERVICES | 0 | 0 | 0 | 0 | 0 |
| 007000 | CHILDHOOD LEAD POISONING PREVENTION | 0 | 0 | 0 | 0 | 0 |
| 007000 | COASTAL BEACH MONITORING PROGRAM | 17,148 | 0 | 17,148 | 0 | 17,148 |
| 007000 | COMP COMMUNITY CARDIO - PHBG 2004-2005 | 0 | 0 | 0 | 0 | 0 |
| 007000 | COMPREHENSIVE CARDIOVASCULAR PROGRAM | 0 | 0 | 0 | 0 | 0 |
| 007000 | FGTF/AIDS MORBIDITY | 0 | 0 | 0 | 0 | 0 |
| 007000 | FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN | 0 | 0 | 0 | 0 | 0 |
| 007000 | FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES | 0 | 0 | 0 | 0 | 0 |
| 007000 | FGTF/FAMILY PLANNING-TITLE X | 54,841 | 0 | 54,841 | 0 | 54,841 |
| 007000 | FGTF/IMMUNIZATION ACTION PLAN | 6,234 | 0 | 6,234 | 0 | 6,234 |
| 007000 | FGTF/WIC ADMINISTRATION | 286,174 | 0 | 286,174 | 0 | 286,174 |
| 007000 | HEALTH PROGRAM FOR REFUGEES | 0 | 0 | 0 | 0 | 0 |
| 007000 | HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS (HOPWA) | 0 | 0 | 0 | 0 | 0 |
| 007000 | IMMUNIZATION SUPPLEMENTAL | 0 | 0 | 0 | 0 | 0 |
| 007000 | IMMUNIZATION-WIC LINKAGES | 0 | 0 | 0 | 0 | 0 |
| 007000 | MCH BGTF-GADSDEN SCHOOL CLINIC | 0 | 0 | 0 | 0 | 0 |
| 007000 | MCH BGTF-HEALTHY START IPO | 0 | 0 | 0 | 0 | 0 |
| 007000 | MCH BGTF-INFANT MORTALITY PROJECT | 0 | 0 | 0 | 0 | 0 |
| 007000 | MCH BGTF-MCH/CHILD HEALTH | 10,683 | 0 | 10,683 | 0 | 10,683 |
| 007000 | MCH BGTF-MCH/DENTAL PROJECTS | 30,300 | 0 | 30,300 | 0 | 30,300 |
| 007000 | MCH BGTF-OUTREACH SOCIAL WORKERS | 0 | 0 | 0 | 0 | 0 |
| 007000 | PHP-CITIES RESPONSE INITIATIVE 2004-2005 | 0 | 0 | 0 | 0 | 0 |
| 007000 | REDUCING BURDEN OF ARTHRITIS & RHEUMATIC CONDITNS | 0 | 0 | 0 | 0 | 0 |
| 007000 | REFUGEE HEALTH TB TARGETED TESTING | 0 | 0 | 0 | 0 | 0 |
| 007000 | RISK COMMUNICATIONS | 0 | 0 | 0 | 0 | 0 |
| 007000 | RYAN WHITE | 0 | 0 | 0 | 0 | 0 |
| 007000 | RYAN WHITE - EMERGING COMMUNITIES | 0 | 0 | 0 | 0 | 0 |
| 007000 | RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN | 0 | 0 | 0 | 0 | 0 |
| 007000 | RYAN WHITE-CONSORTIA | 0 | 0 | 0 | 0 | 0 |
| 007000 | STATE PROGRAMS TO PREVENT OBESITY 2003-04 | 0 | 0 | 0 | 0 | 0 |
| 007000 | STD FEDERAL GRANT - CSPS | 0 | 0 | 0 | 0 | 0 |
| 007000 | STD PROGRAM - PHYSICIAN TRAINING CENTER | 0 | 0 | 0 | 0 | 0 |
| 007000 | STD PROGRAM - SYPHILIS ELIMINATION (SE) | 0 | 0 | 0 | 0 | 0 |

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

October 1, 2005 to September 30, 2006

| | State CHD Fund (cash) | County CHD Fund (cash) | Total CHD Fund (cash) | Other Contributions | Total |
|-----------------------------------------------------------|--------------------------------------------------|---------------------------|--------------------------|------------------------|----------|
| 3. FEDERAL FUNDS - State | | | | | |
| 007000 | STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP) | 0 | 0 | 0 | 0 |
| 007000 | STD PROGRAM-INFERTILITY PREVENTION PROJECT (IPP) | 0 | 0 | 0 | 0 |
| 007000 | STRATEGIC NATIONAL STOCKPILE | 0 | 0 | 0 | 0 |
| 007000 | TRAINING AND EDUCATION | 0 | 0 | 0 | 0 |
| 007000 | TUBERCULOSIS CONTROL - FEDERAL GRANT | 0 | 0 | 0 | 0 |
| 007000 | WIC BREASTFEEDING PEER COUNSELING PROG FFY 2004 | 8,701 | 0 | 8,701 | 8,701 |
| 007000 | WIC INFRASTRUCTURE GRANT 2005-2006 | 0 | 0 | 0 | 0 |
| 015009 | MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES | 0 | 0 | 0 | 0 |
| 015009 | MEDIPASS WAIVER-SOBRA | 0 | 0 | 0 | 0 |
| 015009 | SCHOOL HEALTH-SUPPLEMENT-TANF | 0 | 0 | 0 | 0 |
| 015075 | CHD SUPPORT SERVICES | 0 | 0 | 0 | 0 |
| 015075 | TITLXXI/SCHOOL HEALTH/SUPPLEMENTAL | 0 | 0 | 0 | 0 |
| 015075 | REFUGEE SCREENING REIMBURSEMENT | 0 | 0 | 0 | 0 |
| FEDERAL FUNDS TOTAL | | 520,426 | 0 | 520,426 | 0 |
| 4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE | | | | | |
| 001020 | MIGRANT HOUSING PERMIT | 0 | 0 | 0 | 0 |
| 001020 | MOBILE HOME AND PARKS | 2,873 | 0 | 2,873 | 2,873 |
| 001020 | FOOD HYGIENE PERMIT | 6,912 | 0 | 6,912 | 6,912 |
| 001020 | BIOHAZARD WASTE PERMIT | 5,090 | 0 | 5,090 | 5,090 |
| 001020 | SWIMMING POOLS | 18,225 | 0 | 18,225 | 18,225 |
| 001020 | PRIVATE WATER CONSTR PERMIT | 9,681 | 0 | 9,681 | 9,681 |
| 001020 | PUBLIC WATER ANNUAL OPER PERMIT | 0 | 0 | 0 | 0 |
| 001020 | PUBLIC WATER CONSTR PERMIT | 0 | 0 | 0 | 0 |
| 001020 | NON-SDWA SYSTEM PERMIT | 0 | 0 | 0 | 0 |
| 001020 | SAFE DRINKING WATER | 0 | 0 | 0 | 0 |
| 001021 | TANNING FACILITIES | 5,065 | 0 | 5,065 | 5,065 |
| 001021 | BODY PIERCING | 270 | 0 | 270 | 270 |
| 001092 | NON SDWA LAB SAMPLE | 0 | 0 | 0 | 0 |
| 001092 | OSDS VARIANCE FEE | 0 | 0 | 0 | 0 |
| 001092 | ENVIRONMENTAL HEALTH FEES | 630 | 0 | 630 | 630 |
| 001092 | OSDS REPAIR PERMIT | 0 | 0 | 0 | 0 |
| 001092 | OSDS PERMIT FEE | 227,058 | 0 | 227,058 | 227,058 |
| 001092 | I & M ZONED OPERATING PERMIT | 0 | 0 | 0 | 0 |
| 001092 | AEROBIC OPERATING PERMIT | 0 | 0 | 0 | 0 |
| 001092 | SEPTIC TANK SITE EVALUATION | 0 | 0 | 0 | 0 |
| 001170 | LAB FEE CHEMICAL ANALYSIS | 0 | 0 | 0 | 0 |
| 001170 | NONPOTABLE WATER ANALYSIS | 0 | 0 | 0 | 0 |
| 001170 | WATER ANALYSIS-POTABLE | 0 | 0 | 0 | 0 |
| 010304 | MQA INSPECTION FEE | 0 | 0 | 0 | 0 |
| 010403 | FEES-COPY OF PUBLIC DOC | 0 | 0 | 0 | 0 |
| FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL | | 275,804 | 0 | 275,804 | 0 |
| 5. OTHER CASH CONTRIBUTIONS - STATE | | | | | |
| 010304 | STATIONARY POLLUTANT STORAGE TANKS | 71,121 | 0 | 71,121 | 71,121 |
| 090001 | DRAW DOWN FROM PUBLIC HEALTH UNIT | 0 | 0 | 0 | 0 |
| OTHER CASH CONTRIBUTIONS TOTAL | | 71,121 | 0 | 71,121 | 0 |

STATE FUND CONTRIBUTIONS TO COUNTY HEALTH DEPARTMENT

October 1, 2005 to September 30, 2006

| | State CHD Trust Fund (cash) | County CHD Trust Fund (cash) | Total CHD Trust Fund (cash) | Other Contributions | Total |
|-------------------------------------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|------------------------|----------------|
| 6. MEDICAID - STATE/COUNTY | | | | | |
| 001080 CHD INCM:MEDICAID-NURSING | 0 | 0 | 0 | 0 | 0 |
| 001080 CHD INCM:MEDICAID-STD | 0 | 0 | 0 | 0 | 0 |
| 001080 MEDICAID AIDS | 0 | 0 | 0 | 0 | 0 |
| 001080 MEDICAID HMO RATE | 0 | 0 | 0 | 0 | 0 |
| 001080 CHD INCM:MEDICAID MATERNITY | 0 | 0 | 0 | 0 | 0 |
| 001080 CHD INCM:MEDICAID COMP. CHILD | 0 | 0 | 0 | 0 | 0 |
| 001080 CHD INCM:MEDICAID COMP. ADULT | 0 | 0 | 0 | 0 | 0 |
| 001080 MEDICAID-LAB | 0 | 0 | 0 | 0 | 0 |
| 001080 CHD INCM:MEDICAID-PHARMACY | 0 | 0 | 0 | 0 | 0 |
| 001080 MEDICAID-TB | 0 | 0 | 0 | 0 | 0 |
| 001080 MEDICAID-ADMINISTRATION VACCINE | 0 | 0 | 0 | 0 | 0 |
| 001080 MEDICAID-CASE MANAGEMENT | 0 | 0 | 0 | 0 | 0 |
| 001080 CHD INCM:MEDICAID-OTHER | 14,796 | 21,204 | 36,000 | 0 | 36,000 |
| 001080 CHD INCM:MEDICAID-CHILD HEALTH CHECKUP | 1,069 | 1,531 | 2,600 | 0 | 2,600 |
| 001080 CHD INCM:MEDICAID-DENTAL | 123,864 | 177,508 | 301,372 | 0 | 301,372 |
| 001083 CHD INCM:MEDICAID-FP | 4,067 | 36,605 | 40,672 | 0 | 40,672 |
| 001208 MEDIPASS \$3.00 ADM. FEE | 385 | 551 | 936 | 0 | 936 |
| MEDICAID TOTAL | 144,180 | 237,400 | 381,580 | 0 | 381,580 |
| 7. ALLOCABLE REVENUE - STATE | | | | | |
| 018000 REFUNDS, SALARY | 600 | 0 | 600 | 0 | 600 |
| 018000 REFUNDS, OTHER PERSONAL SERVICES | 0 | 0 | 0 | 0 | 0 |
| 018000 REFUNDS, EXPENSES | 3,000 | 0 | 3,000 | 0 | 3,000 |
| 018000 REFUNDS, OPERATING CAPITAL OUTLAY | 0 | 0 | 0 | 0 | 0 |
| 018000 REFUNDS, SPECIAL CATEGORY | 0 | 0 | 0 | 0 | 0 |
| 018000 REFUNDS, OTHER | 0 | 0 | 0 | 0 | 0 |
| 018000 DMS REFUNDS BY JOURNAL TRANSFER-65900 | 0 | 0 | 0 | 0 | 0 |
| 018000 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 |
| ALLOCABLE REVENUE TOTAL | 3,600 | 0 | 3,600 | 0 | 3,600 |
| 8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE | | | | | |
| STATE PHARMACY SERVICES | 0 | 0 | 0 | 42,246 | 42,246 |
| STATE LABORATORY SERVICES | 0 | 0 | 0 | 69,159 | 69,159 |
| STATE TB SERVICES | 0 | 0 | 0 | 0 | 0 |
| STATE IMMUNIZATION SERVICES | 0 | 0 | 0 | 19,937 | 19,937 |
| STATE STD SERVICES | 0 | 0 | 0 | 0 | 0 |
| STATE CONSTRUCTION/RENOVATION | 0 | 0 | 0 | 0 | 0 |
| WIC FOOD | 0 | 0 | 0 | 803,370 | 803,370 |
| OTHER (SPECIFY) | 0 | 0 | 0 | 0 | 0 |
| OTHER (SPECIFY) | 0 | 0 | 0 | 0 | 0 |
| OTHER (SPECIFY) | 0 | 0 | 0 | 0 | 0 |
| OTHER (SPECIFY) | 0 | 0 | 0 | 0 | 0 |
| OTHER STATE CONTRIBUTIONS TOTAL | 0 | 0 | 0 | 934,712 | 934,712 |
| 9. DIRECT COUNTY CONTRIBUTIONS - COUNTY | | | | | |

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

September 2005 to September 30, 2006

| | State CHD Fund (GR) | County CHD Fund (GR) | Other CHD Fund (GR) | Other Contributions | Total | |
|-----------------------------------------------------------------------|---------------------------------------------|-------------------------|------------------------|------------------------|-------|-----------|
| 9. DIRECT COUNTY CONTRIBUTIONS - COUNTY | | | | | | |
| 008030 | GRANTS-COUNTY TAX DIRECT | 0 | 1,188,795 | 1,188,795 | 0 | 1,188,795 |
| 008034 | GRANTS CNTY COMMSN OTHER | 0 | 0 | 0 | 0 | 0 |
| BOARD OF COUNTY COMMISSIONERS TOTAL | | 0 | 1,188,795 | 1,188,795 | 0 | 1,188,795 |
| 10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY | | | | | | |
| 001060 | VITAL STATISTICS FEES OTHER | 0 | 0 | 0 | 0 | 0 |
| 001077 | RABIES VACCINE | 0 | 0 | 0 | 0 | 0 |
| 001077 | CHILD CAR SEAT PROG | 0 | 1,200 | 1,200 | 0 | 1,200 |
| 001077 | PRIMARY CARE FEES | 0 | 52,800 | 52,800 | 0 | 52,800 |
| 001077 | COMMUNICABLE DISEASE FEES | 0 | 0 | 0 | 0 | 0 |
| 001094 | ENVIRONMENTAL HEALTH FEES | 0 | 71,445 | 71,445 | 0 | 71,445 |
| 001094 | ADULT ENTER. PERMIT FEES | 0 | 0 | 0 | 0 | 0 |
| 001114 | NEW BIRTH CERTIFICATES | 0 | 5,600 | 5,600 | 0 | 5,600 |
| 001115 | DEATH CERTIFICATES | 0 | 14,200 | 14,200 | 0 | 14,200 |
| 001117 | VITAL STATS-ADM. FEE 50 CENTS | 0 | 400 | 400 | 0 | 400 |
| FEES AUTHORIZED BY COUNTY TOTAL | | 0 | 145,645 | 145,645 | 0 | 145,645 |
| 11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY | | | | | | |
| 001009 | DEBIT MEMO-BAD CHECKS | 0 | 0 | 0 | 0 | 0 |
| 001009 | RECOVERY-BAD CHECKS | 0 | 0 | 0 | 0 | 0 |
| 001009 | RECOVERY OF COLLECTION OF AGENCY PLACEMENTS | 0 | 0 | 0 | 0 | 0 |
| 001009 | RETURNED CHECK FEE | 0 | 25 | 25 | 0 | 25 |
| 001029 | THIRD PARTY REIMBURSEMENT | 0 | 23,200 | 23,200 | 0 | 23,200 |
| 001029 | HEALTH MAINTENANCE ORGAN. (HMO) | 0 | 0 | 0 | 0 | 0 |
| 001077 | RYAN WHITE LOCAL REVENUES | 0 | 0 | 0 | 0 | 0 |
| 001077 | RYAN WHITE TITLE II | 0 | 0 | 0 | 0 | 0 |
| 001090 | MEDICARE | 0 | 9,000 | 9,000 | 0 | 9,000 |
| 005040 | INTEREST EARNED | 0 | 0 | 0 | 0 | 0 |
| 005041 | INTEREST EARNED-STATE INVESTMENT ACCOUNT | 0 | 11,800 | 11,800 | 0 | 11,800 |
| 007010 | U.S. GRANTS DIRECT | 0 | 0 | 0 | 0 | 0 |
| 010300 | SALE OF GOODS AND SERVICES | 0 | 0 | 0 | 0 | 0 |
| 010301 | EXP WITNESS FEE CONSULTNT CHARGES | 0 | 0 | 0 | 0 | 0 |
| 010403 | FEES-COPIES OF DOCUMENTS | 0 | 1,200 | 1,200 | 0 | 1,200 |
| 010405 | SALE OF PHARMACEUTICALS | 0 | 0 | 0 | 0 | 0 |
| 010409 | SALE OF GOODS OUTSIDE STATE GOVERNMENT | 0 | 0 | 0 | 0 | 0 |
| 010500 | SALES OF SERVICES OUTSIDE STATE GOVERNMENT | 0 | 0 | 0 | 0 | 0 |
| 011000 | RAPID AIDS TESTING - JAIL INMATES 2003 | 0 | 0 | 0 | 0 | 0 |
| 011001 | HEALTHY START COALITION CONTRIBUTIONS | 0 | 0 | 0 | 0 | 0 |
| 011007 | CASH DONATIONS PRIVATE | 0 | 120 | 120 | 0 | 120 |
| 012020 | FINES AND FORFEITURES | 0 | 0 | 0 | 0 | 0 |
| 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 | 0 | 0 | 0 | 0 |
| 011000 | RAPID AIDS TESTING | 0 | 0 | 0 | 0 | 0 |
| 011000 | GRANT-DIRECT-SCHOOL BOARD | 0 | 78,959 | 78,959 | 0 | 78,959 |
| 011000 | GRANT-DIRECT-RURAL HEALTH GRANT | 0 | 183,341 | 183,341 | 0 | 183,341 |
| 011000 | GRANT-DIRECT-HEALTHY FAMILIES | 0 | 451,098 | 451,098 | 0 | 451,098 |

STATE OF FLORIDA
 COUNTY OF NASSAU
 COUNTY HEALTH DEPARTMENT

PERIOD: 09/01/05 TO September 30, 2016

| State CHD Trust Fund (cash) | County CHD Trust Fund (cash) | Total CHD Trust Fund (cash) | Other Contributions | Total |
|-----------------------------------|------------------------------------|-----------------------------------|------------------------|-------|
|-----------------------------------|------------------------------------|-----------------------------------|------------------------|-------|

11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY

| | | | | | | |
|--------|------------------------------------------------|---|---------|---------|---|---------|
| 011000 | GRANT-DIRECT-HEALTHY START | 0 | 170,555 | 170,555 | 0 | 170,555 |
| 011000 | GRANT-DIRECT-NASSAU HALFWAY HOUSE & HEAD START | 0 | 2,150 | 2,150 | 0 | 2,150 |
| 011000 | GRANT-DIRECT-BREAST HEALTH SCREENING PROGRAM | 0 | 20,000 | 20,000 | 0 | 20,000 |
| 011000 | GRANT-DIRECT-MHOM HEALTH VAN | 0 | 28,000 | 28,000 | 0 | 28,000 |
| 011000 | GRANT-DIRECT-JFCS HIV/AIDS PROGRAM | 0 | 41,540 | 41,540 | 0 | 41,540 |
| 010408 | COPY FEES INTRA/INTER AGENCY | 0 | 720 | 720 | 0 | 720 |

| | | | | | | |
|-------------------------------------------------|--|---|-----------|-----------|---|-----------|
| OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL | | 0 | 1,021,708 | 1,021,708 | 0 | 1,021,708 |
|-------------------------------------------------|--|---|-----------|-----------|---|-----------|

12. ALLOCABLE REVENUE - COUNTY

| | | | | | | |
|--------|---------------------------------------|---|-------|-------|---|-------|
| 018000 | REFUNDS, SALARY | 0 | 600 | 600 | 0 | 600 |
| 018000 | REFUNDS, OTHER PERSONAL SERVICES | 0 | 0 | 0 | 0 | 0 |
| 018000 | REFUNDS, EXPENSES | 0 | 3,000 | 3,000 | 0 | 3,000 |
| 018000 | REFUNDS, OPERATING CAPITAL OUTLAY | 0 | 0 | 0 | 0 | 0 |
| 018000 | REFUNDS, SPECIAL CATEGORY | 0 | 0 | 0 | 0 | 0 |
| 018000 | REFUNDS, OTHER | 0 | 0 | 0 | 0 | 0 |
| 018000 | DMS REFUNDS BY JOURNAL TRANSFER-65900 | 0 | 0 | 0 | 0 | 0 |
| 018000 | 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 | 3,600 | 3,600 | 0 | 3,600 |
|---------------------------------------|--|---|-------|-------|---|-------|

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 |
|------------------------|--|---|---|---|---|---|

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 |

| | | | | | | |
|-----------------------------------------|--|---|---|---|---|---|
| OTHER COUNTY CONTRIBUTIONS TOTAL | | 0 | 0 | 0 | 0 | 0 |
|-----------------------------------------|--|---|---|---|---|---|

| | | | | | | |
|--------------------------------|--|-----------|-----------|-----------|---------|-----------|
| GRAND TOTAL CHD PROGRAM | | 2,309,816 | 2,597,148 | 4,906,964 | 934,712 | 5,841,676 |
|--------------------------------|--|-----------|-----------|-----------|---------|-----------|

**ATTACHMENT II
NASSAU COUNTY HEALTH DEPARTMENT**

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

October 1, 2005 to September 30, 2006

| | FTE's (0.00) | Clients Units | Services | Quarterly Expenditure Plan | | | | County | State | Grand Total |
|---------------------------------------------|-----------------|------------------|----------------|----------------------------|-----------------------------|----------------|----------------|------------------|------------------|------------------|
| | | | | 1st | 2nd (Whole dollars only) | 3rd | 4th | | | |
| A. COMMUNICABLE DISEASE CONTROL: | | | | | | | | | | |
| IMMUNIZATION (101) | 2.40 | 3,145 | 3,713 | 34,523 | 34,523 | 34,523 | 34,523 | 73,188 | 64,904 | 138,092 |
| STD (102) | 0.40 | 121 | 497 | 4,929 | 4,929 | 4,929 | 4,929 | 10,450 | 9,266 | 19,716 |
| A.I.D.S. (103) | 1.50 | 72 | 383 | 17,999 | 17,999 | 17,999 | 17,999 | 38,158 | 33,838 | 71,996 |
| TB CONTROL SERVICES (104) | 0.60 | 27 | 225 | 10,311 | 10,311 | 10,311 | 10,311 | 21,860 | 19,384 | 41,244 |
| COMM. DISEASE SURV. (106) | 1.20 | 0 | 1,083 | 20,054 | 20,054 | 20,054 | 20,054 | 42,514 | 37,702 | 80,216 |
| HEPATITIS PREVENTION (109) | 0.05 | 17 | 52 | 589 | 589 | 589 | 589 | 1,248 | 1,108 | 2,356 |
| PUBLIC HEALTH PREP AND RESP (116) | 2.50 | 0 | 93 | 41,850 | 41,850 | 41,850 | 41,850 | 88,722 | 78,678 | 167,400 |
| VITAL STATISTICS (180) | 0.40 | 0 | 0 | 4,628 | 4,628 | 4,628 | 4,628 | 18,512 | 0 | 18,512 |
| COMMUNICABLE DISEASE SUBTOTAL | 9.05 | 3,382 | 6,046 | 134,883 | 134,883 | 134,883 | 134,883 | 294,652 | 244,880 | 539,532 |
| B. PRIMARY CARE: | | | | | | | | | | |
| CHRONIC DISEASE SERVICES (210) | 2.40 | 657 | 229 | 24,054 | 24,054 | 48,110 | 48,110 | 74,627 | 69,701 | 144,328 |
| 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) | 9.00 | 3,831 | 26,052 | 111,235 | 111,235 | 111,235 | 111,235 | 150,065 | 294,875 | 444,940 |
| FAMILY PLANNING (223) | 8.00 | 1,573 | 6,156 | 112,811 | 112,811 | 112,811 | 112,811 | 239,159 | 212,085 | 451,244 |
| IMPROVED PREGNANCY OUTCOME (225) | 0.05 | 36 | 96 | 483 | 483 | 483 | 483 | 1,024 | 908 | 1,932 |
| HEALTHY START PRENATAL (227) | 3.50 | 641 | 10,803 | 44,359 | 44,359 | 44,359 | 44,359 | 94,041 | 83,395 | 177,436 |
| COMPREHENSIVE CHILD HEALTH (229) | 11.50 | 113 | 7,543 | 141,240 | 141,240 | 141,240 | 141,240 | 380,121 | 184,839 | 564,960 |
| HEALTHY START INFANT (231) | 1.80 | 251 | 2,001 | 21,486 | 21,486 | 21,486 | 21,486 | 45,550 | 40,394 | 85,944 |
| SCHOOL HEALTH (234) | 4.00 | 0 | 91,760 | 99,311 | 99,311 | 99,311 | 99,311 | 210,539 | 186,705 | 397,244 |
| COMPREHENSIVE ADULT HEALTH (237) | 18.00 | 1,484 | 7,264 | 267,545 | 267,545 | 298,729 | 298,729 | 601,033 | 531,515 | 1,132,548 |
| DENTAL HEALTH (240) | 4.00 | 3,071 | 13,100 | 84,040 | 84,040 | 84,040 | 84,040 | 178,165 | 157,995 | 336,160 |
| PRIMARY CARE SUBTOTAL | 62.25 | 11,657 | 165,004 | 906,564 | 906,564 | 961,804 | 961,804 | 1,974,324 | 1,762,412 | 3,736,736 |
| C. ENVIRONMENTAL HEALTH: | | | | | | | | | | |
| Water and Onsite Sewage Programs | | | | | | | | | | |
| COASTAL BEACH MONITORING (347) | 0.10 | 297 | 305 | 7,001 | 7,001 | 7,001 | 7,001 | 14,842 | 13,162 | 28,004 |
| LIMITED USE PUBLIC WATER SYSTEMS (357) | 0.80 | 81 | 451 | 8,404 | 4,202 | 4,202 | 33,620 | 26,727 | 23,701 | 50,428 |
| 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 | 1,724 | 6,407 | 85,874 | 85,874 | 85,874 | 85,874 | 189,689 | 153,807 | 343,496 |
| Group Total | 6.40 | 2,102 | 7,163 | 101,279 | 97,077 | 97,077 | 126,495 | 231,258 | 190,670 | 421,928 |
| Facility Programs | | | | | | | | | | |
| FOOD HYGIENE (348) | 0.30 | 41 | 172 | 3,190 | 1,595 | 1,595 | 12,760 | 10,144 | 8,996 | 19,140 |
| BODY ART (349) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| GROUP CARE FACILITY (351) | 0.20 | 75 | 112 | 3,861 | 3,861 | 3,861 | 3,861 | 15,444 | 0 | 15,444 |
| 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 | 35 | 79 | 1,892 | 946 | 946 | 7,572 | 6,019 | 5,337 | 11,356 |
| SWIMMING POOLS BATHING (360) | 0.20 | 91 | 189 | 1,071 | 0 | 9,639 | 2,142 | 6,812 | 6,040 | 12,852 |
| BIOMEDICAL WASTE SERVICES (364) | 0.05 | 60 | 60 | 1,213 | 1,213 | 1,213 | 1,213 | 2,572 | 2,280 | 4,852 |
| TANNING FACILITY SERVICES (369) | 0.05 | 19 | 36 | 809 | 161 | 161 | 809 | 1,028 | 912 | 1,940 |

ATTACHMENT II.

NASSAU COUNTY HEALTH DEPARTMENT

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

October 1, 2005 to September 30, 2006

| | FTE's (0.00) | Clients Units | Services | Quarterly Expenditure Plan | | | | County | State | Grand Total |
|--------------------------------------------|-----------------|------------------|----------|----------------------------|-----------------------------|-----------|-----------|-----------|-----------|----------------|
| | | | | 1st | 2nd (Whole dollars only) | 3rd | 4th | | | |
| C. ENVIRONMENTAL HEALTH: | | | | | | | | | | |
| Group Total | 1.00 | 321 | 648 | 12,036 | 7,776 | 17,415 | 28,357 | 42,019 | 23,565 | 65,584 |
| Groundwater Contamination | | | | | | | | | | |
| STORAGE TANK COMPLIANCE (355) | 1.20 | 125 | 195 | 19,964 | 19,964 | 19,964 | 19,964 | 8,735 | 71,121 | 79,856 |
| SUPER ACT SERVICE (356) | 0.50 | 120 | 353 | 7,718 | 7,718 | 7,718 | 7,718 | 16,362 | 14,510 | 30,872 |
| Group Total | 1.70 | 245 | 548 | 27,682 | 27,682 | 27,682 | 27,682 | 25,097 | 85,631 | 110,728 |
| Community Hygiene | | | | | | | | | | |
| OCCUPATIONAL HEALTH (344) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CONSUMER PRODUCT SAFETY (345) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| INJURY PREVENTION (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) | 0.05 | 24 | 61 | 810 | 810 | 810 | 810 | 3,240 | 0 | 3,240 |
| RABIES SURVEILLANCE/CONTROL SERVICES (366) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ARBOVIRUS SURVEILLANCE (367) | 0.25 | 0 | 903 | 1,964 | 0 | 10,798 | 10,798 | 23,560 | 0 | 23,560 |
| 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 | 7 | 1,414 | 1,414 | 1,414 | 1,414 | 2,998 | 2,658 | 5,656 |
| RADIOLOGICAL HEALTH (372) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOXIC SUBSTANCES (373) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Group Total | 0.35 | 24 | 971 | 4,188 | 2,224 | 13,022 | 13,022 | 29,798 | 2,658 | 32,456 |
| ENVIRONMENTAL HEALTH SUBTOTAL | 9.45 | 2,692 | 9,330 | 145,185 | 134,759 | 155,196 | 195,556 | 328,172 | 302,524 | 630,696 |
| D. SPECIAL CONTRACTS: | | | | | | | | | | |
| SPECIAL CONTRACTS (599) | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SPECIAL CONTRACTS SUBTOTAL | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL CONTRACT | 80.75 | 17,731 | 180,380 | 1,186,632 | 1,176,206 | 1,251,883 | 1,292,243 | 2,597,148 | 2,309,816 | 4,906,964 |

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 th Street Fernandina Beach, FL | Nassau BOCC |
| Environmental Health Division | 1015 South 14 th Street Fernandina Beach, FL | Nassau BOCC |
| Fernandina Beach Clinic | 1620 Nectarine Street Fernandina Beach, FL | Nassau BOCC |
| Yulee Clinic | 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
SPECIAL PROJECTS SAVINGS PLAN

IDENTIFY THE AMOUNT OF CASH THAT IS ANTICIPATED TO BE SET ASIDE ANNUALLY FOR THE PROJECT.

| <u>CONTRACT YEAR</u> | <u>STATE</u> | <u>COUNTY</u> | <u>TOTAL</u> |
|----------------------|------------------|------------------|-------------------|
| 2003-2004 | \$ _____ | \$ _____ | \$ _____ - |
| 2004-2005 | \$ _____ | \$ _____ | \$ _____ - |
| 2005-2006 | \$ <u>55,000</u> | <u>56,000</u> | \$ <u>111,000</u> |
| 2006-2007 | \$ _____ | \$ _____ | \$ _____ - |
| 2007-2008 | \$ _____ | \$ _____ | \$ _____ - |
| PROJECT TOTAL | \$ <u>55,000</u> | \$ <u>56,000</u> | \$ <u>111,000</u> |

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT TITLE: Administration/Field Services Building - Renovation
LOCATION: 30 South 4th Street, Fernandina Beach, FL
CATEGORY: NEW FACILITY ROOFING X
RENOVATION X PLANNING STUDY
NEW ADDITION
SQUARE FOOTAGE: 6,000

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*
New roof, replace 3 heating/air conditioning systems, paint interior walls, and replace worn carpet.

ESTIMATED PROJECT INFORMATION:
START DATE (*initial expenditure of funds*): 10/01/05
COMPLETION DATE: 03/31/05
DESIGN FEES: \$ _____
CONSTRUCTION COSTS: \$ 42,000
FURNITURE/EQUIPMENT \$ 69,000
TOTAL PROJECT COST: \$ 111,000
COST PER SQ FOOT: \$ 7.00

Special Capital Projects are new construction or renovation projects and new furniture or equipment associated with these projects and mobile health vans.

ATTACHMENT V
NASSAU COUNTY HEALTH DEPARTMENT
SPECIAL PROJECTS SAVINGS PLAN

IDENTIFY THE AMOUNT OF CASH THAT IS ANTICIPATED TO BE SET ASIDE ANNUALLY FOR THE PROJECT.

| <u>CONTRACT YEAR</u> | <u>STATE</u> | <u>COUNTY</u> | <u>TOTAL</u> |
|----------------------|------------------------|------------------------|-------------------------|
| 2002-2003 | \$ _____ | \$ _____ | \$ _____ - |
| 2003-2004 | \$ _____ | \$ _____ | \$ _____ - |
| 2004-2005 | \$ _____ | _____ 500 | \$ _____ 500 |
| 2005-2006 | \$ _____ 80,000 | \$ _____ 82,000 | \$ _____ 162,000 |
| 2006-2007 | \$ _____ | \$ _____ | \$ _____ - |
| PROJECT TOTAL | \$ _____ 80,000 | \$ _____ 82,500 | \$ _____ 162,500 |

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT TITLE: Environmental Health/Epidemiology Building - Renovation

LOCATION: 2292 SR-200, Fernandina Beach, FL

CATEGORY: NEW FACILITY ROOFING
 RENOVATION PLANNING STUDY
 NEW ADDITION

SQUARE FOOTAGE: 4,000

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*

Nassau County leases a single-wide trailer to provide ADA compliant public access to Environmental Health services. The trailer is 8 years old, needs repair and is insufficient for current needs and any anticipated growth. The Board of County Commissioners has approved that the Environmental Health Division and Epidemiology field staff can occupy the vacant buildings at Five Points. Cost of renovations are the responsibility of the Health department.

ESTIMATED PROJECT INFORMATION:

START DATE (initial expenditure of funds): 09/01/05

COMPLETION DATE: 06/30/06

DESIGN FEES: \$ 13,850

CONSTRUCTION COSTS: \$ 108,000

FURNITURE/EQUIPMENT \$ 40,650

TOTAL PROJECT COST: \$ 162,500

COST PER SQ FOOT: \$ 30.46

Special Capital Projects are new construction or renovation projects and furniture or equipment associated with these projects and mobile health vans.

ATTACHMENT V
NASSAU COUNTY HEALTH DEPARTMENT
SPECIAL PROJECTS SAVINGS PLAN

IDENTIFY THE AMOUNT OF CASH THAT IS ANTICIPATED TO BE SET ASIDE ANNUALLY FOR THE PROJECT.

| <u>CONTRACT YEAR</u> | <u>STATE</u> | <u>COUNTY</u> | <u>TOTAL</u> |
|----------------------|-------------------------|-------------------------|-------------------------|
| 2002-2003 | \$ _____ | \$ _____ | \$ _____ - |
| 2003-2004 | \$ _____ | \$ _____ | \$ _____ - |
| 2004-2005 | \$ <u>14,237</u> | \$ <u>1,225</u> | \$ <u>15,462</u> |
| 2005-2006 | \$ <u>10,900</u> | \$ <u>11,912</u> | \$ <u>22,812</u> |
| 2006-2007 | \$ _____ | \$ _____ | \$ _____ - |
| PROJECT TOTAL | \$ <u><u>25,137</u></u> | \$ <u><u>13,137</u></u> | \$ <u><u>38,274</u></u> |

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT TITLE: Hilliard Clinic Renovation

LOCATION: 37203 Pecan Street, Hilliard

CATEGORY: NEW FACILITY ROOFING
 RENOVATION PLANNING STUDY
 NEW ADDITION OTHER

SQUARE FOOTAGE: 1,000 Approximate

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*
 Paint interior, install new flooring, improve lighting, renew restroom fixtures in area vacated by Station 40 Fire/Rescue.

ESTIMATED PROJECT INFORMATION:

START DATE (initial expenditure of funds): 04/05/05

COMPLETION DATE: 12/31/05

DESIGN FEES: \$ _____

CONSTRUCTION COSTS: \$ 32,274

FURNITURE/EQUIPMENT \$ 6,000

TOTAL PROJECT COST: \$ 38,274

COST PER SQ FOOT: \$ 38.27

Special Capital Projects are new construction or renovation projects and new furniture or equipment associated with these projects and mobile health vans.

ATTACHMENT V
NASSAU COUNTY HEALTH DEPARTMENT
SPECIAL PROJECTS SAVINGS PLAN

IDENTIFY THE AMOUNT OF CASH THAT IS ANTICIPATED TO BE SET ASIDE ANNUALLY FOR THE PROJECT.

| <u>CONTRACT YEAR</u> | <u>STATE</u> | <u>COUNTY</u> | <u>TOTAL</u> |
|----------------------|------------------|------------------|------------------|
| 2002-2003 | \$ _____ | \$ _____ | \$ _____ - |
| 2003-2004 | \$ _____ | \$ _____ | \$ _____ - |
| 2004-2005 | \$ _____ | _____ | \$ _____ - |
| 2005-2006 | \$ 13,500 | \$ 14,500 | \$ 28,000 |
| 2006-2007 | \$ _____ | \$ _____ | \$ _____ - |
| PROJECT TOTAL | \$ 13,500 | \$ 14,500 | \$ 28,000 |

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT TITLE: Hurricane Shutters - Fernandina Beach Clinic

LOCATION: 1620 Nectarine Street, Fernandina Beach

CATEGORY: NEW FACILITY ROOFING
 RENOVATION PLANNING STUDY
 NEW ADDITION

SQUARE FOOTAGE: NA

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*
 Install hurricane/storm shutters at Fernandina Beach Clinic.

ESTIMATED PROJECT INFORMATION:

START DATE (initial expenditure of funds): 12/01/05

COMPLETION DATE: 04/30/06

DESIGN FEES: \$ _____

CONSTRUCTION COSTS: \$ 28,000

FURNITURE/EQUIPMENT \$ _____

TOTAL PROJECT COST: \$ 28,000

COST PER SQ FOOT: \$ NA

Special Capital Projects are new construction or renovation projects and new furniture or equipment associated with these projects and mobile vans.

ATTACHMENT V
NASSAU COUNTY HEALTH DEPARTMENT
SPECIAL PROJECTS SAVINGS PLAN

IDENTIFY THE AMOUNT OF CASH THAT IS ANTICIPATED TO BE SET ASIDE ANNUALLY FOR THE PROJECT.

| <u>CONTRACT YEAR</u> | <u>STATE</u> | <u>COUNTY</u> | <u>TOTAL</u> |
|----------------------|-------------------------|-------------------------|-------------------------|
| 2002-2003 | \$ _____ | \$ _____ | \$ _____ - |
| 2003-2004 | \$ _____ | \$ _____ | \$ _____ - |
| 2004-2005 | \$ _____ | _____ | \$ _____ - |
| 2005-2006 | \$ <u>17,000</u> | \$ <u>18,000</u> | \$ <u>35,000</u> |
| 2006-2007 | \$ _____ | \$ _____ | \$ _____ - |
| PROJECT TOTAL | \$ <u><u>17,000</u></u> | \$ <u><u>18,000</u></u> | \$ <u><u>35,000</u></u> |

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT TITLE: Yulee Clinic - Renovation

LOCATION: 86014 Page's Dairy Road, Yulee, FL

CATEGORY: NEW FACILITY ROOFING
RENOVATION PLANNING STUDY
NEW ADDITION

SQUARE FOOTAGE: NA

PROJECT SUMMARY: *Describe scope of work in reasonable detail.*
Ventilation system cleaning, paint interior walls, replace ceiling tiles.

ESTIMATED PROJECT INFORMATION:

START DATE (initial expenditure of funds): 12/01/05

COMPLETION DATE: 04/30/06

DESIGN FEES: \$ _____

CONSTRUCTION COSTS: \$ 35,000

FURNITURE/EQUIPMENT \$ _____

TOTAL PROJECT COST: \$ 35,000

COST PER SQ FOOT: \$ NA

Special Capital Projects are new construction or renovation projects and new furniture or equipment associated with these projects and mobile vans.

ATTACHMENT VI

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.
Below 200% of federal poverty guidelines based on family size and income.

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.

NA