

**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 2013-2014**

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, 2013.

RECITALS

A. Pursuant to Chapter 154, Florida Statutes, 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.

D. It is necessary for the parties hereto to enter into this Agreement in order to ensure 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, 2013, through September 30, 2014, 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 \$ 2,175,767 (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 \$1,006,697 (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 and Revenue 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 and Revenue Management.

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

County Health Department Trust Fund
Nassau County
30 S. 4th Street
Fernandina Beach, FL 32034

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 Secretary for Statewide Services. The director/administrator shall be selected by the State with the concurrence of the County. The director/administrator of the CHD shall ensure 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 Division of Public Health Statistics and Performance Management 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 Secretary for Statewide Services has approved the transfer. The Deputy Secretary for Statewide Services 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. 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 and Revenue 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, 2014 for the report period October 1, 2013 through December 31, 2013;
- ii. June 1, 2014 for the report period October 1, 2013 through March 31, 2014;
- iii. September 1, 2014 for the report period October 1, 2013 through June 30, 2014; and
- iv. December 1, 2014 for the report period October 1, 2013 through September 30, 2014.

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 ensure 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 ensure 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, 2014, 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:
<u>Michael J. Beard</u> Name	<u>Ted Selby</u> Name
<u>Administrative Services Director</u> Title	<u>County Manager</u> Title
<u>30 S. 4th Street</u>	<u>96135 Nassau Place</u>
<u>Fernandina Beach, FL 32034</u> Address	<u>Yulee, FL 32097</u> Address
<u>(904) 548-1800 X5233</u> Telephone	<u>(904) 491-7380</u> Telephone

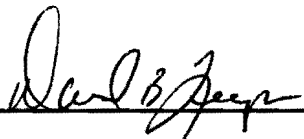
If different contract managers are designated after execution of this Agreement, the name, address and telephone number of the new representative shall be furnished in writing to the other parties and attached to originals of this Agreement.

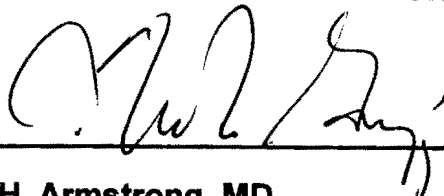
c. Captions. The captions and headings contained in this Agreement are for the convenience of the parties only and do not in any way modify, amplify, or give additional notice of the provisions hereof.

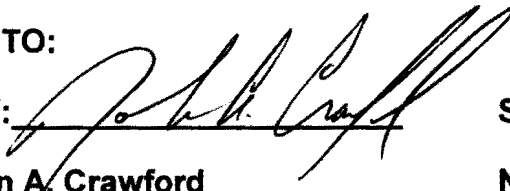
In WITNESS THEREOF, the parties hereto have caused this 24 page agreement to be executed by their undersigned officials as duly authorized effective the 1st day of October, 2013.

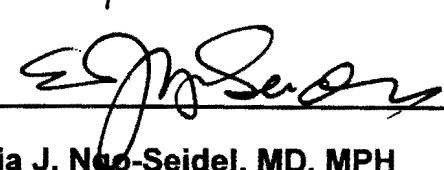
**BOARD OF COUNTY COMMISSIONERS
FOR NASSAU COUNTY**

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY: 
NAME: Daniel B. Leeper
TITLE: Chairman
DATE: 10-16-13

SIGNED BY: 
NAME: John H. Armstrong, MD
TITLE: Surgeon General/Secretary of Health
DATE: 10/27/13

ATTESTED TO:
SIGNED BY: 
NAME: John A. Crawford
TITLE: Ex-Officio Clerk
DATE: 10-17-13

SIGNED BY: 
NAME: Eugenia J. Neo-Seidel, MD, MPH
TITLE: CHD Director/Administrator
DATE: 9/10/13

Approved as to form by the
Nassau County Attorney

MES
10-17-13


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 F.A.C. 64D-3, F.S. 381 and F.S. 384.
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.
6. Immunization	Periodic reports as specified by the department pertaining to immunization levels in kindergarten and/or seventh grade pursuant to instructions contained in the Immunization Guidelines-Florida Schools, Childcare Facilities and Family Daycare Homes (DH Form 150-615) and Rule 64D-3.046, F.A.C. In addition, periodic reports as specified by the department pertaining to the surveillance/investigation of reportable vaccine-preventable diseases, adverse events, vaccine accountability, and assessment of immunization levels as documented in Florida. SHOTS and supported by CHD Guidebook policies and technical assistance guidance.
7. Environmental Health	Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
8. HIV/AIDS Program	Requirements as specified in F.S. 384.25 and F.A.C. 64D-3.030 and 64D-3.031. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140.

ATTACHMENT I (Continued)

Requirements as specified in F.A.C. 64D-2 and 64D-3, F.S. 381 and F.S. 384. Socio-demographic and risk data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 in accordance with the Forms Instruction Guide. Requirements for the HIV/AIDS Patient Care programs are found in the Patient Care Contract Administrative Guidelines.

9. School Health Services

Requirements as specified in the Florida School Health Administrative Guidelines (May 2012).

10. Tuberculosis

Tuberculosis Program Requirements as specified in F.A.C. 64D-3 and F.S. 392.

11. 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 F.A.C. 64D-3, F.S. 381, F.S. 384 and the CHD Epidemiology 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 09/30/13	232,475	251,847	484,322
2. Drawdown for Contract Year October 1, 2013 to September 30, 2014	0	0	0
3. Special Capital Project use for Contract Year October 1, 2013 to September 30, 2014			
4. Balance Reserved for Contingency Fund October 1, 2013 to September 30, 2014			

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, 2013 to September 30, 2014

	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 ALG/CESSPOOL IDENTIFICATION AND ELIMINATION	0	0	0	0	0
015040 ALG/CONTR TO CHDS-AIDS PATIENT CARE NETWORK	0	0	0	0	0
015040 ALG/IPO HEALTHY START/IPO	0	0	0	0	0
015040 COMMUNITY SMILES - MIAMI-DADE	0	0	0	0	0
015040 COUNTY SPECIFIC DENTAL PROJECTS - ESCAMBIA	0	0	0	0	0
015040 DUVAL TEEN PREGANCY PREVENTION - DUVAL	0	0	0	0	0
015040 FL CLPPP SCREENING & CASE MANAGEMENT	0	0	0	0	0
015040 HEALTHY START GENERAL REVENUE CHD	0	0	0	0	0
015040 HEALTHY START MED-WAIVER - CLIENT SERVICES	0	0	0	0	0
015040 LA LIGA-LEAGUE AGAINST CANCER - MIAMI-DADE	0	0	0	0	0
015040 METRO ORLANDO URBAN LEAGUE - ORANGE	0	0	0	0	0
015040 MINORITY OUTREACH-PENALVER CLINIC - MIAMI-DADE	0	0	0	0	0
015040 PREPAREDNESS GRANT MATCH	0	0	0	0	0
015040 SCHOOL HEALTH GENERAL REVENUE	45,160	0	45,160	0	45,160
015040 STATEWIDE DENTISTRY NETWORK - ESCAMBIA	0	0	0	0	0
015040 STD GENERAL REVENUE	0	0	0	0	0
015040 TREASURE COAST MIDWIFERY - MARTIN	0	0	0	0	0
015040 AIDS SURVEILLANCE	0	0	0	0	0
015040 ALG/CONTR TO CHDS-AIDS PATIENT CARE	0	0	0	0	0
015040 ALG/CONTR TO CHDS-SOVEREIGN IMMUNITY	0	0	0	0	0
015040 ALG/PRIMARY CARE	112,960	0	112,960	0	112,960
015040 COMMUNITY TB PROGRAM	16,237	0	16,237	0	16,237
015040 DENTAL SPECIAL INITIATIVES	6,541	0	6,541	0	6,541
015040 FAMILY PLANNING GENERAL REVENUE	26,829	0	26,829	0	26,829
015040 FL HEPATITIS & LIVER FAILURE PREVENTION/CONTROL	0	0	0	0	0
015040 HEALTHY START MED WAIVER - SOBRA	0	0	0	0	0
015040 CHRONIC DISEASE PREVENTION CIP12	5,002	0	5,002	0	5,002
015040 MANATEE COUNTY RURAL HEALTH SERVICES	0	0	0	0	0
015040 MIGRANT LABOR CAMP SANITATION	0	0	0	0	0
015050 NON-CATEGORICAL GENERAL REVENUE	637,999	0	637,999	0	637,999
GENERAL REVENUE TOTAL	850,728	0	850,728	0	850,728
2. NON GENERAL REVENUE - STATE					
015010 ALG/CONTR. TO CHDS-BIOMEDICAL WASTE	1,941	0	1,941	0	1,941
015010 COMMUNITY HEALTH DEVELOPMENT MIEHR TECHNOLOGY	42,661	0	42,661	0	42,661
015010 PREPAREDNESS GRANT MATCH	0	0	0	0	0
015010 SCHOOL HEALTH TOBACCO TF	71,141	0	71,141	0	71,141
015010 TOBACCO COMMUNITY INTERVENTION	109,255	0	109,255	0	109,255
015010 SUPER ACT SERVICES 9V000	10,152	0	10,152	0	10,152
015010 MEDICAID INCENTIVE FOR ELECTRONIC HEALTH RECORDS	45,000	0	45,000	0	45,000
015010 PUBLIC SWIMMING POOL PROGRAM	0	0	0	0	0
015010 TOBACCO ADMINISTRATION & MANAGEMENT	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
015020 TRANSFER FROM ANOTHER STATE AGENCY	0	0	0	0	0
015060 NON-CATEGORICAL TOBACCO REBASING	1,451	0	1,451	0	1,451

ATTACHMENT II.

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

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
NON GENERAL REVENUE TOTAL	281,601	0	281,601	0	281,601
3. FEDERAL FUNDS - State					
007000 ABSTINENCE EDUCATION GRANT PROGRAM	0	0	0	0	0
007000 AIDS PREVENTION	0	0	0	0	0
007000 BIOTERRORISM HOSPITAL PREPAREDNESS	0	0	0	0	0
007000 COASTAL BEACH MONITORING PROGRAM	11,188	0	11,188	0	11,188
007000 DENTAL SERVICES	3,600	0	3,600	0	3,600
007000 EPIDEMIOLOGY & LABORATORY CAPACITY FOR INFECTIOUS	0	0	0	0	0
007000 EXPANDED TESTING INITIATIVE (ETI)	0	0	0	0	0
007000 FGTF/BREAST & CERVICAL CANCER-ADMIN/CASE MAN	0	0	0	0	0
007000 HEPATITIS B VACCINATION PILOT PROJECT	0	0	0	0	0
007000 IMMUNIZATION AFIX	0	0	0	0	0
007000 IMMUNIZATION FIELD STAFF EXPENSE	0	0	0	0	0
007000 MCH FAMILY PLANNING HEALTHY START	20,654	0	20,654	0	20,654
007000 MINORITY AIDS INITIATIVE	0	0	0	0	0
007000 MINORITY INVOLVEMENT IN HIV/AIDS PROGRAM	0	0	0	0	0
007000 PREGNANCY ASSOCIATED MORTALITY PREVENTION	0	0	0	0	0
007000 PUBLIC HEALTH PREPAREDNESS BASE	90,247	0	90,247	0	90,247
007000 RYAN WHITE	0	0	0	0	0
007000 RYAN WHITE-AIDS DRUG ASSIST PROG-ADMIN	15,000	0	15,000	0	15,000
007000 STATE OFFICE OF RURAL HEALTH	0	0	0	0	0
007000 STD FEDERAL GRANT - CSPS	0	0	0	0	0
007000 SYPHILIS ELIMINATION	0	0	0	0	0
007000 TOBACCO FAITH BASED PROJECT	0	0	0	0	0
007000 UNINTENDED/UNWANTED PREG-TEEN PREGNANCY PREV	13,701	0	13,701	0	13,701
007000 WIC BREASTFEEDING PEER COUNSELING	40,558	0	40,558	0	40,558
007000 ADULT VIRAL HEPATITIS PREVENTION & SURVEILLANCE	0	0	0	0	0
007000 AIDS SURVEILLANCE	0	0	0	0	0
007000 CHRONIC DISEASE PREVENTION & HEALTH PROMOTION	0	0	0	0	0
007000 COLORECTAL CANCER SCREENING	0	0	0	0	0
007000 ENHANCE COMPREHENSIVE PREVENTION PLANNING AND IM	0	0	0	0	0
007000 EPIDEMIOLOGY & LABORATORY CAPACITY HAI	0	0	0	0	0
007000 FGTF/AIDS MORBIDITY	0	0	0	0	0
007000 FGTF/FAMILY PLANNING-TITLE X	51,719	0	51,719	0	51,719
007000 HIV HOUSING FOR PEOPLE LIVING WITH AIDS	0	0	0	0	0
007000 IMMUNIZATION FEDERAL GRANT ACTIVITY SUPPORT	4,518	0	4,518	0	4,518
007000 MCH BGTF-GADSDEN SCHOOL CLINIC	0	0	0	0	0
007000 MEDICARE RURAL HOSPITAL FLEXIBILITY PROGRAM	0	0	0	0	0
007000 MINORITY AIDS INITIATIVE TCE COLLABORATIVE	0	0	0	0	0
007000 PHP - CITIES READINESS INITIATIVE	0	0	0	0	0
007000 PUBLIC HEALTH INFRASTRUCTURE	0	0	0	0	0
007000 RAPE PREVENTION & EDUCATION	0	0	0	0	0
007000 RYAN WHITE - EMERGING COMMUNITIES	0	0	0	0	0
007000 RYAN WHITE-CONSORTIA	58,009	0	58,009	0	58,009
007000 STATEWIDE ASTHMA PROGRAM	0	0	0	0	0
007000 STD PROGRAM INFERTILITY PREVENTION PROJECT (IPP)	0	0	0	0	0
007000 TEENAGE PREGNANCY PREVENTION REPLICATION	0	0	0	0	0
007000 TUBERCULOSIS CONTROL - FEDERAL GRANT	0	0	0	0	0

ATTACHMENT II.

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

October 1, 2013 to September 30, 2014

	State Child Protect Fund (cash)	County Child Protect Fund	Total Child Protect Fund Cash	Other Contributor	Total
3. FEDERAL FUNDS - State					
007000 WIC ADMINISTRATION	517,917	0	517,917	0	517,917
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	0	0	0	0	0
015075 SCHOOL HEALTH TITLE XXI	18,817	0	18,817	0	18,817
015075 SCHOOL HEALTH	0	0	0	0	0
015075 SCHOOL HEALTH	0	0	0	0	0
015075 SCHOOL HEALTH	0	0	0	0	0
FEDERAL FUNDS TOTAL	845,928	0	845,928	0	845,928
4. FEES ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020 PUBLIC WATER ANNUAL OPER PERMIT	24,500	0	24,500	0	24,500
001020 NON-SDWA SYSTEM PERMIT	0	0	0	0	0
001020 SWIMMING POOLS	25,000	0	25,000	0	25,000
001020 BODY PIERCING	180	0	180	0	180
001020 MOBILE HOME AND PARKS	3,500	0	3,500	0	3,500
001020 BIOHAZARD WASTE PERMIT	7,500	0	7,500	0	7,500
001020 TANNING FACILITIES	4,300	0	4,300	0	4,300
001020 GROUP CARE FACILITY	115	0	115	0	115
001020 FOOD HYGIENE PERMIT	13,000	0	13,000	0	13,000
001020 PRIVATE WATER CONSTR PERMIT	0	0	0	0	0
001020 PUBLIC WATER CONSTR PERMIT	0	0	0	0	0
001020 SAFE DRINKING WATER	0	0	0	0	0
001092 OSDS PERMIT FEE	98,680	0	98,680	0	98,680
001092 AEROBIC OPERATING PERMIT	0	0	0	0	0
001092 NON SDWA LAB SAMPLE	0	0	0	0	0
001092 ENVIRONMENTAL HEALTH FEES	0	0	0	0	0
001092 LIMITED USE PUBLIC WATER SYSTEM	200	0	200	0	200
001092 SEPTIC TANK SITE EVALUATION	0	0	0	0	0
001092 OSDS VARIANCE FEE	0	0	0	0	0
001092 OSDS REPAIR PERMIT	0	0	0	0	0
001170 LAB FEE CHEMICAL ANALYSIS	0	0	0	0	0
001170 NONPOTABLE WATER ANALYSIS	0	0	0	0	0
001170 WATER ANALYSIS-POTABLE	0	0	0	0	0
010304 MOBILE HOME AND PARK	330	0	330	0	330
001206 CENTRAL OFFICE SURCHARGE	10,125	0	10,125	0	10,125
001093 CHD ON-LINE BILLING FEE (COMP ADULT HEALTH)	2,250	0	2,250	0	2,250
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	189,680	0	189,680	0	189,680
5. OTHER CASH CONTRIBUTIONS - STATE					
010304 ONSITE SEWAGE TREATMENT AND DISPOSAL	300	0	300	0	300
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0	0
031005 CHDTF CASH TRANSFER	0	0	0	0	0
010306 DOH/DOC INTERAGENCY AGREEMENT	0	0	0	0	0
OTHER CASH CONTRIBUTIONS TOTAL	300	0	300	0	300
6. MEDICAID - STATE/COUNTY					

ATTACHMENT II

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

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (Cash)	County CHD Trust Fund	Public CHD Trust Fund	Other Contributions	Total	
6. MEDICAID - STATE/COUNTY						
001056	MEDICAID PHARMACY	0	0	0	0	
001076	MEDICAID TB	0	0	0	0	
001078	MEDICAID ADMINISTRATION OF VACCINE	0	0	0	0	
001079	MEDICAID CASE MANAGEMENT	0	0	0	0	
001081	MEDICAID CHILD HEALTH CHECK UP	0	0	0	0	
001082	MEDICAID DENTAL	0	550,039	550,039	0	550,039
001083	MEDICAID FAMILY PLANNING	0	62,000	62,000	0	62,000
001087	MEDICAID STD	0	0	0	0	0
001089	MEDICAID AIDS	0	0	0	0	0
001147	MEDICAID HMO CAPITATION	0	0	0	0	0
001191	MEDICAID MATERNITY	0	0	0	0	0
001192	MEDICAID COMPREHENSIVE CHILD	0	4,370	4,370	0	4,370
001193	MEDICAID COMPREHENSIVE ADULT	0	23,000	23,000	0	23,000
001194	MEDICAID LABORATORY	0	44,280	44,280	0	44,280
001208	MEDIPASS \$3.00 ADM. FEE	0	0	0	0	0
001059	MEDICAID LOW INCOME POOL	0	84,842	84,842	0	84,842
001051	EMERGENCY MEDICAID	0	0	0	0	0
001058	MEDICAID - BEHAVIORAL HEALTH	0	0	0	0	0
001071	MEDICAID - ORTHOPEDIC	0	0	0	0	0
001072	MEDICAID - DERMATOLOGY	0	0	0	0	0
001075	MEDICAID - SCHOOL HEALTH CERTIFIED MATCH	0	0	0	0	0
001069	MEDICAID - REFUGEE HEALTH	0	0	0	0	0
001055	MEDICAID - HOSPITAL	0	0	0	0	0
001148	MEDICAID HMO NON-CAPITATION	0	1,300	1,300	0	1,300
001074	MEDICAID - NEWBORN SCREENING	0	0	0	0	0
001180	DENTAL MEDICAID HMO	0	0	0	0	0
MEDICAID TOTAL		0	769,831	769,831	0	769,831
7. ALLOCABLE REVENUE - STATE						
018000	REFUNDS	7,530	0	7,530	0	7,530
037000	PRIOR YEAR WARRANT	0	0	0	0	0
038000	12 MONTH OLD WARRANT	0	0	0	0	0
ALLOCABLE REVENUE TOTAL		7,530	0	7,530	0	7,530
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE						
	ADAP	0	0	0	47,037	47,037
	FAMILY PLANNING	0	0	0	39,284	39,284
	PHARMACY SERVICES	0	0	0	52,898	52,898
	TB SERVICES	0	0	0	0	0
	STD SERVICES	0	0	0	0	0
	WIC FOOD	0	0	0	1,489,335	1,489,335
	EPI	0	0	0	0	0
	GENERAL CLINIC	0	0	0	0	0
	LABORATORY SERVICES	0	0	0	22,196	22,196
	IN-KIND VACCINE DISTRIBUTION IMMUNIZATION SERVICES	0	0	0	56,722	56,722
	OTHER (SPECIFY)	0	0	0	0	0
OTHER STATE CONTRIBUTIONS TOTAL		0	0	0	1,707,472	1,707,472

ATTACHMENT II

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

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (Cash)	County CHD Trust Fund	Local CHD Trust Fund (Cash)	Other Contributor	Total
9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT					
008010	CONTRIBUTION FROM CITY GOVERNMENT	0	0	0	0
008020	CONTRIBUTION FROM HEALTH CARE TAX NOT THRU BCC	0	0	0	0
008040	BCC GRANT/CONTRACT	0	0	0	0
008030	CONTRIBUTION FROM HEALTH CARE TAX	0	200	200	200
008034	BCC CONTRIBUTION FROM GENERAL FUND	0	1,006,697	1,006,697	1,006,697
DIRECT COUNTY CONTRIBUTION TOTAL		0	1,006,897	1,006,897	1,006,897
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	PERSONAL HEALTH FEES	0	32,424	32,424	32,424
001077	CHILD CAR SEAT PROG	0	0	0	0
001077	AIDS CO-PAYS	0	0	0	0
001094	ADULT ENTER. PERMIT FEES	0	0	0	0
001094	LOCAL ORDINANCE FEES	0	0	0	0
001114	NEW BIRTH CERTIFICATES	0	23,300	23,300	23,300
001115	VITAL STATISTICS - DEATH CERTIFICATE	0	30,531	30,531	30,531
001117	VITAL STATS-ADM. FEE 50 CENTS	0	1,080	1,080	1,080
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	87,335	87,335	87,335
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001009	RETURNED CHECK ITEM	0	0	0	0
001029	THIRD PARTY REIMBURSEMENT	0	169,050	169,050	169,050
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	14,300	14,300	14,300
001190	HEALTH MAINTENANCE ORGANIZATION	0	0	0	0
005040	INTEREST EARNED	0	0	0	0
005041	INTEREST EARNED-STATE INVESTMENT ACCOUNT	0	5,438	5,438	5,438
007010	U.S. GRANTS DIRECT	0	0	0	0
008050	SCHOOL BOARD CONTRIBUTION	0	115,591	115,591	115,591
008060	SPECIAL PROJECT CONTRIBUTION	0	0	0	0
010300	SALE OF GOODS AND SERVICES TO STATE AGENCIES	0	0	0	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	253,637	253,637	253,637
011007	CASH DONATIONS PRIVATE (HEALTHY START, MISC)	0	1,323	1,323	1,323
012020	FINES AND FORFEITURES (ENV HEALTH)	0	3,000	3,000	3,000
012021	RETURN CHECK CHARGE	0	65	65	65
028020	INSURANCE RECOVERIES-OTHER	0	0	0	0
090002	DRAW DOWN FROM PUBLIC HEALTH UNIT	0	0	0	0
011000	ST VINCENTS MOBILE HEALTH VAN	0	13,300	13,300	13,300

ATTACHMENT H

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

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (Cash)	County CHD Trust Fund	State CHD Trust Fund (Cash)	Other Contribution	Total
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
011000 DIRECT-ARROW	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-HEALTH CARE DISTRICT PAHOKEE	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT DIRECT-NOVA UNIVERSITY CHD TRAINING	0	0	0	0	0
011000 GRANT DIRECT-COUNTY HEALTH DEPARTMENT DIRECT SER	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT DIRECT-QUANTUM DENTAL	0	0	0	0	0
011000 GRANT-DIRECT	0	0	0	0	0
011000 GRANT-DIRECT	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	0	0	0	0
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
001053 MEDICARE - PART A	0	0	0	0	0
011002 ARRA FEDERAL GRANT - SUB-RECIPIENT	0	0	0	0	0
011004 LOW INCOME POOL - SUBRECIPIENT	0	68,137	68,137	0	68,137
001003 WIRE TRANSFER FEE	0	0	0	0	0
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	643,841	643,841	0	643,841
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
001053 CLIENT REVENUE FROM NCO	0	0	0	0	0
COUNTY ALLOCABLE REVENUE TOTAL	0	0	0	0	0
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	333,260	333,260
OTHER (SPECIFY)	0	0	0	0	0
UTILITIES	0	0	0	0	0
BUILDING MAINTENANCE	0	0	0	63,682	63,682
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	18,690	18,690
OTHER (SPECIFY)	0	0	0	0	0
BUILDINGS TOTAL	0	0	0	415,632	415,632

ATTACHMENT II

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

October 1, 2013 to September 30, 2014

	State CHD Trust Fund (CAD)	County CHD Trust Fund	Total CHD Funding	Other Contribution	Total
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	2,175,767	2,507,904	4,683,671	2,123,104	6,806,775

**ATTACHMENT H
NASSAU COUNTY HEALTH DEPARTMENT**

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

October 1, 2013 to September 30, 2014

	FTE's (0.00)	Clients Units	Services/ Visits	1st	Quarterly Expenditure Man				State	County	Total
					1st	2nd	3rd	4th			
A. COMMUNICABLE DISEASE CONTROL:											
IMMUNIZATION (101)	0.76	520	573	11,875	10,176	11,875	11,871	45,797	0	45,797	
STD (102)	0.95	556	774	13,836	11,856	13,836	13,831	53,359	0	53,359	
HIV/AIDS PREVENTION (03A1)	0.13	4	26	3,361	2,880	3,361	3,358	12,960	0	12,960	
HIV/AIDS SURVEILLANCE (03A2)	0.19	57	57	4,385	3,758	4,385	4,383	16,911	0	16,911	
HIV/AIDS PATIENT CARE (03A3)	1.41	1	5	25,766	22,080	25,766	25,757	99,369	0	99,369	
ADAP (03A4)	0.20	0	0	3,370	2,888	3,370	3,368	12,996	0	12,996	
TB CONTROL SERVICES (104)	0.71	305	513	10,182	8,725	10,182	10,179	39,268	0	39,268	
COMM. DISEASE SURV. (106)	1.04	0	651	15,063	12,908	15,063	15,057	58,091	0	58,091	
HEPATITIS PREVENTION (109)	0.02	54	58	326	280	326	327	1,259	0	1,259	
PUBLIC HEALTH PREP AND RESP (116)	2.31	0	1,001	35,938	30,796	35,938	35,925	138,597	0	138,597	
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	0	
VITAL STATISTICS (180)	1.47	2,642	7,306	20,196	17,306	20,196	20,189	22,976	54,911	77,887	
COMMUNICABLE DISEASE SUBTOTAL	9.19	4,139	10,964	144,298	123,653	144,298	144,245	501,583	54,911	556,494	
B. PRIMARY CARE:											
CHRONIC DISEASE SERVICES (210)	0.07	0	61	2,616	2,241	2,616	2,614	10,087	0	10,087	
TOBACCO PREVENTION (212)	1.84	0	102	29,455	25,241	29,455	29,443	113,594	0	113,594	
WIC (21W1)	12.45	3,387	38,813	175,917	150,747	175,917	175,848	678,429	0	678,429	
WIC BREASTFEEDING PEER COUNSELING (21W2)	1.16	0	1,095	15,960	13,676	15,960	15,954	61,550	0	61,550	
FAMILY PLANNING (223)	9.49	1,526	3,013	123,264	105,627	123,264	123,216	145,634	329,737	475,371	
IMPROVED PREGNANCY OUTCOME (225)	0.87	0	0	20,228	17,334	20,228	20,219	78,009	0	78,009	
HEALTHY START PRENATAL (227)	3.50	492	5,322	47,449	40,660	47,449	47,429	1,396	181,591	182,987	
COMPREHENSIVE CHILD HEALTH (229)	0.46	184	262	7,017	6,013	7,017	7,015	24,752	2,310	27,062	
HEALTHY START INFANT (231)	3.06	351	3,889	35,503	30,423	35,503	35,489	94,120	42,798	136,918	
SCHOOL HEALTH (234)	4.11	0	143,619	77,822	66,688	77,822	77,792	160,331	139,793	300,124	
COMPREHENSIVE ADULT HEALTH (237)	11.57	687	2,937	192,778	165,195	192,778	192,703	60,236	683,218	743,454	
COMMUNITY HEALTH DEVELOPMENT (238)	1.71	0	533	27,463	23,533	27,463	27,452	98,088	7,823	105,911	
DENTAL HEALTH (240)	11.47	3,694	8,468	192,242	164,737	192,242	192,169	9,345	732,045	741,390	
PRIMARY CARE SUBTOTAL	61.76	10,321	208,114	947,714	812,115	947,714	947,343	1,535,571	2,119,315	3,654,886	
C. ENVIRONMENTAL HEALTH:											
Water and Onsite Sewage Programs											
COASTAL BEACH MONITORING (347)	0.13	124	124	2,914	2,497	2,914	2,913	11,188	50	11,238	
LIMITED USE PUBLIC WATER SYSTEMS (357)	1.60	57	382	25,054	21,469	25,054	25,045	24,700	71,922	96,622	
PUBLIC WATER SYSTEM (358)	0.00	0	0	3	3	3	3	0	12	12	
PRIVATE WATER SYSTEM (359)	0.04	9	17	220	188	220	220	0	848	848	
INDIVIDUAL SEWAGE DISP. (361)	2.80	334	2,426	46,765	40,074	46,765	46,746	98,980	81,370	180,350	
Group Total	4.57	524	2,949	74,956	64,231	74,956	74,927	134,868	154,202	289,070	
Facility Programs											
FOOD HYGIENE (348)	0.28	31	138	4,863	4,167	4,863	4,861	13,000	5,754	18,754	
BODY PIERCING FACILITIES SERVICES (349)	0.02	1	2	530	454	530	530	180	1,864	2,044	
GROUP CARE FACILITY (351)	0.42	56	85	7,700	6,598	7,700	7,698	115	29,581	29,696	
MIGRANT LABOR CAMP (352)	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, 2013 to September 30, 2014

	FTE's (0.00)	Clients Units	Services/ Visits	Quantity Expenditures (\$)				State	County	Total
				Fed	State	Local	Other			
C. ENVIRONMENTAL HEALTH:										
Facility Programs										
HOUSING,PUBLIC BLDG SAFETY,SANITATION (353)	0.00	0	0	0	0	0	0	0	0	0
MOBILE HOME AND PARKS SERVICES (354)	0.33	16	36	4,990	4,276	4,990	4,987	3,830	15,413	19,243
SWIMMING POOLS/BATHING (360)	0.52	134	270	8,415	7,211	8,415	8,410	25,150	7,301	32,451
BIOMEDICAL WASTE SERVICES (364)	0.29	82	87	4,598	3,940	4,598	4,597	9,441	8,292	17,733
TANNING FACILITY SERVICES (369)	0.14	7	14	2,153	1,845	2,153	2,151	4,300	4,002	8,302
Group Total	2.00	327	632	33,249	28,491	33,249	33,234	56,016	72,207	128,223
Groundwater Contamination										
STORAGE TANK COMPLIANCE (355)	0.00	0	0	128	110	128	128	0	494	494
SUPER ACT SERVICE (356)	0.35	32	128	2,860	2,451	2,860	2,860	10,152	879	11,031
Group Total	0.35	32	128	2,988	2,561	2,988	2,988	10,152	1,373	11,525
Community Hygiene										
TATTOO FACILITIES SERVICES	0.20	0	4	460	394	460	459	900	873	1,773
COMMUNITY ENVIR. HEALTH (345)	0.00	0	0	0	0	0	0	0	0	0
INJURY PREVENTION (346)	0.30	0	3	552	473	552	551	0	2,128	2,128
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)	0.00	0	0	0	0	0	0	0	0	0
RABIES SURVEILLANCE/CONTROL SERVICES (366)	0.90	0	0	1,619	1,387	1,619	1,617	0	6,242	6,242
ARBOVIRUS SURVEILLANCE (367)	0.66	0	500	6,185	5,300	6,185	6,181	0	23,851	23,851
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)	0.00	0	0	7	6	7	6	0	26	26
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	2.06	0	507	8,823	7,560	8,823	8,814	900	33,120	34,020
ENVIRONMENTAL HEALTH SUBTOTAL	8.98	883	4,216	120,016	102,843	120,016	119,963	201,936	260,902	462,838
D. NON-OPERATIONAL COSTS:										
NON-OPERATIONAL COSTS (599)	0.00	0	0	1,798	1,541	1,798	1,797	0	6,934	6,934
ENVIRONMENTAL HEALTH SURCHARGE (399)	0.00	0	0	0	0	0	0	0	0	0
MEDICAID BUYBACK (611)	0.00	0	0	0	0	0	0	0	0	0
NON-OPERATIONAL COSTS SUBTOTAL	0.00	0	0	1,798	1,541	1,798	1,797	0	6,934	6,934
TOTAL CONTRACT	79.93	15,343	223,294	1,213,826	1,040,152	1,213,826	1,213,348	2,239,090	2,442,062	4,681,152

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>
2011-2012	\$ _____	\$ _____	\$ _____ -
2012-2013	\$ _____	\$ _____	\$ _____ -
2013-2014	\$ _____	\$ _____	\$ _____ -
2014-2015	\$ _____	\$ _____	\$ _____ -
2015-2016	\$ _____	\$ _____	\$ _____ -
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.