

**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 2009-2010**

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, 2009.

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, 2009, through September 30, 2010, 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, and 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 \$ 1,180,710.00 *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 \$ 1,223,735.00 (*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 Health Management System 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 April 2005, 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, 2010 for the report period October 1, 2009 through December 31, 2009;
- ii. June 1, 2010 for the report period October 1, 2009 through March 31, 2010;
- iii. September 1, 2010 for the report period October 1, 2009 through June 30, 2010; and
- iv. December 1, 2010 for the report period October 1, 2009 through September 30, 2010.

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, 2009, 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:

Michael J. Beard
Name

Edward Sealover
Name

Administrative Services Director
Title

County Coordinator
Title

P.O. Box 517

96160 Nassau Place

Fernandina Beach, FL 32035
Address

Yulee, FL 32097
Address

(904) 548-1800 X5233
Telephone

(904) 491-7380
Telephone

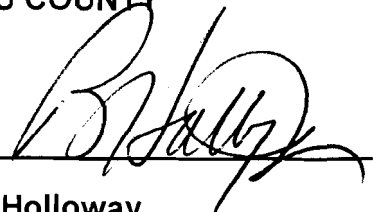
If different contract managers are designated after execution of this Agreement, the name, address and telephone number of the new representative shall be furnished in writing to the other parties and attached to originals of this Agreement.

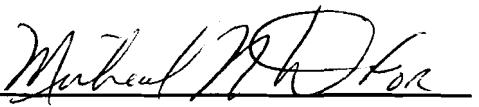
c. Captions. The captions and headings contained in this Agreement are for the convenience of the parties only and do not in any way modify, amplify, or give additional notice of the provisions hereof.

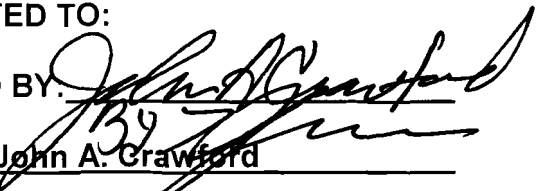
In WITNESS THEREOF, the parties hereto have caused this 24 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2009.

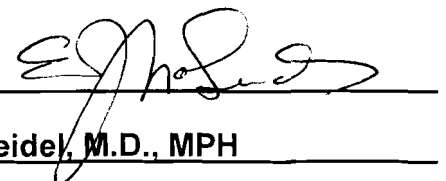
**BOARD OF COUNTY COMMISSIONERS
FOR NASSAU COUNTY**

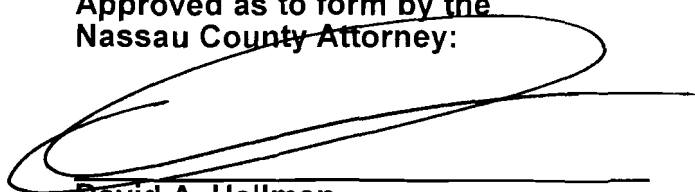
**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: 
NAME: Barry Holloway
TITLE: Chair
DATE: 9-28-09

SIGNED BY: 
NAME: Ana M. Viamonte Ros, M.D., M.P.H.
TITLE: State Surgeon General
DATE: 10/13/09

ATTESTED TO:
SIGNED BY: 
NAME: John A. Crawford
TITLE: Ex-Officio Clerk
DATE: 10/2/09
EMK 10/1/09

SIGNED BY: 
NAME: E. J. Seidel, M.D., MPH
TITLE: CHD Director/Administrator
DATE: 8/25/09

Approved as to form by the
Nassau County Attorney:

David A. Hallman

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 2007 Healthy Start Standards and Guidelines and as specified by the Healthy 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 Healthy Communities, Healthy People Guidebook.
8.	Environmental Health	Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
9.	HIV/AIDS Program	Requirements as specified in F.S. 384.25 and 64D-3.016 and 3 017 F.A.C. and the CHD Guidebook. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form 50.42A and Pediatric HIV/AIDS Confidential Case Report CDC Form 50.42B. Socio-demographic data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628

ATTACHMENT I (Continued)

or Post-Test Counseling DH Form 1628C. These reports are to be sent to the Headquarters HIV/AIDS office within 5 days of the initial post-test counseling appointment or within 90 days of the missed post-test counseling appointment.

10. School Health Services

Requirements as specified in the Florida School Health Administrative Guidelines (April 2007).

*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 09/30/09	Estimated County Share of CHD Trust Fund Balance as of 09/30/09	Total
1. CHD Trust Fund Ending Balance 09/30/09	148,885	361,885	510,770
2. Drawdown for Contract Year October 1, 2009 to September 30, 2010	0	0	0
3. Special Capital Project use for Contract Year October 1, 2009 to September 30, 2010			0
4. Balance Reserved for Contingency Fund October 1, 2009 to September 30, 2010	148,885	361,885	510,770

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, 2009 to September 30, 2010

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENERAL REVENUE - STATE						
015040	ALG/CONTR TO CHDS-MCH HEALTH - FIELD STAFF COST	0	0	0	0	0
015040	ALG/CONTRIBUTION TO CHDS-PRIMARY CARE	6,240	0	6,240	0	6,240
015040	ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040	ALG/SCHOOL HEALTH/SUPPLEMENTAL	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	COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0	0
015040	DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0	0
015040	FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0	0
015040	HEALTHY BEACHES MONITORING	18,747	0	18,747	0	18,747
015040	HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0	0
015040	MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015040	MINORITY OUTREACH-PENALVER CLINIC-DADE	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	ALG/CONTR TO CHDS-DENTAL PROGRAM	0	0	0	0	0
015040	ALG/CONTR TO CHDS-IMMUNIZATION OUTREACH TEAMS	2,566	0	2,566	0	2,566
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-INDOOR AIR ASSIST PROG	0	0	0	0	0
015040	ALG/CONTR TO CHDS-MIGRANT LABOR CAMP SANITATION	0	0	0	0	0
015040	ALG/FAMILY PLANNING	34,292	0	34,292	0	34,292
015040	ALG/CONTR TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040	VARICELLA IMMUNIZATION REQUIREMENT	1,727	0	1,727	0	1,727
015040	STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0	0
015040	PRIMARY CARE SPECIAL DENTAL PROJECTS	0	0	0	0	0
015040	METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0	0
015040	LA LIGA CONTRA EL CANCER	0	0	0	0	0
015040	HEALTHY START MED WAIVER - SOBRA	0	0	0	0	0
015040	FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040	ENHANCED DENTAL SERVICES	19,802	0	19,802	0	19,802
015040	DENTAL SPECIAL INITIATIVE PROJECTS	0	0	0	0	0
015040	COMMUNITY TB PROGRAM	19,406	0	19,406	0	19,406
015040	COMMUNITY ENVIRONMENTAL HEALTH ADVISORY BOARD	0	0	0	0	0
015040	CATE - ESCAMBIA	0	0	0	0	0
015040	ALG/PRIMARY CARE	111,855	0	111,855	0	111,855
015040	ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015050	ALG/CONTR TO CHDS	966,075	0	966,075	0	966,075
GENERAL REVENUE TOTAL		1,180,710	0	1,180,710	0	1,180,710
2. NON GENERAL REVENUE - STATE						
015010	IMMUNIZATION SPECIAL PROJECT	2,138	0	2,138	0	2,138
015010	PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010	SUPPLEMENTAL/COMPREHENSIVE SCHOOL HEALTH - TOB TF	0	0	0	0	0
015010	ALG/CONTR TO CHDS-REBASING TOBACCO TF	13,271	0	13,271	0	13,271
015010	ALG/CONTR TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	909	0	909	0	909
015010	ALG/CONTR TO CHDS-SAFE DRINKING WATER PRG/DEP ADM	0	0	0	0	0
015010	BASIC SCHOOL HEALTH - TOBACCO TF	71,141	0	71,141	0	71,141

ATTACHMENT II.

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

October 1, 2009 to September 30, 2010

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
2. NON GENERAL REVENUE - STATE						
015010	CHD PROGRAM SUPPORT	0	0	0	0	0
015010	ENVIRONMENTAL HEALTH PACE PROJECTS	0	0	0	0	0
015010	FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0	0
015010	FULL SERVICE SCHOOLS - TOBACCO TF	63,977	0	63,977	0	63,977
015018	Summer Food Program		0		0	
015020	ALG/CONTR TO CHDS-BIOMEDICAL WASTE/DEP ADM TF	0	0	0	0	0
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		151,436	0	151,436	0	151,436
3. FEDERAL FUNDS - State						
007000	CHILDHOOD LEAD POISONING PREVENTION	0	0	0	0	0
007000	DIABETES PREVENTION & CONTROL PROGRAM	0	0	0	0	0
007000	FAMILY PLANNING EXPANSION FUNDS 2008-09	0	0	0	0	0
007000	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0	0
007000	FGTF/FAMILY PLANNING-TITLE X	54,441	0	54,441	0	54,441
007000	FGTF/WIC ADMINISTRATION	597,985	0	597,985	0	597,985
007000	HEALTHY PEOPLE HEALTHY COMMUNITIES	14,366	0	14,366	0	14,366
007000	IMMUNIZATION FIELD STAFF EXPENSE	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	PHP - CITIES READINESS INITIATIVE	0	0	0	0	0
007000	RAPE PREVENTION & EDUCATION GRANT	0	0	0	0	0
007000	RYAN WHITE	0	0	0	0	0
007000	BIOTERRORISM PLANNING & READINESS	10,655	0	10,655	0	10,655
007000	AFRICAN AMERICAN TESTING INITIATIVE (AATI)	0	0	0	0	0
007000	AIDS SURVEILLANCE	0	0	0	0	0
007000	RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	15,000	0	15,000	0	15,000
007000	STD FEDERAL GRANT - CSPS	0	0	0	0	0
007000	STD PROGRAM - PHYSICIANS TRAINING CENTER	0	0	0	0	0
007000	STD PROGRAM-INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000	TITLE X HIV/AIDS PROJECT	0	0	0	0	0
007000	WIC BREASTFEEDING PEER COUNSELING	17,000	0	17,000	0	17,000
007000	TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0
007000	SYPHILIS ELIMINATION	0	0	0	0	0
007000	STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000	STD PROGRAM - PHYSICIAN TRAINING CENTER	0	0	0	0	0
007000	RYAN WHITE-CONSORTIA	0	0	0	0	0
007000	BIOTERRORISM HOSPITAL PREPAREDNESS	0	0	0	0	0
007000	AIDS PREVENTION	0	0	0	0	0
007000	BIOTERRORISM SURVEILLANCE & EPIDEMIOLOGY	4,550	0	4,550	0	4,550
007000	COASTAL BEACH MONITORING PROGRAM	17,578	0	17,578	0	17,578
007000	FGTF/IMMUNIZATION ACTION PLAN	4,884	0	4,884	0	4,884
007000	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0	0
007000	FGTF/AIDS MORBIDITY	0	0	0	0	0
007000	ENVIRONMENTAL & HEALTH EFFECT TRACKING	0	0	0	0	0
007000	RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000	RISK COMMUNICATIONS	0	0	0	0	0

ATTACHMENT II.

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

October 1, 2009 to September 30, 2010

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
3. FEDERAL FUNDS - State						
007000	PUBLIC HEALTH PREPAREDNESS BAST.	82,002	0	82,002	0	82,002
007000	MCH BGTF-HEALTHY START IPO	0	0	0	0	0
007000	IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007000	IMMUNIZATION SUPPLEMENTAL	0	0	0	0	0
007000	HIV INCIDENCE SURVEILLANCE	0	0	0	0	0
007000	HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0	0
015075	SCHOOL HEALTH/SUPPLEMENTAL	0	0	0	0	0
FEDERAL FUNDS TOTAL		818,461	0	818,461	0	818,461
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE						
001020	TANNING FACILITIES	5,065	0	5,065	0	5,065
001020	BODY PIERCING	270	0	270	0	270
001020	MIGRANT HOUSING PERMIT	0	0	0	0	0
001020	MOBILE HOME AND PARKS	1,404	0	1,404	0	1,404
001020	FOOD HYGIENE PERMIT	10,274	0	10,274	0	10,274
001020	BIOHAZARD WASTE PERMIT	5,060	0	5,060	0	5,060
001020	PRIVATE WATER CONSTR PERMIT	8,892	0	8,892	0	8,892
001020	PUBLIC WATER ANNUAL OPER PERMIT	0	0	0	0	0
001020	PUBLIC WATER CONSTR PERMIT	0	0	0	0	0
001020	NON-SDWA SYSTEM PERMIT	0	0	0	0	0
001020	SAFE DRINKING WATER	0	0	0	0	0
001020	SWIMMING POOLS	25,755	0	25,755	0	25,755
001092	OSDS PERMIT FEE	0	0	0	0	0
001092	I & M ZONED OPERATING PERMIT	0	0	0	0	0
001092	AEROBIC OPERATING PERMIT	0	0	0	0	0
001092	SEPTIC TANK SITE EVALUATION	0	0	0	0	0
001092	NON SDWA LAB SAMPLE	0	0	0	0	0
001092	OSDS VARIANCE FEE	0	0	0	0	0
001092	ENVIRONMENTAL HEALTH FEES	135,473	0	135,473	0	135,473
001092	OSDS REPAIR PERMIT	0	0	0	0	0
001170	LAB FEE CHEMICAL ANALYSIS	0	0	0	0	0
001170	WATER ANALYSIS-POTABLE	0	0	0	0	0
001170	NONPOTABLE WATER ANALYSIS	0	0	0	0	0
010304	MQA INSPECTION FEE	0	0	0	0	0
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL		192,193	0	192,193	0	192,193
5. OTHER CASH CONTRIBUTIONS - STATE						
010304	STATIONARY POLLUTANT STORAGE TANKS	70,179	0	70,179	0	70,179
090001	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
OTHER CASH CONTRIBUTIONS TOTAL		70,179	0	70,179	0	70,179
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

ATTACHMENT II.

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

October 1, 2009 to September 30, 2010

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
6. MEDICAID - STATE/COUNTY					
001079	MEDICAID CASE MANAGEMENT	0	0	0	0
001080	MEDICAID OTHER			0	
001081	MEDICAID CHILD HEALTH CHECK UP	0	0	0	0
001082	MEDICAID DENTAL	121,965	254,937	376,902	376,902
001083	MEDICAID FAMILY PLANNING	5,210	46,890	52,100	52,100
001087	MEDICAID STD	0	0	0	0
001089	MEDICAID AIDS	0	0	0	0
001147	MEDICAID HMO RATE	0	0	0	0
001191	MEDICAID MATERNITY	0	0	0	0
001192	MEDICAID COMPREHENSIVE CHILD	6,796	14,204	21,000	21,000
001193	MEDICAID COMPREHENSIVE ADULT	25,888	54,112	80,000	80,000
001194	MEDICAID LABORATORY	0	0	0	0
001208	MEDIPASS \$3.00 ADM FEE	600	600	1,200	1,200
001059	Medicaid Low Income Pool	0	0	0	0
001051	Emergency Medicaid	0	0	0	0
001058	Medicaid - Behavioral Health	0	0	0	0
001071	Medicaid - Orthopedic	0	0	0	0
001072	Medicaid - Dermatology	0	0	0	0
001075	Medicaid - School Health Certified Match	0	0	0	0
001069	Medicaid - Refugee Health	0	0	0	0
001055	Medicaid - Hospital	0	0	0	0
MEDICAID TOTAL	160,459	370,743	531,202	0	531,202
7. ALLOCABLE REVENUE - STATE					
018000	REFUNDS	4,600	0	4,600	4,600
037000	PRIOR YEAR WARRANT	0	0	0	0
038000	12 MONTH OLD WARRANT	50	0	50	50
ALLOCABLE REVENUE TOTAL	4,650	0	4,650	0	4,650
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
	PHARMACY SERVICES	0	0	47,460	47,460
	LABORATORY SERVICES	0	0	32,472	32,472
	TB SERVICES	0	0	0	0
	IMMUNIZATION SERVICES	0	0	63,397	63,397
	STD SERVICES	0	0	0	0
	CONSTRUCTION/RENOVATION	0	0	0	0
	WIC FOOD	0	0	1,328,923	1,328,923
	ADAP	0	0	75,071	75,071
	DENTAL SERVICES	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0
	OTHER (SPECIFY)	0	0	0	0
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	1,547,323	1,547,323
9. DIRECT COUNTY CONTRIBUTIONS - COUNTY					
008030	BCC Contribution from Health Care Tax	0	0	0	0
008034	BCC Contribution from General Fund	0	1,223,735	1,223,735	1,223,735

ATTACHMENT II.

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

October 1, 2009 to September 30, 2010

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
DIRECT COUNTY CONTRIBUTION TOTAL	0	1,223,735	1,223,735	0	1,223,735
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001060 CHD SUPPORT POSITION	0	0	0	0	0
001077 RABIES VACCINE	0	0	0	0	0
001077 CHILD CAR SEAT PROG	0	0	0	0	0
001077 PERSONAL HEALTH FEES	0	36,510	36,510	0	36,510
001077 AIDS CO-PAYS	0	0	0	0	0
001094 ADULT ENTER. PERMIT FEES	0	0	0	0	0
001094 LOCAL ORDINANCE FEES	0	18,780	18,780	0	18,780
001114 NEW BIRTH CERTIFICATES	0	12,500	12,500	0	12,500
001115 DEATH CERTIFICATES	0	15,250	15,250	0	15,250
001117 VITAL STATS-ADM FEE 50 CENTS	0	750	750	0	750
001073 Co-Pay for the AIDS Care Program	0	0	0	0	0
001025 Client Revenue from GRC	0	0	0	0	0
FEES AUTHORIZED BY COUNTY TOTAL	0	83,790	83,790	0	83,790
II. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001009 RETURNED CHECK ITEM	0	0	0	0	0
001029 THIRD PARTY REIMBURSEMENT	0	88,700	88,700	0	88,700
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	28,000	28,000	0	28,000
001190 Health Maintenance Organization	0	0	0	0	0
005040 INTEREST EARNED	0	0	0	0	0
005041 INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	8,888	8,888	0	8,888
007010 U.S. GRANTS DIRECT	0	0	0	0	0
008010 Contribution from City Government	0	0	0	0	0
008020 Contribution from Health Care Tax not thru BCC	0	0	0	0	0
008050 School Board Contribution	0	101,957	101,957	0	101,957
008060 Special Project Contribution	0	0	0	0	0
010300 SALE OF GOODS AND SERVICES TO STATE AGENCIES	0	0	0	0	0
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
011000 GRANT DIRECT-NOVA UNIVERSITY CHD TRAINING	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011001 HEALTHY START COALITION CONTRIBUTIONS	0	192,671	192,671	0	192,671
011007 CASH DONATIONS PRIVATE	0	0	0	0	0
012020 FINES AND FORFEITURES	0	3,000	3,000	0	3,000
012021 RETURN CHECK CHARGE	0	20	20	0	20
028020 INSURANCE RECOVERIES-OTHER	0	0	0	0	0
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
011000 GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SERVICES	0	0	0	0	0
011000 DIRECT-ARROW	0	0	0	0	0
011000 GRANT-DIRECT	0	679,878	679,878	0	679,878
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0

ATTACHMENT II.

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

October 1, 2009 to September 30, 2010

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT DIRECT-ARROW	0	0	0	0	0
011000 GRANT DIRECT-QUANTUM DENTAL	0	0	0	0	0
011000 GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0	0
010402 Recycled Material Sales	0	0	0	0	0
010303 FDLE Fingerprinting	0	0	0	0	0
007050 ARRA Federal Grants Direct to CHD	0	0	0	0	0
001010 Recovery of Bad Checks	0	0	0	0	0
008065 FCO Contribution	0	0	0	0	0
011006 Restricted Cash Donation	0	0	0	0	0
028000 Insurance Recoveries	0	0	0	0	0
001033 CMS Management Fee - PMPMPC	0	0	0	0	0
010400 Sale of Goods Outside State Government	0	0	0	0	0
001069 Medicaid - Refugee Health	0	0	0	0	0
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	1,103,114	1,103,114	0	1,103,114
12. ALLOCABLE REVENUE - COUNTY					
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
COUNTY ALLOCABLE REVENUE TOTAL	0	0	0	0	0
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	332,260	332,260
GROUNDS MAINTENANCE	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
INSURANCE	0	0	0	18,690	18,690
UTILITIES	0	0	0	0	0
OTHER (SPECIFY)	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	63,682	63,682
BUILDINGS TOTAL	0	0	0	414,632	414,632
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	2,578,088	2,781,382	5,359,470	1,961,955	7,321,425

**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, 2009 to September 30, 2010

	FTE's (0.00)	Clients		Quarterly Expenditure Plan				State	County	Grand Total
		Units	Services	1st	2nd (Whole dollars only)	3rd	4th			
A. COMMUNICABLE DISEASE CONTROL:										
VITAL STATISTICS (180)	0.57	0	0	8,063	7,443	8,063	7,443	0	31,012	31,012
IMMUNIZATION (101)	1.01	925	1,689	18,531	17,105	18,531	17,105	34,923	36,349	71,272
STD (102)	1.05	457	1,847	18,410	16,994	18,410	16,994	34,696	36,112	70,808
AIDS (103)	1.07	43	187	20,718	19,124	20,718	19,124	39,045	40,639	79,684
TB CONTROL SERVICES (104)	0.42	80	591	8,983	8,292	8,983	8,292	16,930	17,620	34,550
COMM DISEASE SURV. (106)	3.34	0	1,443	54,242	50,069	54,242	50,069	102,225	106,397	208,622
HEPATITIS PREVENTION (109)	0.01	39	60	118	109	118	109	223	231	454
PUBLIC HEALTH PREP AND RESP (116)	1.60	0	28	34,462	31,811	34,462	31,811	64,947	67,599	132,546
COMMUNICABLE DISEASE SUBTOTAL	9.05	1,544	5,845	163,527	150,947	163,527	150,947	292,989	335,959	628,948
B. PRIMARY CARE:										
CHRONIC DISEASE SERVICES (210)	0.54	636	176	11,527	10,640	11,527	10,640	21,723	22,611	44,334
TOBACCO PREVENTION (212)	2.74	0	250	49,248	61,198	0	0	110,446	0	110,446
HOME HEALTH (215)	0.00	0	0	0	0	0	0	0	0	0
WIC (221)	8.52	2,463	29,839	128,188	118,328	128,188	118,328	493,032	0	493,032
FAMILY PLANNING (223)	9.04	1,383	12,960	142,254	131,311	142,254	131,311	268,093	279,037	547,130
IMPROVED PREGNANCY OUTCOME (225)	0.01	160	161	30	28	30	28	57	59	116
HEALTHY START PRENATAL (227)	3.63	575	8,852	48,434	52,093	56,434	52,093	102,437	106,617	209,054
COMPREHENSIVE CHILD HEALTH (229)	9.47	131	7,182	138,814	128,136	138,814	128,136	261,611	272,289	533,900
HEALTHY START INFANT (231)	1.39	247	2,781	19,420	17,926	19,420	17,926	36,599	38,093	74,692
SCHOOL HEALTH (234)	3.38	0	121,219	78,606	72,559	78,606	72,559	148,142	154,188	302,330
COMPREHENSIVE ADULT HEALTH (237)	20.97	1,243	8,108	326,747	310,844	336,747	296,031	311,181	959,188	1,270,369
DENTAL HEALTH (240)	6.92	2,221	15,075	141,999	131,076	141,999	131,076	267,613	278,537	546,150
Healthy Start Interconception Woman (232)	0.00	0	0	0	0	0	0	0	0	0
PRIMARY CARE SUBTOTAL	66.61	9,079	206,603	1,085,267	1,034,139	1,054,019	958,128	2,020,934	2,110,619	4,131,553
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COASTAL BEACH MONITORING (347)	0.29	485	485	11,520	10,634	11,520	10,634	21,711	22,597	44,308
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.98	76	513	17,886	16,510	17,886	16,510	33,709	35,083	68,792
PUBLIC WATER SYSTEM (358)	0.00	0	0	0	0	0	0	0	0	0
PRIVATE WATER SYSTEM (359)	0.10	0	84	647	597	647	597	1,219	1,269	2,488
INDIVIDUAL SEWAGE DISP. (361)	3.15	327	1,980	59,297	54,736	59,297	54,736	111,752	116,314	228,066
Group Total	4.52	888	3,062	89,350	82,477	89,350	82,477	168,391	175,263	343,654
Facility Programs										
FOOD HYGIENE (348)	0.40	41	175	7,656	7,067	7,656	7,067	14,428	15,018	29,446
BODY ART (349)	0.01	0	4	94	87	94	87	177	185	362
GROUP CARE FACILITY (351)	0.31	75	115	6,128	5,656	6,128	5,656	11,548	12,020	23,568
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)	0.29	27	80	4,462	4,118	4,462	4,118	8,409	8,751	17,160
SWIMMING POOLS BATHING (360)	0.55	92	344	9,144	8,441	9,144	8,441	17,234	17,936	35,170
BIOMEDICAL WASTE SERVICES (364)	0.27	109	111	4,886	4,510	4,886	4,510	9,208	9,584	18,792

**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, 2009 to September 30, 2010

	FTE's (0.00)	Clients Units	Services	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
C. ENVIRONMENTAL HEALTH:										
Facility Programs										
TANNING FACILITY SERVICES (369)	0.11	20	41	1,726	1,593	1,726	1,593	3,253	3,385	6,638
Group Total	1.94	364	870	34,096	31,472	34,096	31,472	64,257	66,879	131,136
Groundwater Contamination										
STORAGE TANK COMPLIANCE (355)	1.36	83	185	23,916	22,077	23,916	22,077	45,073	46,913	91,986
SUPER ACT SERVICE (356)	0.22	88	129	4,374	4,038	4,374	4,038	8,244	8,580	16,824
Group Total	1.58	171	314	28,290	26,115	28,290	26,115	53,317	55,493	108,810
Community Hygiene										
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)	0.06	0	56	1,119	1,033	1,119	1,033	2,109	2,195	4,304
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)	0.09	3	8	1,725	1,592	1,725	1,592	0	6,634	6,634
RABIES SURVEILLANCE/CONTROL SERVICES (366)	0.00	0	0	0	0	0	0	0	0	0
ARBOVIRUS SURVEILLANCE (367)	0.20	0	100	4,431	0	0	0	0	4,431	4,431
RODENT/ARTHROPOD CONTROL (368)	0.00	0	0	0	0	0	0	0	0	0
WATER POLLUTION (370)	0.00	0	0	0	0	0	0	0	0	0
AIR POLLUTION (371)	0.00	0	0	0	0	0	0	0	0	0
Group Total	0.35	3	164	7,275	2,625	2,844	2,625	2,109	13,260	15,369
ENVIRONMENTAL HEALTH SUBTOTAL	8.39	1,426	4,410	159,011	142,689	154,580	142,689	288,074	310,895	598,969
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	84.05	12,049	216,858	1,407,805	1,327,775	1,372,126	1,251,764	2,601,997	2,757,473	5,359,470

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 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	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>
2006-2007	\$ _____	\$ _____	\$ _____ -
2007-2008	\$ _____	\$ _____	\$ _____ -
2008-2009	\$ _____	\$ _____	\$ _____ -
2009-2010	\$ _____	\$ _____	\$ _____ -
2010-2011	\$ _____	\$ _____	\$ _____ -
PROJECT TOTAL	\$ _____ -	\$ _____ -	\$ _____ -

SPECIAL PROJECT CONSTRUCTION/RENOVATION PLAN

PROJECT NAME: _____

LOCATION/ ADDRESS: _____

PROJECT TYPE: NEW BUILDING _____ ROOFING _____
 RENOVATION _____ PLANNING STUDY _____
 NEW ADDITION _____ OTHER _____

SQUARE FOOTAGE: _____

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

NA - No special projects scheduled at this time

ESTIMATED PROJECT INFORMATION:

START DATE *(initial expenditure of funds)*: _____

COMPLETION DATE: _____

DESIGN FEES: \$ _____

CONSTRUCTION COSTS: \$ _____

FURNITURE/EQUIPMENT \$ _____

TOTAL PROJECT COST: \$ _____ -

COST PER SQ FOOT: \$ _____

Special Capital Projects are new construction or renovation projects and new furniture or equipment associated with these projects and mobile health 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? **No.** 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 HMS. **NA**