

**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 2011-2012**

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, 2011.

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, 2011, through September 30, 2012, 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 **\$2,135,563** (*State General Revenue, State Funds, 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 **\$1,011,226** (*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 Health Department
PO Box 517
Fernandina Beach, FL 30235-0517

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, 2012 for the report period October 1, 2011 through December 31, 2011;
- ii. June 1, 2012 for the report period October 1, 2011 through March 31, 2012;
- iii. September 1, 2012 for the report period October 1, 2011 through June 30, 2012; and
- iv. December 1, 2012 for the report period October 1, 2011 through September 30, 2012.

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, 2012, 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

Ted Selby
Name

Administrative Services Director
Title

County Manager
Title

PO Box 517

96135 Nassau Place

Fernandina Beach, FL 32035
Address

Yulee, FL 32097
Address

(904) 548-1800 X5233
Telephone

(904) 491-7380
Telephone

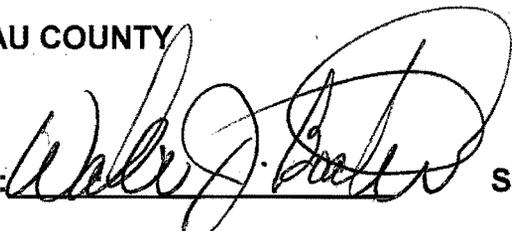
If different contract managers are designated after execution of this Agreement, the name, address and telephone number of the new representative shall be furnished in writing to the other parties and attached to originals of this Agreement.

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.

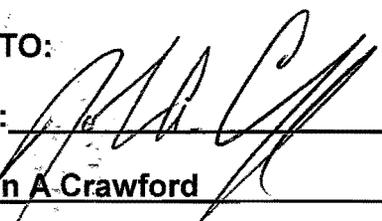
In WITNESS THEREOF, the parties hereto have caused this 24 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2011.

**BOARD OF COUNTY COMMISSIONERS
FOR NASSAU COUNTY**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: 
NAME: Walter J. Boatright
TITLE: Chair
DATE: 10-19-11

SIGNED BY: 
NAME: H. Frank Farmer, Jr., MD, PhD, FACP
TITLE: State Surgeon General
DATE: 11/7/11

ATTESTED TO:
SIGNED BY: 
NAME: John A Crawford
TITLE: Ex-Officio Clerk
DATE: _____

SIGNED BY: 
NAME: Eugenia J. Ngo Seidel, MD, MPH
TITLE: CHD Director/Administrator
DATE: 9/29/11

*ead
10/19/11
At
10/20/11*

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*. Additional reporting requirements, under development, will be required. The additional reporting requirements will be communicated upon finalization.
3. Special Supplemental Nutrition Program for Women, Infants and Children (including the WIC Breastfeeding Peer Counseling Program)	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 as documented in Florida SHOTS, the assessment of various immunization levels as documented in Florida SHOTS and forms reporting adverse events following immunization.
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 DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140. Socio-

ATTACHMENT I (Continued)

demographic data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 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).

11. Tuberculosis

Tuberculosis Program Requirements as specified in FAC 64D-3, F.S. *Specific Authority* 381.0011(13), 381.003(2), 381.0031(6), 384.33, 392.53(2), 392.66 FS Law 381.0011(4), 381.003(1), 381.0031(1), (2), (6), 384.23, 384.25, 385.202, 392.53 FS.381 and Guidebook.

Implemented
383.06,
CHD

12. General Communicable Disease Control

Carry out surveillance for reportable communicable and other acute diseases, detect outbreaks, respond to individual cases of reportable diseases, investigate outbreaks, and carry out communication and quality assurance functions, as specified in the CHD Guide to Surveillance and Investigations.

*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	Estimated County Share of CHD Trust Fund Balance	Total
1. CHD Trust Fund Ending Balance 09/30/11	223,428	349,172	572,600
2. Drawdown for Contract Year October 1, 2011 to September 30, 2012			
3. Special Capital Project use for Contract Year October 1, 2011 to September 30, 2012			
4. Balance Reserved for Contingency Fund October 1, 2011 to September 30, 2012	226,167	353,452	579,619

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

ATTACHMENT II.

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENERAL REVENUE - STATE					
015040 AIDS PREVENTION	0	0	0	0	0
015040 AIDS SURVEILLANCE	0	0	0	0	0
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 PATIENT CARE NETWORK	0	0	0	0	0
015040 ALG/CONTR. TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040 ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040 ALG/PRIMARY CARE	112,960	0	112,960	0	112,960
015040 ALPHA ONE PROGRAM - MIAMI-DADE	0	0	0	0	0
015040 CHILD HEALTH MEDICAL SERVICES	0	0	0	0	0
015040 CLOSING THE GAP PROGRAM	0	0	0	0	0
015040 COMMUNITY SMILES - MIAMI-DADE	0	0	0	0	0
015040 COMMUNITY TB PROGRAM	11,537	0	11,537	0	11,537
015040 COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0	0
015040 DENTAL SPECIAL INITIATIVES	6,541	0	6,541	0	6,541
015040 DUVAL TEEN PREGNANCY PREVENTION	0	0	0	0	0
015040 FAMILY PLANNING GENERAL REVENUE	26,829	0	26,829	0	26,829
015040 FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0	0
015040 FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040 HEALTHY START MED WAIVER - SOBRA	0	0	0	0	0
015040 HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0	0
015040 JESSIE TRICE CANCER CTR/HEALTH CHOICE - MIAMI-DADE	0	0	0	0	0
015040 LA LIGA-LEAGUE AGAINST CANCER - MIAMI-DADE	0	0	0	0	0
015040 MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015040 METRO ORLANDO URBAN LEAGUE TEENAGE PREG PREV	0	0	0	0	0
015040 MIGRANT LABOR CAMP SANITATION	0	0	0	0	0
015040 MINORITY OUTREACH-PENALVER CLINIC - MIAMI-DADE	0	0	0	0	0
015040 SCHOOL HEALTH GENERAL REVENUE	45,160	0	45,160	0	45,160
015040 SPECIAL NEEDS SHELTER PROGRAM	0	0	0	0	0
015040 STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0	0
015040 STD GENERAL REVENUE	0	0	0	0	0
015050 NON-CATEGORICAL GENERAL REVENUE	711,949	0	711,949	0	711,949
GENERAL REVENUE TOTAL	914,976	0	914,976	0	914,976

2. NON GENERAL REVENUE - STATE

015010 ALG/CONTR. TO CHDS-BIOMEDICAL WASTE	1,617	0	1,617	0	1,617
015010 ALG/CONTR. TO CHDS-SAFE DRINKING WATER PRG	0	0	0	0	0
015010 ALG/PRIMARY CARE	0	0	0	0	0
015010 CHD PROGRAM SUPPORT STRATEGIC ALLIANCE GRANT	18,390	0	18,390	0	18,390
015010 FOOD AND WATERBORNE DISEASE PROGRAM ADM TF/DACS	0	0	0	0	0
015010 PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010 SCHOOL HEALTH TOBACCO TF	71,141	0	71,141	0	71,141
015010 TRANSFER WITHIN STATE AGENCY ARBO & SUPERACT EH	8,617	0	8,617	0	8,617
015010 TOBACCO ADMINISTRATIVE SUPPORT	30,000	0	30,000	0	30,000
015010 TOBACCO COMMUNITY INTERVENTION	108,000	0	108,000	0	108,000
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0

ATTACHMENT II.

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total	
2. NON GENERAL REVENUE - STATE						
015060	NON-CATEGORICAL TOBACCO REBASING	13,271	0	13,271	0	13,271
NON GENERAL REVENUE TOTAL		251,036	0	251,036	0	251,036
3. FEDERAL FUNDS - State						
007000	AIDS PREVENTION	0	0	0	0	0
007000	AIDS SURVEILLANCE	0	0	0	0	0
007000	BIOTERRORISM HOSPITAL PREPAREDNESS	0	0	0	0	0
007000	COASTAL BEACH MONITORING PROGRAM	15,156	0	15,156	0	15,156
007000	COLORECTAL CANCER SCREENING 2009-10	0	0	0	0	0
007000	ENHANCE COMPREHENSIVE PREVENTION PLANNING AND IMPL	0	0	0	0	0
007000	EXPANDED TESTING INITIATIVE (ETI)	0	0	0	0	0
007000	FGTF/AIDS MORBIDITY	0	0	0	0	0
007000	FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0	0
007000	FGTF/FAMILY PLANNING TITLE X SPECIAL INITIATIVES	0	0	0	0	0
007000	FGTF/FAMILY PLANNING-TITLE X	59,024	0	59,024	0	59,024
007000	HEALTH PROGRAM FOR REFUGEES	0	0	0	0	0
007000	HEALTHY PEOPLE HEALTHY COMMUNITIES	25,544	0	25,544	0	25,544
007000	HIV HOUSING FOR PEOPLE LIVING WITH AIDS	0	0	0	0	0
007000	HIV INCIDENCE SURVEILLANCE	0	0	0	0	0
007000	IMMUNIZATION FEDERAL GRANT ACTIVITY SUPPORT	4,884	0	4,884	0	4,884
007000	IMMUNIZATION FIELD STAFF EXPENSE	0	0	0	0	0
007000	IMMUNIZATION WIC-LINKAGES	0	0	0	0	0
007000	IMMUNIZATION-WIC LINKAGES	0	0	0	0	0
007000	MAPP-HIP11 CARRYOVER	14,184	0	14,184	0	14,184
007000	MCH BGTf-HEALTHY START COALITIONS	0	0	0	0	0
007000	ORAL HEALTH WORKFORCE ACTIVITIES	0	0	0	0	0
007000	PHP - CITIES READINESS INITIATIVE	0	0	0	0	0
007000	PUBLIC HEALTH PREPAREDNESS BASE	85,603	0	85,603	0	85,603
007000	RAPE PREVENTION & EDUCATION GRANT	0	0	0	0	0
007000	RYAN WHITE	0	0	0	0	0
007000	RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000	RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	15,000	0	15,000	0	15,000
007000	RYAN WHITE-CONSORTIA	83,896	0	83,896	0	83,896
007000	STATE INDOOR RADON GRANT	0	0	0	0	0
007000	STD FEDERAL GRANT - CSFS	0	0	0	0	0
007000	STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000	SYPHILIS ELIMINATION	0	0	0	0	0
007000	TEENAGE PREGNANCY PREVENTION REPLICATION 2010-11	0	0	0	0	0
007000	TEENAGE PREGNANCY PREVENTION REPLICATION 2011-12	0	0	0	0	0
007000	TITLE X HIV/AIDS PROJECT	0	0	0	0	0
007000	TITLE X FAMILY PLANNING & MATERNAL CHILD HEALTH	61,218	0	61,218	0	61,218
007000	TOBACCO FAITH BASED PROJECT	0	0	0	0	0
007000	TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0
007000	WIC ADMINISTRATION	505,698	0	505,698	0	505,698
007000	WIC BREASTFEEDING PEER COUNSELING	58,327	0	58,327	0	58,327
015009	MEDIPASS WAIVER-HLTHY STRT CLIENT SERVICES	0	0	0	0	0
015009	MEDIPASS WAIVER-SOBRA	0	0	0	0	0
007055	ARRA Federal Grant - Schedule C CARRY OVER 2010-11	12,000	0	12,000	0	12,000

ATTACHMENT II.

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
3. FEDERAL FUNDS - State					
015075 ON SITE SEWAGE TREATMENT & DISPOSAL SYSTEM	0	0	0	0	0
015075 SCHOOL HEALTH TITLE XXI	18,817	0	18,817	0	18,817
015075 Inspections of Summer Feeding Programs	0	0	0	0	0
015075 TRANSFER OF FEDERAL GRANT FROM OTHER AGENCY	0	0	0	0	0
FEDERAL FUNDS TOTAL	959,351	0	959,351	0	959,351
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020 TANNING FACILITIES	3,200	0	3,200	0	3,200
001020 BODY PIERCING	135	0	135	0	135
001020 MIGRANT HOUSING PERMIT	0	0	0	0	0
001020 MOBILE HOME AND PARKS	1,000	0	1,000	0	1,000
001020 FOOD HYGIENE PERMIT	20,000	0	20,000	0	20,000
001020 BIOHAZARD WASTE PERMIT	8,500	0	8,500	0	8,500
001020 PRIVATE WATER CONSTR PERMIT	26,000	0	26,000	0	26,000
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	27,000	0	27,000	0	27,000
001092 OSDS PERMIT FEE	113,309	0	113,309	0	113,309
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	750	0	750	0	750
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	583	0	583	0	583
001206 Central Office Surcharge	12,049	0	12,049	0	12,049
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	212,526	0	212,526	0	212,526
5. OTHER CASH CONTRIBUTIONS - STATE					
010304 STATIONARY POLLUTANT STORAGE TANKS	46,497	0	46,497	0	46,497
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	46,847	0	46,847	0	46,847
OTHER CASH CONTRIBUTIONS TOTAL	93,344	0	93,344	0	93,344
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
001081 MEDICAID CHILD HEALTH CHECK UP	0	0	0	0	0
001082 MEDICAID DENTAL	193,567	245,759	439,326	0	439,326
001083 MEDICAID FAMILY PLANNING	0	0	0	0	0

ATTACHMENT II.

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
6. MEDICAID - STATE/COUNTY					
001087	MEDICAID STD	0	0	0	0
001089	MEDICAID AIDS	0	0	0	0
001147	Medicaid HMO Capitation	0	0	0	0
001191	MEDICAID MATERNITY	0	0	0	0
001192	MEDICAID COMPREHENSIVE CHILD	0	0	0	0
001193	MEDICAID COMPREHENSIVE ADULT	3,084	3,916	7,000	7,000
001194	MEDICAID LABORATORY	0	0	0	0
001208	MEDIPASS \$3.00 ADM. FEE	300	300	600	600
001059	Medicaid Low Income Pool	40,314	51,183	91,497	91,497
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
001148	Medicaid HMO Non-Capitation	0	0	0	0
001074	Medicaid - Newborn Screening	0	0	0	0
MEDICAID TOTAL	237,265	301,158	538,423	0	538,423
7. ALLOCABLE REVENUE - STATE					
018000	REFUNDS	0	0	0	0
037000	PRIOR YEAR WARRANT	0	0	0	0
038000	12 MONTH OLD WARRANT	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	43,576	43,576
	LABORATORY SERVICES	0	0	25,918	25,918
	TB SERVICES	0	0	1,088	1,088
	IMMUNIZATION SERVICES	0	0	57,321	57,321
	STD SERVICES	0	0	945	945
	CONSTRUCTION/RENOVATION	0	0	0	0
	WIC FOOD	0	0	1,329,717	1,329,717
	ADAP	0	0	77,058	77,058
	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	1,535,623	1,535,623
9. DIRECT LOCAL CONTRIBUTIONS - COUNTY					
008030	Contribution from Health Care Tax	0	6,000	6,000	6,000
008034	BCC Contribution from General Fund	0	1,011,226	1,011,226	1,011,226
DIRECT COUNTY CONTRIBUTION TOTAL	0	1,017,226	1,017,226	0	1,017,226
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					

ATTACHMENT II.

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNTY					
001060	CHD SUPPORT POSITION	0	0	0	0
001077	RABIES VACCINE	0	0	0	0
001077	CHILD CAR SEAT PROG	0	0	0	0
001077	PERSONAL HEALTH FEES	0	30,004	30,004	0
001077	AIDS CO-PAYS	0	0	0	0
001094	ADULT ENTER. PERMIT FEES	0	0	0	0
001094	LOCAL ORDINANCE FEES	0	43,187	43,187	0
001114	NEW BIRTH CERTIFICATES	0	23,832	23,832	0
001115	Vital Statistics - Death Certificate	0	22,057	22,057	0
001117	VITAL STATS-ADM. FEE 50 CENTS	0	1,039	1,039	0
001073	Co-Pay for the AIDS Care Program	0	0	0	0
001025	Client Revenue from GRC	0	0	0	0
001040	Cell Phone Administrative Fee	0	0	0	0
FEES AUTHORIZED BY COUNTY TOTAL	0	120,119	120,119	0	120,119

11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY

001009	RETURNED CHECK ITEM	0	0	0	0
001029	THIRD PARTY REIMBURSEMENT	0	186,600	186,600	0
001029	HEALTH MAINTENANCE ORGAN. (HMO)	0	0	0	0
001054	MEDICARE PART D	0	0	0	0
001077	RYAN WHITE TITLE II	0	0	0	0
001090	MEDICARE PART B	0	15,000	15,000	0
001190	Health Maintenance Organization	0	0	0	0
005040	INTEREST EARNED	0	0	0	0
005041	INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	12,975	12,975	0
007010	U.S. GRANTS DIRECT	0	0	0	0
008010	Contribution from City Government	0	0	0	0
008020	Contribution from Health Care Tax not thru BCC	0	0	0	0
008050	School Board Contribution	0	99,958	99,958	0
008060	Special Project Contribution	0	0	0	0
010300	SALE OF GOODS AND SERVICES TO STATE AGENCIES	0	300	300	0
010301	EXP WITNESS FEE CONSULTNT CHARGES	0	0	0	0
010405	SALE OF PHARMACEUTICALS	0	0	0	0
010409	SALE OF GOODS OUTSIDE STATE GOVERNMENT	0	0	0	0
011001	HEALTHY START COALITION CONTRIBUTIONS	0	248,830	248,830	0
011007	CASH DONATIONS PRIVATE	0	2,000	2,000	0
012020	FINES AND FORFEITURES	0	1,500	1,500	0
012021	RETURN CHECK CHARGE	0	33	33	0
028020	INSURANCE RECOVERIES-OTHER	0	0	0	0
090002	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0
011000	GRANT DIRECT-NOVA UNIVERSITY CHD TRAINING	0	0	0	0
011000	GRANT-DIRECT	0	0	0	0
011000	GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SERVICES	0	0	0	0
011000	DIRECT-ARROW	0	0	0	0
011000	GRANT-DIRECT COUNTY SJRRHN LIP	0	80,000	80,000	0
011000	GRANTS DONATIONS OTHER	0	5,160	5,160	0
011000	GRANT DIRECT-QUANTUM DENTAL	0	0	0	0
011000	GRANT DIRECT-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0

ATTACHMENT II.

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

October 1, 2011 to September 30, 2012

	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	0	0	0	0	0
011000 GRANT DIRECT-ARROW	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 Grant	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	8,037	8,037	0	8,037
010500 Refugee Health	0	0	0	0	0
005045 Interest Earned-Third Party Provider	0	0	0	0	0
005043 Interest Earned-Contract/Grant	0	0	0	0	0
010306 DOH/DOC Interagency Agreement	0	0	0	0	0
008040 BCC Grant/Contract	0	0	0	0	0
011002 ARRA Federal Grant - Sub-Recipient	0	0	0	0	0
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	660,393	660,393	0	660,393
12. ALLOCABLE REVENUE - COUNTY					
018000 REFUNDS COUNTY MEDICALLY INDIGENT PROGRAM CMP	0	78,250	78,250	0	78,250
037000 PRIOR YEAR WARRANT	0	0	0	0	0
038000 12 MONTH OLD WARRANT	0	0	0	0	0
COUNTY ALLOCABLE REVENUE TOTAL	0	78,250	78,250	0	78,250
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	333,260	333,260
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	415,632	415,632
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

ATTACHMENT II.

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

October 1, 2011 to September 30, 2012

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
GRAND TOTAL CHD PROGRAM	2,668,498	2,177,146	4,845,644	1,951,255	6,796,899

**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, 2011 to September 30, 2012

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
A. COMMUNICABLE DISEASE CONTROL:										
IMMUNIZATION (101)	1.44	540	764	18,624	15,963	18,624	15,963	49,869	19,305	69,174
STD (102)	0.75	303	571	10,659	9,136	10,659	9,136	23,754	15,836	39,590
HIV/AIDS PREVENTION (03A1)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS SURVEILLANCE (03A2)	0.00	0	0	0	0	0	0	0	0	0
HIV/AIDS PATIENT CARE (03A3)	1.44	0	200	34,541	29,606	34,541	29,606	101,655	26,639	128,294
ADAP (03A4)	0.54	0	66	5,712	4,896	5,712	4,896	17,486	3,730	21,216
TB CONTROL SERVICES (104)	0.45	98	382	7,552	6,473	7,552	6,473	27,496	554	28,050
COMM. DISEASE SURV. (106)	2.31	0	516	38,309	32,836	38,309	32,836	71,145	71,145	142,290
HEPATITIS PREVENTION (109)	0.04	28	38	556	476	556	476	1,032	1,032	2,064
PUBLIC HEALTH PREP AND RESP (116)	1.49	0	451	18,729	16,053	18,729	16,053	69,564	0	69,564
VITAL STATISTICS (180)	1.14	5,126	11,323	16,776	14,379	16,776	14,379	0	62,310	62,310
COMMUNICABLE DISEASE SUBTOTAL	9.60	6,095	14,311	151,458	129,818	151,458	129,818	362,001	200,551	562,552
B. PRIMARY CARE:										
CHRONIC DISEASE SERVICES (210)	1.42	631	250	26,644	22,838	26,644	22,838	72,135	26,829	98,964
TOBACCO PREVENTION (212)	3.11	0	270	50,440	43,235	50,440	43,235	167,561	19,789	187,350
WIC (21W1)	9.42	0	38,604	154,393	130,905	154,393	130,905	570,596	0	570,596
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.60	0	4,500	16,233	13,829	16,234	13,829	60,125	0	60,125
FAMILY PLANNING (223)	7.86	1,124	3,044	99,203	85,031	99,203	85,031	211,839	156,629	368,468
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	178	31	26	31	26	114	0	114
HEALTHY START PRENATAL (227)	3.75	675	6,098	50,955	43,676	50,955	43,676	0	189,262	189,262
COMPREHENSIVE CHILD HEALTH (229)	1.42	31	78	18,961	16,252	18,961	16,252	46,967	23,459	70,426
HEALTHY START INFANT (231)	2.57	455	3,444	31,197	26,740	31,198	26,740	46,301	69,574	115,875
SCHOOL HEALTH (234)	3.72	0	114,214	73,700	63,171	73,700	63,172	150,546	123,197	273,743
COMPREHENSIVE ADULT HEALTH (237)	19.34	950	4,431	275,831	236,427	275,831	236,426	304,299	720,216	1,024,515
COMMUNITY HEALTH DEVELOPMENT (238)	0.24	0	0	5,994	5,138	5,994	5,139	14,184	8,081	22,265
DENTAL HEALTH (240)	8.90	3,222	7,825	183,583	157,357	183,583	157,356	273,616	408,263	681,879
PRIMARY CARE SUBTOTAL	63.35	7,088	182,936	987,165	844,625	987,167	844,625	1,918,283	1,745,299	3,663,582
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COASTAL BEACH MONITORING (347)	0.28	573	573	9,918	8,502	9,918	8,502	25,998	10,842	36,840
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.70	148	522	15,344	13,152	15,344	13,151	26,520	30,471	56,991
PUBLIC WATER SYSTEM (358)	0.01	0	0	182	156	182	155	339	336	675
PRIVATE WATER SYSTEM (359)	0.04	2	14	2,334	2,001	2,334	2,000	0	8,669	8,669
INDIVIDUAL SEWAGE DISP. (361)	2.96	258	1,411	55,759	47,794	55,759	47,794	136,446	70,660	207,106
Group Total	3.99	981	2,520	83,537	71,605	83,537	71,602	189,303	120,978	310,281
Facility Programs										
FOOD HYGIENE (348)	0.43	48	267	8,731	7,483	8,731	7,483	26,689	5,739	32,428
BODY ART (349)	0.01	1	4	284	244	284	243	1,055	0	1,055
GROUP CARE FACILITY (351)	0.38	66	117	7,472	6,404	7,472	6,404	12,626	15,126	27,752
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

**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, 2011 to September 30, 2012

	FTE's (0.00)	Clients Units	Services/ Visits	Quarterly Expenditure Plan				State	County	Grand Total
				1st	2nd (Whole dollars only)	3rd	4th			
C. ENVIRONMENTAL HEALTH:										
Facility Programs										
MOBILE HOME AND PARKS SERVICES (354)	0.29	34	83	5,243	4,494	5,243	4,495	10,387	9,088	19,475
SWIMMING POOLS/BATHING (360)	0.65	126	292	12,363	10,596	12,363	10,596	36,459	9,459	45,918
BIOMEDICAL WASTE SERVICES (364)	0.33	93	103	6,151	5,272	6,151	5,273	16,382	6,465	22,847
TANNING FACILITY SERVICES (369)	0.10	16	49	1,969	1,688	1,969	1,689	7,315	0	7,315
Group Total	2.19	384	915	42,213	36,181	42,213	36,183	110,913	45,877	156,790
Groundwater Contamination										
STORAGE TANK COMPLIANCE (355)	1.25	64	138	16,430	14,570	16,430	14,570	46,497	15,503	62,000
SUPER ACT SERVICE (356)	0.21	71	116	4,122	3,533	4,122	3,533	11,156	4,154	15,310
Group Total	1.46	135	254	20,552	18,103	20,552	18,103	57,653	19,657	77,310
Community Hygiene										
OCCUPATIONAL HEALTH (344)	0.00	0	0	0	0	0	0	0	0	0
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.06	0	0	879	753	879	753	1,632	1,632	3,264
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	0	0	2,156	1,848	2,156	1,848	4,003	4,005	8,008
RABIES SURVEILLANCE/CONTROL SERVICES (366)	0.10	0	0	2,186	1,874	2,186	1,874	4,060	4,060	8,120
ARBOVIRUS SURVEILLANCE (367)	0.64	0	1,128	8,225	7,050	8,225	7,049	0	30,549	30,549
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
INDOOR AIR (371)	0.01	0	5	102	87	102	87	190	188	378
RADIOLOGICAL HEALTH (372)	0.00	0	0	0	0	0	0	0	0	0
TOXIC SUBSTANCES (373)	0.00	0	0	0	0	0	0	0	0	0
Group Total	0.90	0	1,133	13,548	11,612	13,548	11,611	9,885	40,434	50,319
ENVIRONMENTAL HEALTH SUBTOTAL	8.54	1,500	4,822	159,850	137,501	159,850	137,499	367,754	226,946	594,700
D. NON-OPERATIONAL COSTS:										
Non-Operational Costs (599)	0.00	0	0	2,990	2,563	2,990	2,564	11,107	0	11,107
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	3,689	3,162	3,689	3,163	13,703	0	13,703
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	6,679	5,725	6,679	5,727	24,810	0	24,810
TOTAL CONTRACT	81.49	14,683	202,069	1,305,152	1,117,669	1,305,154	1,117,669	2,672,848	2,172,796	4,845,644

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

Facility Description	Location	Owned By
Administration and Field Services (Healthy Families/Healthy Start/ Epidemiology)	30 South 4th Street Fernandina Beach, FL	Nassau County BOCC
Environmental Health Division	96135 Nassau Place Yulee, FL	Nassau County BOCC
Fernandina Beach Clinic	1620 Nectarine Street 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>
2008-2009	\$ _____	\$ _____	\$ _____ -
2009-2010	\$ _____	\$ _____	\$ _____ -
2010-2011	\$ _____	\$ _____	\$ _____ -
2011-2012	\$ _____	\$ _____	\$ _____ -
2012-2013	\$ _____	\$ _____	\$ _____ -
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.*

ESTIMATED PROJECT INFORMATION:

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

COMPLETION DATE: _____

DESIGN FEES: \$ _____

CONSTRUCTION COSTS: \$ _____

FURNITURE/EQUIPMENT \$ _____

TOTAL PROJECT COST: \$ _____ -

COST PER SQ FOOT: \$ _____ 0

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