

**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 2006-2007**

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, 2006.

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, 2006, through September 30, 2007, 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 \$ 2,130,005.00 (*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 \$ 1,445,771.00 (*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, 2007 for the report period October 1, 2006 through December 31, 2006;
- ii. June 1, 2007 for the report period October 1, 2006 through March 31, 2007;
- iii. September 1, 2007 for the report period October 1, 2006 through June 30, 2007; and
- iv. December 1, 2007 for the report period October 1, 2006 through September 30, 2007.

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, 2007, 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:

James A. Pearson
Name

Business Manager
Title

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

(904) 548-1800 x5208
Telephone

For the County:

Michael G. Mahaney
Name

County Administrator
Title

96160 Nassau Place
Yulee, FL 32097
Address

(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, 2006.

**BOARD OF COUNTY COMMISSIONERS
FOR NASSAU COUNTY**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: 

NAME: Thomas D. Branan, Jr.

TITLE: Board Chair

DATE: 9-25-06

SIGNED BY: 

NAME: M. Rony Francois, M.D., M.S.P.H., Ph.D.

TITLE: Secretary

DATE: 10.3.06


ATTESTED TO:

SIGNED BY: 

NAME: John A. Crawford

TITLE: Ex-Officio Clerk

DATE: _____

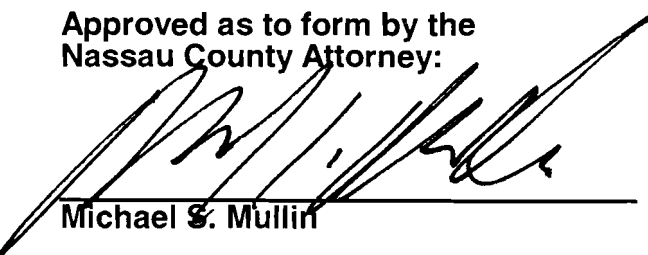
SIGNED BY: 

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

TITLE: CHD Director

DATE: 9/1/06

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 09/30/06	Estimated County Share of CHD Trust Fund Balance as of 09/30/06	Total
1. CHD Trust Fund Ending Balance 09/30/06	594,863	598,566	1,193,429
2. Drawdown for Contract Year October 1, 2006 to September 30, 2007			0
3. Special Capital Project use for Contract Year October 1, 2006 to September 30, 2007	392,500	392,500	785,000
4. Balance Reserved for Contingency Fund October 1, 2006 to September 30, 2007	202,363	206,066	408,429

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.

ATTACHMENT II

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

October 1, 2006 to September 30, 2007

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contributions	Total
1. GENERAL REVENUE - STATE					
015040 ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015040 ALG/CONTR TO CHDS-AIDS PATIENT CARE	0	0	0	0	0
015040 ALG/CONTR TO CHDS-AIDS PREV & SURV & FIELD STAFF	0	0	0	0	0
015040 ALG/CONTR TO CHDS-DENTAL PROGRAM	18,600	0	18,600	0	18,600
015040 ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION	0	0	0	0	0
015040 ALG/CONTR. TO CHDS-IMMUNIZATION OUTREACH TEAMS	3,361	0	3,361	0	3,361
015040 ALG/CONTR. TO CHDS-INDOOR AIR ASSIST PROG	0	0	0	0	0
015040 ALG/CONTR. TO CHDS-MCH HEALTH - FIELD STAFF COST	0	0	0	0	0
015040 ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040 ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	6,500	0	6,500	0	6,500
015040 ALG/FAMILY PLANNING	35,440	0	35,440	0	35,440
015040 ALG/IPO - OUTREACH SOCIAL WORKERS CAT. 050707	0	0	0	0	0
015040 ALG/IPO HEALTHY START	0	0	0	0	0
015040 ALG/IPO HEALTHY START/IPO CAT 050707	0	0	0	0	0
015040 ALG/IPO-INFANT MORTALITY PROJECT CAT. 050707	0	0	0	0	0
015040 ALG/MCH HEALTHY START/IPO CAT 050870	0	0	0	0	0
015040 ALG/MCH-INFANT MORTALITY PROJECT CAT. 050870	0	0	0	0	0
015040 ALG/MCH-OUTREACH SOCIAL WORKERS CAT 050870	0	0	0	0	0
015040 ALG/PRIMARY CARE	123,500	0	123,500	0	123,500
015040 ALG/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
015040 CATE ESCAMBIA	0	0	0	0	0
015040 CHD SUPPORT SERVICES	0	0	0	0	0
015040 CLOSING THE GAP PROGRAM	0	0	0	0	0
015040 COMMUNITY SMILES - DADE	0	0	0	0	0
015040 COMMUNITY TB PROGRAM	13,142	0	13,142	0	13,142
015040 DENTAL SPECIAL INITIATIVE PROJECTS	0	0	0	0	0
015040 DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0	0
015040 ENHANCED DENTAL SERVICES	0	0	0	0	0
015040 FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040 HEALTH PROMOTION & EDUCATION INITIATIVES	0	0	0	0	0
015040 HEALTHY BEACHES MONITORING	18,935	0	18,935	0	18,935
015040 HEALTHY START - DATA COLLECTION PROJECT STAFF	0	0	0	0	0
015040 LA LIGA CONTRA EL CANCER	0	0	0	0	0
015040 MEDIVAN PROJECT	0	0	0	0	0
015040 METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0	0
015040 PRIMARY CARE SPECIAL DENTAL PROJECTS	40,000	0	40,000	0	40,000
015040 PRIMARY CARE SPECIAL PROJECTS	0	0	0	0	0
015040 SCHOOL HEALTH-SUPPLEMENT-TANF	0	0	0	0	0
015040 SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0	0
015040 STD GENERAL REVENUE	0	0	0	0	0
015040 VOLUNTEER SCHOOL HEALTH NURSE GRANT	0	0	0	0	0
015050 ALG/CONTR TO CHDS	1,051,958	0	1,051,958	0	1,051,958
GENERAL REVENUE TOTAL	1,311,436	0	1,311,436	0	1,311,436
2. NON GENERAL REVENUE - STATE					
015010 ALG/CONTR TO CHDS-REBASING TOBACCO TF	13,739	0	13,739	0	13,739
015010 BASIC SCHOOL HEALTH - TOBACCO TF	70,862	0	70,862	0	70,862
015010 CHD SUPPORT SERVICES	0	0	0	0	0

ATTACHMENT II

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

October 1, 2006 to September 30, 2007

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
2. NON GENERAL REVENUE - STATE					
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 PROGRAM	0	0	0	0
015010	PACE EH	0	0	0	0
015010	PUBLIC SWIMMING POOL PROGRAM	0	0	0	0
015010	SUPER ACT PROGRAM ADM TF	0	0	0	0
015010	SUPPLEMENTAL/COMPREHENSIVE SCHOOL HEALTH - TOB TF	0	0	0	0
015010	VARICELLA IMMUNIZATION REQUIREMENT TOBACCO TF	1,799	0	1,799	1,799
015020	BIOMEDICAL WASTE/DEP ADM TF	1,941	0	1,941	1,941
015020	SAFE DRINKING WATER PRG/DEP ADM	0	0	0	0
015020	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0
NON GENERAL REVENUE TOTAL		152,318	0	152,318	152,318
3. FEDERAL FUNDS - State					
007000	AIDS PREVENTION	0	0	0	0
007000	AIDS SEROPREVALENCE	0	0	0	0
007000	AIDS SURVEILLANCE	0	0	0	0
007000	BIOTERR SURVEILLANCE & EPIDEMIOLOGY	77,072	0	77,072	77,072
007000	BIOTERRORISM PLANNING & READINESS	59,215	0	59,215	59,215
007000	CDHPE PROGRAM	44,117	0	44,117	44,117
007000	CHD SUPPORT SERVICES	0	0	0	0
007000	CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0
007000	COASTAL BEACH MONITORING PROGRAM	16,662	0	16,662	16,662
007000	COMPREHENSIVE CARDIOVASCULAR PROGRAM	0	0	0	0
007000	FGTF/AIDS MORBIDITY	0	0	0	0
007000	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0
007000	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0
007000	FGTF/FAMILY PLANNING-TITLE X	52,408	0	52,408	52,408
007000	FGTF/IMMUNIZATION ACTION PLAN	5,097	0	5,097	5,097
007000	FGTF/WIC ADMINISTRATION	354,322	0	354,322	354,322
007000	FLORIDA PANDEMIC INFLUENZA	0	0	0	0
007000	HEALTH PROGRAM FOR REFUGEES	0	0	0	0
007000	HOUSING OPPORTUNITIES FOR PEOPLE WITH AIDS (HOPWA)	0	0	0	0
007000	IMMUNIZATION SUPPLEMENTAL	0	0	0	0
007000	IMMUNIZATION-WIC LINKAGES	0	0	0	0
007000	MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0
007000	MCH BGTF-HEALTHY START IPO	0	0	0	0
007000	MCH BGTF-INFANT MORTALITY PROJECT	0	0	0	0
007000	MCH BGTF-MCH/CHILD HEALTH	10,683	0	10,683	10,683
007000	MCH BGTF-MCH/DENTAL PROJECTS	30,300	0	30,300	30,300
007000	MCH BGTF-OUTREACH SOCIAL WORKERS	0	0	0	0
007000	PHP-CITIES RESPONSE INITIATIVE	0	0	0	0
007000	RAPE PREVENTION & EDUCATION GRANT	0	0	0	0
007000	RISK COMMUNICATIONS	0	0	0	0
007000	RYAN WHITE	0	0	0	0
007000	RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0
007000	RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	0	0	0	0
007000	RYAN WHITE-CONSORTIA	0	0	0	0

ATTACHMENT II

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

October 1, 2006 to September 30, 2007

	State CHD Fund (cash)	County CHD Fund	Total CHD Fund (cash)	Other Contribution	Total
3. FEDERAL FUNDS - State					
007000	STD FEDERAL GRANT - CSPS	0	0	0	0
007000	STD PROGRAM - PHYSICIAN TRAINING CENTER	0	0	0	0
007000	STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0
007000	SYPHILIS ELIMINATION	0	0	0	0
007000	TESTING HIV SERONEGATIVE HEADQUARTERS	0	0	0	0
007000	TRAINING AND EDUCATION	0	0	0	0
007000	TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0
007000	WEST NILE VIRUS & EPIDEMIOLOGY PROJECTS 2006	1,600	0	1,600	1,600
007000	WIC BREASTFEEDING PEER COUNSELING	11,025	0	11,025	11,025
007000	WIC BREASTFEEDING PEER COUNSELING PROG FFY 2005	3,750	0	3,750	3,750
007000	WIC INFRASTRUCTURE	0	0	0	0
015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0
015075	TITLEXXI/SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0
015075	NEW LINE	0	0	0	0
015075	NEW LINE	0	0	0	0
015075	NEW LINE	0	0	0	0
FEDERAL FUNDS TOTAL		666,251	0	666,251	666,251
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	30	0	30	30
001020	PUBLIC WATER ANNUAL OPER PERMIT	9,681	0	9,681	9,681
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
001020	TANNING FACILITIES	5,065	0	5,065	5,065
001020	BODY PIERCING	270	0	270	270
001092	NON SDWA LAB SAMPLE	14,233	0	14,233	14,233
001092	OSDS VARIANCE FEE	0	0	0	0
001092	ENVIRONMENTAL HEALTH FEES	840	0	840	840
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-MASSAGE PARLOR	100	0	100	100
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL		290,377	0	290,377	290,377
5. OTHER CASH CONTRIBUTIONS - STATE					

ATTACHMENT II

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

October 1, 2006 to September 30, 2007

	State CHD Trust Fund (cash)	County CHD Trust Fund	Local CHD Trust Fund (cash)	Other Contribution	Total
5. OTHER CASH CONTRIBUTIONS - STATE					
010304 STATIONARY POLLUTANT STORAGE TANKS	70,752	0	70,752	0	70,752
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
OTHER CASH CONTRIBUTIONS TOTAL	70,752	0	70,752	0	70,752
6. MEDICAID - STATE/COUNTY					
001056 MEDICAID PHARMACY	0	0	0	0	0
001076 MEDICAID TB	0	0	0	0	0
001078 MEDICAID ADMINISTRATION OF VACCINE	0	0	0	0	0
001079 MEDICAID CASE MANAGEMENT	0	0	0	0	0
001080 MEDICAID OTHER	0	0	0	0	0
001081 MEDICAID CHILD HEALTH CHECK UP	0	0	0	0	0
001082 MEDICAID DENTAL	147,574	210,267	357,841	0	357,841
001087 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 MEDICAID MATERNITY	0	0	0	0	0
001192 MEDICAID COMPREHENSIVE CHILD	1,269	1,808	3,077	0	3,077
001193 MEDICAID COMPREHENSIVE ADULT	16,280	23,197	39,477	0	39,477
001194 MEDICAID LABORATORY	0	0	0	0	0
001083 MEDICAID FAMILY PLANNING	4,618	41,560	46,178	0	46,178
001208 MEDIPASS \$3.00 ADM. FEE	490	490	980	0	980
MEDICAID TOTAL	170,231	277,322	447,553	0	447,553
7. ALLOCABLE REVENUE - STATE					
018000 REFUNDS	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	0	0	0	0	0
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
PHARMACY SERVICES	0	0	0	36,003	36,003
LABORATORY SERVICES	0	0	0	52,578	52,578
TB SERVICES	0	0	0	0	0
IMMUNIZATION SERVICES	0	0	0	23,985	23,985
STD SERVICES	0	0	0	0	0
CONSTRUCTION/RENOVATION	0	0	0	0	0
WIC FOOD	0	0	0	829,831	829,831
ADAP	0	0	0	0	0
DENTAL SERVICES	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	942,397	942,397
9. DIRECT COUNTY CONTRIBUTIONS - COUNTY					
008030 GRANTS-COUNTY TAX DIRECT	0	1,445,771	1,445,771	0	1,445,771
008034 GRANTS CNTY COMMSN OTHER	0	0	0	0	0

ATTACHMENT II

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

October 1, 2006 to September 30, 2007

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (Cash)	Other Contribution	Total
BOARD OF COUNTY COMMISSIONERS TOTAL	0	1,445,771	1,445,771	0	1,445,771
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	1,400	1,400	0	1,400
001077 PERSONAL HEALTH FEES	0	50,726	50,726	0	50,726
001077 AIDS CO-PAYS	0	0	0	0	0
001094 LOCAL ORDINANCE FEES	0	71,445	71,445	0	71,445
001094 ADULT ENTER. PERMIT FEES	0	0	0	0	0
001114 NEW BIRTH CERTIFICATES	0	9,400	9,400	0	9,400
001115 DEATH CERTIFICATES	0	15,370	15,370	0	15,370
001117 VITAL STATS-ADM. FEE 50 CENTS	0	482	482	0	482
FEES AUTHORIZED BY COUNTY TOTAL	0	148,823	148,823	0	148,823
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001009 RETURNED CHECK ITEM	0	0	0	0	0
001029 THIRD PARTY REIMBURSEMENT	0	29,916	29,916	0	29,916
001029 HEALTH MAINTENANCE ORGAN. (HMO)	0	0	0	0	0
001054 MEDICARE PART D	0	0	0	0	0
001077 RYAN WHITE TITLE II	0	0	0	0	0
001090 MEDICARE PART B	0	52,362	52,362	0	52,362
005040 INTEREST EARNED	0	0	0	0	0
005041 INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	13,720	13,720	0	13,720
007010 U.S. GRANTS DIRECT	0	55,354	55,354	0	55,354
010300 SALE OF GOODS AND SERVICES TO STATE AGENCIES	0	640	640	0	640
010301 EXP WITNESS FEE CONSULTNT CHARGES	0	0	0	0	0
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 GRANT-DIRECT-HEALTHY FAMILIES	0	472,707	472,707	0	472,707
011000 GRANT-DIRECT-BREAST CANCER FOUNDATION	0	22,589	22,589	0	22,589
011000 GRANT-DIRECT-SCHOOL BOARD	0	86,801	86,801	0	86,801
011000 GRANT-DIRECT-HALFWAY HOUSE	0	1,200	1,200	0	1,200
011000 GRANT-DIRECT-ST VINCENTS MHOM	0	30,516	30,516	0	30,516
011000 GRANT-DIRECT-HEAD START	0	2,400	2,400	0	2,400
011000 GRANT-DIRECT-JFCS	0	27,206	27,206	0	27,206
011000 GRANT-DIRECT	0	0	0	0	0
011001 HEALTHY START COALITION CONTRIBUTIONS	0	215,929	215,929	0	215,929
011007 CASH DONATIONS PRIVATE	0	70	70	0	70
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
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	1,011,410	1,011,410	0	1,011,410
12. ALLOCABLE REVENUE - COUNTY					
018000 REFUNDS	0	6,388	6,388	0	6,388
037000 PRIOR YEAR WARRANT	0	0	0	0	0

ATTACHMENT II

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

October 1, 2006 to September 30, 2007

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contributions	Total
12. ALLOCABLE REVENUE - COUNTY					
038000 12 MONTH OLD WARRANT	0	0	0	0	0
COUNTY ALLOCABLE REVENUE TOTAL	0	6,388	6,388	0	6,388
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	444,262	444,262
BUILDING MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
UTILITIES	0	0	0	0	0
GROUNDS MAINTENANCE	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
BUILDINGS TOTAL	0	0	0	444,262	444,262
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
EQUIPMENT/VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	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	2,661,365	2,889,714	5,551,079	1,386,659	6,937,738

A. COMMUNICABLE DISEASE CONTROL:

IMMUNIZATION (101)	1.60	1.867	2.451	28.037	23.728	23.728	28.728	28.452	75.769	104.221
STD (102)	0.40	180	661	9.071	9.253	9.253	9.253	10.053	26.777	36.830
A.I.D.S. (103)	1.40	68	312	22.461	23.075	23.075	23.075	25.029	66.657	91.686
TB CONTROL SERVICES (104)	0.60	36	241	13.696	13.957	13.957	13.957	15.166	40.401	55.567
COMM. DISEASE SURV. (106)	2.00	0	1,321	32.958	33.827	33.827	33.827	44,410	90.029	134.439
HEPATITIS PREVENTION (109)	0.01	15	28	121	124	124	124	241	252	493
PUBLIC HEALTH PREP AND RESP (116)	3.00	0	108	61.578	63.275	63.275	63.275	213.691	37.712	251.403
VITAL STATISTICS (180)	0.40	0	0	6.654	6.823	6.823	6.823	0	27.123	27.123

COMMUNICABLE DISEASE SUBTOTAL

9.41	2.166	5.122	174.576	174.062	174.062	179.062	337.042	364.720	701.762
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B. PRIMARY CARE:

CHRONIC DISEASE SERVICES (210)	1.60	727	117	20.901	21.378	21.378	21.378	41,497	43.538	85.035
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	4,516	24,500	123.353	126.753	126.753	126.753	444,150	59,462	503.612
FAMILY PLANNING (223)	7.60	1,540	6,699	124,444	127.877	127.877	127.877	222,995	285.080	508.075
IMPROVED PREGNANCY OUTCOME (225)	0.20	40	75	1,200	1,206	1,206	1,206	2,351	2,467	4,818
HEALTHY START PRENATAL (227)	4.50	709	10,340	60,543	62,210	62,210	62,210	87,241	159,932	247.173
COMPREHENSIVE CHILD HEALTH (229)	13.00	109	7,531	152,035	156,596	156,596	156,596	149,116	472,707	621.823
HEALTHY START INFANT (231)	2.00	303	2,045	26,829	27,514	27,514	27,514	53,376	55,995	109.371
SCHOOL HEALTH (234)	3.00	0	82,009	82,003	84,313	84,313	84,313	163,451	171,491	334.942
COMPREHENSIVE ADULT HEALTH (237)	17.50	1,348	7,479	298,341	307,291	307,291	316,239	489,653	739,509	1,229.162
DENTAL HEALTH (240)	5.20	2,073	9,980	145,766	118,939	118,939	118,939	245,260	257,323	502.583

PRIMARY CARE SUBTOTAL

63.60	11,365	150,775	1,035,415	1,034,077	1,034,077	1,043,025	1,899,090	2,247,504	4,146,594
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C. ENVIRONMENTAL HEALTH:**Water and Onsite Sewage Programs**

PRIVATE WATER SYSTEM (359)	0.00	0	0	0	0	0	0	0	0	0
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
INDIVIDUAL SEWAGE DISP. (361)	5.00	1,140	3,988	84,276	86,655	86,655	88,195	227,059	118,722	345.781
COASTAL BEACH MONITORING (347)	0.20	257	276	10,692	10,953	10,953	10,953	21,253	22,298	43.551
LIMITED USE PUBLIC WATER SYSTEMS (357)	1.00	93	467	10,596	10,914	10,914	10,914	21,149	22,189	43.338

Group Total

6.20	1,490	4,731	105,564	108,522	108,522	110,062	269,461	163,209	432,670
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Facility Programs

SWIMMING POOLS/BATHING (360)	0.40	123	253	5,236	5,393	5,393	5,393	10,451	10,964	21.415
BIOMEDICAL WASTE SERVICES (364)	0.20	69	69	3,100	3,163	3,163	3,163	6,143	6,446	12.589
TANNING FACILITY SERVICES (369)	0.10	20	39	728	749	749	749	1,452	1,523	2.975
FOOD HYGIENE (348)	0.30	47	193	6,770	6,913	6,913	6,913	13,424	14,085	27.509
BODY ART (349)	0.00	0	0	0	0	0	0	0	0	0
GROUP CARE FACILITY (351)	0.30	96	156	5,937	6,085	6,085	6,085	11,805	12,387	24.192
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	24	47	4,177	4,272	4,272	4,272	8,292	8,701	16.993

C. ENVIRONMENTAL HEALTH:

Group Total	1.50	379	757	25,948	26,575	26,575	26,575	51,567	54,106	105,673
Groundwater Contamination										
STORAGE TANK COMPLIANCE (355)	1.20	92	173	23,057	23,749	23,749	23,749	70,752	23,552	94,304
SUPER ACT SERVICE (356)	0.50	111	293	10,610	10,868	10,868	10,868	21,088	22,126	43,214
Group Total	1.70	203	466	33,667	34,617	34,617	34,617	91,840	45,678	137,518
Community Hygiene										
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)	0.10	4	11	193	199	199	199	0	790	790
RABIES SURVEILLANCE/CONTROL SERVICES (366)	0.10	0	0	179	185	185	185	0	734	734
ARBOVIRUS SURVEILLANCE (367)	0.40	0	667	10,745	10,904	0	0	10,565	11,084	21,649
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)	0.10	0	11	902	929	929	929	1,800	1,889	3,689
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
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
Group Total	0.70	4	689	12,019	12,217	1,313	1,313	12,365	14,497	26,862
ENVIRONMENTAL HEALTH SUBTOTAL	10.10	2,076	6,643	177,198	181,931	171,027	172,567	425,233	277,490	702,723
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	83.11	15,607	162,540	1,387,189	1,390,070	1,379,166	1,394,654	2,661,365	2,889,714	5,551,079

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 County BOCC
Environmental Health Division	1015 South 14 th Street Fernandina Beach, FL	Nassau County BOCC
Fernandina Beach Clinic	1620 Nectarine Street Fernandina Beach, FL	Nassau County BOCC
Five Points (Future home of Environmental Health & Epidemiology)	2290/2292 State Road 200A Fernandina Beach, FL	Nassau County BOCC
Yulee Clinic	86014 Page's Dairy Road Yulee, FL	Nassau County 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 County BOCC
Hilliard Clinic	37203 Pecan Street Hilliard, FL	Nassau County 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>
2004-2005	\$ _____	\$ _____	\$ _____ -
2005-2006	\$ _____	\$ _____	\$ _____ -
2006-2007	\$ <u>55,000</u>	<u>56,000</u>	\$ <u>111,000</u>
2007-2008	\$ _____	\$ _____	\$ _____ -
2008-2009	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ <u><u>55,000</u></u>	\$ <u><u>56,000</u></u>	\$ <u><u>111,000</u></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
 RENOVATION 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): 09/01/06

COMPLETION DATE: 12/31/06

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>
2004-2005	\$ _____	\$ _____	\$ _____ -
2005-2006	\$ _____ 750	\$ _____ 750	\$ _____ 1,500
2006-2007	\$ _____ 193,250	_____ 193,250	\$ _____ 386,500
2007-2008	\$ _____	_____	\$ _____ -
2008-2009	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ _____ 194,000	\$ _____ 194,000	\$ _____ 388,000

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT TITLE: Five Points (Environmental Health/Epidemiology) - Renovation

LOCATION: 2290/2292 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)*: 09/01/06

COMPLETION DATE: 04/30/07

DESIGN FEES: \$ 5,000

CONSTRUCTION COSTS: \$ 329,000

FURNITURE/EQUIPMENT \$ 54,000

TOTAL PROJECT COST: \$ 388,000

COST PER SQ FOOT: \$ 83.50

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>
2004-2005	\$ _____	\$ _____	\$ _____ -
2005-2006	\$ _____ 500	\$ _____ 500	\$ _____ 1,000
2006-2007	\$ _____ 12,000	\$ _____ 12,000	\$ _____ 24,000
2007-2008	\$ _____	_____	\$ _____ -
2008-2009	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ _____ 12,500	\$ _____ 12,500	\$ _____ 25,000

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.*
 Dental operatory

ESTIMATED PROJECT INFORMATION:

START DATE (initial expenditure of funds): 09/01/06

COMPLETION DATE: 12/31/06

DESIGN FEES: \$ 1,000

CONSTRUCTION COSTS: \$ 2,000

FURNITURE/EQUIPMENT \$ 22,000

TOTAL PROJECT COST: \$ 25,000

COST PER SQ FOOT: \$ 25.00

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	\$ _____	_____	\$ _____ -
2005-2006	\$ <u>13,500</u>	\$ <u>14,500</u>	\$ <u>28,000</u>
2006-2007	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ <u>13,500</u>	\$ <u>14,500</u>	\$ <u>28,000</u>

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>
2004-2005	\$ _____	\$ _____	\$ _____ -
2005-2006	\$ <u>6,500</u>	\$ <u>6,500</u>	\$ <u>13,000</u>
2006-2007	\$ <u>136,000</u>	<u>136,000</u>	\$ <u>272,000</u>
2007-2008	\$ _____	_____	\$ _____ -
2008-2009	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ <u><u>142,500</u></u>	\$ <u><u>142,500</u></u>	\$ <u><u>285,000</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.*
Paint interior walls, enclose courtyard to expand records room

ESTIMATED PROJECT INFORMATION:

START DATE (initial expenditure of funds): 08/25/06

COMPLETION DATE: 04/30/06

DESIGN FEES: \$ 21,000

CONSTRUCTION COSTS: \$ 264,000

FURNITURE/EQUIPMENT \$ _____

TOTAL PROJECT COST: \$ 285,000

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
NASSAU COUNTY HEALTH DEPARTMENT
PRIMARY CARE

“Primary Care” as conceptualized for the county health departments and for the use of categorical Primary Care funds (revenue object code 015040) 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 (015040) 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